Department of Health & Human Services

Child & Family Services

Statewide Assessment

Utah Child and Family Services Review

Round 4

August 1, 2026

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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ATTACHMENTS

Attachment A. UT-CFSR 4 Data Profile-February 2026

Attachment B. Statewide Assessment Contributors

The State Data Profile is available from the state or the Children's Bureau upon request, and is posted at https://acf.gov/cb/data-research/data-and-statistics-cfsr-statewide-data-indicators.

I. GENERAL INFORMATION

Utah Child and Family Services Review – Round 4

The Utah Department of Health and Human Services (DHHS) Division of Child and Family Services (DCFS) is submitting its Child and Family Services Review – Round 4 Statewide Assessment as required by the Administration for Children and Families (ACF), Children's Bureau (CB).

The CFSR is a two-phase process. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the CB. The second phase of the review process is an onsite case file review. The onsite case file review includes case record reviews, case-related interviews to determine outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors.

Information from both the statewide assessment and the onsite review is used to determine the degree to which the state is following the seven outcomes and seven systemic factors.

Utah's CFSP is part of a broader endeavor to synchronize multiple initiatives that, once fully integrated and coordinated, will more effectively help DCFS realize its overall vision of "safe children through strengthened families." Planning for the 2025-2029 CFSP occurred simultaneously with planning for Utah's CFSR Round 4, continued implementation of the Title IV-E Prevention Plan, and the DCFS Results Based Accountability (RBA) Plan, as part of a state government-wide initiative.

The Utah DCFS Statewide Assessment was prepared by the DCFS Practice Improvement Administrator Matthew Froelich and Federal Grants Administrator Annie H. Berrett.

The individual to contact regarding Utah's Statewide Assessment is the DCFS Practice Improvement Administrator. The Administrator's office is in the state administrative headquarters in Salt Lake City, Utah, and contact information is found below.

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Utah Agency Administering Child Welfare Programs

The child welfare system in Utah is state-administered. DCFS is the lead child welfare agency and provides services throughout the state. The Division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, and the overall management of child welfare programs and services. DCFS is also responsible for designing services, developing contracts, and establishing standards for all services delivered directly by the Division, as well as those offered by program and service providers with which it contracts.

In addition, DHHS Office of Services Review (OSR) Continuous Quality Improvement is responsible for monitoring contracts, monitoring internal and external service effectiveness, and evaluating qualitative and quantitative data to help shape what services have the greatest success in achieving the results for children, youths, families, and adults.

Management

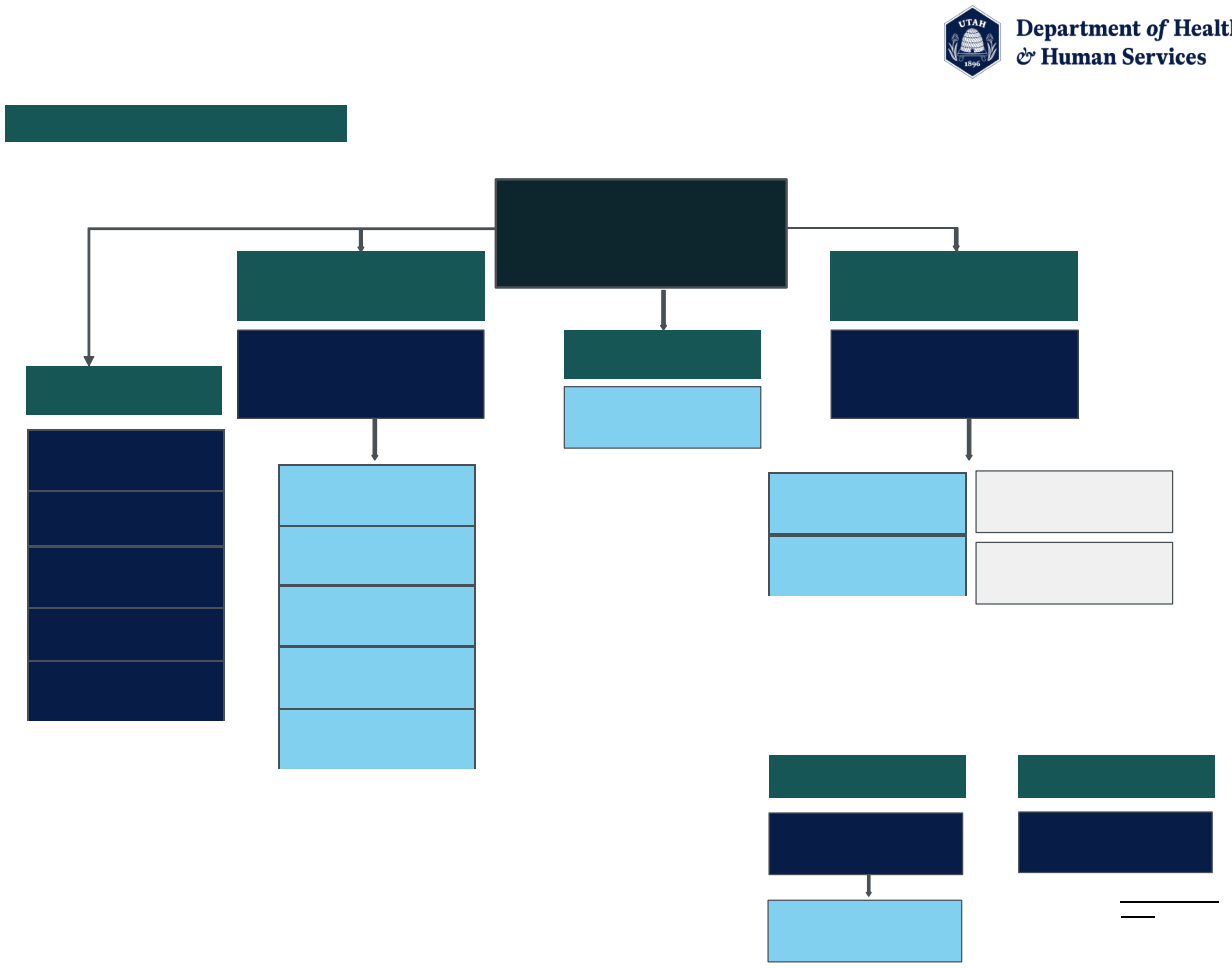
The Division Director is the administrative head of DCFS. The Director's office is in the state administrative headquarters in Salt Lake City, Utah, and contact information is found below.

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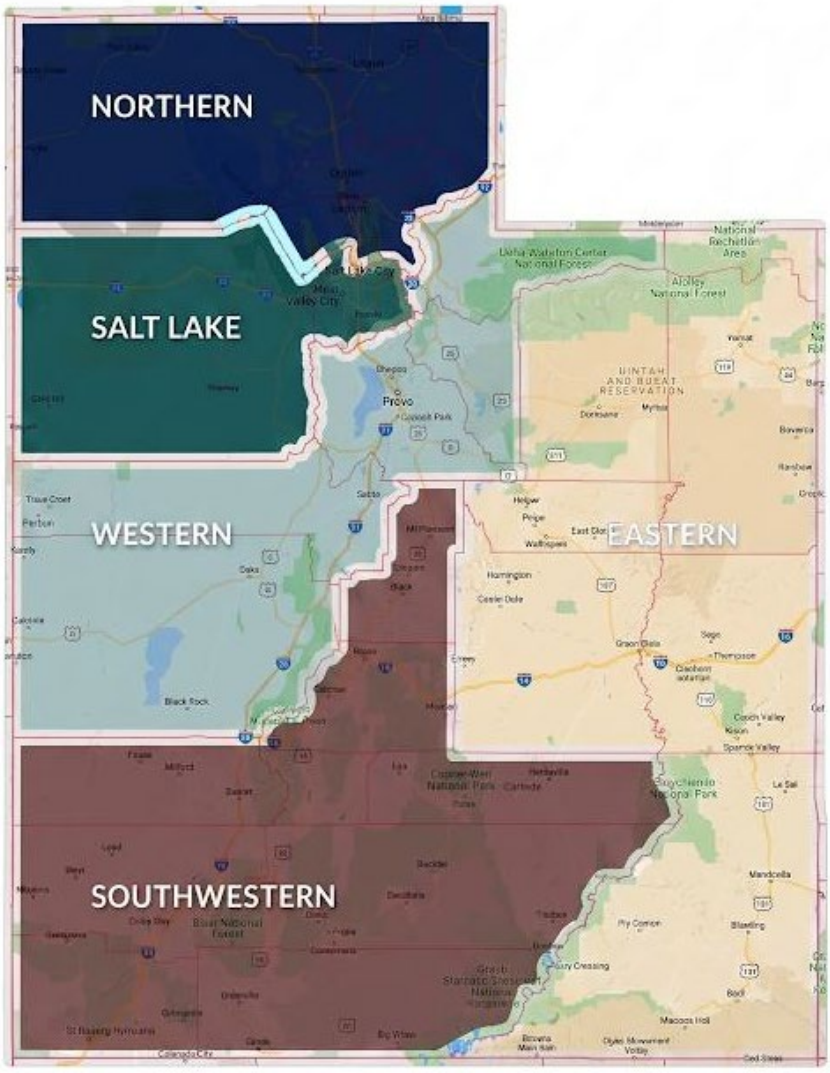
Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. Firstly, the DCFS State Office Administrative Team meets weekly and is composed of the director; two assistant directors; finance; administrators for programs, Continuous Quality Improvement (CQI) data, professional development, support services, information systems, and federal operations; communications; and administrative support. This body is primarily responsible for overseeing state office operations, including planning, budgeting, and communications. Secondly, a Region Director meeting is held twice weekly and includes the director, two assistant directors, the five regional directors, and administrative support. This team is responsible for coordinating statewide operations and ensuring consistency of practice and access to services across the state. Thirdly, the State Leadership Team meets monthly and consists of the DCFS State Office Administrative Team and the five Region Directors. This team connects the work done by the DCFS State Office Administrative Team and the RD group to align State Office operations with regional needs.

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

Division of Child and Family Services Organizational Chart



DCFS Map of Regional Boundaries



Statewide Assessment Participants

Participants groups listed below were involved in some way with the development or review of the information contained in the Statewide Assessment document.

- DCFS Leadership and Internal Specialized Teams: This group includes the DCFS Director, Assistant Directors, and Regional Directors, alongside specialized state-level teams including the Primary Intervention and Support Team, SAFE and Data Team, Service Continuum Team, Federal Operations Team, and Professional Development Team. It also encompasses the Regional Practice Improvement and Continuous Quality Improvement Specialists.
- Broader DHHS Partner Offices: This includes leadership and analysts from the Office of American Indian Alaska Native Health and Family Services, the Division of Licensing and Background Checks, and the Office of Services Review.
- Legal and Judicial Collaborators: This group is primarily represented by the Court Improvement Program Committee, which brings together Juvenile Court Judges, the Office of the Assistant Attorney General, the Office of Parental Defense, the Office of the Guardian ad Litem, and judicial case managers.
- External Community and Child Welfare Partners: Organizations consulted include the Utah Foster Care Foundation, the State Child Welfare Improvement Committee, the Children's Justice Act grantee, various prevention partners, service providers, and Tribal representatives.
- Frontline Staff and Lived Experience Representatives: The assessment incorporated the Youth Advisory Council (which includes youths with lived experience and Transition to Adult Living Coordinators), families with lived experience, and the DCFS Ongoing Services Workgroup, which consists of regional program managers, resource family consultants, and permanency caseworkers from across the state.

For a list of participant names and position titles, see *Attachment B. Statewide Assessment Contributors*.

Description of Stakeholder Involvement in Statewide Assessment Process

In response to federal regulations at 45 CFR 1357.15 and to create a shared vision across the broader child welfare system that supports child-abuse and neglect prevention and better outcomes for children and families, Utah regularly engages the agencies, organizations, community partners, and individuals who are part of the ongoing CFSP-related consultation and coordination process. This group was also involved in the statewide assessment process.

Collaboration partners and stakeholders comprise the state's legal and judicial community, including the Court Improvement Program (CIP) and Children's Justice Act (CJA) grantee, Tribes, prevention partners, service providers, community organizations, frontline workers, families and individuals with lived experience, and representatives of state and local agencies administering other federal or federally assisted programs. Meaningful collaborations have continued in the two years since submission of the 2025-2029 CFSP and, in 2026, have specifically focused on the statewide assessment.

In its collaborations, Utah strives to identify and work toward shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and wellbeing of children in the child welfare system, including linking the CFSP with the CFSR results. Utah uses a variety of approaches and activities in its collaboration and consultation with stakeholders. These include feedback-gathering surveys and meetings with groups, such as the Utah Youth Advisory Council.

Additionally, Utah reviews current performance data and assesses agency strengths and areas for improvements. Through program implementation, monitoring, and reporting, DCFS program administrators regularly review and analyze data. Program administrators also receive feedback from the families, children, and youths the program serves, which includes persons adversely affected by poverty, as well as representatives from Tribes, courts, and other community partners.

DCFS has engaged in extensive collaboration related to gaps in services, particularly regarding placements of children and youths in foster care. For behaviorally complex youths, ongoing,

intensive collaboration has occurred with Medicaid, the Office of Substance Use and Mental Health (OSUMH), Utah State Hospital, Utah Developmental Center, Integrated Services, and the Youth Providers Association. In addition, for children and youths with disabilities, ongoing collaborative work has occurred with Medicaid and the Division of Services for People with Disabilities.

DCFS continues to coordinate with Medicaid and the Department of Workforce Services (DWS) in ensuring youths leaving foster care in Utah can apply for continuing Medicaid coverage. DCFS provides verification of each youth's former foster care status. The policy also allows youths ages 18-26 who were in foster care in other states and now reside in Utah to apply for Medicaid under Utah's former foster youths program. The DCFS eligibility team reaches out to other states, when needed, to verify prior foster care status to support the Medicaid application. In addition, DCFS staff will provide verification to Medicaid programs in other states regarding former Utah foster youths who have relocated to those states.

Work has continued with Utah Foster Care (UFC) and Raise the Future to address needs for services and permanency for teens and sibling groups. Significant progress has been made toward strengthening kinship support through the Kempe Center, Children's Service Society GRANDfamilies Program, and Raise the Future. Additional collaborative efforts for older youths have focused on community partners supporting homelessness, transitional housing, and housing vouchers.

Utah's collaboration activities contributed to the development of the goals and objectives of the 2025-2029 CFSP and continue to inform program development and implementation. The CB provided input and responded to questions regarding the development of the 2025-2029 CFSP, and continued collaboration with the CB is occurring, as needed, throughout the five-year plan period and during the development of DCFS Statewide Assessment.

The goals of the 2025-2029 CFSP align with the DCFS efforts as reflected in the RBA Plans at the state and region levels.

II. STATE CONTEXT AFFECTING OVERALL PERFORMANCE

Part 1: Vision, Mission, and Practice Model Principles, Skills and Standards

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

Vision

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

Mission

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

Practice Model Principles

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

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

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

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

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

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

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

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

Practice Skills

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

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

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

Skill Three: Assessing. The skill that workers use to obtain information about salient events and underlying causes that trigger a child's or family's need for child-welfare-related services. This discovery process helps the child and family identify issues that affect the safety, permanency, or

wellbeing of the child; helps children and families discover and promote strengths that they can use to resolve issues; determines the child's or family's capacity to complete tasks or achieve goals; and ascertains a family's willingness to seek and utilize resources that can support them as they try to resolve their issues.

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

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

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

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

Practice Standards

The 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 guide caseworkers who provide services that help ensure the safety, permanency, and wellbeing of each child and family they serve.

A. Service Delivery Standards.

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

B. Standards Relating to Child and Family Teams.

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

C. Standards Relating to Assessments.

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

D. Standards Relating to Planning.

1. Children and 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 (CFP):
    a. Incorporates input from the family as well as the family's formal and informal supports.
    b. Identifies family strengths.
    c. Utilizes available assessments.
    d. Identifies services that address the family's needs and includes specific steps and services that help the family maintain the child's safety, permanency, and wellbeing.
    e. Anticipates transitions.
    f. Addresses safety for both child and adult victims.
    g. Identifies permanency and concurrent permanency goals.

Part 2: Cross-System Challenges

The following provides a brief description of cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect Utah's child welfare programs, practice, and performance.

Legislation and Budget Reductions

Families First Prevention and Services Act

Families First Prevention and Services Act (FFPSA) is federal system-changing legislation that came with restrictions to control financial impact to the federal budget. FFPSA has the potential to use funding for services other than maintenance payments for foster care and adoption.

Under the IV-E waiver, states had maximum flexibility to provide services to children in foster care and to broadly apply IV-E funds saved from foster care to in-home and prevention services, with the goal of avoiding entry into foster care.

Unfortunately, the transition from the IV-E waiver to FFPSA was challenging. How funds could be used was more restrictive under FFPSA than the IV-E waiver. FFPSA did not enable Utah to capture the same level of funding for out-of-home care, particularly for foster children needing higher levels of care, and for prevention of entering care that had been available under the waiver.

Ultimately, fewer children in foster care were eligible for IV-E funding and fewer providers were able to qualify for IV-E reimbursement under FFPSA. The biggest foster care impact for Utah was not being able to use IV-E funds for many children in group placements. This includes residential treatment facilities and staffed, small group homes, referred to in Utah as Individual Residential Treatment Services.

Utah had high hopes for the impact Title IV-E Prevention would have on the provision of prevention services to Utah children and families. The challenges of infrastructure development, evidence-based program start-up and maintenance, and extensive requirements have limited the realization of initial expectations. Additionally, the IV-E prevention program has not been able to offset the financial losses to foster care.

Utah received the Funding Certainty Grant and Families First Transition Act Grant funds to support the transition from the IV-E waiver to FFPSA implementation. Utah's initial plan was to utilize these grants to start IV-E prevention services. However, ultimately the budget pressure for foster care required these funds to be shifted to pay for out-of-home foster care costs.

Other changes put additional pressure on funding for foster care.

Utah House Bills 302 and 108

The state passed legislation in 2025 limiting the percentage of Supplemental Security Income and Social Security Disability Income allowed to offset foster care maintenance costs from 100% to 75%, placing 25% into an account for the child's future use, as they transition to adulthood. In 2026, the percentage allowed for use to offset foster care maintenance costs was further limited from 75% to 25%, placing 75% into an account for the child's future use, as they transition to adulthood.

DCFS supported these changes. Unfortunately, the DCFS budget was not increased to offset budget losses these changes created.

Two FFPSA outcomes that have been positive for Utah are listed below.

Family-Based Substance Use Residential Treatment

FFPSA includes provisions allowing states to use Title IV-E foster care funds to support children in state custody who are placed with their parent(s) in licensed residential, family-based substance-use treatment facilities. The University of Utah Social Research Institute is partnering with DHHS to conduct an evaluation of these programs. Within DCFS, these placements are referred to as "DCP" placements. Utah contracts with four family-based substance-use residential treatment programs with five locations, four of which are for mothers with children and one for fathers with children.

Kinship Navigator Funding Title IV-B, Subpart 2

FFPSA provided Utah the capacity for Kinship Navigator, which supports Goal #2 of Utah's CFSP: *Kin-centered Culture: DCFS will formalize a kin-centered culture in all areas of child welfare involvement.*

Kinship Navigator funding has been used to strengthen and support Kinship Navigator programs in the state that operate using the Foster Kinship Navigator and GRANDfamilies models. DCFS contracts with the Children's Service Society of Utah (CSS) to provide Kinship Navigator services under both Title IV-B subpart 2 and Title IV-E.

DCFS contracted with the University of Utah Social Research Institute to evaluate the GRANDfamilies kinship navigator program provided by CSS, which is the developer of GRANDfamilies. This evaluation was paid for with Title IV-B Part 2 Kinship Navigator funds and state general funds. The evaluation was completed in September 2025.

Since FFY 2018, Utah has utilized Title IV-B and IV-E funding to strengthen its GRANDfamilies Kinship Navigator program. Operated by CSS, the program has physical offices in all five DCFS regions and provides remote services statewide. In January 2024, Utah began implementing the "promising" Foster Kinship Navigator model in all counties except Davis County, has retained implementation of the GRANDfamilies model for the purpose of the evaluation that is currently pending Title IV-E Prevention Clearinghouse rating.

The target population served through Utah's Kinship Navigator Program is children in kinship care arrangements and their families. This may include children being cared for by kin while in foster care or legal guardianship arrangements, children being cared for by kin and at risk of entering foster care, and children being cared for by kin outside of the child welfare system. Kin caregivers may include relatives of the child or fictive kin, such as families headed by grandparents or other relatives; tribal kin; or extended family and friends.

CSS partners with a wide range of community organizations, including DCFS, that refer kinship caregivers for Kinship Navigator services. In SFYs 2024 and 2025, DCFS partnered with Utah's legal partners through the CIP, providing a series of online workshops that addressed kinship issues for families involved in the child welfare system. Availability of Kinship Navigator resources through CSS was shared during these sessions.

In its annual 2025 report, CSS reported serving 305 new families, which included 602 adults and 622 children. They also assisted 374 people in obtaining guardianship. CSS provided 20 support groups for 98 adults and 116 children; hosted 89 friend-to-friend events for 843 adults and 1,339 children; and provided 5,894 hours of additional services to kin families, including: outreach (457

hours), advocacy (3,158.5 hours), and clinical services (2,278.5 hours). In addition, 77% of families reported progress with the five protective factors of concrete support, parental resilience, knowledge of parenting, social support, and social and emotional well-being of children. Of the clients responding to satisfaction surveys regarding Kinship Navigator services, 10% reported satisfaction between 81-90%, and 90% reported satisfaction between 91-100%.

Community Conditions

Some areas of the state, particularly rural areas, do not have sufficient available mental health services. This leads to long waiting periods and appointments scheduled too far apart, which hinders progress. DCFS region representatives meet quarterly with local mental health service providers to communicate needs and address barriers to service provision.

The University of Utah Health Community Assessment identified the following as concerning community conditions within the state:

- Cost of living challenges.
- Housing affordability and low supply.
- Concerning rates of diabetes, opioid addiction, suicide, and emotional well-being.
- Car-centric with insufficient public transit.
- Environmental concerns, including air quality and water supply management.

Regional variations within Utah include:

- Wasatch Front: High population density, strong job market, but higher traffic and poorer air quality.
- Rural/Other Areas: Face challenges with access to healthcare, lower incomes, and aging infrastructure.

These conditions impact the children and families DCFS serves.

Staff Turnover

While DCFS has seen some improvement in caseworker turnover, in part due to pay increases in recent years, it will continue to take time to impact staffing shortages, provide new staff with sufficient training and experience, and improve morale. Additionally, DCFS may continue to see

negative effects on its workforce and the children and families it serves due to the economy, particularly inflation rates.

The table below presents 2023-2025 DCFS caseworker turnover. External turnover represents individuals leaving DCFS; internal turnover refers to vacancies within DCFS that occur when employees move to a different position within the agency. Total turnover demonstrates the challenge of achieving and maintaining a fully staffed caseworker team.

Internal Data – Percent of DCFS Caseworker Turnover			
Calendar Year	Internal Turnover	External Turnover	TOTAL Turnover
2023	13.9%	31.2%	45.1%
2024	6.0%	18.8%	24.8%
2025	8.5%	25.3%	33.8%

Part 3: Current Initiatives

This section provides a brief description of cross-cutting improvement initiatives to provide context for the priority areas of focus.

DCFS Practice Guidelines Update

In SFY 2025, DCFS hired a technical writer to assist with updating Practice Guidelines.

FFY 2026 DCFS Safety Summit

This summary provides a brief description outlining many DCFS current areas of focus, some of which address CFSR Items that were included in Round 3 PIP Goals, which are noted alongside the Safety Summit goals.

During FFY 2025, in response to concerns resulting from DCFS leadership's focused data and case reviews, discussions with Region and State Office Administrators were held. These discussions focused on the need to ensure consistent application of Safety and Risk Assessment standards, SDM and safety planning processes, case history reviews, quality home visits, and ongoing safety assessment throughout a family's involvement with DCFS. It was also found that concerns aligned with findings from a February 2026 DCFS Legislative Audit report.

In response, State Office and Region leadership elected to hold a Safety Summit. The summit, resulting outcomes, and follow-up activities are examples of cross-cutting improvement initiatives.

The FFY 2026 DCFS Safety Summit was an in-person, two-day summit, held in October 2025. Attendance was mandatory for DCFS Administrators and CPS and Ongoing Supervisors statewide. There were 173 staff invited, and 160 attended the summit.

Safety Summit Goals

Safety Summit goals include:

- Ensuring a uniform, standardized approach to how DCFS defines and addresses safety and risk. *(Items 1-3 – Round 3 PIP Goal Items)*
- Introducing strengthened standards for all caseworker supervision.
- Introducing standardized quality assurance processes and measures. *(Items 1-6 and Items 12-15 – Round 3 PIP Goals)*
- Introducing newly developed quality assurance tools. *(Items 1-6 and Items 12-15 – Round 3 PIP Goals)*

The Safety Summit Sessions

Day One

Focused on introducing new Quality Assurance (QA) processes to support the DCFS mission, reviewing feedback from recent SDM and Safety Planning trainings, and building supervisory competence to ensure thorough and consistent safety assessments.

Day Two

Centered on enhancing field coaching and case staffing to improve caseworker critical thinking, emphasizing the value of thorough records review, and training supervisors to better mentor staff on identifying signs of abuse and improving family interactions.

Breakout Sessions

Both days included practical training on conducting case history reviews, performing SDM safety assessments, executing quality home visits, and managing meaningful caregiver check-in calls.

Safety Summit Outcomes

The FFY 2026 Safety Summit established revised expectations for administrators and supervisors to ensure a system-wide culture of safety and consistent practice.

Key outcomes and requirements include:

- Field Coaching: Supervisors must provide field coaching for caseworkers, with the frequency determined by the caseworker's experience level or performance status, ranging from weekly to monthly.
- QA Requirements:

    - CPS Supervisors are required to conduct real-time case reviews via the work in progress report during weekly staffing and perform:
        - 100% post case review QA on all closed cases
        - Specific full case review QAs for high-profile/fatality cases, removals, or cases assigned to caseworkers on an improvement plan.
    - Ongoing Supervisors are required to conduct:
        - At least one QA per caseworker per month.
        - Three QAs per month for cases assigned to caseworkers on an improvement plan and high-profile or fatality incidents.
- Caregiver Check-ins: Supervisors are required to complete one monthly check-in phone call with a caregiver to monitor their experience with DCFS services.
- Case Staffing: Supervisors must establish standard, ongoing staffing times based on caseworker experience levels to monitor effective decision-making.
- Safety Plan Review: Mandatory supervisor review and approval for all initial safety plans and any subsequent changes.
- Performance Metrics: Caseworker performance plans now include standardized expectations for completing face-to-face contacts, with a 100% goal for achieving priority timeframes for face-to-face contacts.

These requirements aim to standardize practices across the state. Additionally, new QA tools for Resource Family Consultants, Kinship Family Consultants, and Post-Adopt services are under development for implementation during FFYs 2026-2027.

NOTE: To further expand use of the new QA tools, Resource Family Consultants (RFC), Kinship Family Consultants (KFC), and Post Adopt QA tools are under development, and it is anticipated these tools will be implemented during FFYs 2026-2027.

Safety Summit Follow-up

Initial Follow-up Meeting

An initial follow-up meeting to the summit was held in November 2025 at the DCFS Statewide Leadership Team quarterly meeting. At this meeting, supervisor expectations and the new QA tools were reviewed and further clarified.

Additional Support through Open Doors

To provide additional support to supervisors and administrators on supervisor expectations, use of QA tools, and completion of SDMs, the CAPTA Program Administrator and the Service Continuum Program Administrator held open door hours in November 2025 through January 2026.

Strengthening CPS Statewide Needs Assessment

In January through March 2026, the CAPTA Program Administrator and the Electronic Business Manager, formerly the New Initiatives Program Administrator, completed in-person Strengthening CPS needs assessment in each DCFS office throughout the state.

Safety Summit at the April 2026 Child Welfare Institute

The April 2026 Utah Child Welfare Institute (CWI) included breakout sessions specific to the Safety Summit and provided additional training and opportunities for feedback. The institute also included a leadership track that addressed the new QA processes.

Child Welfare Institute Follow-up Sessions

The DCFS Training Team will also hold follow-up sessions from those presented at CWI in May and June 2026 for those who were not able to attend CWI and those who would like additional training on certain topics.

FFY 2027 Safety Summit – October 2026

As a follow-up and extension of the FFY 2026 Safety Summit, held in October 2025, a second safety summit will be held in FFY 2027 and is scheduled for October 2026.

2025-2029 CFSP Goals and Objectives

The 2025-2029 CFSP goals and associated activities are also examples of current cross-cutting DCFS initiatives. Below is a presentation of the goals and their objectives, some of which address CFSR Items that were included in Round 3 PIP Goals, which are noted alongside the CFSP goals. Measures and associated data were not included here, but they are included where appropriate throughout the statewide assessment document and are readily available upon request.

Goal #1: Parent Engagement – DCFS will increase and improve the quality of parent and alternate-caregiver engagement in all areas of child welfare involvement, including prevention. *(Items 12b, 13, and 15 – Round 3 PIP Goals)*

Rationale for Selecting Goal for the Plan:

The first DCFS practice skill is engaging and is defined as:

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

This is case practice.

CFSR+ data indicates that parent and alternate-caregiver engagement is an important area of child welfare practice Utah can improve upon.

Most families, when adequately supported and engaged, can work in full partnership with child welfare system professionals to achieve better outcomes for children.

Listening to the voices of mothers, fathers, and alternate primary caregivers is an important part of parent engagement. Children live in families, and it is the family members who know if a service or support is effective and whether it will work in their home. Parental involvement improves the timeliness of child welfare permanency decisions and can lead to quicker reunification.

Engaging parents and alternate caregivers from the start of the child welfare process through the end of case closure – regardless of a decision on seeking custody of a family's children – promotes safety, permanency, and well-being of children and families and is central to successful child welfare practice.

Citation: Child Welfare Information Gateway (2021). Family engagement: Partnering with families to improve child welfare outcomes. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Objective 1.1. DCFS will increase and improve the quality of its prevention-focused parent engagement efforts by Utah's Community Based Child Abuse Prevention-funded (CBCAP) and Children's Trust Account (CTA)-funded community prevention programs with mothers, fathers, and alternate primary caregivers.

Rationale for Selecting Objective for Goal:

The Child Abuse Prevention Administrator oversees Utah's CBCAP- and CTA-funded community prevention programs. In addition to serving children and families who are not involved with the child welfare system, these partners, through other funding, also serve children and families who are involved.

Community prevention program efforts serve to strengthen Utah families and reduce the likelihood of child abuse and neglect, which is accomplished, in part, through parent engagement that occurs in two primary ways.

1. Parent engagement occurs through parent participation in and receipt of prevention services. *(1.1.a)*

   Parent engagement in prevention services increases protective factors, which strengthens families and promotes the safety, permanency, and wellbeing of children and families.

2. Parent engagement occurs when former recipients of prevention services become involved in parent leadership and represent parent voice in their community's prevention efforts. *(1.1.b)*

   Parent leadership is a strength-based approach to family support founded on the belief that parents are knowledgeable about their families and communities and, having been recipients of prevention services themselves, can provide valuable insight into prevention program structure and function. This insight benefits children, families, and their communities, as well as programs and agencies throughout the state.

The Child Abuse Prevention Program Administrator and Manager have been members of the DHHS Parent Engagement, Support, and Education Subcommittee of the Early Childhood Utah

Advisory Council (Council), which met monthly. The subcommittee ended in December 2025, due to restructuring within the Council. During FFY 2023, the subcommittee made progress on parent engagement work in the early childhood community through hosting virtual parent meet-and-greets to identify parents to engage in the Council's work. *(1.1.c)*

The Child Abuse Prevention Program Administrator and Program Manager make up the Child Abuse Prevention Program Team (Team). The Team is developing a parent engagement plan with Utah's CBCAP FRIENDS TA. *(1.1.d.)*

In early 2024, the Team evaluated child abuse prevention grantee parent engagement and found varying levels. Current engagement activities include:

- Reviewing existing and developing new program materials.
- Providing program feedback.
- Assisting with program evaluation.
- Serving as members on boards and committees.

What is learned through this evaluation will inform the development of the Prevention Parent Engagement Plan with FRIENDS *(1.1.d.).* Plan development is underway and includes the following:

- In June 2024, FRIENDS began providing parent engagement foundational webinars to prepare for training and support grantees as they develop their parent engagement plan. *(1.1.d.)*
- Methods to compensate parents for parent engagement activities will be identified. *(1.1.a. and 1.1.b.)*
- During FFY 2026, parent engagement will be detailed in the Child Abuse Prevention Request for Grant Application and added as a requirement on the scope of work. *(1.1.e.)*
- Prevention grantees will identify parent representatives to participate in engagement planning and training. *(1.1.b)*
- Prevention grantees, parent representatives and the Team will attend and complete the FRIENDS "Building Effective Parent Practitioner Collaboration" training. *(1.1.f.)*
- Parent engagement will remain an ongoing agenda item during bi-monthly meetings with prevention grantees. *(1.1.a.and 1.1.b.)*

- Key parent representatives from each grantee will participate in a state level CBCAP Parent Engagement Committee. This group will provide feedback and recommendations about current child abuse prevention resources and needs, and representatives will participate in request for grant application development and scoring. *(1.1.g.)*

Objective 1.2. DCFS will increase and improve the quality of early parent engagement through the continued implementation and refinement of Family Action Meetings (FAM) on CPS cases.

Rationale for Selecting Objective for Goal:

FAM is focused on early parent engagement during a CPS case, at the onset of DCFS involvement and identification of a safety concern. See CFSP Goal #2 for a detailed presentation of FAM.

Objective 1.3. During CFSP years one and two, DCFS will analyze its state-level infrastructure associated with caseworker engagement of mothers, fathers, and alternate primary caregivers to identify and address opportunities for system-level improvement or barriers to (1) frequent, quality face-to-face interactions that support the safety, permanency, and well-being of the child(ren) and promote the achievement of case goals; (2) completion of their Utah Family and Child Engagement Tool (UFACET) and other supplemental needs assessments; and (3) development of their CFP.

During CFSP years two through five, DCFS will incorporate parent engagement objectives into state- and regional-level RBA plans with specific tactics addressing targeted regional and caseworker level activities to increase and improve parent engagement in (1) frequent, quality face-to-face interactions that support the safety, permanency, and well-being of the child(ren) and promote the achievement of case goals; (2) completion of their UFACET and other supplemental needs assessments; and (3) development of their CFP.

Examples of components of parent and alternate primary caregiver engagement infrastructure to be analyzed include:

- Existing statute, rules, and practice guidelines.
- New employee training content and methods.
- Caseworker competency criteria.

- Coaching guidelines used by trainers and supervisors.
- Training provided at events such as CWI and the Leadership Conference.
- SAFE tools, including CFP template.
- Parent and alternate caregiver engagement resources.
- CQI tools and processes.
- Financial resources.

Rationale for Selecting Objective for Goal:

When caseworkers engage mothers, fathers, and alternate caregivers, regardless of a decision on whether to seek custody of a family's children, relationships critical for case success can be built. These relationships promote safety, permanency, and well-being of children and families.

The needs assessment process is intended to be collaborative. Completion of the UFACET and other supplemental assessments engages mothers, fathers, and alternate primary caregivers to help determine the family's needs and identify accessible services that can best address those needs. This information informs the written case plan that is developed at a CFTM. Each child in care has a written case plan developed at the CFTM. CFTMs are required before a written case plan can be finalized. CFTMs are attended by mothers, fathers, or other primary caregivers, as well as other members of the child and family team who contribute to the development of their written case plan. In Utah, the written case plan is referred to as the Child and Family Plan (CFP).

Goal #2: Kin-centered Culture: DCFS will formalize a kin-centered culture in all areas of child welfare involvement. *(Items 2 and 13– Round 3 PIP Goals)*

Rationale for Selecting Goal for the Plan:

In addition to effective parent and alternate caregiver engagement, locating and engaging the family network early is central to promoting the long-term safety, permanency, and wellbeing of children and families.

The family network includes the child's mother, father, and alternate caregivers, as well as maternal and paternal relatives, fictive kin, and additional natural support, such as neighbors, educators, religious leaders, etc. These individuals should be viewed as experts on their respective situations.

The family network should be included throughout the family's involvement in the child welfare system, regardless of a decision on whether to seek custody of a family's child, since these individuals will remain involved with the child and family long after the family's exit from the system.

Citation: Child Welfare Information Gateway (2021). Family engagement: Partnering with families to improve child welfare outcomes. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Objective 2.1. During CFSP years one and two, DCFS will (1) define what a kin-centered culture means, (2) identify desired components of Utah's kin-centered culture, (3) analyze the state level infrastructure needed for existing kin-centered culture components, and (4) assess readiness for new kin-centered culture components.

During CFSP years two through five, DCFS will incorporate kin-centered culture objectives into state- and regional-level RBA plans with specific tactics addressing targeted regional and caseworker level activities to increase and improve a DCFS kin-centered culture.

Examples of kin-centered culture components, infrastructure, and readiness to be analyzed may include:

- Existing rules, policies and practice guidelines.
- Kin search and kin support processes.
- Kin licensing and background screening processes.
- New employee training content and methods.
- Caseworker competency criteria.
- Coaching guidelines used by trainers and supervisors.
- Training provided at events such as CWI and the Leadership Conference.
- SAFE tools, including CFP template.
- Kin-centered culture agency and community resources.
- CQI tools and processes.
- Financial resources.

Rationale for Selecting Objective for Goal:

DCFS has determined that the first step to achieving this goal is to better define what Utah means by a kin-centered culture. Once defined, Utah will assess what kin-centered culture components are in place and what components are needed to achieve this goal. Specific objectives to address needed components will be created following completion of this objective.

Objective 2.2. DCFS will continue implementing FAM throughout the state.

Rationale for Selecting Objective for Goal:

Utah's FAM process is an existing kin-centered culture component that is already in place in parts of Utah, and statewide implementation is in process.
FAM focuses on ensuring safety, starting with initial DCFS initial involvement during a CPS case, when safety issues have been identified. To address safety concerns, FAM coordinators intensely search for and engage with members of the family network.

A primary goal of FAM is for families to experience less trauma; this is accomplished with fewer unnecessary removals and increased support from the family network, which occurs by bringing family network members into the process early and robustly.

In the FAM meeting, the family network is referred to as the family group. The family group and DCFS work together to develop a plan to address safety concerns. The relationship between the family and caseworker is improved because the FAM process requires DCFS to be transparent about the safety concerns impacting the child and provides opportunities for the family group to be involved in making safety decisions and case planning, instead of being told by DCFS what is going to happen.

The FAM process creates stronger family bonds and has been reparative to some previously strained family relationships. This increases the likelihood of long-term safety. Since families are the experts on their experiences, strengths, and needs, family voice must be heard early during DCFS involvement to ensure inclusion of the family in decision-making and in resolving safety concerns. Strong teaming with the right participants helps to develop tailored plans, determine

necessary services to resolve safety issues, and mitigate risk. Families benefit from the increased social connections this model supports.

At the end of December 2025, the average FAM was made up of 75% family and 25% service providers. The average number of family group members attending the FAM is 8.2. FAMs have included up to 37 family group members, all working together to make certain their loved ones are safe and supported. Family group members include children, mothers, fathers, stepparents, adult siblings, grandparents, aunts, uncles, cousins, family friends, neighbors, educators, religious leaders, and others.

Objective 2.3. DCFS will continue to contract for kinship navigator services statewide through the Children's Service Society of Utah's GRANDfamilies Program.

Rationale for Selecting Objective for Goal:

Kinship Navigator services are an existing kin-centered culture component that will continue through the five-year plan period. DCFS helps support this program through Title IV-E, Title IV-B subpart 2, and state funding.

The Children's Service Society GRANDfamilies Program is providing in-person kinship navigator services, utilizing the evidence-based Foster Kinship Navigator Program, to relative caregivers in seven counties: Box Elder, Cache, Salt Lake, Tooele, Uintah, Washington, and Weber. Starting July 1, 2024, the Foster Kinship Navigator Program started in-person services to relative caregivers in Utah County. Davis County elected not to implement the Foster Kinship Navigator Program, while the existing GRANDfamilies program was being evaluated and pending a Title IV-E Prevention Clearinghouse rating. The study concluded with a final evaluation report in September 2025. DHHS published the report online and submitted it to the Prevention Services Clearinghouse for review of the GRANDfamilies program.

Kinship navigator services are also available through the Foster Kinship Navigator Program to relative caregivers in the 20 remaining counties in Utah through telecommunications or virtual platforms. Families may also receive in-person services at adjacent county locations, if desired.

The target population served through Utah's Kinship Navigator Program is children in kinship care arrangements and their families. This may include children being cared for by kin while in foster care or legal guardianship arrangements, children being cared for by kin and at risk of entering foster care, and children being cared for by kin outside of the child welfare system. Kin caregivers may include relatives of the child or fictive kin, such as families headed by grandparents or other relatives, tribal kin, or extended family and friends.

Goal #3: DCFS will successfully address the strategies and objectives of its annual Results Based Accountability Plan. *(Items 1-4 – Round 3 PIP Goals)*

Rationale for Selecting Goal for the Plan:

DHHS Executive Leadership incorporated Results-Based Accountability into its management of practice and operations. The RBA framework guides the thinking, measurement, and improvement of population well-being, as demonstrated in agency performance in producing clientele and population results and outcomes in fulfillment of the Division's mission. During the past year, DCFS administration significantly enhanced its RBA Strategic Plan, which includes key strategies, tactics, and indicators related to DCFS priorities and key areas of practice. Performance measures for each of the RBA plan objectives serve as a CQI/QA of primary priorities, projects, and practice. The CQI team leads DCFS RBA Strategic Plan oversight and maintenance.

Objective 3.1. DCFS will successfully address the strategies of its annual RBA Plan.

The three strategies of SFYs 2025-2027 DCFS RBA Plan are:

1. Bolster safety and well-being through safety assessment, planning, and interventions across all program areas. *(Items 1-3 – Round 3 PIP Goals)*
2. Increase the use of kinship care and family-based care for children in custody while reducing use of congregate care settings. *(Item 4 – Round 3 PIP Goals)*
3. Maintain a skilled and stable workforce.

Data for each goal's objectives and measures have not been included here but are available upon request.

III. ASSESSMENT OF CHILD AND FAMILY OUTCOMES

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

Safety Outcome 1: Performance Data Highlights

See *Attachment B. UT-CFSR 4 Data Profile-February 2026*.

CFSR Results – Round 3 PIP Goal								
Item	Item Description	Standard	PIP Baseline	PIP Goal	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Safety Outcome 1	95%			95%	90%	91%	33
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	95%	59.3%	65%	95%	90%	91%	33
NOTE: The green highlights represent the years in which the PIP Goal was achieved.								

CPR Results – CPS Priority Timeframe *Item 1*					
Question: CPSG.1. Did the investigating worker see the children within the priority time frame?					
Three Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
CPSG.1.	90%	89%	87%	87%	136

Below is safety outcomes data for maltreatment in care and recurrence of maltreatment. To view the complete statewide data profile, see *Attachment A. UT-CFSR 4 Data Profile-February 2026*. [The State Data Profile is available from the state or the Children's Bureau upon request, and is posted at https://acf.gov/cb/data-research/data-and-statistics-cfsr-statewide-data-indicators.]

Data Profile – Maltreatment in Care (victimizations/100,000 days in care) *Item 1*					
Desired Rate is Lower ↓	National Performance	RSP 20AB FFY 2020	RSP 21AB FFY 2021	RSP 22AB FFY 2022	RSP 23AB FFY 2023
	9.07	16.87	18.01	16.79	21.40
NOTE: Risk-standardized performance (RSP) is used to assess state performance compared to national performance on each data profile indicator. RSP accounts for some of the factors that influence performance on data indicators and that states have little control over.					

Data Profile – Recurrence of Maltreatment *Item 1*					
Desired Rate is Lower ↓	National Performance	FFY 2020-2021	FFY 2021-2022	FFY 2022-2023	FFY 2023-2024
		Observed Performance			
	9.7%	9.3%	10.2%	8.8%	9.2%
		RSP			
		12.6%	13.8%	12.1%	12.5%
NOTE: Risk-standardized performance (RSP) is used to assess state performance compared to national performance on each data profile indicator. RSP accounts for some of the factors that influence performance on data indicators and that states have little control over.					

The internal data table below shows FFYs 2023-2025 numbers and percentages of children who experienced maltreatment in care.

Internal Data – Percentage of Maltreatment for Children in Care *Item 1*						
Victim Age at Foster Care Case Start	FFY 2023		FFY 2024		FFY 2025	
	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	710	2.11%	621	1.13%	545	2.02%
2 to 5 Years	690	3.19%	641	2.96%	552	3.26%
6 to 12 Years	1,094	3.38%	1,017	4.23%	927	3.34%
13+ Years	741	5.67%	705	6.38%	697	4.02%
TOTAL[1]	3,219	3.51%	2,972	3.67%	2,714	3.21%
NOTES: [1]Because some children enter foster care multiple times at different ages, totals of children in care will not be the same as the count of individual age groups added together.						

The internal data table below shows FFYs 2023-2025 numbers and percentages of children who did not experience another supported maltreatment occurrence within 12 months of their initial CPS case. FFY 2025 data is not yet available.

Internal Data – Supported Victims without a Recurrence of Maltreatment within 12 Months[1] *Item 1*						
Victim Age at First Case Start	FFY 2023		FFY 2024		FFY 2025[2]	
	Count	Percent	Count	Percent	Count	Percent
0 to 1 Year	128	88.0%	116	88.7%		
2 to 5 Years	232	88.3%	218	87.6%		
6 to 12 Years	348	88.0%	333	90.0%		
13+ Years	234	90.7%	240	91.7%		
TOTAL w/o Recurrence w/in 12 Mo	937	88.8%	902	90.0%		
NOTES: [1] Recidivism data is reported for the FFY in which the first supported case was closed. [2] FFY 2025 data is NOT included, as a full 12 months have NOT passed since the last day of FFY 2025. Data for CPS cases closed during FFY 2025 will be available after September 30, 2026.						

Safety Outcome 1: Brief Analysis

CFSR Item 1

CFSR Item 1 data results show Utah scoring below the standard of 95%; in SFY 2025, Utah scored 91%, which is 4% below the standard. This is not a desired score.

Case Process Review (CPR) Item 1 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 87%, which is 3% below the standard. This is not a desired score.

CFSR Data Profile Item 1 – Maltreatment in Care

Data Profile Maltreatment in Care Risk-Standardized Performance (RSP) results show Utah scoring above the national performance of 9.07; in FFY 2023, Utah scored 21.40, which is 12.33 above national performance. On this data point, scoring above the national performance is not a desired score. Utah's performance is statistically worse than national performance.

CFSR Data Profile Item 1 – Recurrence of Maltreatment

Data Profile Recurrence of Maltreatment RSP results show Utah scoring above the national performance of 9.7%; in FFY 2023-2024, Utah scored 12.5%, which is 2.8% above national

performance. On this data point, scoring above the national performance is not a desired score. Utah's performance is statistically worse than national performance.

DCFS Internal Data, Percentage of Maltreatment for Children in Care, results show Utah relatively steady; in FFY 2025, Utah scored 3.21% which is .46% below the prior year. While there is a slight year-over-year improvement, this is not a desired score.

DCFS Internal Data, Supported Victims without a Recurrence of Maltreatment within 12 Months, results show Utah relatively steady; in FFY 2024, Utah scored 90%, which is 1.2% above the prior year. While there is a year-over-year improvement, this is not a desired score.

Safety Outcome 1: Results of Deeper Data Exploration for Priority Focus Areas

CFSR Item 1

DCFS performance on timeliness of investigations has not met federal and state standards for several years. One area of difficulty is CPS caseworkers routinely not meeting face-to-face timeliness requirements for all children in the referred family. Contributing factors include caseworkers having difficulty locating all of the children in the home on first attempt and difficulty managing competing priorities.

During SFY 2025, Utah's Office of the Legislative Auditor General (OLAG), completed a DCFS audit. The focus of the audit was CPS services. OLAG provided an audit report to DCFS in January 2026, outlining key areas needing improvement. Depending on the severity of an allegation, CPS investigators must see children within specific priority timeframes. Audit report findings included a variation in how well DCFS offices met these timeframes.

Audit findings align with DCFS leadership concerns leading to the FFY 2026 Safety Summit and subsequent outcomes and follow-up, including an audit recommendation for DCFS leadership to set clear objectives and risk tolerances, then manage to those objectives and tolerances.

DCFS leadership is including this practice expectation in SFY 2027 CPS caseworker performance plans.

See table below for a summary of legislative auditor findings regarding missed priority timeframes by region and office.

Utah Office of the Legislative Auditor General Audit Report Summary Percent of CPS Cases with Missed Deadlines *Item 1*		
DCFS Average Percent of CPS Cases with Missed Deadlines: 13%		
DCFS Region Offices	SFY 2025 Percent Missed	Total Cases Affected
Northern Region Average	17%	990
Brigham City	26%	166
Logan	26%	235
Ogden	16%	376
Clearfield	9%	150
Bountiful	6%	63
Salt Lake Valley Region Average	14%	1,350
Mid Towne	17%	541
Oquirrh	16%	266
South Towne	14%	253
Metro	13%	215
Tooele	10%	75
Southwest Region Average	13%	283
Cedar City	18%	106
St. George	11%	129
Richfield	11%	31
Manti	10%	17
Western Region Average	12%	461
Orem	27%	149
Heber	14%	64
Nephi	9%	14
American Fork	9%	61
Provo	8%	135
Salem	5%	38
Eastern Region Average	10%	118
Moab	15%	13
Roosevelt	15%	36
Vernal	13%	49
Castle Dale	6%	5
Price	5%	13
Blanding	3%	2
DCFS Average Percent Missed	13%	-
DCFS Total Cases Affected	-	3,202

Maltreatment In Care

Utah's internal maltreatment in care data from FFY 2023-2025 does not show a significant change. The data continues to demonstrate maltreatment in care is occurring at a higher rate than the national average and is a trend that DCFS is concerned about.

FFY 2025 analysis of Utah's maltreatment in care data highlights the following:

- Children in foster care with a higher number of past allegations before foster care tend to be at a higher risk for maltreatment.
- Female children in foster care experience the highest level of maltreatment in care; the majority of victims were age 12-18.
    - 60% of allegations were by non-caregiver perpetrators (32 of the 53 allegations).
        - 56% were allegations of sexual abuse/exploitation.
        - 41% were allegations of child endangerment.
        - 3% were allegations of dealing in material harmful to a child.
- Male children in foster care experience maltreatment in care by perpetrators who tend to be a parent or caregiver, and the allegation is more likely to be physical abuse, emotional abuse, child endangerment, or domestic violence related child abuse.

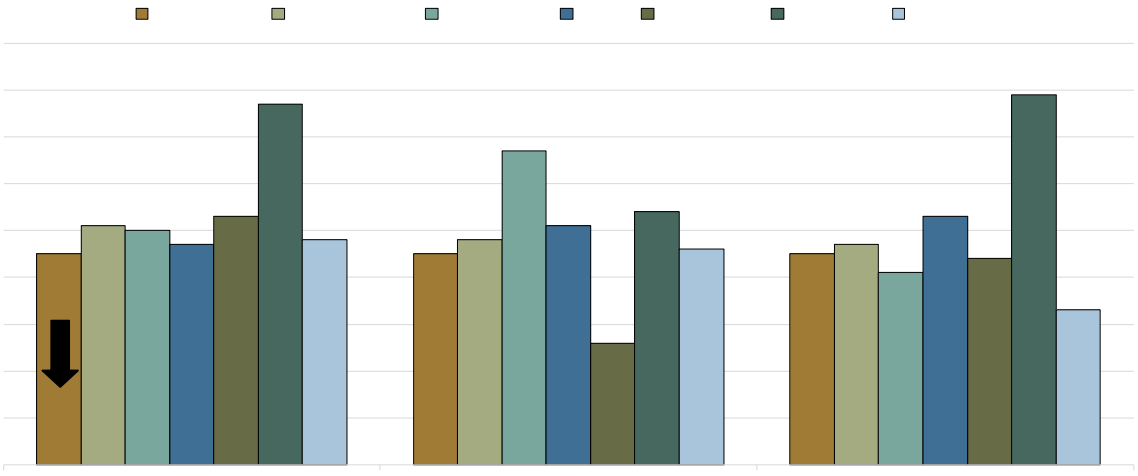
Maltreatment in care data is useful in informing caseworkers on how to prevent repeat maltreatment. Child and Family Team discussions can proactively mitigate increased risk for maltreatment in care, including trial home placements (THP).

During FFY 2025, efforts were made to verify if abuse reported during a foster care episode occurred during or prior to the foster care episode. For example, there have been instances when a child in care has reported abuse that occurred before the child entered care, but the CPS worker documented the date of abuse to be the same as the date reported, which inaccurately inflates maltreatment in care data. Despite these efforts, maltreatment in care data continues to be above the national average.

Recurrence of Maltreatment

Utah's internal recurrence of maltreatment data from SFYs 2023-2025 presented in the chart below shows a steady decline from 9.1% in SFY 2023 to 8.7% in SFY 2025. While the decline is positive, the statewide score is above the standard. This is not a desired score.

SFY 2025 internal region recurrence of maltreatment data shows Northern, Western and Southwest Regions scoring below the state standard. This is a desired score. Whereas Salt Lake Valley and Eastern Regions scores are above the standard.



During SFY 2024 fourth quarter, DCFS conducted a root cause analysis of recurrence of maltreatment. Northern Region added an area of focus to its SFY 2025 RBA Plan, and the data shows a 2.6% improvement from 10.7% in SFY 2024 to 8.1% in SFY 2025.

Western Region data shows an improvement of 2.7%, from 9.3% in SFY 2023 to 6.6% in SFY 2024. While there is a 1.8% increase from SFY 2024 to 2025, Western's SFY 2025 score of 8.4% remains below the standard, which is a desired score.

Southwest Region data shows a steady improvement of 1.5%, from 8.8% in SFY 2023 to 7.3% in SFY 2025. This is a desired score.

Impact of Reporting Differences on Utah Maltreatment Compared to National Average:
A significant difference highlighted by the ACF is how Utah defines the subjects of its investigations. Utah investigates and reports child maltreatment cases involving alleged perpetrators who reside both in the home and out of the home of the alleged victim. Whereas

many other states tend to limit investigations to alleged perpetrators with caregiver responsibilities for the alleged victim, typically parents or guardians.

Because Utah includes a wider range of perpetrators, including neighbors, other adults not in a caretaking role, children and youths, and unknown perpetrators, the state's reported rates of maltreatment are often higher than the national average, even if the actual frequency of abuse is similar to that of other states.

Impact of Data Quality Limitations

Utah's capacity to complete CFSR+ reviews has been limited to approximately 85 cases each year, which is a relatively low sample of cases to generalize the data, especially in Utah's rural regions, Southwest and Eastern. Item 1 is also limited to cases that had a CPS investigation during the period under review.

Safety Outcome 1: Information Regarding CQI Change and Implementation Activities

CFSR Item 1

OLAG audit report data showed specific offices that were not achieving priority timeframes for face-to-face child contacts in CPS cases.

DCFS leadership will be including this practice expectation in CPS caseworkers' performance plans for SFY 2027. The OLAG team will follow up throughout the year to ensure that changes have been made and that DCFS leadership ensures that this key practice expectation is completed in a timely manner.

In October 2026, DCFS held a Safety Summit for DCFS CPS and Ongoing supervisors and Region and State Office leadership. The intent of this summit was to improve safety practices and trends throughout the state. See *Part 3: Current Initiatives* for more details about the Safety Summit.

Maltreatment in Care

Since the end of SFY 2024, DCFS has been actively encouraging supervisors and CPS caseworkers to review CPS cases that occurred during a foster care episode, to ensure that the alleged incident

dates are correct, as Utah believes this is a factor that has inflated the data and negatively impacting Utah's scores.

In previous years, Utah has considered changing its policies as it relates to investigating abuse allegations involving peer-to-peer and non-parent/caregiver perpetrators, which make up more than half of the maltreatment in care allegations. Utah's law enforcement and other agencies demanded DCFS to continue to take a significant role in these cases. DCFS agrees that CPS investigators have expertise in these types of investigations and that children are better served by having a combined approach with CPS and law enforcement to investigate these types of cases.

Recurrence of Maltreatment

As noted above, during SFY 2025, Northern Region took a closer look at their recurrence of maltreatment scores and individual cases. Through Northern's efforts, their data is showing a meaningful decline of recurrence of maltreatment from July 2024 through February 2025.

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

Safety Outcome 2: Performance Data Highlights

CFSR Results – Round 3 PIP Goal Children are Safely Maintained in their Homes Whenever Possible and Appropriate								
Item	Item Description	Standard	PIP Baseline	PIP Goal	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Safety Outcome 2	95%			65%	56%	66%	85
Item 2	Services to protect child(ren) in the home and prevent removal or re-entry into foster care	90%	60%	67%	75%	62%	58%	33
Item 3	Risk Assessment and Safety Management	90%	55%	59%	65%	58%	67%	85
NOTE: The green highlights represent the years in which the PIP Goal was achieved.								

See below for FFY 2023-2025 Timeliness of Safety Assessment internal data.

Internal Data – Timeliness of Safety Assessment[1] Finalized Safety Assessment by Fifth Business Day following the Child First Seen Date or the Interview of the Child Date[2] *Item 3*		
FFY	Number	Percent
2023	12,399	61.4%
2024	13,173	63.8%
2025	13,982	65.6%
NOTES: [1] Unable to Locate, Unable to Complete, and False Report cases were not included. CPS investigations completed by the Related Parties Investigations Team were also not included. [2] Interview of child date was used, if a child first seen date was not documented.		

Safety Outcome 2: Brief Analysis

CFSR Items 2 and 3

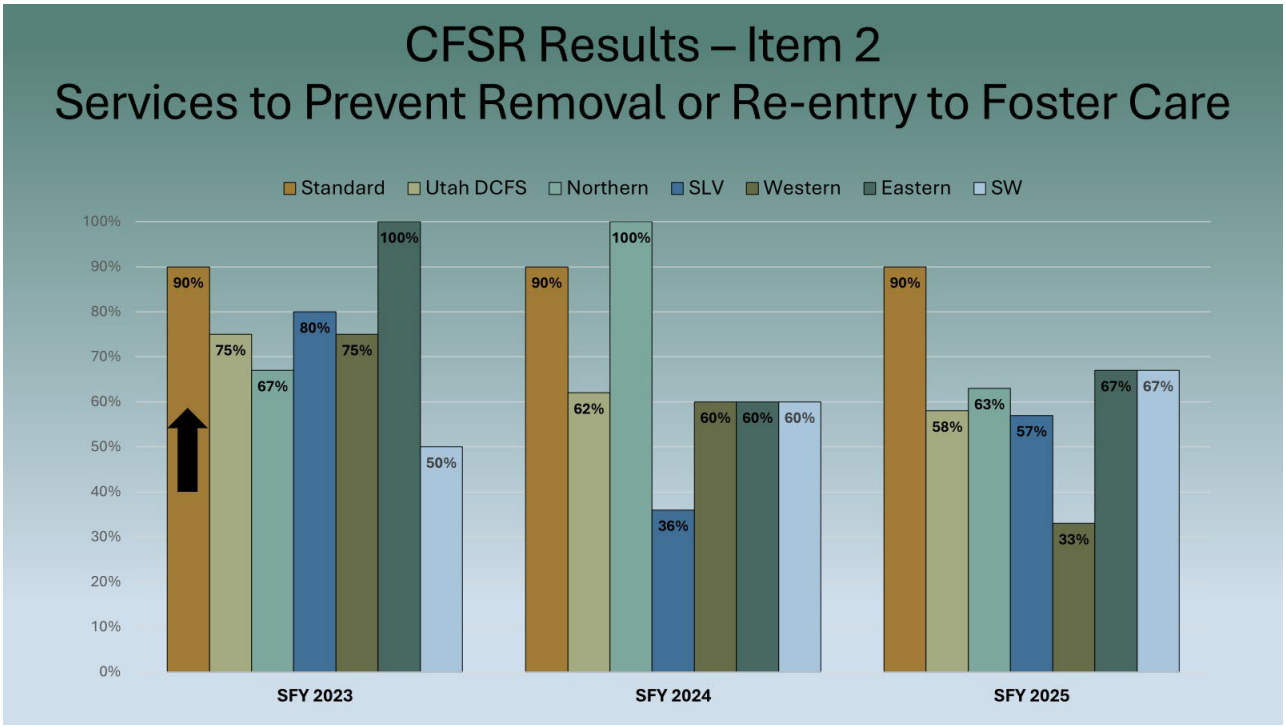
CFSR Item 2 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 58%, which is 32% below the standard. This is not a desired score.

CFSR Item 3 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 67%, which is 23% below the standard. This is not a desired score.

CFSR Item 3

DCFS Internal Data, Timeliness of Safety Assessment, results show a slight increase. Utah scored 65.6%, which is 1.8% above the prior year. This is not a desired score.

Safety Outcome 2: Results of Deeper Data Exploration for Priority Focus Areas



CFSR Item 2

CFSR Item 2 remains an ANI; Utah has only exceeded the Round 3 PIP goal one time, which was with a score of 75% in SFY 2023. ANI narrative analysis indicates consistent failures across both in-home and foster care cases. A primary reason for this rating is a lack of timely and targeted

service provision. In many cases, there was a delay between identifying a safety threat and implementing services. At times, services provided were inadequate and did not address the underlying reason for DCFS involvement.

CFSR Item 3

CPS performance on timeliness of safety assessment completion has not met state standards for several years. Utah uses Structured Decision Making (SDM), a statutorily required safety assessment tool, to determine whether a child is safe or unsafe. The assessment includes ten structured questions that allow workers to sort evidence into specific, safety-related categories. SDM assessment results provide critical guidance as workers decide whether and how to intervene.

The OLAG audit report found that, during SFY 2025, CPS caseworkers did not complete the SDM assessments on more than 7,800 cases within the 5-day expectation.

OLAG Audit Report Summary: Percent of Safety Assessments that were not Timely *Item 3*		
DCFS Region Offices	SFY 2025 Percent Missed	Total Cases Affected
Northern Region Average	24%	1,616
Clearfield	30%	490
Brigham City	29%	181
Logan	25%	225
Ogden	24%	588
Bountiful	13%	132
Salt Lake Valley Region Average	28%	2,525
Oquirrh	35%	589
Metro	32%	511
South Towne	30%	557
Tooele	23%	175
Mid Towne	22%	693
Southwest Region Average	63%	1,422
Richfield	76%	220
St. George	63%	744
Cedar City	61%	366
Manti	52%	92
Western Region Average	51%	1,967
Nephi	73%	113
Orem	68%	374
American Fork	58%	402
Provo	43%	725
Heber	41%	193
Salem	21%	160
Eastern Region Average	33%	281
Blanding	68%	47
Moab	43%	36
Roosevelt	35%	85
Castle Dale	23%	18
Vernal	17%	63
Price	13%	32
DCFS Average Percent Missed	39%	-
DCFS Total Cases Affected	-	7,811

Utah's CFSR review data also shows that ongoing caseworkers are not sufficiently assessing safety and risk and are not sufficiently creating and monitoring safety plans. SFY 2025 CFSR 3b and 3c data shows that ongoing assessing for safety and risk, along with safety planning and monitoring, are areas in which DCFS needs the greatest level of improvement.

CFSR Results – Risk and Safety Assessment and Management *Item 3*					
Item	Item Description	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
Item 3	Risk and Safety Assessment and Management	65%	58%	67%	85
3a	Initial Safety/Risk Assessment	96%	73%	75%	15
3b	Ongoing Assessment of Safety/Risk	70%	69%	71%	60
3c	Safety Planning and Monitoring	65%	46%	55%	17
3d	Unmitigated Safety Concerns Existed	76%	70%	78%	32
3e	Unmitigated Safety Concerns Existed During Visitation	98%	85%	93%	37
3f	Unmitigated Safety Concerns Associated with Foster Placement	96%	92%	96%	47

Safety Outcome 2: Information Regarding CQI Change and Implementation Activities

In recent years, DCFS annual RBA Plans have included strategies, objectives, and tactics that focused on improving safety and risk assessment and reassessment processes. Even with these focused efforts, concerns in this vital area of child welfare practice remain.

During FFY 2024, in response to *CAPTA Program Area #4: Developing, improving, and implementing safety and risk assessment tools and protocols*, the CAPTA Program Administrator provided in-person SDM training in all five DCFS regions.

As the start of FFY 2025, the Program Administrator continued to provide subsequent SDM and Safety Planning training courses when requested by region directors, administrators, and team

supervisors. The subsequent training courses addressed questions and helped to clarify proper use of SDM tools and the Safety Planning process, with goals of improving the assessment of safety and ensuring fidelity in use of the tool statewide.

Due to ongoing concerns, in late FFY 2025, the CAPTA Program Administrator led a six-month effort to provide additional mandatory in-person Safety Planning training for all frontline staff. The training served as a refresher on Safety Planning and how to bolster safety in various case-type scenarios.

Additionally, SDM safety assessment, risk assessment, and risk reassessment training are a part of all New Employee Practice Model Training.

As FFY 2025 concluded, safety assessment training continued to be a high priority and resulted in a two-day in-person statewide Safety Summit for all DCFS supervisors and frontline staff administration. The summit was held in October 2025. See *Statewide Assessment Part 3: Current Initiatives, FFY 2026 DCFS Safety Summit* for an outline of current efforts, including CQI changes and implementation activities.

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

Permanency Outcome 1: Performance Data Highlights

See *Attachment B. UT-CFSR 4 Data Profile-February 2026*.

CFSR Results – Round 3 PIP Goal Children have Permanency and Stability in their Living Situation								
Item	Item Description	Standard	PIP Baseline	PIP Goal	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Permanency Outcome 1	95%			50%	46%	49%	49
Item 4	Stability of Foster Care Placement	90%	58%	62%	69%	71%	76%	49
Item 5	Permanency Goal for Child	90%	62%	67%	84%	85%	88%	49
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90%	55%	60%	73%	73%	65%	49
NOTE: The green highlights represent the years in which the PIP Goal was achieved.								

Data Profile – Placement Stability (moves/1,000 days in care) *Item 4*							
Desired Rate is Lower ↓	National Performance	RSP 22B23A	RSP 23A23B	RSP 23B24A	RSP 24A24B	RSP 24B25A	RSP 25A25B
	4.48	5.61	6.79	6.81	6.27	6.11	6.22
NOTE: Risk-standardized performance (RSP) is used to assess state performance compared to national performance on each data profile indicator. RSP accounts for some of the factors that influence performance on data indicators and that states have little control over.							

Data Profile – Re-entry to Foster Care within 12 months *Item 6*							
Desired Rate is Lower ↓	National Performance	RSP 21B22A	RSP 22A22B	RSP 22B23A	RSP 23A23B	RSP 23B24A	RSP 24A24B
	5.6%	5.6%	6.5%	7.4%	7.1%	4.4%	4.5%
NOTE: Risk-standardized performance (RSP) is used to assess state performance compared to national performance on each data profile indicator. RSP accounts for some of the factors that influence performance on data indicators and that states have little control over.							

Data Profile – Permanency Data from 12, 12-23, and 24+ Months *Item 6*											
Desired Rate is Higher ↑	Number of Months	National Performance	RSP 21A21B	RSP 21B22A	RSP 22A22B	RSP 22B23A	RSP 23A23B	RSP 23B24A	RSP 24A24B	RSP 24B25A	RSP 25A25B
	Permanency in 12 Months (Entries)	35.2%	45.0%	44.9%	45.4%	46.4%	48.0%	52.0%			
	Permanency in 12 Months (12-23 Months)	43.8%				63.9%	64.4%	59.5%	61.7%	64.3%	62.0%
	Permanency in 12 Months (24+ Months)	37.3%				32.1%	36.6%	42.3%	35.8%	33.0%	35.9%

The below calendar year (CY) 2023-2025 DCFS internal data represents the average number of placements a child experienced while in custody.

Internal Data – Placement Setting Changes (changes/1,000 days in care) *Item 4*	
CY	Rate
2023	3.8
2024	3.8
2025	3.8

Internal Data – Re-entry into Foster Care Division and Region Data *Item 6*									
	SFY 2023			SFY 2024			SFY 2025		
Region	# of Foster Children	Re-entry Count	Re-entry %	# of Foster Children	Re-entry Count	Re-entry %	# of Foster Children	Re-entry Count	Re-entry %
Division	1,409	93	6.6%	1,325	77	5.8%	1183	64	5.4%
Northern Region	383	32	8.4%	305	15	4.9%	259	19	7.3%
Salt Lake Valley Region	495	33	6.7%	431	28	6.5%	376	16	4.3%
Western Region	301	21	7.0%	310	23	7.4%	280	5	1.8%
Eastern Region	68	4	5.9%	128	6	4.7%	121	10	8.3%
Southwest Region	162	3	1.9%	151	5	3.3%	148	14	9.5%

SFY 2025 Internal Data – Permanency Outcomes by Division and Region *Item 6*										
	Reunification		Guardianship or Adoption to Relative		Guardianship or Adoption to Relative		Emancipation		Other	
Region	#	%	#	%	#	%	#	%	#	%
Division	604	46%	405	31%	178	14%	100	8%	23	2%
Northern Region	136	49%	88	32%	42	15%	11	4%	1	.4%
Salt Lake Valley Region	164	38%	141	33%	70	16%	46	11%	9	2%
Western Region	139	45%	108	35%	32	10%	29	9%	5	2%
Eastern Region	66	52%	44	34%	12	9%	5	4%	1	1%
Southwest Region	99	61%	24	15%	22	14%	10	6%	7	4%

Permanency Outcome 1: Brief Analysis

CFSR Items 4, 5, and 6

CFSR Item 4 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 76%, which is 14% below the standard. This is not a desired score.

CFSR Item 5 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 88%, which is 2% below the standard. This is not a desired score.

CFSR Item 6 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 65%, which is 25% below the standard. This is not a desired score.

CFSR Data Profile Item 4 – Placement Stability

Data Profile Placement Stability RSP results show Utah scoring above the national performance of 4.48 moves/1000 days in care; in the period 25A25B, Utah scored 6.22 moves/1000 days in care, which is 1.74 above the desired national performance. On this data point, scoring above the national performance is not a desired score. Utah's performance is statistically worse than national performance.

CFSR Data Profile Item 6 – Re-entry to Foster Care

Data Profile Re-entry to Foster Care within 12 Months RSP results show the percentage of children who entered foster care and were subsequently discharged from care within 12 months to reunification, living with a relative, or living with a guardian (including guardianship or custody to a foster parent or other non-relative), then re-entered foster care within 12 months for the period 24A24B to be 4.5%. Utah's performance is statistically no different from national performance, which is 5.6%.

CFSR Data Profile Item 6 – Permanency Data for 12 Months, 12-23 Months, and 24+ Months

Data Profile Permanency Data for 12 Months RSP results show Utah scoring above the national performance of 35.2%. In the period 23B24A, Utah scored 52.0%, which is 16.8% above national performance. On this data point, scoring above the national performance is a desired score. Utah's performance is statistically better than the national performance.

Data Profile Permanency Data for 12-23 Months RSP results show Utah scoring above the national performance of 43.8%. In the period 25A25B, Utah scored 62.0%, which is 18.2% above national performance. On this data point, scoring above the national performance is a desired score. Utah's performance is statistically better than the national performance.

Data Profile Permanency Data for 24+ Months RSP results show Utah scoring slightly below the national performance of 37.3% In the period of 25A25B, Utah scored 35.9%, which is 1.4% below the national performance. On this data point, scoring above the national performance is a desired score. Utah's performance is statistically no different than the national performance.

DCFS Internal Data

Internal Data Placement Setting Changes results have remained consistent for CYs 2023-2025 at 3.8 placement changes/1000 days in care. This is not a desired score.

Permanency Outcome 1: Results of Deeper Data Exploration for Priority Focus Areas

In SFYs 2022-2025, Utah has consistently exceeded the Round 3 PIP goal on Items 4, 5, and 6. Despite this success and the success shown in the February 2026 Data Profile (Item 6) permanency data, Utah's February 2026 Data Profile (Item 4) placement stability performance is below the national average.

Item 5 Permanency Goal for Child

While SFY 2025 CFSR Item 5 data shows Utah scoring 2% below the standard, for the last three years, Item 5 has shown steady improvement, from 84% in SFY 2023, to 85% in SFY 2024, and 88% in SFY 2025.

Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

In the last two years, CFSR Item 6 data shows Utah decreasing from 73% in SFY 2024 to 65% in SFY 2025.

CFSR Item 4 Data Profile

Despite seeing an improvement in CFSR Item 4 scores and stability of Internal Data scores, the Statewide Data Indicator for Placement Stability shows an unwanted upward trend.

CFSR Item 6 Data Profile

Utah continues to meet the three national measures for Permanency Data from 12, 12-23, and 24+ Months, as seen in the table above, which displays the February 2026 Data Profile. The timeliness of achieving permanency for children within 12 months, 12-23 months, and 24+ months is above the national standard in two of the three measures and is at the standard in the third measure.

Permanency Outcome 1: Information Regarding CQI Change and Implementation Activities

Through the use of Amazon Web Services (AWS) Quick, a cloud-based platform, the DCFS data team is actively focused on the creation of meaningful data dashboards and detailed reports that are easily accessible by supervisors; this focus includes relevant information on placement data.

CFSR Item 4

Current and ongoing efforts to stabilize placements include:

- Added focus on kinship placements, where possible.
- Ongoing focus on the roles of RFCs and KFCs to bolster their abilities to address placement needs.
- Increased provision of placement stabilization assistance by clinical consultants, RFCs, and KFCs.
- Improved data measures and tracking of placement stability.
- Improved accountability measures to strengthen ongoing case practice.
- Involvement of the child's therapist for guidance and clinical support.
- Regularly conducting permanency case reviews of children who have been in out-of-home care for a specified number of months to explore ways to speed up permanency and address barriers that prevent it, through DCFS regional committees.
- Conducted court reviews every three months, and permanency hearings annually.
- Included in SFY 2026 DCFS RBA Plan Strategy: Increase the use of kinship care and family-based care for children in custody while reducing use of congregate care settings.

- Objective 2.1: Increase the use of kinship care by prioritizing the identification, engagement, and placement of youths with relatives, while providing targeted supports and services to strengthen and sustain kinship placements throughout the entire DCFS case.
- Objective 2.2: Youths in family-based placements are supported by mental health and placement teams to make sure services are the right fit, support stability, and reduce the need for congregate care throughout their time with DCFS.

CFSR Items 5 and 6

In 2020, a CIP workgroup created a bench card to improve the quality of hearings. After initial evaluation, the bench card was fully implemented statewide in 2021. In 2022, a research study to determine the effectiveness of the bench card was conducted and showed favorable results. One core purpose of creating the bench card was to improve the court's practice in discussing all of the case permanency goals in court, especially the established concurrent goal. The Utah Hearing Quality Improvement Final Evaluation Report was completed in December 2024.

Because this is an area of practice that still needs attention, in July 2025, a committee was formed to review bench card use and identify and address barriers. Committee members include representatives from the CIP, including DCFS, parental defense, Office of the Assistant Attorney General (AAG), Office of the Guardian Ad Litem (GAL), and juvenile court judges. In SFY 2026, the committee created a survey to determine the usefulness of the bench card. The survey was sent to judges, attorneys, and DCFS caseworkers. Survey results are currently under review.

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

Permanency Outcome2: Performance Data Highlights

CFSR Results – Continuity of Family Relationships and Connections is Preserved for Children						
Item	Item Description	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Permanency Outcome 2	95%	69%	79%	88%	49
Item 7	Placement with Siblings	90%	94%	97%	97%	34
Item 8	Visiting with Parents and Siblings in Foster Care	90%	71%	78%	83%	35
Item 9	Preserving Connections	90%	73%	76%	84%	49
Item 10	Relative Placement	90%	79%	82%	86%	49
Item 11	Relationship of Child in Care with Parents	90%	58%	70%	70%	27

CPR Results – Visiting with Parents and Siblings in Foster Care *Item 8*					
Question: SCF.D.4 and SCF.D.5 Was the child provided the opportunity to visit with his/her mother/father weekly, or is there an alternative visitation plan?					
Six Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF.D.4 (mothers)	85%	77%	72%	76%	97
SCF.D.5 (fathers)	85%	70%	53%	66%	83

CPR Results – Reasonable Efforts to Locate Kinship Placements *Item 10*					
Question: SCF.A.2 Were reasonable efforts made to locate kinship placements?					
Six Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF.A.2	85%	57%	57%	86%	49

Internal Data – Number and Percent of Children in Foster Care with a Sibling in Foster Care who were Placed with One or More Sibling on the last day of the Federal Fiscal Year *Item 7*			
FFY	Number of Children with Siblings(s) in Foster Care	Number of Children Placed with Sibling(s)	Percent of Children Placed with Sibling(s)
2023	1,149	939	81.7%
2024	1,022	827	80.9%
2025	990	772	78.0%

Internal Data – Children in Foster Care with at Least One Kinship Caregiver Placement at Any Time During the Federal Fiscal Year *Item 10*			
FFY	Total Children Served in Foster Care During FFY	Number of Children Placed with a Kinship Caregiver During FFY	Percent of Children Placed with a Kinship Caregiver During FFY
2023	3,301	1,637	49.6%
2024	3,068	1,530	49.9%
2025	2,813	1,351	48.0%

Permanency Outcome 2: Brief Analysis

During the 2018 Round 3 onsite CFSR review, Permanency Outcome 2 was substantially achieved in 80% of reviewed cases. Overall, these indicators have continued to perform well, but some have experienced declines. Utah closely monitors and analyzes outcomes for these indicators.

CFSR Item 7

CFSR Item 7 data results show Utah scoring above the standard of 90%; in SFY 2025, Utah scored 97%, which is 7% above the standard. This is a desired score.

DCFS Internal Data results show Utah slightly declining at 81%; in FFY 2025, Utah scored 2% below the prior year.

CFSR Item 8

CFSR Item 8 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 83%, which is 7% below the standard. This is not a desired score.

CFSR Item 9

CFSR Item 9 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 84%, which is 6% below the standard. This is not a desired score.

CFSR Item 10

CFSR Item 10 data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 86%, which is 4% below the standard. This is not a desired score.

CPR data results show Utah scoring above the standard of 85%; in SFY 2025, Utah scored 86%, which is 1% above the standard. This is a desired score.

DCFS Internal Data, Children in Foster Care with at Least One Kinship Caregiver Placement at Any Time During the FFY results show Utah remaining steady; in FFY 2025, Utah scored 48%, which is 2% below the prior year. This is not a desired score.

CFSR Item 11

CFSR data results show Utah scoring below the standard of 90%; in SFY 2025, Utah scored 70% , which is 20% below the standard. This is not a desired score.

Permanency Outcome 2 Results of Deeper Data Exploration for Priority Focus Areas

CFSR Item 7

DCFS prioritizes placing siblings together. Practice guidelines require caseworkers to place siblings together unless there is a safety concern. In SFYs 2022-2025, Utah has consistently exceeded the Item 7 national standard of 90%.

CFSR Item 8

SFYs 2023-2025 show a steady improvement: from 71% in SFY 2023 to 78% in SFY 2024, and to 83% in SFY 2025.

CFSR Item 9

As one part of approval for maintaining connections with a child in foster care, interested individuals complete a background screening and select the purpose of the check to be preserving connections. Approval criteria has been revised to lesson restrictions and include family voice, while maintaining safety. Items identified as a safety risk are sent to the caseworker, who reviews the information in a CFTM that includes the participation of family members of the child in foster care.

A classification of kinship respite is in addition to a classification preserving connections. Kinship respite applications go through a more thorough process that adheres to statute.

See table below for calendar year's 2024-2025 and partial 2026 preserving connections data.

Internal Data – Preserving Connections *Item 9*	
CY	Number of Background screenings Completed
2024	231
2025	753
2026[1]	294
NOTE: [1] Calendar year data through May 31, 2026.	

CFSR Item 10

SFYs 2023-2025 show a steady improvement from 79% in SFY 2023 to 82% in SFY 2024, and to 86% in SFY 2025.

CFSR Item 11

Item 11 performance has maintained a score of 70% in SFYs 2024 and 2025.

Permanency Outcome 2 Information Regarding CQI Change and Implementation Activities

CFSR Item 7

In recent years, Utah Administrative Rules and Legislation were enacted to support placing sibling groups together in foster care. Provisions include:

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

Additionally, caseworkers are required to consult their Region Director when considering placing a child in foster care separate from their siblings.

CFSR Item 8

DCFS Practice Guidelines state that, unless contact is documented to be clinically contraindicated, purposeful and frequent visitation with parents and siblings is a child's right, not a privilege. The Child and Family Services Review Plus (CFSR+) and CPR tools measure visitation adherence to the family visitation plan. DCFS tracks performance on the frequency and quality of visits and directly targets areas needing improvement.

The creation of a visitation module in the Utah Family and Children Engagement Tool (UFACET) allows DCFS to assess the quality of parent-child interactions and parents' attendance and demonstration of parenting skills during visits.

CFSR Item 9

Utah has several policies and provisions in place to help preserve connections for children in foster care, when possible and desirable, including connections to extended family members, community members, schools, medical providers, religious organizations, Tribes, and friends. One role of the Child and Family Team is to discuss the child's connections and determine how to best support those connections.

Preserving familial connections is a DCFS priority. Preserving familial relationships can help maintain activities children were participating in prior to entering custody – for example, getting ice cream with a grandmother, having sleepovers with cousins, attending soccer practices, etc. Preserving connections may also serve as short-term provisions, which could include incidental care, childcare, respite care, emergency care, and other options for temporary relief. The Child and Family Team focuses on determining key connections in the life of the child, specifically those who the child has spent a lot of time with whom the child would benefit from maintaining a connection. Asking questions of the parents or caregivers, extended family members, friends, and the child help the Child and Family Team identify important connections.

Questions include:

- Who would the parent or caregiver identify as the persons who have been their support in caring for their child?
- Who would the child identify as persons they seek out for support? Who would they stay with?
- What family members and family friends do they feel comfortable with and want to maintain connection with?
- Who, on both sides of the extended family, has a relationship with the child?
- Who are the other important connections to the child?

DCFS is exploring the reallocation of resources to ensure preserving connections and kinship placements are identified early and throughout the case. The team believes that providing focused support through kinship-specific caseworkers will increase preserving connections and kinship placements. The kinship-specific caseworkers are available to CPS, in-home, and permanency caseworkers' efforts.

Preserving Connections for Native American Children

DCFS desires a strong relationship with Utah's eight federally recognized Native American Tribes and is seeking to establish Intergovernmental Agreements with each Tribe. Utah continues to focus on Indian Child Welfare Act (ICWA) education with DCFS staff, the AAG office, the GAL office, and other community partners.

In October 2024 and September 2025, the Practice Improvement Program Administrator presented to the Utah Tribal Leaders meeting, attended by representatives from all eight federally recognized Tribes. The Administrator presented CFSR+ results data specific to Native American Families.

DCFS Family Action Meetings

FAM is an optional process that focuses on ensuring safety, starting with initial DCFS initial involvement during a CPS case, when safety issues have been identified. To address safety concerns, FAM coordinators intensely search for and engage with members of the larger family network. DCFS recognizes that families are the experts on their experiences, strengths, and needs; family voice must be heard early during DCFS involvement to ensure inclusion of the family in decision-making and in resolving safety concerns. Robust teaming with the family network helps to develop tailored plans, determine necessary services to resolve safety issues, and mitigate risk. Families benefit from the increased social connections this model supports. Because of the inclusion of the family network from the start, if a placement becomes necessary, the likelihood of a kinship placement is increased.

CFSP

In Utah's FFY 2025-2029 CFSP, DCFS identified Goal #2 to create and formalize a kin-centered culture in all areas of child welfare involvement. This includes defining what a kin-centered culture means; this is created and is currently in the approval process. Utah plans to develop Round 4 PIP goals through a kin-centered lens. Among other benefits, these efforts will promote the continuity of family relationships and family connections. See *Statewide Assessment Part 3: Current Initiatives, FFY 2024 – 2029 CFSP Goals* for more information about Utah's efforts with FAM Meetings.

CFSR Item 10

DCFS and UFC Collaborative Kinship Efforts:

On July 1, 2025, UFC centralized the kinship licensing process. Centralization ensured a unified message and training process, leading to the creation of a UFC Kinship/ICPC Specialist position.

The individual selected for this position has experience working in DCFS shelters and as a DCFS KFC. Additionally, this individual also brings lived experience as a kinship caregiver to the role, which provides valuable perspective and understanding.

DCFS kinship teams provide a warm handoff to the UFC Kinship Specialist, who walks the families through the licensing process and mentors the families as they learn about what it means to be a kinship placement. The UFC Kinship Specialist collaborates with the DCFS Kinship Supervisor Group; this collaboration further ensures Utah provides consistency in kinship services statewide.

Once kinship families complete the application and successfully pass a home study and health and safety inspection, a provisional license is issued. With a provisional license, kinship families can access the complete range of benefits and supportive services available through UFC. The UFC Kinship Specialist helps families obtain access to the UFC training portal to provide a tailored portal experience. Services include Care Communities, mentors, and clinical services. Mental health therapy is provided within the context of being a caregiver.

After the provisional license is granted, kinship families have five months to complete the required kinship placement training, which includes a required three-hour instructional class taught by the UFC Kinship Specialist. The training is provided with other kinship families, which helps to normalize the process, and the class can become a built-in support system for participants, providing a sense of belonging. This added support helps to reduce the likelihood of isolation that can occur for kinship placements, as family dynamics shift. The curriculum is designed to address the unique needs of kinship placements. Training sessions are offered virtually statewide and occur two times per month. The UFC Kinship Specialist also provides in-person training for families upon request. Total hours required to complete the kinship licensing process average 10 hours, whereas for a foster parent license, the average is 30 hours.

DCFS Kinship Efforts

DCFS bolstered its best practice of using kin across the system and reducing barriers in placing with kin, including improving the kin locator process and tools. DCFS is focused on strengthening supervision and training of kinship workers and facilitating a consistent process for locating kin, engaging kin, and supporting kinship caregivers throughout the life of the case. In instances where a child is unable to safely remain at home, DCFS is hopeful the resulting processes will lead workers to consider kin options first.

DCFS Centralized Background Screening

DCFS has a centralized background screening unit and a centralized regional comprehensive review committee for emergency kinship placements. This centralization helps DCFS expedite kinship placements and overcome inherent biases. This team also completes background screenings for preserving connections, Item 9.

DCFS Kinship as the First Placement Consideration

DCFS continues its work on the development of a formalized plan to ensure that when a caseworker is seeking a foster care placement, they must first demonstrate that they have put forth diligent efforts to identify and engage kin. Warm kinship outreach, via phone calls, has been introduced to each region as a tool to increase kinship responses and placements.

DCFS Kinship Teams

DCFS remains proactive in working with its kinship teams to improve efforts to locate kin and assist frontline caseworkers with engaging kin. Identifying and locating kin with whom children may be placed is a high priority. DCFS has several provisions that support children who cannot remain in their home of origin being placed with kin or with a family friend whom the child knows and with whom the child is comfortable. DCFS regions have positions dedicated to assisting with the kinship process.

CFSR Item 10 and 31

Foster Parent and Kinship Caregiver Advisory Board:

During SFY 2022, a Foster Parent and Kinship Caregiver Advisory Board was created; the first board meeting was held in May 2022. The board meets monthly and includes four foster parents and kinship caregivers, as well as representatives from DCFS, OL, and UFC. These organizations provide support, education, and consultation to the board. The purpose of the board is to include

foster parent and kinship caregiver voice, as DCFS develops practice and future projects. In August 2025, the Foster Parent and Kinship Caregiver Advisory Board merged with Utah's Child Welfare Improvement Council (CWIC) and now forms a subcommittee under the CWIC.

CFSR Item 11

DCFS Practice Guidelines instruct staff to notify parents of medical appointments, school meetings, and other activities in the child's life and to encourage parents to attend activities in which the child participates. DCFS assists parents in addressing available transportation options to support attendance at these events. Planning related to these events often takes place during the CFTM. Some regions have made Item 11 a priority CQI effort, and early data is encouraging.

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

Utah utilizes its Practice Model as a foundation for caseworker skill development. The Practice Model focuses on five key areas of practice. These areas are engaging, teaming, assessing, planning, and intervening. The Practice Model key areas align with the CFSR and CFSR+. Engaging aligns with CFSR Items 14 and 15; teaming aligns with the CFSR+; assessing aligns with CFSR Items 12, 16, 17, and 18; planning aligns with Item 13; and service delivery aligns with CFSR Items 12, 16, 17, and 18.

Wellbeing Outcome 1: Performance Data Highlights

CFSR Results – Families Have Enhanced Capacity to Provide for their Children's Needs								
Item	Item Description	Standard	PIP Baseline	PIP Goal	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Wellbeing Outcome 1	95%			45%	45%	52%	85%
Item 12	Needs and Services of Children, Parents, and Foster Parents	90%	35%	39%	47%	47%	53%	85
Item 12 A	*Needs assessment and services to children*	90%			85%	79%	80%	85
Item 12 B	*Needs assessment and services to parents*	90%			47%	49%	55%	73
Item 12 C	*Needs assessment and services to foster parents*	90%			76%	82%	77%	48
Item 13	Child and Family Involvement in Case Planning	90%	62%	66%	71%	56%	74%	84
Item 14	Caseworker Visits with Child	90%	63%	66%	82%	86%	88%	85
Item 15	Caseworker Visits with Parents	90%	48%	51%	51%	45%	53%	73
NOTE: The green highlights represent the years in which the PIP Goal was achieved.								

CFSR Results – Foster Care Completion of Needs Assessment for Mothers and Fathers *CFSP Measure 1.3.f and Item 12*									
CFSR Item and CFSP Measure Description	SFY 2023[1]			SFY 2024			SFY 2025		
	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases
CFSP Measure 1.3.f. Successful Completion of Needs Assessment and Provision of Services for Parents									
Item 12B: Question B – Overall Combined	40	18	45%	38	21	55%	37	22	60%
CFSP Measure 1.3.f. Successful Completion of Needs Assessment for Mothers									
Item 12B: Question B1 – Mother	20	14	70%	17	9	53%	18	10	57%
CFSP Measure 1.3.f. Successful Completion of Needs Assessment for Fathers									
Item 12B: Question B2 – Father	20	12	60%	21	12	57%	19	12	63%
NOTE: [1]SFY 2023 serves as baseline data for CFSP 2025-2029. [2]Total cases vary because some cases may not be applicable for each item. [3]STR represents the number of cases that were rated as a strength. [4]Overall Combined includes Needs Assessment and Provision of Services.									

CFSR Results – In-Home and Foster Care Involvement of Mothers and Fathers in Case Planning *CFSP Measure 1.3.i. and Item 13*									
CFSR Item and CFSP Measure Description	SFY 2023[1] Baseline Data			SFY 2024			SFY 2025		
	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases
CFSP Measure 1.3.i. Successful Involvement of Parents in Case Planning									
Item 13: Overall Combined[3]	85	60	71%	75	42	56%	84	62	74%
CFSP Measure 1.3.i. Successful Involvement of Mothers in Case Planning									
Item 13: Question B – Mother	72	61	85%	67	54	81%	69	55	80%
CFSP Measure 1.3.i. Successful Involvement of Fathers in Case Planning									
Item 13: Question C – Father	59	40	68%	52	27	52%	62	45	73%
NOTE: [1]SFY 2023 serves as baseline data for CFSP 2025-2029. [2]Total cases vary because some cases may not be applicable for each item. [3]STR represents the number of cases that were rated as a strength. [3]Overall combined incudes mothers, fathers, and children.									

CPR Results – Plan Involvement of the Family – In-Home Services *Item 13*						
Question: IH.3.A-D. Were the following team members involved in the development of the current CFP? (as evidenced in the case logs)						
Question	Team Member	State Standard	SFY 2023[3]	SFY 2024	SFY 2025	SFY 2025 N
IH.3.A	Mother	85%	83%	87%	89%	97
IH.3.B	Father		62%	68%	78%	89
IH.3.C	Alternate Caregiver[1]		54%	82%	77%	13
IH.3.D	Child/Youth[2]		66%	64%	68%	60
IH.3	Combined		70%	75%	80%	259
NOTES: [1] Alternate Caregiver: guardian, stepparents, and kin. [2] Child/Youth: generally, ages five and over. [3] SFY 2023 serves as baseline data for CFSP 2025-2029.						

CPR Results – Plan Involvement of the Family – Foster Care Services *Items 13-20*						
Question: SCF.D.3.A-D. Were the following team members involved in the development of the current CFP? (as evidenced in the case logs)						
Question	Team Member	State Standard	SFY 2023[3]	SFY 2024	SFY 2025	SFY 2025 N
SCF.D.3.A	Mother	85%	80%	80%	75%	104
SCF.D.3.B	Father		63%	52%	60%	86
SCF.D.3.C	Alternate Caregiver[1]		89%	90%	91%	111
SCF.D.3.D	Child/Youth[2]		74%	79%	83%	83
SCF.D.3	Combined		78%	77%	78%	384
NOTES: [1] Alternate Caregiver: guardian, stepparents, and kin. [2] Child/Youth: generally, ages five and over. [3] SFY 2023 serves as baseline data for CFSP 2025-2029.						

CPR Results – Performance on Monthly Caseworker Contact with the Child – In-Home Services *Item 14*					
Question: IH.4. Did the worker have a face-to-face contact with the child at least once during each month of this review period?					
Six Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
IH.4	85%	85%	84%	86%	496

CPR Results – Performance on Monthly Caseworker Contact with the Child – Foster Care Services *Item 14*					
Question: SCF.B.2. Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once?					
Six Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF.B.2	85%	90%	92%	92%	645
Question: SCF.B.3. Did the worker have a face-to-face conversation with the child/youth outside the presence of the caregiver at least once during each month of the review period?					
Six Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF.B.3.	85%	75%	79%	84%	457

CPR Results – Monthly Caseworker Contact with the Mother/Father – In-Home Services *Item 15*						
Question: IH.8-9. Did the worker make a face-to-face contact with the mother/father of the child at least once each month?						
Six Month Performance Rate						
Question	Standard	Relationship to Child	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
IH.8	85%	Mother	84%	81%	85%	475
IH.9		Father	65%	58%	66%	401

CPR Results – Monthly Caseworker Contact with the Mother/Father – Foster Care Services *Item 15*						
Question: SCF.B.4-5. Did the worker make a face-to-face contact with the mother/father of the child at least once each month?						
Six Month Performance Rate						
Question #	Standard	Relationship to Child	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF.B.4	85%	Mother	63%	67%	63%	536
SCF.B.5		Father	54%	46%	48%	432

CFSR Results – Frequency and Quality of Caseworker Visits with Mothers and Fathers *CFSP Measures 1.3.c, 1.3.d. and Item 15*									
CFSP Measure Description	SFY 2023[1] Baseline Data			SFY 2024			SFY 2025		
	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases
CFSP Measure 1.3.c. and 1.3.d. Successful Frequency and Quality of Visits with Parents									
Item 15: Combined	77	39	51%	69	31	45%	73	39	53%
CFSP Measure 1.3.c. Successful Frequency of Visits with Parents									
Item 15: Question A2 Mother	73	53	73%	66	47	71%	69	52	75%
Item 15: Question B2 Father	60	35	58%	51	22	43%	62	39	63%
CFSP Measure 1.3.d. Successful Quality of Visits with Parents									
Item 15: Question C Mother	67	51	76%	65	46	71%	66	44	67%
Item 15: Question D Father	48	33	69%	44	23	52%	53	32	60%
NOTE: [1]SFY 2023 serves as baseline data for CFSP 2025-2029. [2]Total cases vary because some cases may not be applicable for each item. [3]STR represents the number of cases that were rated as a strength.									

Internal Data – Caseworker Visits with Mothers and Fathers *CFSP Measure 1.3.e. and Item 15*						
Case Type	Fathers			Mothers		
	# Months Required[1]	# Months Occurred	% Months Occurred	# Months Required[1]	# Months Occurred	% Months Occurred
FFY 2023 Baseline Data						
Foster Care - SCF	16,490	3,635	22%	15,351	5,824	38%
Total In-home-PSC and PSS	7,767	3,085	40%	7,766	4,664	60%
FFY 2024						
Foster Care - SCF	15,226	4,843	32%	14,289	7,341	51%
Total In-home-PSC and PSS	7,431	4,075	55%	7,454	6,035	81%
FFY 2025						
Foster Care - SCF	13,991	4,326	31%	13,423	6,586	49%
Total In-home-PSC and PSS	7,688	4,413	57%	7,707	6,167	80%

Wellbeing Outcome 1: Brief Analysis

CFSR Item 12

Performance on Item 12, Needs and Services of Child, Parents, and Foster Parents, saw an overall increase from 47% in SFY 2024 to 53% in SFY 2025. This is not a desired score.

Children – saw a score of 80% in both SFY 2024 and SFY 2025.
Parents – saw an increase from 49% in SFY 2024 to 55% in SFY 2025.
Foster Parents – saw a decrease from 82% in SFY 2024 to 77% in SFY 2025.

CFSR Item 13

Performance on Item 13, Child and Family Involvement in Case Planning, saw an overall increase from 56% in SFY 2024 to 74% in SFY 2025. This is not a desired score.

Children – saw a decrease from 83% in SFY 2024 to 80% in SFY 2025.
Mothers – saw a decrease from 81% in SFY 2024 to 80% in SFY 2025.
Fathers – saw an increase from 52% in SFY 2024 to 73% in SFY 2025.

CFSR Item 14

Performance on Item 14, Caseworker Visits with Child, saw an increase from 86% in SFY 2024 to 88% in SFY 2025. This is not a desired score.

CFSR Item 15

Performance on Item 15, Caseworker Visits with Parents, saw an increase from 45% in SFY 2024 to 53% in SFY 2025. This is not a desired score.

Wellbeing Outcome 1: Results of Deeper Data Exploration for Priority Focus Areas

CFSR Item 12

Excluding SFY 2022, Utah has consistently exceeded the Round 3 PIP goal on Item 12, Needs and Services of Children, Parents, and Foster Parents. Item 12 score has increased 12% from 41% in SFY 2021, to 53% in SFY 2025. This is not a desired score.

CFSR Item 13

Excluding SFYs 2021 and 2024, Utah has consistently exceeded the Round 3 PIP goal on Item 13, Child and Family Involvement in Case Planning. Item 13 score has increased 5% from 69% in SFY 2022, to 74% in SFY 2025.

CFSR Item 14

Excluding SFY 2021, Utah has consistently exceeded the Round 3 PIP goal on Item 14, Caseworker Visits with Child. Item 14 score has increased 25% from 63% in SFY 2021, to 88% in SFY 2025.

CFSR Item 15

Excluding SFY 2024, Utah has consistently exceeded the Round 3 PIP goal on Item 15, Caseworker Visits with Parents. Despite this, Item 15 score decreased 5% from 58% in SFY 2021 to 53% in SFY 2025.

Wellbeing Outcome 1: Information Regarding CQI Change and Implementation Activities

CFSR Item 12a

In SFY 2025, DCFS launched an annual UFACET assessment recertification with emphasis on items that explore informal support, social connections, and culture to respectfully and holistically engage with families.

CFSR Item 12b

DCFS recognizes the importance of parent engagement and the need to improve in this area. In response, the SFY 2025 and 2026 DCFS RBA Plan focuses on increasing parent engagement. Additionally, parent engagement is one of three primary goals in Utah's 2025-2029 CFSP.

CFSR Item 12c

In FFY 2024 and FFY 2025, DCFS continues its work with RFCs and KFCs to clarify role responsibilities and ensure that the benefits of these roles are maximized to support foster parent and licensed kinship placements. DCFS is also facilitating a workgroup with contracted proctor providers focused on ensuring proctor families are receiving sufficient training and support.

CFSR Item 13

DCFS developed a new CFP template in SAFE. In FFY 2024, the DCFS Training Team completed new template training for DCFS staff. In FFY 2025, the new template was fully adopted by staff.

CFSR Item 14

In SFY 2025, DCFS identified the need to research and develop a plan to better understand and address the quality of home visits to ensure visits are effectively meeting the needs of children and families involved with DCFS. However, due to competing priorities, this task was placed on hold.

CFSR Item 15

During late FFY 2024 and early FFY 2025, DCFS completed a root cause analysis regarding specific reasons CFSR scores for regular face-to-face contact with mothers and fathers have declined. The analysis found that policy needed to be revised to better align with CFSR expectations; the policy change was made in FFY 2025. Previous policy allowed caseworkers to count alternative contact methods (emails, text messages, phone calls, etc.) as a required monthly contact, when the parent lived out of the county of the caseworker's assigned office. With the policy change, caseworkers are required to have monthly face-to-face contact with parents, regardless of where parents reside in the state. FFY 2025 monitoring of the newly required practice shows an increase in demand for courtesy workers from an office local to where parents reside to complete required face-to-face contact with parents, which impacts quality.

During FFY 2026, DCFS began modifying QA tools to provide quality measures for Wellbeing Outcome 1.

CFSR Items 12, 13, 14, and 15

These items are further addressed through outcomes of the *FFY 2026 Safety Summit* as outlined above.

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

Wellbeing Outcome 2: Performance Data Highlights

CFSR Results – Children Receive Appropriate Services to Meet Their Educational Needs						
Item	Item Description	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Wellbeing Outcome 2	95%	92%	73%	84%	57
Item 16	Educational Needs of the Child	95%	92%	73%	84%	57

Wellbeing Outcome 2: Brief Analysis

CFSR Item 16

Performance on Item 16, Educational Needs of the Child, saw an increase of 11% from 73% in SFY 2024 to 84% in SFY 2025.

Wellbeing Outcome 2: Results of Deeper Data Exploration for Priority Focus Areas

CFSR Item 16

While Performance on Item 16 saw an 11% increase from SFY 2024 to SFY 2025, Item 16 saw an 8% decrease from 92% in SFY 2023 to 84% in SFY 2025.

A SFYs 2023-2025 Item 16 analysis, Educational Needs of the Child, was conducted across 166 applicable cases. The analysis focused on identifying regional trends, systemic strengths, and primary reasons for ratings designated as an ANI. Statewide, DCFS scored 83%. Performance varied significantly by geography, with rural regions demonstrating higher compliance than urban; urban areas experienced more challenges, particularly within in-home services.

Strength case review narratives highlight the following:

- CFTM approach helps to track progress and address concerns.
- Caseworkers engage Youth in Custody mentors assigned to each child in foster care.
- Caseworkers engage teachers, social workers, and administrators to better understand the child's educational progress and to address academic concerns.
- Ages and Stages Questionnaires are utilized to assess younger children's developmental progress and to access developmental services when appropriate.
- Behavioral support and services to support a child's educational needs are provided when needed and are coordinated and addressed with the school.

ANI case review narratives highlight the following:

- A lack of verification of educational efforts for in-home services.
- A delay of implementation of identified educational and developmental services.
- A lack of oversight and coordination for children that needed an Individualized Educational Plan, including Individualized Educational Plan delays for educational or behavioral services.
- Caseworkers being unaware of past Individualized Educational Plans that occurred prior to removal.

Wellbeing Outcome 2: Information Regarding CQI Change and Implementation Activities

CFSR Item 16

DCFS is making efforts to improve how educational services are being provided to youths in foster care. One intent of these efforts is to clarify roles and responsibilities for identifying students in need of an Individualized Educational Plan (IEP) and ensure timely completion of the IEP process. Another focus is on improving collaboration between schools, providers, and DCFS, ensuring timely school enrollment and support for students in care. The Adolescent Services Program Administrator had led these efforts.

These efforts include the creation of a process that encourages placement providers to inform DCFS when it has been more than 30 days since a referral for an IEP meeting was made and the IEP has not yet occurred.

DCFS and the Utah State Board of Education (USBE) created a training to address IEPs for youths in care. The training was provided to Utah's Directors of Special Education.

In FFY 2024, the USBE Youth in Care Program provided a training summit for DCFS and Juvenile Justice and Youth Services (JJYS) Education Liaisons on the educational needs of DCFS and JJYS involved youths. In FFY 2025, the training summit became an annual event and includes the DCFS Region Education Liaisons and TAL Coordinators. At the summit meetings, the DCFS Adolescent Services Program Administrator presented DCFS annual data regarding education outcomes and the support DCFS provides through education pathways. Participation in this training facilitates collaboration between the USBE, DCFS, and JJYS. It has also opened collaboration opportunities to improve education outcomes for youths in care.

In FFY 2024, DCFS began providing an annual training to caseworkers on their role in the IEP process. The training includes the following topics regarding the importance of education in a child's life:

- Strategies and tips for caseworkers to follow to help youths in care with their education.
- Education outcome data.
- Best interest determination.
- Individualized Educational Plans.
- USBE Youth in Care Program.
- Caseworker documentation in SAFE.
- The caseworker's role in education processes and practices, including the IEP process.
- The need for parents, foster parents, and/or alternate caregivers to participate in IEP meetings.

Additionally, in FFY 2025, USBE created an educational video, available on the USBE website. The video training addresses the role of DCFS in a child's life, reasons a child may come into care, and the collaboration efforts between Local Education Authorities (LEA) and DCFS to improve outcomes for participation and understanding roles in IEP meetings.

In FFY 2025, the DCFS Adolescent Services Program Administrator and the USBE State Foster Care Point of Contact provided a webinar to address the role of a foster care point of contact and how to collaborate with DCFS. The webinar was provided to newly identified foster care points of contact.

In FFY 2026, collaboration between DCFS and USBE led to the creation of a directory housed on the USBE website that includes Utah LEAs Foster Care Point of Contact role in each of Utah's school districts and charter schools. The directory also lists DCFS Education Liaisons for each DCFS region in the state. This effort helps to ensure important collaboration in real time between these two groups, which further ensures timeliness of school enrollment; records transfers, including IEP records; and addressing the educational needs of children in care.

In FFY 2026, the USBE State Foster Care Point of Contact and the DCFS Adolescent Services Program Administrator hold open office hours every other month to provide technical support to district and charter school foster care points of contact and DCFS education liaisons and caseworkers.

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

Wellbeing Outcome 3: Performance Data Highlights

CFSR Results – Children Receive Adequate Services to Meet Physical and Mental Health Needs						
Item	Item Description	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
	Wellbeing Outcome 3	95%	68%	55%	65%	78
Item 17	Physical Health of Child	90%	92%	91%	82%	57
Item 18	Mental/Behavioral Health of Child	90%	64%	50%	65%	65

CPR Results – Timely Performance on Initial or Annual Well Child CHEC – Foster Care Services *Item 17*					
Question: SCF.C.1. Was an initial or annual well child CHEC conducted on time?					
Six Month Performance Rate					
Question #	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF.C.1	85%	86%	82%	84%	123

CPR Results – Timely Performance on Initial or Annual Dental Assessment – Foster Care Services *Item 17*					
Question: SCF C.3. Was an initial or annual dental assessment conducted on time?					
Six Month Performance Rate					
Question	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF C.3	85%	80%	75%	72%	96

CPR Results – Timely Performance on Initial or Annual Mental Health Assessment – Foster Care Services *Item 18*					
Question: SCF C.2. Was an initial or annual mental health assessment conducted on time?					
Six Month Performance Rate					
Question	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF C.2	85%	53%	57%	57%	117
NOTE: SFY 2023-2025 data includes Ages and Stages for those who are 0-5 years. This data will be separated from the mental health assessment data beginning SFY 2026.					

DCFS provides a psychotropic medication oversight panel for children in foster care. In January 2017, DCFS officially launched the Utah Psychotropic Oversight Panel (UPOP), and this service continues to be provided for Utah children in foster care. See the table below for FFY 2023-2025 UPOP data.

Internal Data – UPOP Case Reviews and Consultations *Item 18*				
FFY	Total Reviews	Complex Reviews	Under Age 7 Reviews	Consultations
2023	1,902	205	167	221
2024[1]	1,793	254	187	280
2025	1,783	265	174	321
TOTALS[2]	9,746	1,293	993	1,275
NOTES: [1] In 2024, UPOP began providing the complex review data for this report. [2]One case may have multiple reviews and/or consultations within one year.				

Wellbeing Outcome 3: Brief Analysis

CFSR Item 17

CFSR data results show Utah scoring below the standard of 90% on Item 17, Physical Health of the Child, Physical Health of the Child; in SFY 2025 Utah scored 82%, which is 8% below the standard. This is not a desired score.

CFSR Item 18

CFSR data results show Utah scoring below the standard of 90% on Item 18, Mental/Behavioral Health of the Child, in SFY 2025 Utah scored 65%, which is 25% below the standard. This is not a desired score.

Wellbeing Outcome 3: Results of Deeper Data Exploration for Priority Focus Areas

CFSR Item 17

Performance on Item 17, Physical Health of the Child, exceeded the standard of 90% in SFY 2023 with a score of 92%. However, Item 17 score decreased to 91% in SFY 2024 and to 82% in SFY 2025.

SFYs 2023-2025 strengths identified through CFSR case review narratives highlight the following:

- Children in foster care receive timely routine preventive physical health and dental care.
- Fostering Healthy Children nurses provide crucial support in ensuring medical histories are current and immunizations schedules are adhered to.
- Fostering Healthy Children nurses also provide timely communication of children's needs to foster parents.
- When biological parents receiving in-home services face insurance or financial barriers to addressing emergent health issues for their children, DCFS provides help to remove barriers.

SFYs 2023-2025 ANIs identified through CFSR case review narratives highlight the following:

- Delays in children receiving specialized treatments, including dental services when the child requires sedation due to age or disability.
- A lack of follow-up on specific medical and dental referrals, such as neurology, orthodontics, and physical therapy.

CFSR Item 18

While performance on Item 18, Mental/Behavioral Health of the Child, is below the standard, scores for this item did increase 15% from 50% in SFY 2024 to 65% in SFY 2025.

The CPR data regarding timely performance of mental health assessments includes data about Ages and Stages Questions as well, which can make it challenging to know where the biggest concerns lie. This data will be separated from the mental health assessment data beginning in SFY 2026, which may provide improved insight.

Analysis of statewide infrastructure associated with timely initial mental health assessments and the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire - Social Emotional (ASQ-SE) found that caseworkers may benefit from additional education and support in this area. Specific efforts will be a part of the SFY 2027 DCFS RBA Plan.

Wellbeing Outcome 3: Information Regarding CQI Change and Implementation Activities

CFSR Item 17 and 18

Fostering Healthy Children (FHC) nurses serve as Healthcare Coordinators and work in conjunction with community health partners and healthcare providers to coordinate the provision of medical, dental, and mental health services and resources for children and youth. FHC Healthcare Coordinators also enter available health data in the DCFS Comprehensive Child Welfare Information System (CCWIS) known as SAFE, provide consultation and health education to DCFS staff, provide healthcare training to out-of-home care providers, and attend Quality Improvement Committee meetings or send reports to the committee. This partnership has been a vital component of healthcare coordination and oversight for Utah children in foster care and will continue to be vital during the FFY 2025-2029 CFSP period.

DCFS Practice Guidelines outline procedures to be followed when providing children with Well Child Health Evaluations and Care (CHEC) and other medical care, dental exams, mental health services, developmental and social assessments, and immunizations. DCFS Practice Guidelines also address procedures to be followed for special medical situations.

A medical provider sees children entering custody who are ill or who have any sign of abuse or neglect within 24 hours of the child entering care. Children receive a CHEC from their medical home and primary care provider (PCP) within 30 days of removal or court-ordered custody, as stated in DCFS Practice Guidelines. Where possible, the child's PCP will perform the CHEC. Also, where possible, children over the age of 3 receive a dental exam from their primary dentist. Every effort is made to keep children with their same healthcare providers. The CHEC schedule is based on the periodicity schedule recommendations made by the American Academy of Pediatrics. A Mental Health Assessment (MHA) is completed within 30 days of entering state custody for children 5 years and older. The ASQ and ASQ-SE is completed according to the recommended schedule for children under five years of age. Any referrals that are made from the CHEC, dental

exam, or MHA are tracked and are to be completed within 90 days, unless there is an emergent need or the physician or medical provider requests differently.

DCFS administrators and FHC Healthcare Coordinators worked with the DCFS SAFE Manager and DCFS Data Security personnel to make the ASQ and ASQ-SE process more efficient. The FHC program uses an online format for sending the ASQ and ASQ-SE to foster parents, which has improved the completion and tracking rate from caregivers.

Where needed, UPOP also provides services to children in foster care. The purpose of the oversight program is to provide psychotropic medication oversight and consultation to ensure that children and youths in the state child welfare systems, DCFS and JJYS, are receiving safe, evidence-based, trauma-informed treatment consistent with their mental health needs.

CFSR Item 18

DCFS Item 18 scores remain concerning. One contributing factor to these low scores is that some areas of the state, particularly rural areas, do not have sufficient available mental health services, creating long waiting periods and appointments scheduled too far apart, which hinders progress. DCFS region representatives meet quarterly with local mental health service providers to communicate needs and address barriers to service provision.

During FFY 2025 and 2026, DCFS analyzed the statewide infrastructure associated with timely mental health assessments and the ASQ and ASQ SE. This effort focused on identifying barriers to completion of timely assessments and opportunities for improvement. Through this process, DCFS is seeking to provide effective services, maintain placement stability, and achieve positive results for the child and family.

During FFY 2025, DCFS continued to focus on mental health services for youths with behaviorally complex needs, and it will continue to do so in the coming years. DCFS prioritizes family-based services and encourages stepping down options for those who are in residential settings, when appropriate to do so. See *Item 29* below for DHHS efforts regarding mental health services statewide, including in Utah's rural communities.

IV: ASSESSMENT OF SYSTEMIC FACTORS

The statewide assessment includes a review of 18 Items associated with 7 Systemic Factors that are used to determine the CFSR ratings for substantial conformity to each factor. For CFSR Round 4, the statewide assessment team focused on using relevant, well-constructed, valid, and defensible evidence that speaks to how well each Systemic Factor requirement functions across the state. Where possible, Utah has included AFCARS and NCANDS data to demonstrate Systemic Factor functionality.

Both quantitative and qualitative evidence has been used to demonstrate the functionality of Systemic Factor items and includes explanations regarding how well the data and information demonstrates statewide functioning. Data sources include CFSR data, CFSR+ data, CPR data, internal data, partner data, and stakeholder interviews, where available and applicable.

After reviewing the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate Systemic Factor functioning in Round 3, along with the CB information briefs developed for each Systemic Factor providing additional ideas and suggestions, Utah determined to present the Systemic Factors section of the statewide assessment in the following format.

Utah's structure for presenting its assessment of the Systemic Factors section begins with data highlights for each item, including Utah's Round 3 CB rating and Round 4 self-rating of each item, CFSR data, CFSR+ data, CPR data, internal data, partner data, and stakeholder interviews, where applicable. In addition to the data highlights presented at the start of each Systemic Factor, data may also be presented alongside specific program narratives throughout the section, where appropriate.

After data highlights, a brief summary of Utah's policies and procedures associated with each Systemic Factor is presented.

This is followed by an analysis of how well the Systemic Factor is functioning. The analysis is provided by addressing the specific questions for each Item as presented in *Assessing Systemic Factor Functioning: Using Data and Evidence*, provided by the CB.

Systemic Factor 1: Statewide Information System – Item 19

Systemic Factor 1: Performance Data Highlights

CFSR Results – Statewide Information System				
Item		Round 4 - Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ Round 4 Self-rating
Item 19	Statewide Information System	Utah is operating a statewide information system that readily identifies the status, demographic characteristics, location, and goals for placement of every child in foster care. Stakeholders report that SAFE navigation has improved with CCWIS becoming the primary application for DCFS.	Strength	Strength

Item 19 – Stakeholder Interviews

SFYs 2023-2025 stakeholder interviews included the following:

- During 2023, Utah had three SAFE systems, which was a cause of confusion and inefficiency. By spring 2026, Utah had consolidated into one CCWIS system, which improved user experience and reduced user complaints.
- Across the state, the SAFE helpdesk is praised for being quick to respond and assist with issues.
- Caseworkers noted that the inclusion of the suicide screener is a particularly helpful feature within the system.
- Supervisors across regions reported that some reports were useful for tracking primary worker assignments, which aids in case management.
- Many staff members, especially new caseworkers, expressed that they feel incompetent when first using the system and need added support to navigate SAFE. Each region has SAFE specialists and trainers who provide support when requested.

Systemic Factor 1: Selection of Policies, Guidelines, and Laws

Practice Guidelines Section 07 – Security SAFE

This policy was updated in 2026 and addresses data entry and reporting integrity, among other topics.

Data Entry and Reporting Integrity

SAFE is the primary source of state and federal reporting. This includes reporting for AFCARS, NYTD, NCANDS, and IV-E Prevention. The accuracy of this data is required for federal reporting. Users are required to enter case notes, safety assessments, and placement changes in the specified timeframes as outlined in DCFS Administrative Guidelines. Failure to enter case information in a timely manner leads to "dark periods" where child safety cannot be accurately monitored, and it may result in non-compliance with federal reporting standards. Supervisors perform monthly QA checks as part of their QA reviews to ensure that the data entered meets the agency's timeliness and quality standards.

Systemic Factor 1: Introduction and Self-Assessment Rating

Item 19 continues to be rated as a strength. Utah's statewide information system can readily identify the status, demographic characteristics, placement location, and permanency goals for all Utah's foster children.

SAFE identifies information regarding every child in foster care. Sources and evidence that support this claim include:

- Utah's business intelligence tool, AWS Quick, and its dashboards and reports.
- Elicitation sessions held with key stakeholders.
- AFCARS, NCANDS, and NYTD compliance, quality, and frequency reports.

As part of the CCWIS project, DCFS utilized an Aurora PostgreSQL data warehouse that is updated nightly to provide the most contemporary data for use in AWS Quick. Over the last year, data dashboards have been created to help DCFS manage workload as well as analyze trends in foster care and in-home populations. These dashboards are available to administrators and supervisors. Additional dashboards are being created, as Utah continues its CCWIS project.

The SAFE team regularly responds to opportunities for connecting with users and eliciting feedback. A recent opportunity occurred at the 2026 DCFS CWI. The SAFE team provided an information booth and connected with approximately 700 SAFE users. Users asked questions, gave feedback, and expressed appreciation for the training and support received throughout the year by the SAFE team, especially during the transition from SACWIS to CCWIS. The SAFE team has also met with administrators and supervisors to better understand their data needs and to prioritize the work of child welfare at the supervisor level.

Since the 2020 AFCARS rule was published, Utah has worked diligently to submit timely and compliant reports. Utah consistently meets all AFCARS reporting timeliness and compliance requirements. Utah has met with the CB regarding AFCARS and continues to find areas for improvement, even though Utah meets all timeliness and compliance requirements.

During FFY 2025, Utah retired all but one module, trust accounting, from its legacy applications and is actively analyzing the best course of action. The CCWIS is now the primary application for DCFS. During FFY 2027, the SAFE team will focus on the remaining legacy database architecture, user enhancements, and robust data exchanges to assist users and technical upgrades. DCFS also uses AWS Quick to create dashboards and analyze DCFS data.

DCFS is continuing to address data-sharing needs. DCFS has memorandums of understanding with Utah Juvenile Courts and has been working with other agencies to review data sharing plans and prioritize CCWIS-required data exchanges. DCFS is also continuing its work to improve accurate and timely data entry through stabilization of its workforce, producing necessary CQI reports and ongoing training on data entry processes.

Systemic Factor 1: Assessing Systemic Factor Functioning

Utah's ratings for Item 19 is supported through analysis of Systemic Factor 1 data and answers to the questions below.

Item 19: Statewide Information System

Systemic Factor 1: Question 1 – Item 19

For all children in foster care during a specific period and all the children who had been in foster care within the immediately preceding 12-month period, does the statewide information system record accurate information on:

- *Status (whether the child is in foster care or no longer in care)*
- *Demographic characteristics (date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care)*
- *Placement location (child's physical location)*
- *Goals for placement (permanency goals of reunification, adoption, guardianship, another planned permanent living arrangement, or not yet established)*

ANSWER

A child's status in foster care can be identified in several ways. SAFE has a one-to-one relationship, one foster care case for each child in foster care. In addition to case start and end dates, SAFE has data fields that capture when foster care services began and end for each child. SAFE also has data fields that capture custody information, including removal circumstances. This capability is important, because Utah has five definitions of custody. These definitions include the following:

- *Protective Custody*
  The initial removal date that precedes a shelter hearing. This definition is usually associated with removals due to abuse, neglect, or dependency and involves either exigent circumstances, a warrant, or parental consent.
- *Temporary Custody*
  The date DCFS is given temporary custody of a child. Custody is typically awarded at the shelter hearing, pending adjudication of the facts of the petition. This date may or may not be preceded by a protective custody date.
- *Voluntary Custody*
  The date when a legal guardian enters a voluntary, written agreement with the State to place a child in the custody of DCFS for up to 45 days.

- *Adjudicated Custody*
  The date DCFS is awarded custody and includes a court finding as to the facts of a petition of either abuse, neglect, dependency, ungovernability, or delinquency. This date may or may not be preceded by a protective custody date and/or a temporary custody date.
- *Release of Custody*
  The date the child was released from DCFS custody.

Having five custody definitions requires SAFE to reflect the progression of custody from when a child is removed to when custody is returned.

When DCFS removes a child, Utah policy 200 requires a new foster care case be opened within 24 hours of the removal.

Utah's AWS Quick foster care dashboard accurately reflects the number of children in foster care and can be filtered in a variety of ways, including region, county, city, office, supervisor, and caseworker. The dashboard also includes the child's demographic information, family structure, and reason for DCFS involvement. The dashboard allows DCFS to monitor and manage the foster care population.

Each child in foster care has demographic information associated with their person profile. This includes their name and any aliases, date of birth, gender, race, and ethnicity. When a child enters foster care, eligibility workers verify the demographic information and update where needed. Certain fields, such as date of birth, once verified, cannot be updated. Medical information is obtained and verified by nurses assigned specifically to the management of a foster child's healthcare needs. This information is maintained by the nurse and is distributed to caregivers to ensure the healthcare needs of children in Utah's foster care system are met.

When a new foster care case is created, SAFE generates a notice that requires the assigned caseworker to set up the case, including entering placement information. The placement information includes the physical location of the child. Placement information must be entered into SAFE within 24 hours after placement is made, per Utah policy 200 and 080.4.

Permanency goals for the child are also entered into SAFE; Utah policy 301.2 states that permanency goals must be entered within 45 days of the case start date. SAFE requires both the

primary permanency goal and the concurrent goal be entered into SAFE as part of the child's case plan.

Utah has met timeliness, compliance, and quality thresholds for AFCARS elements 1-6 and 13-24, which cover the demographic and health items for children in foster care. Utah has also met timeliness, compliance, and quality metrics for elements 147 and 148, which address the child's permanency plan. Utah does not have any areas needing improvement for these elements.

Systemic Factor 1: Question 2 – Item 19

If data are found to be inaccurate or missing, what explains the inaccurate or missing data?

ANSWER

Based on stakeholder feedback, it has been learned that a main issues for inaccurate or incomplete data was users not knowing where to enter the information, which primarily occurred during the transition from SACWIS to CCWIS. The SAFE team responded by providing comprehensive training on new modules, infographics, and video tutorials to assist users in navigating new features. This assistance has been positively received by users. The SAFE team has also built and continues to build reports in AWS Quick that highlight missing case information, specifically information required for AFCARS submissions. These reports are accessed monthly by region practice improvement coordinators to ensure accurate and complete data.

In conclusion, Utah has a well-functioning CCWIS and data reporting platform. This allows DCFS to self-monitor and ensure data is entered timely, accurately, and completely. Utah believes it is in substantial conformity with this item.

DCFS is continuing to address data-sharing needs. DCFS has memorandums of understanding with Utah Juvenile Courts and has been working with other agencies to review data sharing plans and prioritize CCWIS-required data exchanges. DCFS is also continuing its work to improve accurate and timely data entry through stabilization of its workforce, producing necessary CQI reports and ongoing training on data entry processes.

Systemic Factor 1: Question 3 – Item 19

What is the state's process for ensuring that the data are accurate and entered into the statewide information system in a timely manner? How does that process affect the accuracy and timeliness of the data?

ANSWER

Timeliness and accuracy of the state's data is needed to ensure the safety of children can be assessed. To help facilitate the timeliness and accuracy of the data, the SAFE system captures "created on" dates that allows for date differential reports to be generated and used for quality improvement. For example, placement information has a start date and a created-on date that captures when the worker entered the information. Using those two dates, the agency can see if the information was entered in a timely manner. This information can be filtered to the caseworker who entered the information. This level of information helps to create targeted improvement plans. These system generated timestamps exist in all key data areas, including case start and end dates, demographic and health information, placement information, and permanency goals.

System generated notices and reminders help to ensure caseworkers enter case-critical information. When information is not entered in a timely manner, reminders elevate to the supervisor level and provide notice that the information entry is overdue. After 30 days, reminders elevate to the administrator level.

SAFE system data quality efforts include business rules for information entry integrity. For example, removal dates cannot be in the future. If a user attempts to put in a future date, the system will notify the user of the error. This is also true for permanency dates and placement dates.

DCFS expects supervisors to review the timeliness and accuracy of information entered into SAFE. DCFS has also made this task a caseworker performance plan goal. DCFS coordinates with OSR to conduct a CPR that accounts for timeliness of data entry. This is found in the state's Data Quality Plan, Item 6.1.

Systemic Factor 1: Question 4 – Item 19

For all children who were in foster care during a specific period, are data related to entry and exit accurate?

ANSWER

SAFE uses several different dates to ensure high quality data exists for reasons a child enters and exits foster care. For entry into foster care, these dates include the removal date, the case start date, and the placement start date. Prior to each AFCARS submission, in instances when case and/or child information does not align, DCFS reviews data reports, researches information found in the juvenile court information system (CARE), and meets with caseworkers to verify data. For exit reasons, the case closure date and the service end date are compared with case information in CARE and are verified with the caseworker, when needed.

Systemic Factor 2: Case Review System – Items 20-24

Systemic Factor 2: Performance Data Highlights

CFSR Results – Case Review System				
Item		Round 4 - Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ SFY 2025 Rating
Item 20	Written Case Plan	Each child has a CFP that is developed jointly with the child's parents and includes the required provisions. The State engages parents by completing the UFACET needs assessment, participating in CFTMs, and completing the CFP. Stakeholders confirmed that parents are engaged in case planning. This written plan sequence is a strength. While Utah has a strong sequence for completion of the CFP, Statewide Assessment data review shows Utah struggling with timely documentation of CFP and the preceding CFTM and UFACET completion within the Utah-required 45 days and federally-required 60 days after case opening. CFPs include the required provisions, except for providing an exception for not filing TPRs, this provision was removed from the template due to the messaging of the language. Utah intends to revise the language and address SAFE programming; this task is on a worklist, and the timing of addressing is uncertain. The written visitation schedule is sometimes not updated within the plan. These requirements contribute to an ANI rating.	Strength	ANI
Item 21	Periodic Reviews	Initial reviews occur in a timely manner nearly all of the time. Stakeholder interviews indicate that periodic reviews typically occur every 3 months, and treatment court cases and stagnant cases are often reviewed more frequently.	Strength	Strength
Item 22	Permanency Hearings	An initial permanency hearing occurs no later than 12 months from the date the child entered foster care for a majority of children. Permanency hearings occur at least annually until the child achieves permanency.	Strength	Strength
Item 23	Termination of Parental Rights	Utah ensures that petitions for TPR are filed in accordance with required federal provisions. Stakeholder interviews indicate TPR petitions are filed at month 15 of 22, unless a compelling reason not to file exists.	Strength	Strength
Item 24	Notice of Hearings and Reviews to Caregivers	The court expects caseworkers to notify foster parents, pre-adoptive parents, and relative caregivers of children in care of scheduled reviews and hearings. Utah does not have a systematic mechanism to verify that foster parents, pre-adoptive parents, or relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child.	ANI	ANI

Item 20: Written Case Plan – Child and Family Plan Completion Sequence

In the CFP completion sequence, caseworkers conduct a UFACET family needs assessment, hold a CFTM, and complete a CFP with each family. All CFP sequence tasks are required by Utah to be completed within the first 45 days of a case and, at a minimum, every six months thereafter. Whereas the federal requirement for CFP completion is 60 days. Included below is an outline of Utah's CFP completion sequence and supporting data with 45 days, 60 days, and 6 months measures.

UFACET

The UFACET needs assessment engages the family and is completed with the parents and the child. The UFACET helps to determine the family's needs and identify services that can address those needs. UFACET results are recorded in SAFE.

Child and Family Team Meetings

Another parent-engagement tool Utah utilizes is CFTMs, which are attended by the parents, the child, and the family's formal and informal supports who are all considered to be a part of the child and family team. CFTMs are required before a case plan can be finalized. CFTM notes are recorded in SAFE.

Child and Family Plan

Each child in care has a written CFP developed at the CFTM. The CFP is developed with the parents and the child, if the child is over age 5 and able to participate, and the family's formal and informal supports. CFP templates and resulting plans are maintained in SAFE. The SAFE system identifies the date the plan was finalized and notifies the caseworker to ensure the plan is updated at least every six months.

Internal CFP completion sequence data below displays performance at 45 days, 60 days, and 6 months completion rates.

Item 20: Written Case Plan – UFACET

Internal Data – Initial UFACETs Finalized within the UT-Required Timeframe of 45 Days Since Case Opening *CFSP Measure 1.3.g. and Item 20*			
Case Type	Number of Cases[1]	Number of UFACETs Finalized within 45 Days of Case Opening[2]	Percentage of UFACETs Finalized within 45 Days of Case Opening
FFY 2023 Baseline Data			
Foster Care - SCF	1,685	1,016	60%
FFY 2024			
Foster Care - SCF	1,521	922	61%
FFY 2025			
Foster Care - SCF	1,442	859	60%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 45 days. [2]Number of foster care cases that were open on the last day of the FFY and had a completed UFACET within the first 45 days of case opening.			

Internal Data – Initial UFACETs Finalized within the Federally-Required Timeframe of 60 Days Since Case Opening *CFSP Measure 1.3.g. and Item 20*			
Case Type	Number of Cases[1]	Number of UFACETs Finalized within 60 Days of Case Opening[2]	Percentage of UFACETs Finalized within 60 Days of Case Opening
FFY 2023 Baseline Data			
Foster Care - SCF	1,652	1,365	83%
FFY 2024			
Foster Care - SCF	1,484	1,227	83%
FFY 2025			
Foster Care - SCF	1,407	1,129	80%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 60 days. [2]Number of foster care cases that were open on the last day of the FFY and had a completed UFACET within the first 60 days of case opening.			

Internal Data – Number and Percentage of UFACETs finalized within the Previous Six Months on the Last Day of the FFY *CFSP Measure 1.3.h. and Item 20*			
Case Type	Number of Open Cases on the Last Day of the FFY[1]	Number of UFACETs Finalized w/in previous 6 months	Percentage of UFACETs Finalized within previous 6 months
FFY 2023 Baseline Data			
Foster Care - SCF	1,685	1,016	60%
FFY 2024			
Foster Care - SCF	1,521	922	61%
FFY 2025			
Foster Care - SCF	1,442	859	60%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 45 days. [2]Number of foster care cases that were open on the last day of the FFY and had a completed UFACET within the last six months.			

Item 20: Written Case Plan – Involvement of Mothers and Fathers and CFTMs

CFSR – Involvement of Mothers and Fathers in Foster Care Case Planning *CFSP Measure 1.3.i. and Items 13 and 20*									
CFSR Item and CFSP Measure Description	SFY 2023[1] Baseline Data			SFY 2024			SFY 2025		
	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases	Total Cases[2]	# STR[3] Cases	% STR Cases
CFSP Measure 1.3.i. Successful Involvement of Parents in Case Planning									
Item 13: Overall Combined[3]	48	36	75%	45	26	58%	48	38	79%
CFSP Measure 1.3.i. Successful Involvement of Mothers in Case Planning									
Item 13: Question B – Mother	35	28	80%	37	27	73%	35	28	80%
CFSP Measure 1.3.i. Successful Involvement of Fathers in Case Planning									
Item 13: Question C – Father	28	19	68%	29	15	52%	32	24	75%
NOTE: [1]SFY 2023 is baseline data for CFSP 2025-2029. [2]Total cases vary because some cases may not be applicable for each item. [3]STR represents the number of cases that were rated as a strength. [3]Overall combined incudes mothers, fathers, and children.									

CPR Results – Plan Involvement of the Family – Foster Care Services *Items 13 and 20*						
Question: SCF.D.3.A-D. Were the following team members involved in the development of the current CFP? (as evidenced in the case logs)						
Question	Team Member	State Standard	SFY 2023[3]	SFY 2024	SFY 2025	SFY 2025 N
SCF.D.3.A	Mother	85%	80%	80%	75%	104
SCF.D.3.B	Father		63%	52%	60%	86
SCF.D.3.C	Alternate Caregiver[1]		89%	90%	91%	111
SCF.D.3.D	Child/Youth[2]		74%	79%	83%	83
SCF.D.3	Combined		78%	77%	78%	384
NOTES: [1] Alternate Caregiver: guardian, stepparents, and kin. [2] Child/Youth: generally, ages five and over. [3]SFY 2023 serves as baseline data for CFSP 2025-2029.						

Internal Data – Initial CFTMs held for Open Cases within the UT-Required Timeframe of 45 Days *CFSP Measure 1.3.m. and Item 20*			
Case Type	Number of Cases[1]	Number of CFTMs Finalized within 45 Days[2]	Percentage of CFTMs Finalized within 45 Days
FFY 2023 Baseline Data			
Foster Care - SCF	1,685	1,025	61%
FFY 2024			
Foster Care - SCF	1,521	985	65%
FFY 2025			
Foster Care - SCF	1,442	958	66%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 45 days. [2]Number of foster care cases that were open on the last day of the FFY and had a CFTM within the first 45 days of case opening.			

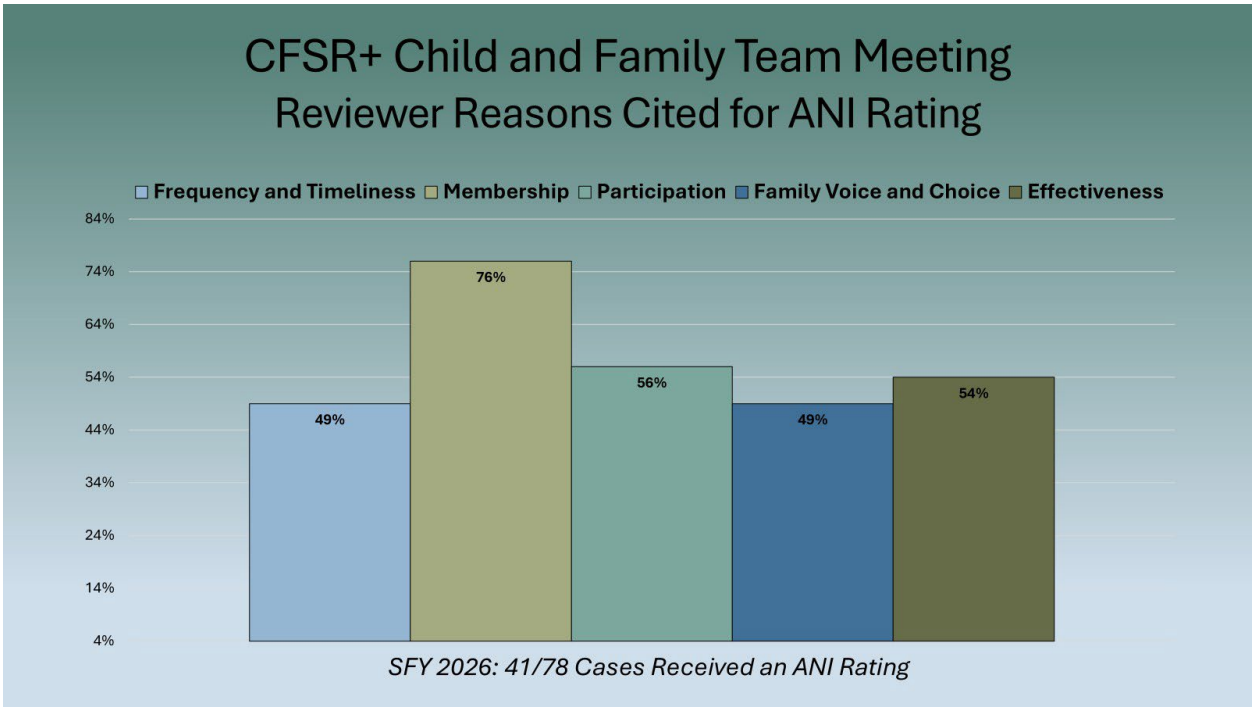
Internal Data – Initial CFTMs held for Open Cases within the Federally-Required Timeframe of 60 Days *CFSP Measure 1.3.m. and Item 20*			
Case Type	Number of Cases[1]	Number of CFTMs Finalized within 60 Days[2]	Percentage of CFTMs Finalized within 60 Days
FFY 2023 Baseline Data			
Foster Care - SCF	1,652	1,238	75%
FFY 2024			
Foster Care - SCF	1,484	1,169	79%
FFY 2025			
Foster Care - SCF	1,407	1,137	81%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 60 days. [2]Number of foster care cases that were open on the last day of the FFY and had a CFTM within the first 60 days of case opening.			

Internal Data – CFTMs held for Open Cases within the Previous Six Months on the Last Day of the FFY *CFSP Measure 1.3m. and Item 20*			
Case Type	Number of Cases[1]	Number of CFTMs Held within the FFY Previous 6 Months[2]	Percentage of CFTMs Held within the FFY Previous 6 Months
FFY 2023 Baseline Data			
Foster Care - SCF	1,685	1,643	98%
FFY 2024			
Foster Care - SCF	1,521	1,490	98%
FFY 2025			
Foster Care - SCF	1,442	1,414	98%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 45 days. [2]Number of foster care cases that were open on the last day of the FFY and had a CFTM within the previous six months.			

Utah encourages caseworkers to engage with and include parents and children in the development of their CFP, which is completed during CFTMs. The CFSR+ data below shows the quality of Utah's CFTM ratings to be low, declining 6% from 62% in SFY 2023 to 56% in SFY 2025.

Internal Data – CFSR+ Quality CFTM[1] *Item 20*					
Item	CFSR+ Item Description *(Correlates with CFSR Item 20)*	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
CFTM	CFTM Quality	62%	59%	56%	85
NOTE: [1]Data is in-home and foster care combined.					

CFSR reviewers rated 41/78 cases an ANI for quality of CFTMs. With this rating, reviewers may cite one or more reasons for their ANI rating. From the 41 ANI cases, the chart below shows the percentage of reasons cited for poor CFTM quality. In order of mention, core reasons identified were consistently excluding relevant child and family team members, specifically children, in the teaming process (membership) at 78%; not considering and accommodating family members' schedules (participation) at 56%; and not encouraging and facilitating the family's active contribution to the development of their CFP (family voice and choice) at 49%.



Item 20: Written Case Plan – Child and Family Plan

CPR Results - Timely Completion of Initial CFP within 45 Days — Foster Care Services *Item 20*					
Question: SCF D.2. Was an initial CFP completed for the family within 45 days of the case start date?					
Six Month Performance Rate					
Question	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF D.2.	85%	58%	67%	35%	43

CPR Results - Current CFP in the File — Foster Care Services *Item 20*					
Question: SCF D.1. Is there a current CFP in the file?					
Six Month Performance Rate					
Question	Standard	SFY 2023	SFY 2024	SFY 2025	SFY 2025 N
SCF D.1.	85%	83%	83%	81%	119

Internal Data – Initial CFPs Finalized within the UT-Required Timeframe of 45 Days Since Case Opening *CFSP Measure 1.3.I. and Item 20*			
FFY	Number of Cases[1]	Number of CFPs Finalized within 45 Days[2]	Percentage of CFPs Finalized within 45 Days
FFY 2023 Baseline Data			
Foster Care - SCF	1,685	654	39%
FFY 2024			
Foster Care - SCF	1,521	672	44%
FFY 2025			
Foster Care - SCF	1,442	613	43%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 45 days. [2]Number of foster care cases that were open on the last day of the FFY and had a completed CFP within the first 45 days of case opening.			

Internal Data – Initial CFPs Finalized within the Federally-Required Timeframe of 60 Days Since Case Opening *CFSP Measure 1.3.I. and Item 20*			
Case Type	Number of Cases[1]	Number of CFPs Finalized within 60 Days[2]	Percentage of CFPs Finalized within 60 Days
FFY 2023 Baseline Data			
Foster Care - SCF	1,652	993	60%
FFY 2024			
Foster Care - SCF	1,484	1,012	68%
FFY 2025			
Foster Care - SCF	1,407	958	68%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 60 days. [2]Number of foster care cases that were open on the last day of the FFY and had a completed CFP within the first 60 days of case opening.			

Internal Data – Open Cases on the Last Day of the FFY in which a CFP was Finalized within the Previous 6 Months *CFSP Measure 1.3.I. and Item 20*			
Case Type	Number of Cases[1]	Number of CFPs Held within the FFY Previous 6 Months[2]	Percentage of CFPs Held within the FFY Previous 6 Months
FFY 2023 Baseline Data			
Foster Care - SCF	1,685	1,587	93%
FFY 2024			
Foster Care - SCF	1,521	1,371	90%
FFY 2025			
Foster Care - SCF	1,442	1,329	92%
NOTES: [1]Number of Cases are foster care cases that were open on the last day of the FFY and were also open for at least 45 days [2]Number of foster care cases that were open on the last day of the FFY and had a completed CFP within the previous six months.			

Items 21, 22, and 23 – Court Reviews and Hearings

See the table below for SFYs 2023-2025 juvenile court data of periodic reviews.

Juvenile Court Data – Periodic Reviews *Item 21*			
Review Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
SFY 2023			
Initial	382	353	92%
Subsequent	3,274	2,982	91%
All	3,656	3,335	91%
SFY 2024			
Initial	336	319	95%
Subsequent	3,031	2,833	93%
All	3,367	3,152	94%
SFY 2025			
Initial	328	324	99%
Subsequent	2,739	2,602	95%
All	3,067	2,926	95%

The annual *Child Welfare Statutory Time Requirements Report*, published by the Administrative Office of the Courts, provides additional valuable data on various court requirements. The table on the page below presents SFYs 2023-2025 juvenile court data on timeliness of hearing completion at every stage of a child welfare case, except periodic reviews which is found in the table above. Utah's compliance with holding timely hearings continues to be high.

In July 2026, a permanency hearing data tracking error was discovered, which may have impacted exact case numbers for this category. This data tracking error has been noted and is being addressed to ensure accurate data moving forward.

Juvenile Court Data – Timeliness of Hearing Completion *Items 21-23*																		
Hearing Type	Statutory Deadline	Hearing Type Count			Number Compliant			Number Not Compliant			Percent Compliant			Percent Compliant within 15 Days After Benchmark			Percent Compliant within 30 Days After Benchmark		
		SFY 2023	SFY 2024	SFY 2025	SFY 2023	SFY 2024	SFY 2025	SFY 2023	SFY 2024	SFY 2025	SFY 2023	SFY 2024	SFY 2025	SFY 2023	SFY 2024	SFY 2025	SFY 2023	SFY 2024	SFY 2025
Shelter	3 days	1003	980	906	986	967	894	17	13	12	98%	99%	99%	100%	100%	100%	100%	100%	100%
Child Welfare Proceeding Pretrial	15 days	1,123	1,048	943	1,099	1,025	932	24	23	11	98%	98%	99%	100%	99%	100%	100%	100%	100%
Child Welfare Proceeding Adjudication	60 days	1,048	996	858	915	887	772	133	109	86	87%	89%	90%	92%	93%	93%	95%	94%	97%
Child Welfare Proceedings Disposition	30 days	1,034	998	853	978	924	797	56	74	56	95%	93%	93%	99%	99%	99%	99%	100%	100%
No Reunification to Permanency Hearing	30 days	213	202	147	202	179	134	11	23	13	95%	89%	91%	98%	92%	97%	98%	92%	97%
Permanency Hearing[1]	12 mos.	766	799	668	720	749	626	46	50	42	94%	94%	94%	97%	97%	96%	97%	97%	98%
Termination Pretrial	45 days	287	250	177	193	172	118	94	78	59	67%	69%	67%	74%	74%	71%	78%	83%	75%
Removal to Decision on Petition to Terminate	18 mos.	124	95	73	108	60	52	16	35	21	87%	63%	71%	87%	65%	73%	87%	65%	73%
NOTE: [1]A permanency hearing data tracking error was discovered in July 2026, which may have impacted exact case numbers. This data tracking error has been noted and is being addressed to ensure accurate data moving forward.																		

Items 20-24 – Stakeholder Interviews

SFYs 2023-2025 stakeholder interviews included the following:

- Stakeholders expressed involvement in case planning.
- Statewide, statutory timeframes for court reviews and permanency hearings are generally met. Specifically, Northern Region reported that court reviews are held every 90 days or sooner, and permanency hearings happen consistently at the 12-month mark.
- Northern and Salt Lake Valley Regions noted that TPRs are filed in a timely manner.
- Statewide, the adoption of virtual and hybrid hearing formats has been viewed as a strength, significantly improving hearing attendance for foster parents, youths in school, and parents with transportation barriers. Additionally, judges are consistently inviting foster parents and kinship caregivers to hearings and actively giving them a voice in the proceedings.
- Statewide, some judges have been hesitant to terminate parental rights, even when justified, preferring permanent guardianship instead. This hesitancy to grant TPRs is further exacerbated statewide by recent "Strictly Necessary" rulings from the Utah Supreme Court, which stakeholders view as a barrier to adoption.
- Several regions report strong, cooperative relationships with AAGs and GALs. To proactively address issues, some regions successfully utilize informal courtroom team meetings to troubleshoot cases before hearings.
- Some regions have reported adversarial relationships between the legal partners and DCFS.
- Ongoing administrators, supervisors, and caseworkers report parental defense attorneys sometimes advise families not to engage in the Child and Family Plan Completion Sequence, which includes the UFACET, CFTM, and CFP. This is most commonly experienced at the start of a case, which contributes to delays in timely completion of the UFACET, CFTM, and CFP.
- Ongoing administrators reported parental defense decisions to go to trial slows case process.

Systemic Factor 2: Selection of Policies, Guidelines, and Laws

Practice Guidelines Section 302.1 – Child and Family Plans

See above for an outline of CFP completion sequence.

Practice Guidelines Section 307 – Court and Case Reviews

DCFS will seek to ensure that each child in out-of-home care has timely and effective case reviews and that the case review process:

1. Expedites permanency for children placed in out-of-home care.
2. Assures that the permanency goal, CFP, and services are appropriate.
3. Promotes accountability of the parties involved in the treatment planning process.
4. Monitors the quality of care for children in out-of-home care.

Utah law §80-3-409 Decisions on Petitions to Terminate Parental Rights

This law states that if the final plan for the minor is to proceed toward TPR, the petition for TPR shall be filed, and a pretrial held, within 45 calendar days after the permanency hearing. It also states that a decision on a petition for TPR shall be made within 18 months from the day on which the minor is removed from the minor's home.

Social Security Act, Section 475. [42 U.S.C. 675]

Regarding Item 24, the Social Security Act, Section 475. [42 U.S.C. 675] presents right to be heard and notified. The law states that foster parents of a child and any pre-adoptive parent or relative providing care for the child are provided with notice of and a right to be heard in any proceeding to be held with respect to the child, except that this subparagraph shall not be construed to require that any foster parent, pre-adoptive parent, or relative providing care for the child be made a party to such a proceeding solely on the basis of such notice and right to be heard.

Systemic Factor 2: Introduction and Self-Assessment

Item 20 is rated as an ANI. Despite the strengths of Utah's CFP completion sequence, the CFP template is missing a required TPR exception, and there are concerns with timely CFP completion.

Items 21 is rated as a strength, as Utah's periodic reviews are consistently held in a timely manner.

Item 22 is rated as a strength, as Utah's permanency hearings are consistently held in a timely manner, which is supported by evidence of Utah's approach to permanency hearings and 3-month periodic reviews.

Item 23 is rated as a strength, as Utah's TPR hearings are also held in a timely manner.

Item 24 is rated as an ANI, as Utah does not have a systematic mechanism to verify that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child.

Systemic Factor 2: Assessing Systemic Factor Functioning

Utah's ratings for Systemic Factor 2 Items 20-24 are supported through analysis of data and answers to the questions below.

Item 20: Written Case Plan

Systemic Factor 2: Question 1 – Item 20

Did case plans include the required elements, and how do you know?

ANSWER

With the below two exceptions, DCFS CFPs include the required elements. We know this because the CFP template requires all fields to be completed, which results in a CFP that includes the required elements.

However, even with this provision, Utah has experienced two primary challenges that contribute to an ANI rating. These challenges are:

- Compelling reason for determining that TPR would not be in the best interests of the child is not written in the CFP.
    - Historically, DCFS included this language in every CFP template. However, it was removed, as the strong language might send a message to parents that DCFS is not supportive of reunification services. With this language removal, DCFS continues to include required TPR language for those cases that require a compelling reason for not filing for TPR and is planning to revise the CFP template to include this language on applicable cases.
- Written visitation schedules are not always updated in the CFP.

Systemic Factor 2: Question 2 – Item 20

Among children in foster care in a specific period who have been in care for at least 60 days, how many had a written case plan?

ANSWER

FFY 2025 DCFS Internal Data shows that of the 1,407 open foster care cases, 958 (68%) had a written CFP within 60 days of case opening.

FFY 2025 DCFS Internal data shows that on the last day of FFY 2025 (September 30, 2025), of the 1,442 open foster care cases, 1,329 (92%) had a written CFP within the last six months.

Systemic Factor 2: Question 3 – Item 20

Were parents authentically involved in the development of case plans? If so, how?

ANSWER

As Internal, CFSR, and CPR data for completion sequence of initial (within 45 days) UFACETs, CFTMs, and CFPs demonstrate, Utah is seeing a decline and scores are concerning. This data further supports the decision to rate this item as an ANI.

Item 21: Periodic Reviews

Systemic Factor 2: Question 1 – Item 21

Of the children who entered care or were in care during a specified period who were supposed to have a periodic review every 6 months, how many had at least one?

In Utah, child welfare periodic reviews are held every 3 months, and some cases are monitored more frequently.

During SFY 2025, 3,067 of children entered care or were in care and were required to have a periodic review every 6 months, and 2,926 (95%) had a periodic review.

Systemic Factor 2: Question 2 – Item 21

What is the state's process for preparing for and holding periodic reviews?

ANSWER

In Utah, periodic reviews are held for child welfare cases every 3 months, and stakeholder interviews conducted during the SFY 2025 CFSR confirm this practice.

What transpires in the reviews?

ANSWER

Periodic case reviews address the status and needs of the case. The court report prepared by the caseworker helps to guide the discussions during the review. If the child is not present, the GAL excuses the child and represents the interests of the child to the court.

What are the state's policies/statutes around having children/youth in court for periodic reviews?

ANSWER

Under Utah Code Section 80-3-104, a minor who is the subject of a juvenile court hearing is entitled to be present and to be heard, though their physical presence is at the discretion of the court or their GAL to prevent potential trauma to the child.

How are children, youth, and parents prepared and supported to participate? For example, how does the state prepare and assist those whose primary language is not English to participate in periodic reviews?

ANSWER

Court reports are shared with children, youths, and parents and are typically discussed in a CFTM held before the court date. Court interpretation services are available in all languages.

Are children/youth attending periodic reviews? If not, why not? Is it related to distance of placement to the location of the review? If children/youth attend periodic reviews, are they asked for input?

ANSWER

In Utah, it is a requirement that children be present at periodic reviews or that there is a good reason for excusing them. The GAL may excuse the child for not being present and explain to the court why the child is not present. When present, the judge asks the child for their input, depending on age.

How could the periodic review process be more youth and family friendly?

ANSWER

The CIP/DCFS collaboration on the bench card project has been helpful in this area.

How are service delivery challenges addressed in periodic reviews?

ANSWER

Efforts are made to address service delivery challenges in CFTMs and in advance of periodic reviews. However, when challenges remain, these are presented at the review. This can lead to a court order for the specific services to be funded by DCFS.

Another example is a judge referring mediation services to address areas of dispute that are preventing successful service delivery. Judges might also order a CFTM to include specific individuals who are seen as having a role that would be helpful to achieving case outcomes, such as parental defense.

Is there a correlation between timely periodic reviews and positive permanency outcomes?

ANSWER

Utah holds periodic reviews every 3 months, which is more frequent than the federally required 6 months. Utah asserts that there is a correlation between the frequency and timeliness of periodic reviews and permanency outcomes. This assertion is supported by Utah's performance on Permanency Outcome 1, Item 6, as shown in the Utah February 2026 Data Profile for 12 months and 12-23 months, which exceeds national performance.

What do participants (e.g., caseworkers, service providers, attorneys, parents and children/youth, judges) expect from the reviews?

ANSWER

A review of the case status and progress takes place. Participants, including DCFS, expect that safety, permanency, and wellbeing of the child will be reviewed and addressed. Parents, children, and caregivers want to be treated with respect and be heard.

Who do participants think should be there?

ANSWER

All relevant participants. This may include parents, alternate caregivers, caseworkers, and all legal parties.

What is the state's process for including key participants who were not included in previous reviews?

ANSWER

DCFS contacts key persons who were not present to encourage their participation at the next review. Parent representation and GALs will do the same. When in-person participation is not possible, a virtual court hearing might be held, or the person may be asked to respond to questions in a letter to the court. The judge may ask DCFS to ensure Tribes are invited and encourage Tribal representation at reviews.

How could the state address these issues in relation to permanency goals in the PIP?

ANSWER

This area was not a part of Utah's PIP.

What is the state's process for informing courts on engaging children, youth, and parents?

ANSWER

Utah has processes for children, youth, and parent engagement, which includes their inclusion in periodic reviews. Upcoming reviews are noted during CFTMs. In court reports, caseworkers include strengths, areas needing improvement, and recommendations, which help judges identify ways to engage children, youths, and parents during reviews.

Systemic Factor 2: Question 3 – Item 21

In what ways are services such as medical care and mental/behavioral healthcare, services that prepare youth for independence, and school progress discussed in reviews?

ANSWER

The CFP is reviewed and discussed in CFTMs, which informs what is included in the court reports for upcoming periodic reviews, held every 90 days. For example, medical and mental/behavioral healthcare, services that prepare a youth for independence, and youth school progress are discussed in the CFTM, which informs the development of CFP goals. The CFP is provided to the court for its review.

Additionally, caseworkers may request third party reports from medical and behavioral health professionals. The youth's grades and attendance, and any other pertinent information provided by the school is also included in the court report or may be included in a separate education court report provided to the court.

Judges routinely request and discuss progress with school, mental health services, and preparations for independence. During the periodic review, the judge reviews the information reported to the court with the youth and family in attendance and provides an opportunity for their comment. Judges approve the CFP and may make amendments, if needed.

Systemic Factor 2: Question 4 – Item 21

What is the length of time it takes to conduct a periodic review?

ANSWER

On average, periodic reviews take 30-60 minutes.

Is the average time for a review appropriate to ensure that proper discussion is being held on cases?

ANSWER

Yes, in most cases, the average time is appropriate.

Are there variations in the length of time periodic reviews take and if so, what might explain that variation?

ANSWER

Yes, there can be variations. When a case exceeds the average, this is typically due to a need to discuss the case in more detail.

Do certain cases take longer based on attributes of the child, the case, the family, the entity conducting the review?

ANSWER

Yes, complicated cases can take longer to conduct a periodic review.

Systemic Factor 2: Question 5 – Item 21

What is the process for providing information to people in the child welfare system, including members of the legal and judicial communities, about the purpose of periodic reviews and the importance of engaging children, youth, and families in reviews?

ANSWER

A process for providing information in preparation for upcoming reviews is addressed through discussions in the CFTMs. Court reports, usually prepared 7-10 days in advance, also emphasize the importance of periodic reviews by explaining the CFP progress, strengths and areas of concern, and efforts toward achieving permanency goals. The judge also emphasizes the importance of reviews from the bench.

When the review is conducted by an entity other than a court, what happens with the results/findings?

ANSWER

In Utah, the court conducts all reviews.

Systemic Factor 2: Question 6 – Item 21

If there were delays in hearings, how many were delayed? Were the delays agency-related or court-related? What follow-up steps were taken to address the delays?

ANSWER

At times, Utah does experience delays in periodic reviews, which can result in a continuance. With Utah's standard of holding periodic reviews every three months, when a continuance does occur, the review is almost always held within the required six month timeframe. In SFY 2025, 141/3,067 (5%) cases experienced a delay.

Item 22: Permanency Hearings

Systemic Factor 2: Question 1 – Item 22

Of the children in foster care during a specified period, how many had a permanency hearing no later than 12 months from the date they entered foster care?

ANSWER

Permanency hearings are held every 12 months. As found above in the SFYs 2023-2025 juvenile court data table, Utah's compliance with holding timely permanency hearings continues to be high. It has been noted that, in July 2026, a permanency hearing data tracking error was discovered, which may have impacted exact case numbers for permanency hearing data. This data tracking error is being addressed to ensure accurate data moving forward. Utah also consistently holds periodic reviews every 3 months.

Item 23: Termination of Parental Rights

Systemic Factor 2: Question 1 – Item 23

How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?

ANSWER

In SFY 2023, there were 287 cases in which the decision was made at the permanency hearing to proceed toward TPR. Of those, 193 (67%) TPR pretrials were held within 45 calendar days of the permanency hearing. Within an additional 15 days, the percentage grew to 74%, and within 30 days the percentage grew to 78%.

In SFY 2024, there were 250 cases in which the decision was made at the permanency hearing to proceed toward TPR. Of those, 172 (69%) TPR pretrials were held within 45 calendar days of the permanency hearing. Within an additional 15 days, the percentage grew to 74%, and within 30 days the percentage grew to 83%.

In SFY 2025, there were 177 cases in which the decision was made at the permanency hearing to proceed toward TPR. Of those, 118 (67%) TPR pretrials were held within 45 calendar days of the permanency hearing. Within an additional 15 days, the percentage grew to 71%, and within 30 days, the percentage grew to 75%.

While the system is functioning fairly well, there is still room for improvement. In Utah, there are multiple reasons for delays at this stage of proceedings; the most common reasons are stipulation of the parties, conflict in court schedules, general reluctance to petition for TPR (unless a child is already placed in a home that is likely to result in an adoption), and an inability to locate one or both parents for service of the petition.

Though TPR exceptions may not be specifically included in the CFP template, CFSR reviewers have noted that caseworkers are including TPR exceptions in court reports. Exceptions are also noted in court orders.

Systemic Factor 2: Question 2 – Item 23

Of the children who have been in foster care for at least 15 of the most recent 22 months or who meet the other ASFA provisions (aggravated circumstance) and are not subject to an exception for filing for TPR, or have a compelling reason not to file; for how many of them did the state file or join a TPR petition timely?

ANSWER

In SFY 2025, there were 177 cases in which the decision was made at the permanency hearing to proceed toward TPR. Of those 177 cases, 118 (67%) TPR pretrials were held within 45 calendar days of the permanency hearing. Within an additional 15 days, the percentage grew to 71%, and within 30 days the percentage grew to 75%.

Item 24: Notice of Hearings and Reviews to Caregivers

Systemic Factor 2: Question 1 – Item 24

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

ANSWER

Item 24 was rated as an ANI in CFSR Round 3 and continues to be an ANI.

Systemic Factor 2: Question 2 – Item 24

What is the state's process for ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

ANSWER

During FFY 2026, DCFS administrators and the CIP leadership met together on multiple occasions to discuss the requirements of Item 24 and determine the best course of action. The group reviewed past

efforts and outcomes. The group also considered challenges each agency experiences with adhering to Item 24 requirements.

DCFS and CIP acknowledged that there are limitations on the information that can be included in a written notice that is sent via regular mail or electronically, due to privacy laws. The need to ensure timely updating of caregiver changes within both DCFS and the court's systems can also present challenges.

DCFS and CIP are exploring processes to address Item 24 requirements for ensuring foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any periodic review or permanency hearing held with respect to children in their care. Processes include:

- Using supplemental information from the courts. For example, the next court proceeding is typically scheduled at the end of a periodic review or permanency hearing; when caregivers are present, they receive notice of the next review or hearing through this scheduling process.
- Using a DCFS-provided notice card that will include the date and time of the next periodic review or permanency hearing, along with notice that foster parents, pre-adoptive parents, and relative caregivers have a right to be heard. Notice cards can be provided at monthly in-person visits, CFTMs, during supervised child visitation, at court proceedings, etc.
- Reviewing the DCFS Placement Full Disclosure form to guide discussions with caregivers; the form includes information regarding parents', pre-adoptive parents', and relative caregivers' rights to receive notice of periodic reviews and permanency hearings and the right to be heard.
- Ensuring UFC includes information in its licensed foster and kinship caregiver training regarding their right to receive notice of periodic reviews and permanency hearings and the right to be heard.
- Ensuring DCFS includes information in its new caseworker trainings regarding the rights of foster parents, pre-adoptive parents, and relative caregivers to receive notice of periodic reviews and permanency hearings and the right to be heard.
- Modifying the DCFS-provided Home-to-Home book process to include more frequent reviews with foster parents, pre-adoptive parents, and relative caregivers and include information regarding upcoming dates for periodic reviews and permanency hearings, if known, as well as the right to attend and be heard.

- Considering including information at the annual DCFS CWI regarding foster parents', pre-adoptive parents', and relative caregivers' right to receive notice of periodic reviews and permanency hearings and the right to be heard.
- Considering using new data process for tracking juvenile court quality to include Item 24 verification of foster parents, pre-adoptive parents, and relative caregivers' attendance at court proceedings.
- Considering requiring DCFS RFCs and KFCs to participate in CFTMs with foster parents, pre-adoptive parents, and relative caregivers to help ensure caregivers:
  - Voices are heard by the Child and Family Team and are represented in court reports.
  - Receive notice of all upcoming periodic reviews and permanency hearings involving the children for whom they are providing care.
  - Understand they have a right to be heard at court proceedings.
- Including an Item 24 question to CFSR+ Satisfaction Surveys.
- Providing a separate Item 24 survey to foster parents, pre-adoptive parents, and relative caregivers.

DCFS will coordinate with the CIP on process implementation, where appropriate.

DCFS will continue to prioritize timeliness of plan creation and family involvement in quality plan development. The CPR and CFSR+ will continue to be used to monitor these elements, along with practice compliance to the plan's required provisions.

Systemic Factor 2: Question 3 – Item 24

What data do the states have to demonstrate that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

ANSWER

In recent years, CFSR stakeholder interviews identified the following:

- Foster parents report being invited to court hearings.
- Courtroom experiences vary widely from judge to judge.
- Some judges actively allow foster parents, pre-adoptive parents, and relative caregivers to provide input, which adds to a positive court experience.

- Some judges refer to foster parents impersonally as "the placement" and do not allow them to speak or provide input.
- Foster parents are generally invited to court hearings, but their actual ability to speak depends on the judge.
- A formal, consistent mechanism to invite foster parents, pre-adoptive parents, and relative caregivers to court does not exist.
- Foster parents often ask GALs for the link to a virtual hearing or to provide their information to the court clerk. In SLVR the AAGs distribute the links to virtual proceedings.

Systemic Factor 3: Quality Assurance System – Item 25

Systemic Factor 3: Performance Data Highlights

CFSR Results – Quality Assurance System				
Item		Round 4 – Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ SFY 2025 Rating
Item 25	Quality Assurance System	Utah's QA system operates in all jurisdictions within the state. It has standards to evaluate the quality of services, has the capacity to identify strengths and needs of Utah's service delivery system, and provides relevant reports and data to promote program improvement initiatives.	Strength	Strength

Item 25 Internal Data

DCFS internal data generated by DCFS Data Team efforts through reports and data dashboards are presented throughout this document.

Item 25 – Stakeholder Interviews

As part of the CFSR+ review process, OSR conducts stakeholder interviews with caseworkers, supervisors, administrators, parents, foster parents, community agencies, service providers, and the court as a way of assessing the child welfare system and to determine if Utah's overall QA efforts are making a difference.

OSR uses the CFSR stakeholder interview guide to facilitate CFSR stakeholder interviews. The stakeholder interviews look for trends or themes at the local or state level that can be used to help shape current initiatives or future project planning.

SFYs 2023-2025 stakeholder interviews included the following:

- DCFS staff are aware of CPR and CFSR+ that are performed biannually in each region.
- Most community partners are aware of the QA activities associated with the CPR and CFSR+.

- Performance reports are available in AWS Quick, and all frontline supervisors have access to AWS Quick reports and dashboards to monitor case practice throughout the state.

Item 25 – Stakeholder CFSR+ Exit Interviews

In addition to stakeholder interviews, Utah reviewers also exchange feedback with supervisors and caseworkers on specific cases reviewed. Discussions include strengths and weaknesses of cases, explanations of scores, and suggestions for case practice improvements. Supervisors and caseworkers are given the opportunity to share with reviewers whether they agree or disagree with the ratings given. They may also provide evidence to support their views.

Item 25 – CFSR+ Satisfaction Surveys

Another effort to obtain direct feedback from families who received agency services is through CFSR satisfaction surveys. As part of each case review, CFSR reviewers are required to use a formal satisfaction survey to gather feedback from mothers, fathers, caregivers, and children over age 12. The satisfaction survey includes the use of scaling questions to assess a family member's level of agreement with statements such as, "My circumstances are better now than before, or they are getting better because of services and support." To help elicit additional individualized feedback based on the family's lived experience, reviewers also ask the following open-ended question: "In working with the agency, what was helpful and what was not helpful?" Feedback is shared with state- and region-level administrators.

See *Item 31 – CFSR Satisfaction Survey* for *SFY 2025, Internal Data – Services Received Satisfaction Survey* results.

Item 25 – Feedback Loops

Providing and obtaining feedback are essential elements of Utah's CQI/QA processes. Utah highly values frontline caseworkers and supervisors as experts and relies on these professionals for feedback. To bolster the CQI process, frontline caseworkers and supervisors actively engage in assessing the outcomes of practices, programs, and policies. Adjustments are made based on the identified needs of frontline staff. Feedback loops that focus on child welfare practice initiatives help promote circular communication among all DCFS levels, external stakeholders, and decision-makers. This includes

sharing data and information associated with change initiatives, as well as QA reviews of practice and child and family outcomes.

Systemic Factor 3: Selection of Policies, Guidelines, and Laws

Utah Law – §80-2-1102 – Annual Quality Assurance Reviews

DCFS QA requirements were codified in Utah Law §80-2-1102. OSR is charged with conducting annual QA reviews of DCFS. OSR and DCFS collaborate closely on the review process and the interpretation of review findings.

Systemic Factor 3: Introduction and Self-Assessment Rating

Item 25 continues to be rated as a strength. Utah's CQI/QA system includes case review processes, data reports and dashboards, and an annual Results-based Accountability Plan. The CQI/QA system contributes to the evaluation of Utah's service array, service delivery system, and case practice strengths and needs, as well as identifies improvement measures and relevant data reports and dashboards.

Sustaining Well-Trained CFSR+ Reviewers and a Quality CFSR+ Case Review Process

Ensuring a quality case review process begins with a well-trained reviewer. DCFS and OSR work together to maintain a sufficient pool of trained and certified CFSR reviewers, which contributes to the quality and sustainability of the internal review process. QA staff have completed online CFSR state training and have had ongoing practice in QA on the OSRI. Most have participated in the onsite CFSR as site leads or QA staff. Utah's CFSR QA at the initial and secondary levels continues to be enhanced through the additional ongoing oversight provided by federal partners. Federal secondary oversight has also provided regular online coaching and question-and-answer sessions. Federal oversight has been very timely and responsive to the mentoring needs of Utah QA staff. DCFS and OSR have worked to expand the pool of effective CFSR reviewers. The sustainability and quality of Utah's case review process is further bolstered by OSR and the DCFS CQI team conducting initial and secondary case QAs to ensure accurate and consistent determination of case review ratings.

Case Reviews

DCFS has a well-established, rigorous CQI/QA case review processes for evaluating the quality of services provided to children and families. These processes identify areas in which the state is performing well and areas in which there are opportunities for child welfare practice improvement. Each case review

includes a comprehensive report that allows monitoring and tracking specific items by office, region, and state. OSR conducts each of the formal CQI/QA case reviews in collaboration with DCFS.

Utah's two primary CQI/QA case reviews are:

- CPR measures compliance with Utah policy and statute and federal law. The CPR results are quantitative data indicating how often documentation provides evidence of tasks completed.
- CFSR+ is an interview-based, outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services. CFSR+ assesses internal case practice and system functioning, which can include stakeholders such as schools, courts, and other external agencies.

Utah's CQI/QA case reviews are designed to help measure case progress and quality of services by determining the impact those services have on child and family outcomes and functioning, as well as the effectiveness of processes and practices. Utah's CPR and CFSR+ provide systematic monitoring and evaluation, generating outcome measures that track progress and performance over time. Each of these outcomes measures includes standards of quality that help gauge system performance.

The federal On-site Review Instrument (OSRI) is the foundational instrument in the state's CFSR+ process. The instrument guides reviewers in information-gathering necessary to complete CFSR+ case reviews. Information gathered from case-specific interviews of key informants and a review of the case record is entered into the federal Online Monitoring System.

Results Based Accountability Plan

DHHS Executive Leadership incorporated RBA into its management of practice and operations. The RBA approach and framework guides the thinking, measurement, and improvement of population well-being, as demonstrated in agency performance in producing client outcomes and population results in fulfillment of the DCFS mission. DCFS administration has enhanced its RBA Strategic Plan, which includes strategies, tactics, and indicators related to DCFS priorities and key areas of case practice. The RBA Plan also aligns with CFSR+ areas needing improvement. Performance measures for each of the RBA plan objectives serve as a CQI/QA of primary priorities, projects, and practice. The RBA Administrator leads DCFS RBA Strategic Plan oversight and maintenance. DCFS regions have also developed region-specific RBA Strategic Plans that align with DHHS and DCFS RBA Plan strategies and objectives. Division and Region RBA Plan progress is monitored frequently, and adjustments are made as needed.

Systemic Factor 3: Assessing Systemic Factor Functioning

Utah's rating for Item 25 are supported through analysis of Systemic Factor 3 data and answers to the questions below.

Item 25: Quality Assurance System

Systemic Factor 3: Question 1 – Item 25

How many jurisdictions provide the services included in the CFSP?

ANSWER

In the State of Utah, DCFS includes a state office located in Salt Lake City and five geographically defined regions. DCFS Region Directors lead their administrative teams and are each responsible for their region's budget, personnel, interagency partnerships, and service delivery. The five geographically defined regions include: Northern, Salt Lake Valley, Western, Eastern, and Southwest. See *DCFS Map of Regional Boundaries* on page 10.

Staff members at the state office and in the regions deliver services statewide to children and families. Governmental, private for-profit, and nonprofit contract providers deliver additional services.

Systemic Factor 3: Question 2 – Item 25

What evidence do you have that the QA system is functioning statewide to ensure that it is operating in the jurisdictions where the services included in the CFSP are provided and has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)?

ANSWER

Child and Family Services Review+

OSR and DCFS conduct statewide CFSR+ randomly selected case reviews in each of the five DCFS regions twice per year. Approximately 85 cases are reviewed statewide annually.

Case Process Review

Additionally, in accordance with Utah statute, OSR conducts a statewide annual CPR review of child welfare cases in each of the five DCFS regions once per year. The CPR review determines whether key

service activities were completed as outlined in state statute and DCFS policy and were recorded in the file. The CPR is a case review to determine if there is evidence for the required activity that must be documented in the case file.

A statistically significant number of cases are randomly selected from each program area and reviewed by trained OSR staff. During SFY 2025, 682 cases were reviewed. The cases were selected from the following case types:

- Referrals of abuse and neglect, specifically referrals that were not accepted for investigations.
- CPS cases, including general CPS, unable to locate, medical neglect, and removal of a child.
- In-home cases.
- Foster care cases.

Region Supervisor Case QAs

In SFY 2026, DCFS developed a new QA tool to verify that case processes are being followed, and activities are completed in a timely manner. The tool aligns with CFSR+ and CPR measures.

Systemic Factor 3: Question 3 – Item 25

What is the state's process to ensure that the QA system identifies strengths and needs of the service delivery system, provides relevant reports, and that it evaluates implemented program improvement measures?

ANSWER

Following the completion of CFSR+ and CPR case review processes in each DCFS region, OSR reports the review findings in a meeting with region and state office administration, and provides a written report summarizing review results, including case-specific examples of strengths and needs identified.

OSR and DCFS reviews case narratives prepared by CFSR+ reviewers and analyze specific areas of practice to determine contributing factors to an ANI rating.

Additionally, OSR prepares the *Annual Review of Utah's Child Welfare Services: Child and Family Services Review and Case Process Review*. The OSR annual report highlights statewide CFSR+ and CPR findings and recommendations for system and practice improvement. The report identified strengths and areas needing improvement. The annual report is provided to the Utah Legislature and DCFS.

OSR presents its findings and recommendations to the statewide CWIC, which helps to inform CWIC practice improvement recommendations to DCFS.

OSR also presents its findings and recommendations to the CIP. Discussions are held specific to child welfare case court processes with a focus on strengthening and improving practice across systems.

Systemic Factor 3: Question 4 – Item 25

To what extent is information from CQI/QA processes (or other data, evidence, and reports) sound and relevant? How can staff using information from CQI/QA processes support good decisions? In what ways are relevant reports used by the intended audience?

ANSWER

DCFS is confident that its data, evidence, reports, and CQI/QA processes are sound and relevant to child welfare practice in Utah.

Reports and dashboards display CPS, in-home, and foster care case metrics and guide staff decision processes. DCFS administrators, practice improvement coordinators, and supervisors review data reports and dashboards regularly. For example, the *Ongoing Overdue and Future Due Items Report* identifies cases with due or nearly due items for completion. Another example is the *Ongoing Supervisor Dashboard*. This dashboard can be filtered at the supervisor and caseworker levels and tracks when the most recent UFACET, CFTM and CFP were held or completed. It also tracks when the most recent caregiver and parent face-to-face contacts were completed, among other case practice requirements.

When data inaccuracies are identified through AFCARS error reports, SAFE data team validation reports, CPR reviews, and other QA efforts, DCFS practice improvement coordinators review the inaccuracies and provide technical assistance to supervisors to ensure caseworkers correct the data.

Systemic Factor 3: Question 5 – Item 25

What is the state's process for using evidence collected through its QA activities to select or design program improvement measures?

ANSWER

Information from the CRSR+ and CPR case review findings guide strategic goals and objectives for Utah's five-year CFSP and strategies and objectives for the DCFS annual RBA Plan. For example, as presented in

its 2025-2029 CFSP, DCFS selected three goals. The first goal pertains to parent and alternate caregiver engagement. This goal was identified from CFSR+ and CPR data that indicated a need for increased levels of and quality engagement. The second goal relates to the development of a kin-centered culture. This goal was identified to align with agency and ACF values and is an area DCFS is committed to defining and implementing throughout case practice. The third goal is to achieve the strategies and objectives of the DCFS Annual RBA Plan, many of which are connected to the goals and objectives of the CFSP and align with CFSR Items.

The first two goals represent important child welfare practice areas and are also included in state and region level RBA plans, a process that ensures accountability. The DCFS RBA Administrator holds weekly meetings with state office administrators where RBA plan strategies and objectives are reviewed. The RBA Administrator also holds quarterly meetings with DCFS region leadership to review region-level RBA plan strategies and objectives. Reviews include progress made, barriers encountered, plans for completion, etc.

A recent example of the state's process for using evidence to select and design program improvement measures is demonstrated through its FFY 2026 Safety Summit. See *Part 3: Current Initiatives* for a summary of the summit and its outcomes.

System Factor 4: Staff and Provider Training – Items 26-28

Systemic Factor 4: Performance Data Highlights

CFSR Results – Staff and Provider Training				
Item		Round 4 – Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ SFY 2025 Results
Item 26	Initial Staff Training	Utah's training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP. All direct service staff must complete required training, which includes Practice Model Training and required online trainings, plus a transfer of learning packet. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored, and effectiveness of training is evaluated.	Strength	Strength
Item 27	Ongoing Staff Training	Utah tracks the required 20 hours of ongoing training through its Learning Management System. All regions have access to the same array of training. Training content is specific to identified practice areas needing additional focus. DCFS also provides Leadership Empowerment and Development training to all DCFS supervisors and administrators.	ANI	Strength
Item 28	Foster and Adoptive Parent Training	Foster and adoptive parent initial and ongoing training addresses the requirements needed to properly care for foster and adoptive children, and compliance is monitored by DCFS RFCs and KFCs. DBLC monitors compliance with training requirements for foster parents certified by child-placing agencies and staff of licensed facilities.	Strength	Strength

Item 26 – Initial Staff Training

Internal Data – Initial Practice Model Caseworker Training *Item 26*					
SFY 2023		SFY 2024		SFY 2025	
Months Held	Number in Attendance	Months Held	Number in Attendance	Months Held	Number in Attendance
August	27	August	47	August	11
October	29	October	31	October	19
December	33	December	16	December	17
January	17	February	19	February	16
February	24	April	6	April	34
April	27	June	10	June	35
June	56				
TOTAL	213	TOTAL	129	TOTAL	132

Initial Staff Practice Model Training Data

Additional initial Practice Model Training data, including simulation data, is found below in the answer *to Systemic Factor 4: Question 1 – Item 26*.

Item 27 – Ongoing Staff Training

In SFY 2025, 602/806 (75%) staff completed 20 hours of ongoing training, tracked through the Learning Management System. Training provided by outside partners is tracked in the Learning Management System when staff enter the training. If staff do not enter this type of training, their total ongoing training hours will not be accurately reflected in training hours total.

See the tables below for SFY 2025 ongoing training sessions and number of staff in attendance.

SFY 2025 Ongoing DCFS Employee Trainings *Item 27*	
Required In-Person and Virtual Instructor Lead Trainings	Number in Attendance
Practice Model	132
Family Action Meeting	100
Leader Onboarding	9
Legislative Update	628
UFACET Recertification	329
Bridges Out of Poverty	85
TBRI Overview for Caseworkers	77
Advanced Substance Use	63
Advanced Engagement	59
Safety Planning	466
2025 Child Welfare Institute (three-day conference)	973
CIP Webinar June 2024: Kinship & Immigration Uune 2024)	176
CIP Webinar January 2025: Collaboration Uan 2025)	335
CIP Webinar February 2025: Improving outcome for TAL Youth	358
CIP Webinar March 2025:Juvenile Court Judges Panel Discussion	310
CIP Webinar April 2025:	267
CIP webinar May 2025: Active Efforts	263
CIP Webinar June 2025: Secondary Traumatic Stress	281
Workplace and field Safety	599
Social Connections	462
Ongoing Training continued on next page.	

Required Online Trainings	Number in Attendance
Human Trafficking	7
ICWA	150
Adult Engagement for Intake	2
Understanding the Intake Process	132
Alert Media	132
4th and 14th Amendments	132
Understanding Mental Health Assessments	132
BCI Support Team and Processes	132
Understanding Provider Contract Processes	132
Culture of Safety	132
Divorce Conflict	132
Documenting in Child Welfare	132
E-Warrants	132
Fostering Healthy Children Program	132
GRAMA for Non-GRAMA Specialist	132
Quality Court Hearings	139
History of Child Welfare	150
Infant Safe Sleep	132
Juvenile Court Education Reports	132
Law, Rule, and Policy	132
Leadership Onboarding, Background Screening Investigation	9
Leadership Onboarding, ERIC	9
Leadership Onboarding, Finance	9
Leadership Onboarding, 1-9	9
Leadership Onboarding OCPO	9
SAFE Custody Placements	393
Random Moment Sample	61
Youth Suicide Screener	132
Ethics for Child Welfare	400
Suicide Prevention	776
Accommodation in Child Welfare	492
Active Shooter	587
Administrative priorities practice guidelines	615
CFSR+ Reviewer	14
Mandatory Information Communication Quarterly Policy Updates (September 2024)	643
SAFE Custody Placements	393
Interstate Compact on the placement of Children	331
Available Online Trainings	Number in Attendance
SAFE appropriate use	797

Item 28 – Foster and Adoptive Parent Training

UFC Data – Recruitment, Training, and Retention *Item 28*			
	SFY 2023	SFY 2024	SFY 2025
Number of Consultations with Prospective Foster Parents	781	686	713
Number of New Foster Families Trained and Graduated	421 (236 Foster/Adoptive; 185 Kinship)	435 (256 Foster/Adoptive, 170 Kinship)	413 (234 Foster/Adoptive 179 Kinship)
Hours of Training for Current and Prospective Foster Parents	7,285 (3,944 pre-service training hours – 1,705 live and 2,239 recorded – and 3,341 in-service training hours – 573 live and 2,768 recorded)	7,527 (4074 pre-service training hours – 4,074 live and 0 recorded – and 1,124 in-service training hours – 1,110 live and 14 recorded)	5140 (4269 pre-service hours-3747 live + 522 recorded and 824 in-service training hours-675 live hours, 148 recorded, 10 hours e-learning. Note that the number of hours completed by providers is 14,870)
Number of Foster Parent Support Meetings, which include cluster group meetings and retention activities	330	340	324

Items 26-27 – Stakeholder Interviews

SFYs 2023-2025 stakeholder interviews and response to feedback included the following:

- New caseworkers expressed initial training was theoretical and did not adequately prepare them for the practical, day-to-day demands of their roles.
    - To address this concern, mentorship is provided to individualize training and provide shadowing experiences to support new workers.
    - DCFS also assigns each new caseworker a coach who provides one-on-one field experience training.
- In person training was found to be beneficial to promote peer support relationships.
- A recurring structural critique was that training is too generalized. Training participants consistently suggest that the training program needs to be split to cater specifically to CPS roles or ongoing caseworker roles to be more effective.
    - During initial training, DCFS intentionally focuses on the continuum of child welfare practice to strengthen participants' understanding and skills, regardless of assigned program area.
    - Program area-specific training occurs outside of the initial training experience.
- While some advanced trainings are praised, others are described by staff as elementary or outdated.
    - The training team strives to balance the level of advanced training offered to meet the needs of a range of participants.
    - CWI is utilized to provide focused advanced training opportunities.

Item 28 – Stakeholder Interviews

SFYs 2023-2025 stakeholder interviews included the following:

- A major strength identified across the state is the quality of specific, specialized training content.
    - Trust-Based Relational Intervention is consistently cited as exceptionally helpful, with many stakeholders suggesting it should be made mandatory.
    - Training regarding the IEP process was viewed as highly valuable by staff.
      See *Wellbeing Outcome 2: Information Regarding CQI Change and Implementation Activities, CFSR Item 16*

- The availability of online training options was a significant strength, allowing prospective parents with busy schedules or those who travel for work to complete their requirements conveniently.
- When foster parents were able to connect, peer support structures like cluster groups were highly valued for providing essential emotional support and resource sharing.
- Some foster parents reported that the training they received did not successfully prepare them for the reality of caring for older youths or children with significant behavioral issues.

Systemic Factor 4: Selection of Policies, Guidelines, and Laws

Administrative Guidelines - Section 040 - Professional Development
DCFS is committed to having a prepared, well-trained workforce. DCFS Practice Model Principles and Standards set expectations for statewide consistency. The Practice Model is based on seven principles: protection, partnership, permanency, development, cultural responsiveness, organizational competence, and professional competence, and five skill areas: engaging, assessing, teaming, planning, and intervening.

Utah Law – §80-2-402 – *Caseworker Training*
In addition to Practice Model Training, caseworkers complete training as required in Utah Code Ann. §80-2-402. Caseworkers complete Practice Model Training within eight weeks of their hire date. The region training manager must approve any exceptions. All DCFS full-time employees must complete 20 hours of professional development annually. This can be completed through training sessions provided by the DCFS training team.

Practice Guideline – 305.B – Out-of-Home Caregiver Training Requirements
DCFS is committed to having a prepared, well-trained foster and adoptive parent homes for placement of children in care.

Systemic Factor 4: Introduction and Self-Assessment Rating

Items 26-28 are rated as strengths.

Utah continues to improve its delivery of both initial and ongoing trainings for caseworkers and for foster and adoptive parents. Utah has the capacity to monitor training through its Learning Management System.

Systemic Factor 4: Assessing Systemic Factor Functioning

Utah's ratings for Items 26-28 are supported through analysis of Systemic Factor 4 data and answers to the questions below.

Item 26: Initial Staff Training

Systemic Factor 4: Question 1 – Item 26

What are the state's requirements for initial training (i.e., number of hours, brief description of course content/modules and learning objectives, and who is required to attend)?

ANSWER

Utah's training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP. Utah's initial child welfare caseworker training is referred to as Practice Model Training. All direct service staff must complete 120 hours of Practice Model Training plus additional field experience. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored, and effectiveness of training is evaluated.

All DCFS new child welfare caseworkers are required to complete Practice Model Training before they can assume independent casework. During this training, new caseworkers are introduced to the DCFS Mission and Vision, as well as the Practice Model, Practice Skills, and Practice Principles that provide caseworkers with tools and skills that prepare them to effectively serve children and families receiving DCFS interventions. This training may include in-person and online sessions. Practice Model optional post-module surveys measure perceived module training relevance to caseworker effectiveness in performing the requirements of their roles. Survey results show improvement in participant readiness to do their jobs. Modules and scores include Child Interviewing (97%), SDM (96%), Teaming (92%), UFACET (90%), and Case Planning with Families (89%).

Practice Model Training also includes several in-person live and virtual reality simulations. Through pre- and post-simulation surveys, the University of Utah Social Research Institute found a statistically significant improvement in staff reporting feeling confident and ready for the field. Before and after each simulation, participants rated their perceived knowledge, skills, confidence, and self-doubt on a five-point scale.

See the table below for post-survey rating changes and areas measured.

Pre- and Post Change in Self-Rated Confidence Across Simulations				
Outcomes	CPS Initial Visits	UFACET Needs Assessment	Child and Family Team Meetings	Ongoing Home Visits
Knowledge	+0.44	+0.66	+0.48	+0.44
Skills	+0.45	+0.66	+0.47	+0.44
Confidence	+0.53	+0.67	+0.58	+0.54
Self-doubt	-0.11	-0.29	-0.14	-0.32
NOTE: Values are model-estimated mean changes on a five-point scale. Positive change represents improvement in knowledge, skills, and confidence; negative change represents improvement in self-doubt. All changes were statistically significant. Across simulations, confidence increased by 0.53-0.67 points, while self-doubt decreased by 0.11-0.32 points.				

Following Practice Model Training, new child welfare caseworkers continue their training through side-by-side work with experienced caseworkers, supervisors, and coaches who provide one-on-one coaching. This experience helps to improve their knowledge of Intake, CPS, In-Home, Foster Care, and other DCFS program areas.

During new child welfare caseworkers' initial months of training, caseworkers are required to complete several online training sessions that support their professional growth and development.

Systemic Factor 4: Question 2 – Item 26

What is the state's process for ensuring that the state's requirements for initial training are met?

ANSWER

Utah incorporates the state's training requirements into initial caseworker training. Successful training completion is monitored through the Learning Management System. Training includes newly identified training requirements, such as those that are in response to recently passed federal or state legislation.

Systemic Factor 4: Question 3 – Item 26

How does the state ensure that initial training is aligned with specific job descriptions? How often is training reviewed for alignment with specific job descriptions or new initiatives?

ANSWER

The Training Team manages position descriptions for all levels of caseworkers and ensures requirements are incorporated in the training content. Training is reviewed for alignment when position descriptions

change or new initiatives are implemented. Training content is reviewed before every month's session to identify needed updates and ensure they are addressed prior to the start of that month's training session.

Systemic Factor 4: Question 4 – Item 26

What is the state's process for collecting and updating training-related data (e.g., courses, hours, number of staff who were required to attend and the number who completed) to ensure that requirements for initial staff training are met for caseworkers including contract caseworkers?

ANSWER

This is accomplished through Utah's Learning Management System.

How does the system allow for statewide tracking of the training program (including training at the state level along with training that may be contracted out or at the county level)?

ANSWER

This is accomplished through the Learning Management System. Course information, attendance, and hours are entered by a state office training manager.

Utah does not have contracted training or county-level training.

Systemic Factor 4: Question 5 – Item 26

Among all staff newly hired within a specified period, what percentage completed initial training in the required time period that includes the basic skills and knowledge required for their positions?

ANSWER

100%

Systemic Factor 4: Question 6 – Item 26

What is the state's process for assigning cases to new staff?

ANSWER

Background screenings must be cleared. SAFE training must be completed, along with 120 hours of Practice Model Training. Gradual case assignment begins at this point and is monitored by supervisors. Mentoring and coaching takes place during this time and throughout the first year.

Systemic Factor 4: Question 7 – Item 26

What is the state requirement regarding whether staff must complete training before being assigned cases? To what extent does the state meeting its requirement?

ANSWER

Background screenings must be cleared. SAFE training must be completed. 120 hours of Practice Model Training. The state is meeting this requirement at 100%.

Systemic Factor 4: Question 8 – Item 26

To what extent were staff who completed initial training in a specified period prepared to deliver services pursuant to the CFSP?

ANSWER

With supervision and additional mentoring and coaching, staff are prepared or have the resources to obtain answers to questions, as they arise.

Systemic Factor 4: Question 9 – Item 26

To what extent does the state know that the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

ANSWER

All training provided by DCFS to employees, providers, and families is based on the DCFS Practice Model Principles, Skills, and Standards. These are the foundation on which all policies, procedures, programs, and services are anchored. Practice Model Principles, Skills, and Standards guide staff as they strive to achieve the agency's vision and meet its mission.

See *Part 1: Vision, Mission, and Practice Model Principles, Skills and Standards* for a detailed description of DCFS Practice Model Principles, Skills, and Standards

Training competencies are identified for each training course and are measured through simulation exercises.

Systemic Factor 4: Question 10 – Item 26

What mechanisms and methods are used to obtain employee and consumer feedback; how often, and for which trainings (e.g., all trainings)?

ANSWER

Post-training surveys are completed by attendees at all initial caseworker training sessions. This process also occurs at other training opportunities, such as Leadership Empowerment and Development (LEAD) training sessions.

Systemic Factor 4: Question 11 – Item 26

What is the state's process for addressing employee and consumer feedback to improve training curricula?

ANSWER

Feedback is reviewed and considered, and adjustments are made when warranted.

Item 27: Ongoing Staff Training

Systemic Factor 4: Question 1 – Item 27

What is the state's requirement for ongoing training (i.e., number of hours, brief description of course content/modules and learning objectives, and who is required to attend)?

ANSWER

Ongoing training is consistent with DHHS and DCFS goals of supporting employee well-being, performance, growth, and development.

All DCFS employees are required to complete at least 20 hours of additional professional development annually trainings to strengthen their knowledge in child welfare, including department and state mandatory administrative courses.

All DCFS leaders are required to complete DCFS Leadership Training; this includes leader onboarding training and DCFS Leadership Empowerment and Development (LEAD) training. LEAD focuses on essential skills and practice for effective leadership in child welfare.

See the table below for SFYs 2024-2025 LEAD training courses and participation.

Internal Data – SFY 2024-2025 Leadership Empowerment and Development *Item 27*		
Months Held	LEAD Course	Number in Attendance
May-Jun 2024	Leading with Data and Assessing	166
Aug-Sept 2024	Leading Team Wellbeing and Growth	168
Oct-Nov 2024	Leading through Conflict	171
Jan-Feb 2025	Leading Team Performance	161
Mar-Apr 2025	Leading the Organization	174
May–Jun 2025	Leading with Support and Self Care	177

Utah holds a CWI annually; DCFS child welfare workforce attendance averages 70%. CWI conference sessions cover relevant child welfare topics.

Systemic Factor 4: Question 1 – Item 27

How does the state ensure that ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP?

ANSWER

Ongoing training topics vary from year to year and are driven by practice areas identified through CFSR+ results, internal data, and program administrator committee recommendations.

If the state requires licensure for staff, what is the state's process for working with the licensing authority to ensure that ongoing training requirements are aligned?

ANSWER

The DCFS training team adheres to licensing requirements to ensure that training opportunities help staff meet various requirements, such as those for SSW, CSW, and LCSW. To fully meet CSW and LCSW clinical requirements, staff may need to obtain some training hours outside DCFS. Staff are instructed to enter outside training in the Learning Management System to ensure accurate credit for meeting ongoing training requirements.

Systemic Factor 4: Question 3 – Item 27

How often is ongoing training reviewed for alignment with specific job descriptions or updated for new initiatives?

ANSWER

Ongoing training is reviewed with program administrators three months prior to its annual release and is modified and updated where needed to ensure alignment with job descriptions and new initiatives.

Systemic Factor 4: Question 4 – Item 27

What is the state's process for collecting and updating training-related data (e.g., courses, hours, number of staff who were required to attend and percentage who completed) to ensure that ongoing training requirements are met for caseworkers and supervisors, including contracted caseworkers/supervisors?

ANSWER

All required and optional training is stored in Utah's Learning Management System.
All training requirements for DCFS positions are stored in Utah's Learning Management System.

All training completed by staff is recorded and those records are stored in Utah's Learning Management System.

How does the system allow for statewide tracking of the training program (including training at the state level along with training that may be contracted out or provided at the county level)?

ANSWER

As stated above, this is accomplished through the Learning Management System.

Utah does not contract for its training. However, employees who attend approved outside training, such as clinical training for licensure, are instructed to add the approved, completed outside training to the Learning Management System, which is then approved by their supervisor.

Systemic Factor 4: Question 5 – Item 27

Among all staff who required ongoing training in a specified period, what percentage completed ongoing training that addressed skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP?

ANSWER

Through its Learning Management System, DCFS can obtain this data by each specific training period.

As stated above, in SFY 2025, 602/806 (75%) staff completed 20 hours of ongoing training, tracked through the Learning Management System. Training provided by outside partners is tracked in the Learning Management System when staff enter the training. If staff do not enter this type of training, their total ongoing training hours will not be accurately reflected in training hours total.

Systemic Factor 4: Question 6 – Item 27

To what extent were staff who completed ongoing training in a specified period prepared to deliver services pursuant to the CFSP?

ANSWER

All ongoing DCFS training contributes to staff's level of preparation to deliver child welfare services.

Systemic Factor 4: Question 7 – Item 27

How does the state know that the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

ANSWER

As stated above, ongoing training topics vary from year to year and are driven by practice areas identified through CFSR+ results, internal data, and program administrator committee recommendations.

Systemic Factor 4: Question 8 – Item 27

What mechanisms and methods are used to obtain staff and consumer feedback, how often, and for which ongoing trainings (e.g., all trainings)?

ANSWER

Post ongoing training surveys are completed by attendees.

Systemic Factor 4: Question 9 – Item 27

What is the state's process for addressing feedback to improve training curricula?

ANSWER

Feedback is reviewed and considered, and adjustments are made when warranted.

Item 28: Foster and Adoptive Parent Training

Systemic Factor 4: Question 1 – Item 28

What are the state's requirements for providing initial and ongoing training to all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities?

ANSWER

Prospective Foster and Adoptive Parents

The pre-service requirement is successful completion of the 24-hour National Training Development Curriculum, with an additional three hours of training the covers the FHC program, Licensing Rules, and the DCFS Practice Guidelines.

Kinship Caregivers

The pre-service requirement is successful completion of three hours of the National Training Development Curriculum covering issues specific to trauma and trauma-responsive care. There are an additional three hours of training covering the FHC program, Licensing Rules, and DCFS Practice Guidelines. There are also three hours of training covering topics such as child development, culture, grief and loss, and self-care.

Currently Licensed Foster and Adoptive Parents

The training requirement is 16 hours of in-service training per foster or adoptive home each licensure year. For foster and adoptive homes with two caregivers, at least four hours of the 16-hour training requirement must be completed by the secondary caregiver, with the remaining being completed by the primary caregiver. For single foster and adoptive homes, 12 of 16 hours must be completed. A minimum of four training hours must be completed in person each year.

Every two years, foster parents are required to renew their CPR First Aid training. In preparation for adoptions, caregivers are required to complete the Trust Based Relational Intervention (TBRI) Caregiver training. TBRI is also required for families caring for children and youths placed at Level III.

Beyond these specific requirements, families are free to choose their own training program from a selection of live online courses, in-person courses, pre-approved books and movies, or recorded self-guided options.

Child-Placing Agencies

The process for child-placing agencies (CPA) with fixed staff is the same as found below under *State Licensed Residential Placements*, except the type of license is a child-placing foster license.

State Licensed Residential Placements

Verification that residential treatment licensing requirements for rotating staff with congregate care specialty have been met and are properly maintained through Division of Professional Licensing (DOPL) or Division of Licensing and Background Checks (DLBC) Office of Licensing (OL), who provide oversight to ensure licensing requirements are properly met and maintained. If licensing requirements have not been met, DCFS will not award a contract and will not place with the provider.

If ongoing licensing requirements have not been properly maintained, DOPL or DLBC will work with the provider to ensure renewal standards are met, prior to approval of ongoing licensure. As with initial licenses, if renewal standards are not met, licenses are placed on hold, DCFS will not consider additional placements, and current placements may be removed.

Systemic Factor 4: Question 2 – Item 28

How does the state ensure that initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

ANSWER

Foster Parent Initial Training

Initial foster parent training is conducted by UFC. Training for prospective foster and adoptive parents consists of the National Training and Development Curriculum (NTDC) for pre-service training, as of December 2023.

NTDC was funded through a five-year cooperative agreement with DHHS, ACF, and the CB. NTDC is the largest study in the nation of a curriculum that trains foster and adoptive parents. It has been extensively and rigorously evaluated during the last five years on each of its three components (self-assessment, classroom-based training, and right-time training) for satisfaction, knowledge gain, and effectiveness. NTDC has also been recognized by the California Evidence-Based Clearinghouse with a scientific rating of 3 out of 5. The NTDC includes a module focused on understanding and honoring the primary families that children in foster care come from, including a focus on racial, cultural, and socioeconomic differences.

Training records are provided to the DLBC, verifying prospective foster parent completion, which is required for foster parent licensing. In-service training is tracked and monitored by the DCFS Training Administrator.

Foster Parent Ongoing Training

In addition to pre-service and in-service training, offered in English and Spanish, there are many opportunities to attend training after foster families become licensed. For additional support, many foster parents also rely on their relationships with other foster parents. To connect to UFC staff, resources, and cluster groups, foster parents use the UFC Learning Management System and private online social networking groups.

UFC offers in-person and virtual classes, which makes it possible to provide monthly classes in all areas of the state and has removed the barrier of traveling long distances to attend training.

Kinship Care Process and Training

DCFS bolstered its best practice of using kin across the system and reducing barriers in placing with kin, including improving the kin locator process and tools. DCFS is focused on strengthening supervision and training of kinship workers and facilitating a consistent process for locating kin, engaging kin, and supporting kinship caregivers throughout the life of the case. In instances where a child is unable to safely remain at home, DCFS is hopeful these processes will lead workers to consider kin options first.

Once the Child and Family Team have chosen a kinship placement, the kinship caregiver and household members have completed background screenings, a limited safety inspection of the home has been completed, and kinship caregivers have signed an agreement to work with DCFS and the court, the child can enter the kinship placement. At this time, the DCFS region kinship team will begin working with the family to identify needed resources and assist in the application process. The kinship team will also explore options with the kinship caregiver regarding the opportunity to become a kinship-specific licensed foster parent or to have temporary guardianship, while the child and family team works to support reunification. The kinship team will complete a home study that may be used for licensure, guardianship, and adoption. Should the family choose to become licensed, the kinship team will continue to support the kinship placement and will serve as resource consultants for the family.

On July 1, 2025, UFC centralized the kinship licensing process. Centralization ensured a unified message and training process, leading to the creation of a UFC Kinship/ICPC Specialist position.

The individual selected for this position has experience working in DCFS shelters and as a DCFS KFC. Additionally, this individual also brings lived experience as a kinship caregiver to the role, which provides valuable perspective and understanding.

DCFS kinship teams provide a warm handoff to the UFC Kinship/ICPC Specialist, who walks the families through the licensing process and mentors the families as they learn about what it means to be a kinship placement. The Kinship/ICPC Specialist collaborates with the DCFS Kinship Supervisor Group; this collaboration further ensures Utah provides consistency in kinship services statewide.

Once kinship families complete the application and successfully pass a home study and health and safety inspection, a provisional license is issued. With a provisional license, kinship families can access the complete range of benefits and supportive services available through UFC. The Kinship/ICPC Specialist helps families obtain access to the UFC training portal and sets-up a tailored portal experience. Services include Care Communities, mentors, and clinical services. Mental health therapy is provided within the context of being a caregiver.

After the provisional license is granted, kinship families have five months to complete the required kinship placement training, which includes a required three-hour instructional class taught by the Kinship/ICPC Specialist. The training is provided with other kinship families, which helps to normalize the process, and the class can become a built-in support system for participants, providing a sense of belonging. This added support helps to reduce the likelihood of isolation that can occur for kinship placements, as family dynamics shift. The curriculum is designed to address the unique needs of kinship placements. Training sessions are offered virtually statewide and occur two times per month. The Kinship/ICPC Specialist will also provide in-person training for families upon request. Total time required to complete the kinship licensing process averages 10 hours, whereas for a foster parent license, the average is 30 hours.

Systemic Factor 4: Question 3 – Item 28

What is the state's process for collecting and updating training-related data (e.g., courses, hours, number who were required to attend and who completed) to ensure that the training for foster parents, adoptive parents, and staff of state licensed or approved facilities is current and complete?

ANSWER

UFC uses a Learning Management System to offer and track training attendance. Each prospective or current foster and adoptive parent has an account through which they register for classes and complete requirements. The Learning Management System reporting function provides access to a point-in-time report for each caregiver. This report can be downloaded and organized by licensure year or other relevant queries. It can be accessed by both UFC staff and Resource Family Consultants with DCFS. Families are also able to view their progress.

Regarding, providers are responsible for tracking training. If DCFS identifies a concern during monthly face-to-face visits with the child or DLBC identifies a concern during regular check-ins, these concerns are reported to OSR who investigates the concerns and reviews with the provider. OSR reports their findings and required actions to DCFS.

How does the system allow for statewide tracking of the training program (includes training that is at the state level, training that may be contracted out or provided at the county level, or training provided by state licensed or approved facilities)?

ANSWER

All foster and adoptive parent training is provided and tracked by UFC or other contracted providers.

As stated above, state licensed residential placements are responsible to facilitate and track their training.

Systemic Factor 4: Question 4 – Item 28

Among all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities who required initial training in a specified period, how many completed initial training that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

ANSWER

For placement levels 1-3, UFC provides initial training.

See the table below for SFYs 2023-2025 data.

UFC Data – Licensed Foster and Kinship Care Placement Initial Training *Item 26*								
SFY 2023			SFY 2024			SFY 2025		
Started Training	Completed Training	Percent Completed	Started Training	Completed Training	Percent Competed	Started Training	Completed Training	Percent Completed
316	236	75%	306	264	86%	373	234	63%

For level 4 child placing agencies and state licensed residential placements, training must be completed before a contract is awarded and placements can be made. Training is verified through the licensing process, as dictated by Administrative Rule.

Systemic Factor 4: Question 5 – Item 28

Among all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities who required ongoing training in a specified period, what percentage completed ongoing training in a specified period?

ANSWER

During SFYs 2023-2025, for placement levels 1-3, UFC reported 671/928 participants completed ongoing training requirements. However, UFC cautioned that this number is only an estimate and is based on incomplete data. This incompletion is due to UFC not having in place a way to match renewal reports with training reports. Presently, UFC is considering how to track this data.

For level 4 child placing agencies and state licensed residential placements, 100% who were awarded a contract completed required training.

Systemic Factor 4: Question 6 – Item 28

What is the state's process for addressing circumstances where foster parents, adoptive parents, or staff in state licensed or approved facilities do not complete training requirements within the time period required?

ANSWER

For placement levels 1-3, individuals who do not successfully complete the training and licensing processes are placed on hold and are not eligible for placements until they successfully complete the training and licensing process. This includes initial and ongoing placements.

This is also true for level 4 child placing agencies and state licensed residential placements. If there is a training violation, sanctions are imposed, conditions are placed on the license, and the license could be revoked.

Systemic Factor 4: Question 7 – Item 28

How does the state know that it is complying with regulations and its own policies/ regarding what happens when foster parents, adoptive parents, or staff at state licensed or approved facilities do not complete training requirements within the time period required?

ANSWER

For placement levels 1-3, DCFS and UFC know when training is not completed, due to the tracking mechanisms in place. When individuals do not complete the required training, they are not granted a license. Annual training requirements must be completed to be considered for placements.

Regarding level 4 child placing agencies and state licensed residential placements, these entities do not get licensed if they do not complete initial required training. DLBC also conducts internal audits to ensure compliance with Administrative Rule and DLBC standard operating procedures and policies. Before a DCFS placement can be made at a level 4 child placing agency or state licensed residential placement that has an ongoing license, the DCFS placement coordinator reviews provider status to determine if the license is active.

Systemic Factor 4: Question 8 – Item 28

To what extent were foster or adoptive parents and staff who completed initial or ongoing training in a specified period prepared to carry out their duties with regard to foster and adopted children?

ANSWER

For placement levels 1-3, once a foster parent has completed pre-service and in-service training, they are considered to be prepared to carry out their duties with regard to foster and adoptive children. Ongoing training and support are available through UFC staff and foster parent peer groups and DCFS Resource Family Consultants, Kin Family Consultants, and caseworkers.

Regarding level 4 child placing agencies and state licensed residential placements, if required initial and ongoing training requirements are completed, the placement is considered prepared to carry out their duties with regard to foster and adoptive children. Individuals who do not successfully complete the

licensing process, which included training requirements, are placed on hold and are not eligible for placements until they successfully complete the licensing process. This includes initial and ongoing placements.

Systemic Factor 4: Question 9 – Item 28

What mechanisms and methods are used to obtain feedback, how often, and for which trainings (e.g., all trainings)?

ANSWER

UFC-provided training includes a required survey at the end of the training. The survey is accessed through the participants' Learning Management System account. Also accessed through the Learning Management System, is an optional evaluation for each in-service class.

Systemic Factor 4: Question 10 – Item 28

What is the state's process for addressing feedback from foster and adoptive parents, facility staff, and consumers to improve training curricula?

ANSWER

UFC-provided training survey results and participant feedback are reviewed quarterly and annually. Patterns are identified, as they may indicate a specific area for improving training curricula. Upon request, participants are individually contacted for follow-up. UFC provides a selection of the preservice and in-service survey results to DCFS in its annual report.

Level 4 child placing agencies and state licensed residential placements must adhere to training principles, as outlined in Administrative Rule. DLBC offers a feedback opportunities through an online portal that training participants can use.

Systemic Factor 5: Service Array and Resource Development – Items 29-30

Systemic Factor 5: Performance Data Highlights

CFSR Results – Service Array and Resource Development				
Item		Round 4 - Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ SFY 2025 Rating
Item 29	Array of Services	Although there is an adequate array of services, access to services is limited in some jurisdictions of the state, especially in rural areas. In these areas, there is a need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists and the distance families must travel to access services. Provision of some services virtually has helped to lessen service access limitations. Additional focus through DHHS-level programs and services have helped to address service array. DCFS was also intentional in its use of APRA funds to provide family strengthening services to Utah Tribes and to provide statewide access to free virtual family strengthening workshops provided by USU.	ANI	ANI
Item 30	Individualizing Services	Utah's Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as UFACET and CFTMs, support caseworkers' efforts to tailor services. However, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to accessibility barriers.	ANI	ANI

Items 29-30 – Stakeholder Interviews

Stakeholder interviews conducted during SFYs 2023-2025 provided the following insights regarding priorities and concerns:

- Expanding the service array, particularly in rural areas, is a concern.
- Stakeholders across the state continue to report long waitlists to access mental health services and substance abuse treatment. Waitlists are also reported for basic services.

- Access to affordable housing and public transportation continues to be a challenge. Affordable housing has reached a crisis level due to steep increases in rent and housing prices, especially in Utah's urban areas.
- Clients with criminal histories struggle to find housing, even with vouchers in hand. In some cases, this has affected reunification timeframes.
- A shortage of available foster homes and residential placements is another frequently reported challenge, resulting in children being placed out-of-area or in placements not commensurate with their needs.
- For clients in rural areas, accessing residential treatment often requires travel to urban areas.
- In some rural areas, there is only one domestic-violence service provider. Contracts do not allow both parents to attend the same domestic-violence treatment provider, which means that one parent must travel a long distance to access this service.
- The service array along the Wasatch Front is better than in rural areas but has also experienced periods of long waitlists. There are more services for specific language groups and refugee populations.
- Utah Youth Village Families First in-home service is a desired service that stakeholders speak highly of, but demand often results in long wait times for access. Some stakeholders report that other services are overlooked, due to reliance on the Families First service.
- Northern Region reported long waitlists specifically for Applied Behavior Analysis services.
- Utah has a current critical shortage of providers for specialized neuropsychological assessments, causing waitlists of three to eight months.

Items 29-30 – Additional Data

Additional program-specific data is presented with program-specific information found below.

Systemic Factor 5: Selection of Policies, Guidelines, and Laws

Practice Guidelines Section 301.1 – Engaging, Teaming, Assessing, Planning

Engaging, teaming, assessing, and planning requires caseworkers to engage the child and family to develop positive working relationships, create a Child and Family Team, assess strengths and needs, and develop a CFP. This process is intended to create a CFP that includes services to address the particular needs of each child and family member and is aimed at strengthening the family and ensuring permanency for the child.

Practice Guidelines Section 303.5 – Healthcare for Children Placed in Out-of-home Care

All children placed in out-of-home care will receive healthcare services according to the requirements of DCFS whether they are Medicaid eligible or not. The DCFS caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child. Utah's policy also requires that mental health assessments are completed within 30 days of children coming into state's custody and are updated at least annually. If the foster child is under 5 years, an ASQ and ASQ-SE will be completed at specified ages.

Systemic Factor 5: Introduction and Self-Assessment Rating

Items 29 and 30 continue to be an ANI, as Utah does not have sufficient services available in all part of the state, especially in rural and frontier areas, and waitlists for some services still exists.

In response, DHHS and DCFS have intentionally focused on addressing Items 29 and 30. Selected efforts include:

- Expanding the array of evidence-based services and programs for children, youths, and families involved with DCFS, including kinship caregivers, as components of FFPSA implementation for prevention services and kinship navigator services.
- Enhancing access to clinical and non-clinical wraparound services for children, youths, families, and kinship caregivers through expanding the number of contracted providers and implementing strategies to expand availability, especially in rural areas, such as:
    - Enhanced rates for evidence-based interventions provided in the family's home.
    - Improved provider access to a telehealth platform.
- Exploring methods to assess service gaps and needs, including problems with access, on an ongoing basis throughout the state. Identify and prioritize regional gaps with local stakeholders.
- Facilitate development of identified services.
- DHHS statewide programs and services targeting intensive services where gaps exist, including offerings in Utah's rural communities.
- Use of available funds, including PSSF funds, to provide needed concrete supports.
- Utah intentionally and strategically used one-time ARPA funding opportunities that provided family strengthening services to participating Utah Tribes and to children and families across the state, including services that continue to exist today, after the end of the ARPA grants.

Despite these concerted efforts and measurable improvements demonstrated through analysis of data and information found in answers to the questions below, these items continue to be an ANI.

Systemic Factor 5: Assessing Systemic Factor Functioning

Utah's ratings for Items 29-30 are supported through analysis of Systemic Factor 5 data and answers to the questions below.

Item 29: Array of Services

Systemic Factor 5: Question 1 – Item 29

What services does the state provide to assess the strengths and needs of children and families?

ANSWER

DCFS utilizes the UFACET, an evidence-based functional assessment tool to determine the recommended level of care for children in foster care. The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child and identifies service needs for the child and parents or alternate caregivers.

Beyond the UFACET, DCFS may rely on additional assessments to determine strengths and needs of children and families are conducted and may include mental health, substance use, and domestic violence assessments, etc.

Systemic Factor 5: Question 2 – Item 29

What services does the state provide to address the needs of families—in addition to individual children—to create a safe home environment?

ANSWER

Promoting Safe and Stable Families - Family Preservation Services

Family Preservation Services help parents safely care for their children in the home as well as helping to stabilize families with children who have returned home from foster care. Most of the Family Preservation Services funding is allocated to the five DCFS regions, which in turn use funds for flexible funding to families requiring services or support that help those families keep their children safely in their homes.

Examples of services paid for using these flexible funds include:

- Development of parenting skills.
- Providing behavioral health services, including mental health and substance-abuse treatment, as well as post-treatment support.
- Wraparound services that address mental-health and educational needs.
- Funding for transportation of family members to school, work, or medical appointments.
- Concrete support as temporary gap or bridge funding to ensure families can meet their basic living needs, such as housing deposits, rent payments, utilities, groceries, or basic household essentials.

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

See the table below for FFYs 2023-2025 data on number of individuals served utilizing PSSF Family Preservation funding and number of payments.

Internal Data – Individuals Served Utilizing PSSF Family Preservation Funding *Item 29*		
FFY	Individuals	Number of Payments
2023	1,022	2,266
2024	762	1,462
2025	735	1,362

DCFS Family Action Meetings

Utah's FAM process is an existing kin-centered culture component that is already in place in parts of Utah, and statewide implementation is in process. FAM focuses on ensuring safety, starting with initial DCFS involvement during a CPS case, when safety issues have been identified. To address safety concerns, FAM coordinators intensely search for and engage with members of the family network. A primary goal of FAM is for families to experience less trauma; this is accomplished with fewer unnecessary removals and increased support from the family network, which occurs by bringing family network members into the process early and robustly.

In the FAM meeting, the family network is referred to as the family group. The family group and DCFS work together to develop a plan to address safety concerns. The relationship between the family and caseworker is improved because the FAM process requires DCFS to be transparent about the safety concerns impacting the child and provides opportunities for the family group to be involved in making safety decisions and case planning, instead of being told by DCFS what is going to happen.

The FAM process creates stronger family bonds and has been reparative to some previously strained family relationships. This increases the likelihood of long-term safety. Since families are the experts on their experiences, strengths, and needs, family voice must be heard early during DCFS involvement to ensure inclusion of the family in decision-making and in resolving safety concerns. Building on strengths to address needs, strong teaming with the right participants helps to develop tailored plans, determine necessary services to resolve safety issues and mitigate risk. Families benefit from the increased social connections this model supports.

At the end of December 2025, the average FAM was made up of 75% family and 25% service providers. The average number of family group members attending a FAM is 8.2. FAMs have included up to 37 family group members, all working together to make certain their loved ones are safe and supported. Family group members include children, mothers, fathers, stepparents, adult siblings, grandparents, aunts, uncles, cousins, family friends, neighbors, educators, religious leaders, and others.

See the table below for SFYs 2023-2025 FAM participant survey answers regarding the helpfulness of FAM.

Internal Data – Percentage of Strongly Agree or Agree Survey Responses Regarding the Helpfulness of FAM ***"It was helpful to bring the family together to discuss the situation."*** *Item 29*	
SFY	Individuals
2023	83%
2024	70%
2025	85%

DHHS Statewide Initiatives to Expand Service Array

Issues of accessibility and availability of services, particularly in rural areas, are a DCFS priority. DHHS efforts that address this priority include:

Independent Assessment Team

The Independent Assessment Team was created in 2019 to address unnecessary use of congregate care settings for youths in DCFS and JJYS custody by completing an independent clinical review of youths placed in a Qualified Residential Treatment Program setting. Efforts also include involvement of family in placement and treatment decisions. Clinical Review Specialists interview youths and parents or guardians and consider their views on Qualified Residential Treatment Program placement when making placement decisions. Assessments must be completed within 30 days from the date of referral. A subsequent court review of the assessment findings must take place within 60 days from the date of referral.

See the table below for SFYs 2024 and 2025 DHHS Independent Assessment Program data and SFYs 2019-2025 cumulative additional program referral data.

DHHS Data – Independent Assessment Program *Items 29 and 30*					
SFY	Total Requests	JJYS Requests	DCFS Requests	DCFS Approved Placement Requests	2019-2025 Cumulative Number with an Additional Program Referral
2024	274	195	79	77	
2025	228	145	83	82	16
TOTALS	502	340	162	159	16

System of Care Grant - Evidence-based Training for Contracted Providers

During SFY 2026, a quality measure funded with the System of Care Grant began its implementation with the provision of evidence-based training for DHHS contracted providers to ensure services are provided to fidelity. SFY 2026 training is focused on DBT Fundamentals and DBT Intensive trainings. In the coming years, training will include EMDR, DBT, TF-CBT, and PBIS.

System of Care Grant - Utah State Hospital Child Psychologist Positions

In January 2025, the System of Care Grant began funding two child psychologist positions at the Utah State Hospital. One is a traveling position serving rural areas in Utah.

See the table below for the SFY 2025 number of psychological evaluations completed.

DHHS Data – System of Care Grant Utah State Hospital Child Psychologist Positions *Items 29 and 30*	
SFY	Completed Psychological Evaluations
2025	19
TOTALS	19

Integrated Support Team

The Integrated Support Team was established in SFY 2020 to provide the highest level of support to children and youths in the DHHS system who are experiencing difficult issues including:

- Complex mental health and behavioral needs resulting in multiple failed treatments while in the home.
    - While in parental custody, guardians and/or parents seeking to relinquish parental rights to DCFS, due to an inability to manage the child's behavior.
- Complex mental health and behavioral needs resulting in multiple failed placements.
- Community- and region-level case staffing resulting in an inability to locate funding for available treatment options.
- Community- and region-level case staffing resulting in an inability to locate needed treatment services that can address all of the client's needs.
- Community partners needing leadership to guide collaboration and work together to address all the needs of the child and family.

Integrated Support Team members can make financial and placement decisions to ensure a plan is established within the Integrated Support Team meeting, which meets weekly. Team members include representatives from the following DHHS divisions and offices:

- DCFS
- DJJYS

- DSPD
- OSUMH
- Utah State Hospital
- Division of Family Health

See the table below for the SFYs 2024-2025 number of families served by each DCFS region.

DHHS Data – Integrated Support Team Youths and Families Served *Items 29 and 30*						
SFY	Northern	Salt Lake Valley	Western	Eastern	Southwestern	Total
2024	20	15	9	6	27	77
2025	11	19	16	5	10	61
TOTALS[2]	31	34	25	11	37	138

Intensive Care Coordination Program

The Intensive Care Coordination Program uses an evidenced-based, high-fidelity wraparound model serving children, youths, and young adults ages birth to 21. The purpose of this program is to keep children, youths, and young adults in their homes, schools, and communities while receiving treatment for a serious emotional disorder or mental illness. Regardless of funding, this case management program serves children, youths, and young adults. When clients are in DCFS custody, collaboration with DCFS to assist with transitioning clients back home occurs. Length of program participation averages four to six months but can last as long as one year.

See the table below for SFYs 2024-2025 Intensive Care Coordination Program data.

DHHS Data – Intensive Care Coordination Program Children, Youths, and Young Adults Served *Items 29 and 30*				
SFY	Served[1]	Remaining Safely at Home[2]	Entering DCFS Custody	Entering JJYS Custody
2024	237	220	3	14
2025	401	372	8	21
TOTALS[2]	638	592	11	35
NOTES: [1]Served data includes children, youths, and young adults. [2]Remained safely at home data represents 90 days post intensive care intervention.				

Stabilization Mobile Response Program

In May 2022, to address a gap in the provision of mental health services in Utah's rural communities, Intermountain Health announced the expansion of its Stabilization Mobile Response (SMR) program to five of Utah's rural counties: Wayne, Piute, Severe, Millard and Sanpete. The SMR program is designed to provide help in a variety of circumstances. An individual can call 1-833-SAFE-FAM for help, and a trained professional will answer the call, help the family with de-escalation, and determine services that best fit the family's needs. Services include crisis intervention calls; crisis intervention calls that lead to an in-person intervention; and crisis intervention calls that lead to an in-person intervention followed by six weeks of in-home skills building efforts, therapeutic services, and assessments to determine if long-term treatment is needed. By SFY 2024, the service had expanded to locations in all five DCFS regions and 24 of Utah's 29 counties.

See the tables below for a listing of the counties by region and SFYs 2023-2025 Stabilization Mobile Response Program services.

Internal Data - Utah Stabilization Mobile Response Program- County Representation by DCFS Region *Item 29*					
Region:	Northern	Salt Lake Valley	Western	Southwest	Eastern
Counties:	Box Elder	Salt Lake	Juab	Beaver	Carbon
	Cache	Tooele	Millard	Garfield	Daggett
	Davis		Summit	Iron	Duchesne
	Morgan		Utah	Kane	Emery
	Rich		Wasatch	Piute	Grand
	Weber			Sanpete	San Juan
				Sevier	Uintah
				Washington	
				Wayne	
NOTE: Counties in gray are those that do not yet have the service; however, these five counties all have Mobile Crisis Outreach Team services through local mental health agencies.					

DHHS Data – Stabilization Mobile Response Program *Items 29 and 30*									
SFY	Number Served	Percent Stabilized	Percent Referred to Higher Level of Care	Total Number Service Providers	Urban Service Providers	Services[1] Provided in Urban Areas	Rural Service Providers	Services[1] Provided in Rural Areas	Total Services[1] Provided
2023	2,982	78%	22%	15	5	8,513	10	5,879	14,392
2024	4,718	79%	21%	15	5	13,673	10	9,364	23,037
2025	3,418	79%	21%	15	5	7,514	10	8,309	15,823
Totals	11,118	79%	22%	15	5	29,700	10	23,552	53,252
NOTE: [1]Services include crisis intervention calls; crisis intervention calls that lead to an in-person intervention; and crisis intervention calls that lead to an in-person intervention followed by six weeks of in-home skills building efforts, therapeutic services, and assessments to determine if long-term treatment is needed.									

DCFS American Rescue Plan Act Grants CAPTA and CBCAP

Utah State University Primary Prevention Services – Family Strengthening Grant

Another effort has involved the use of a portion of Community Based Child Abuse Prevention (CBCAP) American Rescue Plan Act (ARPA) funds. Utah State University (USU) Extension Services provided primary prevention services through eight free virtual and in-person family strengthening courses, emphasizing services in rural communities.

USU Extension Services provides free online parenting and relationship e-courses that can be accessed from any location at any time. With this grant, USU Extension has created 94 Quick Lesson E-Courses focusing on family strengthening topics, in addition to USU Extension's existing library of e-courses. This access will remain after the end of one-time ARPA funding.

At the conclusion of the grant funding period, USU Extension Services Family Strengthening Grant increased its services to reach 78% of Utah rural counties. USU attributes this growth to targeted digital marketing in rural areas.

Of the virtual and in-person participants who completed the pre- and post-survey, 100% reported maintaining or increasing knowledge of protective factors, healthy relationships, and parenting skills. Of those virtual and in-person participants who completed the satisfaction survey, 100% reported they were satisfied with the virtual and in-person classes.

See the table below for the number of participants served through virtual and in-person courses from inception of the grant in August 2023 through July 2025.

USU Data – Family Strengthening Grant Participants Served *Item 29*					
County	SFY 2024		SFY 2025		County Totals
	Virtual Course Participants	In-person Course Participants	Virtual Course Participants	In-person Course Participants	
Beaver	7	38	2	0	47
Box Elder	22	411	15	510	958
Cache	29	326	38	215	608
Daggett	0	0	0	0	0
Davis[1]					
Carbon	9	20	5	13	47
Duchesne	1	2	3	0	6
Emery	9	75	6	0	90
Garfield	3	15	4	10	32
Grand	1	53	11	0	65
Iron	23	88	12	28	151
Juab	10	2	3	0	15
Kane	6	6	1	0	13
Millard	17	0	2	0	19
Morgan	0	0	2	0	2
Piute	0	0	0	0	0
Rich	5	0	0	0	5
Salt Lake	0	62	0	0	62
San Juan	6	0	1	0	7
Sanpete	39	133	9	80	261
Sevier	30	32	10	18	90
Summit	14	2	3	0	19
Tooele	32	14	4	2	52
Uintah	12	1	1	0	14
Utah[1]					
Wasatch	5	1	0	0	6
Washington[1]					
Wayne	0	0	0	0	0
Weber	61	95	0	0	156
Service Totals	341	1,376	132	876	2,725
SFY Participant Totals		1,717		1,008	
Program Participant TOTAL				2,779	
NOTE: [1]Services in these counties are provided through a different USU funding source and data is not available to DCFS for use in this report.					

Non-competitive ARPA Grant Award to Utah's Federally Recognized Tribes

Utah DCFS Program Administrators coordinated with the DHHS Office of American Indian Alaska Native Health and Family Services Office Director and the ICWA Liaison to offer non-competitive grants to Utah's eight federally recognized Tribes for program periods through September 30, 2025. This collaboration resulted in four strengthening families grants with Tribes: the Navajo Tribe and Utah Navajo Health System (UNHS), Northwest Band of the Shoshone (NWBS), Paiute Tribe, and Ute Mountain White Mesa Tribe. Each participating Tribe received a $125,000 grant award.

The purpose of the grants was to strengthen and support Tribal families to prevent the likelihood of child abuse and neglect. This was done through creating new programs, enhancing existing programs, and improving knowledge of and access to programs and services available through the Tribe or in the broader community. Programs and services were culturally tailored to meet Tribal needs and targeted families with children in the whole community, families with children where parents or children have risk factors, and families with children who have experienced child abuse and neglect.

Navajo Tribe and the Utah Navajo Health System:

The Navajo Tribe partnered with Utah Navajo Health System (UNHS) to use its Strengthening Families grant to provide the Hozho'go Iina 365 (HI 365) Family "Rez"ilience (Resilience) series to encourage family bonding and resilience through various activities, events, and challenges. The HI 365 program operated throughout the Utah portion of the Navajo Nation with a focus on the families in the two high schools on the reservation. More than 200 families participated in HI 365 activities like the Community Beading Circle, a Vision Board Party, a February Sweetheart Stroll, a Parent Wellness night, Navajo cooking classes, and Positive Indian Parenting classes. These opportunities provided emotional support, built social connections, and helped families in their times of need. Of those families who completed the evaluation, 97% reported an increased sense of cultural and social connectedness. HI 365 also provided an ongoing stress management and skills course, attended by more than 150 parents.

Northwest Band of the Shoshone Tribe (NWBS):

The NWBS used its Strengthening Families grant to provide classes for parents to learn new skills that helped decrease the stressors in family life. The most recent classes offered were focused on credit building and repair, financial planning, taxes, and hospice care. Class sizes grew as the courses were offered and averaged between 30 and 50 participants per class during the last quarter. The NWBS also helped families with the cost of therapy. Three children's therapy costs were covered by the Strengthening Families grant.

Paiute Tribe:

The Paiute Tribe used its Strengthening Families grant to offer family and community activities that teach youths about their tribal history and traditions. Many of these activities were taught by Tribal elders who are invested in strengthening families and youths. Tribal leaders reported that the pandemic and geographical distance between communities left many families feeling isolated from one another. The strengthening families activities have helped to bring community members and families together again and are helping to revitalize cultural traditions. Activities included learning the history of hand games and playing them together, sewing and bead work, a prayer run, hiking, a Restoration Gathering Pow-wow, and many musical performances from the Paiute Native Youth Program. More than 100 individuals participated in these events. Families served have expressed gratitude for the opportunities to grow closer to their children and teach them Native traditions.

Ute Mountain White Mesa Tribe:

The Ute Mountain Tribe received the Strengthening Families grant to provide family strengthening activities, community outreach services, and hygiene kits to the community. Some of the events and activities White Mesa offered through this grant included a Native American storytelling event where Ute elders shared traditional stories and read Native children's books to families, the Logs of Love Initiative where community members gathered to split and deliver firewood to elders throughout the winter, and a family pottery workshop where parents and children explored their stories while painting pottery pieces together. The Ute Mountain Tribe reported, "This grant has served as a lifeline for our community. It empowered families to reconnect, heal, and celebrate their culture together. Whether through storytelling, skirt-making, cooking, or quilting, these events offered far more than services; they offered healing, identity, and hope."

Title IV-E Kinship Navigator Program

In January 2024, Utah began implementation of Title IV-E Kinship Navigator Services. These services expanded to one additional county in July 2024, bringing Title IV-E-funded services to 28 of Utah's 29 counties. In addition to child welfare clients, this service is also provided to kin caregiver families who are not involved in the child welfare system. For a description of program services, see *Part 2: Cross-System Challenges, Legislation and Budget Reductions, Kinship Navigator Funding Title IV-B, Subpart 2*.

Title IV-E Prevention Plan

Utah's FFY 2025-2029 Title IV-E Prevention Program Plan was approved. This plan simplified eligibility determination for plan services and maintained four of the six evidenced-based services from the initial plan. DCFS is working to sustain what has already been implemented. Currently, DCFS is working in an amendment to its FFPSA Plan that will add additional evidenced-based services; these include Attachment and Biobehavioral Catch-up – Infant and Family Check-up. Through the same amendment, DCFS will be adding community pathways that will include Parents as Teachers.

DHHS Contracted Parenting Programs

Below is a list of the array of DHHS contracted parenting programs available in all five DCFS regions. The list includes four Title IV-E Prevention Program Plan-maintained evidenced-based services, which are noted below.

In-Home Adaptive Parenting

In-Home Adaptive Parenting Services are provided in the home of the parent/guardian or caregiver, or on site with the parent/guardian or caregiver in the community and include 25 sessions. The sessions are targeted toward parents who have cognitive issues and need more direct instruction and support. The services include skills building and coaching focused on general parenting skills for parents, guardians, and primary caregivers, in cases where traditional parenting classes may be ineffective. Assessments are performed at the beginning of the service period that inform the provider what areas of the pre-developed curriculum(s) they should focus on with the client. The curriculum covers parenting topics such as (a) maintaining the home in a clean, sanitary and safe living environment, (b) child care and supervision, (c) nutrition and meal preparation, (d) basic first aid, (e) discipline, (f) developmental milestones and educational needs of children, (g) daily living skills, (h) managing finances, (i) basic medical management, (j) self-advocacy skills, including instruction and consultation on ways to be as self-sufficient and independent as possible, (k) social skills development, and (l) identifying, building and maintaining natural support systems.

Systematic Training for Effective Parenting

This peer parenting program provides instruction on basic parenting skills and follows the Systematic Training for Effective Parenting (STEP) program. STEP is taught in the home with the children and family,

and it generally lasts 3-4 months. Families with children aged 0-5 years and 6-18 years can receive SafeCare (0-5 years) and STEP (6-18 years) program services.

SafeCare (Title IV-E Prevention)

The SafeCare program is a home-based parenting skills program for parents of children 5 or younger who are at risk for or have been reported for child neglect or physical abuse. SafeCare providers work with families in their homes to improve parents' skills in three areas: parent-infant/child interactions, home safety, and child health. SafeCare targets multiple risk factors for abuse and neglect, including enhancing positive parent-infant/child interactions, promoting a safer home environment and appropriate supervision, reducing risk for unintentional injury, and encouraging systematic parental health decision making. SafeCare is structured but flexible in its delivery. It is designed to be completed in 18 sessions, six per each of three modules. The actual length of the program for each family depends on the parent's initial skills and rate of skill acquisition. Each session typically lasts 50 to 90 minutes, depending on the session focus. Sessions are typically conducted weekly and scheduled when the parent and child routines of focus are most likely to occur (e.g., nap time, bath time). Families with children aged 0-5 years and 6-18 years can receive SafeCare (0-5 years) and STEP (6-18 years) program services.

Families First Utah Youth Village (Title IV-E Prevention)

The Families First (FF) program is an in-home, skills-based intervention designed to teach parents, youths, and children the skills needed to change problematic behaviors occurring in the home and to improve family well-being and family functioning. FF seeks to promote child safety, child permanency, child well-being and adult well-being. FF follows a trauma-informed, structured, phased approach where intensity and duration are adjusted based upon the Risk, Needs, Responsivity Model. The service also utilizes the Teaching-Family Model as the skills-delivery model for program implementation. Examples of skills taught to parents include maintaining discipline without anger or violence, accountability, positive social skills, effective communication, and setting and maintaining boundaries. Children are also taught complementary social skills to reduce unwanted behaviors. The Families First program is typically provided at a family's residence to increase the likelihood of accurate assessment and observation, and to enable teaching, positive reinforcement, modeling, and role-playing to occur in a natural and comfortable environment for the family. Families typically receive 8-10 hours of service per week over 8-12 weeks. Completion of the program is based on skills acquisition and successful completion of the model's six phases.

Family Functional Therapy (Title IV-E Prevention)

Functional Family Therapy (FFT) is a short-term prevention program for at-risk youths and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youths who have been referred for behavioral or emotional problems. The program is organized in five phases: (1) developing a positive relationship between therapist/program and family, (2) increasing hope for change and decrease blame/conflict, (3) identifying specific needs and characteristics of the family, (4) supporting individual skill-building of youths and family, and (5) generalizing changes to a broader context. Typically, therapists will meet with the family face-to-face for at least 90 minutes per week and for 30 minutes over the phone, over an average of three to five months. Master's level therapists provide FFT. They work as part of an FFT-supervised unit and receive ongoing support from their local unit and FFT LLC.

Parent-Child Interaction Therapy (Title IV-E Prevention)

In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is a program for 2- to 7-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach parents and caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use "bug-in-the-ear" technology to provide live coaching to parents and caregivers from behind a one-way mirror, with same-room coaching, or via telehealth platform. Parents and caregivers progress through treatment as they master specific competencies; thus, there is no fixed length of treatment. Most families are able to achieve mastery of the program content in 12 to 20 one-hour sessions. Master's level therapists who have received specialized training provide PCIT services to children and their parents or caregivers.

See the table below for the FFY 2023-2025 number of families served through DHHS-contracted parenting services.

Internal Data – DHHS-Contracted Parenting Services – Families Served *Items 29 and 30*							
FFY	In-Home Adaptive Parenting	STEP Peer Parenting	SafeCare[1]	Families First[1]	Functional Family Therapy[1]	Parent Child Interaction Therapy[1]	Total Families Served
2023	29	68	33	307	44	55	532
2024	88	62	49	333	41	46	598
2025	106	65	27	260	37	43	529
NOTE [1] Parenting services that are Title IV-E FFPSA Prevention Plan services.							

Systemic Factor 5: Question 3 – Item 29

What services does the state provide to enable children to remain safely with their parents when reasonable?

ANSWER

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

Title IV-E Prevention Services are available to eligible in-home services clients and include SafeCare, Families First-Utah Youth Village, Functional Family Therapy, and Parent Child Interaction Therapy. The programs and data presented in the answer to *Systemic Factor 5 – Question 2 – Item 29* address the answer to Question 3.

Systemic Factor 5: Question 4 – Item 29

What services does the state provide to help children in foster and adoptive placements achieve permanency?

ANSWER

Promoting Safe and Stable Families – Family Reunification Services

Since October 2018, the period for providing PSSF family reunification services was shifted to allow for reunification services during a foster care placement or for up to 15 months after the child is returned home from foster care, in accordance with changes made under the FFPSA. The formula for allocation of funds to regions is based on the proportion of children in foster care in each region with a goal of reunification. Services provided using these funds primarily include:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including initial fees and costs associated with treatment courts and testing.
- Services to provide temporary protective childcare or other therapeutic services.
- Assistance to address domestic violence treatment or other needs for services.
- In-home parent skills training services, such as peer parenting.
- Transportation to or from services and activities listed above.
- Concrete support as temporary gap or bridge funding to ensure families can meet their basic living needs, such as housing deposits, rent payments, utilities, groceries, etc.

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

FFYs 2023-2025 data on number of individuals served utilizing PSSF Family Reunification Funding and number of payments is presented in the table below.

Internal Data – Individuals Served Utilizing PSSF Family Reunification Funding *Item 29*		
FFY	Individuals	Number of Payments
2023	354	1,222
2024	321	1,100
2025	287	1,022

Promoting Safe and Stable Families – Adoption Promotion and Support Services

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

- Help pay for special services delivered to adopted children and their families, including parenting skills training, mental health services, concrete support, and other support to help adoptive families deal with the complex challenges and high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents who attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Provide training to adoptive parents or regional adoption staff through adoption conferences.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

FFYs 2023-2025 data on the number of individuals receiving PSSF Adoption Promotion and Support Funding and number of payments is presented in the table below.

Internal Data – Individuals Served Utilizing PSSF Adoption Promotion and Support Funding *Item 29*		
FFY	Individuals	Number of Payments
2023	324	594
2024	217	306
2025	252	377

DCFS Case Practice

Permanency for Children Whose Parents' Rights Have Been Terminated and for Whom a Permanent Family Has Not been Identified

To attain permanency for children whose parents' rights have been terminated and for whom a permanent family has not been identified, a permanency worker, with the assistance of the placement committee, will:

- Ask the child's current caretakers if they want to adopt the child, if the caretaker has not already committed to adopting.
- Seek kin who may want to pursue a kinship adoption.
- Survey licensed foster-to-adopt families for their interest in adopting the child.
- List the child on the Raise the Future website.

Adoption and Guardianship Services

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

Children who are adopted may receive adoption assistance. Eligible children adopted from foster care receive adoption support that includes a one-time payment to assist with adoption expenses, an ongoing monthly financial subsidy, and Medicaid. Clinical post-adoption services are also available. In limited circumstances, guardianship assistance may be provided to non-relative caregivers granted permanent custody and guardianship of a child.

Custody or Adoption by a Kinship Caregiver

In cases where reasonable efforts to reunify the child and parent are not successful, custody or adoption by a kinship caregiver is pursued. Kinship placements can include relatives and non-relatives if the non-relative is a friend of the family. Utah Code 80-2a-101 defines relative as an adult who:

i. is the child's grandparent, great grandparent, aunt or uncle, great aunt or uncle, parent, sibling, or first, second, or third cousin by blood, marriage, or adoption;
ii. is a permanent guardian or parent of the child's sibling;
iii. as established by rule by the division in accordance with Title 63G, Chapter 4, Administrative Procedures Act, has a relationship with the child or the child's immediate family member that is more than a relationship that meets the definition of friend, as described below;
iv. in the case of a child who is an Indian child, is an extended family member as defined in ICWA.

A friend is an adult the child knows and is comfortable with. A friend does not meet the definition of a relative of the child as defined in Utah Code 80-2a-101 and may be an extended relative of the child that is not included in the definition of relative. DCFS will consider placement with a friend if one is designated by the custodial parent or legal guardian of the child, or the child has designated a friend for placement and is of sufficient maturity to articulate their wishes regarding placement.

Systemic Factor 5: Question 5 – Item 29

What are the differences in service availability and accessibility for populations, particularly those within the state that experience poorer outcomes?

ANSWER

Foster Youths Transitioning to Adulthood

Driver's License Accessibility

Foster youths who age out of the system are more likely to experience poorer outcomes. To mitigate this risk, in 2025, Utah passed SB 107SO2. This bill creates a process by which a youth in state custody may use a DCFS address for the purpose of obtaining a driver's license, creating accessibility and removing barriers to independence as the youth prepares to exit the system.

Social Security and Disability Income

Additionally, passed in 2026 and as noted in the Legislation and Budget section above, HB 108 allows for 75% of a youth's Supplemental Security Income or Social Security Disability Income to be deposited into an account for the youth's future use, as they transition to adulthood.

Education and College Readiness

The University of Utah Foster Youth Futures office supports the growth and success of students impacted by the foster care system. Within Foster Youth Futures are two programs: First Star Academy (FSA) and Impact Scholars.

FSA focuses on academics, life skills, and caregiver engagement. The program brings high-school-aged foster youths to campus for one Saturday each month during the academic school year and an intensive, four-week campus residential experience, during which youths in foster care attend a variety of classes taught by state high school teachers. In addition, university mentors provide academic and personal guidance and meet monthly with the youth to assist them with their educational goals. Once youths complete the academy and graduate from high school, they will be eligible for targeted scholarships that will help them fund their secondary education. Furthermore, if youths are in foster care when they enter the academy, they will be able to remain in the program, regardless of permanency status upon leaving foster care.

Another program overseen by the Foster Youth Futures office is the Impact Scholar Program. This program is designed to follow and provide support to First Star students and other alumni of the foster care system who enroll in post-secondary education, regardless of institution. Impact Scholars currently supports 45 students, 31 of which are enrolled at the University of Utah, and 8 of whom are First Star alumni. All other Impact scholar students come from the foster care system inside and outside of Utah.

Several Impact Scholar students are over age 25 and have returned to finish their degrees, now that they have more support through the Impact Scholars program. At the end of 2025, Impact Scholars served 31 students at the University of Utah and 14 students at Salt Lake Community College. Of these 31 students attending the University of Utah, 70% are receiving scholarships though participation in Impact Scholars programming, such as check-ins with staff, community dinners, and workshops addressing college readiness and funding, career readiness, and student health and well-being. All of the students attending Salt Lake Community College receive a full tuition waiver.

Promoting Safe and Stable Families - Family Support Services

Family Support Services funding is used for parenting-skills services. This includes Families First-Utah Youth Village and In-Home Adaptive Parenting Services, which are two examples of parenting services Utah has implemented to provide services to populations that are at risk of having poorer outcomes. See answer to *Systemic Factor 5 – Question 2 – Item 29*.

See the table below for FFYs 2023-2025 data on number of individuals served utilizing PSSF Family Support Funding and number of payments.

Internal Data – Individuals Served Utilizing PSSF Family Support Funding *Items 29-30*		
FFY	Individuals	Number of Payments
2023	301	822
2024	325	878
2025	255	726

Systemic Factor 5: Question 6 – Item 29

To what extent were there waitlists for services? Which services had waitlists, if any? How long were/ are the waiting times for services? How do waitlists vary by jurisdiction?

ANSWER

As noted in stakeholder interviews, children and families continue to experience waitlists in accessing services including mental health services and substance abuse treatment. Waitlists are also reported for basic services. Foster care Medicaid provider access issues contribute to waitlists. Rural areas tend to experience more waitlists for services, but waitlists can also occur along the Wasatch Front. Wait times vary depending in specific services and geographic location and can be as high as 60-90 days.

Systemic Factor 5: Question 7 – Item 29

To what extent are there gaps in the service array that: assess the strengths and needs of children and families and determine other service needs; address the needs of families in addition to individual children in order to create a safe home environment; enable children to remain safely with their parents when reasonable; and help children in foster and adoptive placements achieve permanency? How do gaps vary by jurisdiction?

ANSWER

As noted in stakeholder interviews, children and families continue to experience gaps in services, and rural areas tend to experience more gaps than occur along the Wasatch Front.

Item 30: Individualizing Services

Systemic Factor 5: Question 1 – Item 30

To what extent are services individualized to meet the unique needs of children and families served by the agency?

ANSWER

Utah's Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as the UFACET and CFTMs, support caseworkers' efforts to tailor services. However, due to issues with service array, individualization of services can be challenging, especially in Utah's rural and frontier areas.

Systemic Factor 5: Question 2 – Item 30

To what extent are the services in Item 29 responsive to disabilities and other unique needs?

ANSWER

Examples of services for children and families with disabilities and other unique needs include:

- Advocating for children in need of individualized educational programs to receive needed services.
- Qualifying children are referred to early intervention programs.
- Family strengthening programs provided through the Community-based Child Abuse Prevention Program grant for services with community partners.
- Utilizing community services for hearing impaired children and families.

- Utilizing language services for children and families whose primary language is not English.
- Behavioral-based services, such as Behavioral Analysis Consultation.
- Partnering with DSPD and other agencies for shared client service delivery.

For information on joint efforts of DCFS and the Utah Department of Education to improve the IEP process for children and youths in care, see *Wellbeing Outcome 2: Information Regarding CQI Change and Implementation Activities, CFSR Item 16.*

For additional information on services provided to persons with unique or challenging needs, see *Systemic Factor 5: Question 2– Item 29, DHHS Initiatives to Expand Service Array.*

In SFY 2025, Utah's Community-Based Child Abuse Prevention (CBCAP) program awarded eight grants, five of the eight awarded grantees have started an evidence-based or evidence-informed program that was not previously available in the community served.

As noted in the answer to Question 3 below, Utah does not have specific data on children and families it serves who have disabilities. However, CBCAP grantee program participants are asked to voluntarily consider self-disclosing if they have a disability.

See the table below for SFY 2025 CBCAP grantee participants served data.

SFY 2025 CBCAP-Funded Programs Population Data	
Population Served	# Served
Number of families with children with disabilities	866
Number of parents with disabilities	663
Total number children who received preventative direct services	19,834
Total number of parents/caregivers who received preventative direct services	19,264
Total number families who received preventative direct services	15,989

Systemic Factor 5: Question 3 – Item 30

What are the disability and special needs characteristics of the children and families served by the state?

ANSWER

While Utah has some data on specific disability issues of children and families it serves, there is not sufficient data to present it by particular disability here.

In recent years, autism has been a prevalent disability of children DCFS serves.

Systemic Factor 5: Question 4 – Item 30

If the state serves children and families using flexible funding, what types of individualized services are provided through the funding?

ANSWER

Utah utilizes flexible funding to meet unique needs of the children and families served. For descriptions of services, see answer to *Systemic Factor 5 – Question 2 – Item 29*.

Systemic Factor 6: Agency Responsiveness to the Community – Items 31-32

Systemic Factor 6: Performance Data Highlights

CFSR Results – Agency Responsiveness to the Community				
Item		Round 4 - Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ SFY 2025 Rating
Item 31	State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	DCFS is responsive to the statewide community system and ensures that Utah engages the community in implementing the provision of the CFSP and ongoing developments through the APSR. The state has forums in place to engage in ongoing consultation with Tribal representatives, children and families, service providers, foster care providers, juvenile courts, and other public and private child- and family-serving agencies.	Strength	Strength
Item 32	Coordination of CFSP Services with Other Federal Programs	DCFS coordinates with a variety of other agencies that provide services and benefits of other federal or federally assisted programs serving the same populations, including TANF, Early Intervention Programs, Head Start Programs, Medicaid, the Division of Services for Persons with Disabilities, Women, Infants and Children, the State Office of Education, Housing Services, and the Office of Substance Use and Mental Health, among others.	Strength	Strength

See the table below for a listing of current DCFS leadership participation on CIP committees and in workgroups.

Internal Data - DCFS CIP Committees and Workgroup Participation *Items 31- 32*	
CIP Committees and Workgroups	# of DCFS Participants
CIP Committee	8
CIP Steering Committee	2
CIP Training Steering Committee	2
Hearing Quality Project Workgroup	8
Core Principles and Guiding Practices Workgroup	2
CARE/SAFE/Voice Interface Workgroup	4
Parent-Time Workgroup	2
UTREX Interface Workgroup	2
Dually Involved Youth Workgroup	5
ICWA CQI Workgroup	10
ICWA Court Leadership	5

Item 31 – CFSR+ Satisfaction Surveys

DCFS routinely conducts satisfaction surveys for children 12 and older, parents, and caregivers as part of the CFSR+ review process. During SFY 2025, there were 85 cases reviewed: 50 foster care cases and 35 home-based cases.

See the table below for survey results.

SFY 2025 Internal Data – Services Received Satisfaction Survey[1] *Item 31*			
	Number Interviewed	Number of Strengths	% Strength
Children	39	36	92%
Parents	66	48	73%
Caregivers	47	43	91%
NOTE: [1]Utah internal survey following CFSR process with children over 12, parents, and caregivers.			

SFY 2025 reasons for satisfaction included children, parents, and caregivers feeling supported, encouraged, and approached with compassion. Families tended to express a greater sense of satisfaction when the caseworker made concerted efforts to connect with each member of the family. Incarcerated parents reported feeling valued when caseworker efforts were made to visit with and listen to them.

SFY 2025 reasons for dissatisfaction included children, parents, and caregivers feeling distrustful of their caseworker. Families also reported feeling dissatisfied when it seemed like they were a "box to check" or they sensed that their caseworker did not care for them. Some reported feeling like they were being punished.

Item 31 – Stakeholder Interviews

SFY 2025 DCFS Staff Listening Sessions

Every year, Utah's DCFS Director and Assistant Directors complete listening sessions throughout the state to talk with and listen to staff, including frontline caseworkers, supervisors, and administration. During SFY 2025, there were 25 listening sessions held at various office across the state. Most of the listening sessions were held in person, with a small number held virtually or hybrid. The listening sessions schedule was made available in advance, and staff and foster parents were encouraged to attend at least one session.

At the sessions, DCFS administration provided a feedback loop through sharing updates regarding the past year's accomplishments, addressing how the agency has responded to questions and concerns raised during the previous year's listening sessions, and giving an opportunity for internal and external stakeholders to ask questions and raise concerns. The DCFS Director also reminded participants that she has open-door session every other Friday, holds virtual all-staff monthly director chats, and has made available an online feedback form.

Common themes from the sessions included:

- DCFS efforts to address progress and efforts to address concerns staff had raised during the previous year's sessions.
- DCFS turnover decrease from 38.54% in SFY 2024 to 28% in SFY 2025.
- Frontline staff compensation increases and increases for on-call responsibilities were instrumental in retaining employees.
- DCFS has made concerted efforts to strengthen the psychological and physical safety of staff.
- DCFS efforts to strengthen relationships with local media groups, legislators, the governor and the first lady, and community partners through collaborative relationships.
- DCFS leadership efforts regarding Utah's CFSP goals, including efforts to create a kin-centered culture, strengthen relationships with parents, and achieve RBA objectives.

- Challenges related to resources that need bolstering including affordable housing and treatment for behaviorally complex children, among others.
- A need for added support for kinship families.
- Challenges managing high caseloads.
- Challenges addressing the needs of children and families which are presenting with increasingly complex needs.

Following staff listening sessions, a recap is provided in an all-staff virtual director's chat to continue the feedback loop between DCFS staff and leadership. The recap includes sharing key concerns listed by staff and updates on efforts leadership is making to address identified concerns.

SFY 2025 Placement Provider Listening Sessions

Every year, Utah's DCFS Director and Assistant Directors complete listening sessions for placement providers, including foster and kinship care placements and higher level of care placements. In-person and virtual sessions are held across the state, with virtual sessions being prioritized in rural and frontier areas, avoiding extensive travel time for attendees. Additionally, a listening session exchange is held at the Annual Provider Symposium. New foster parent training sessions are also used to discuss communication, the roles of UFC and DCFS, and how to improve collaboration of the two groups. Individual appointments with the Director are offered for attendee follow-up questions and deeper discussions, where needed.

Common themes from the sessions included:

- Caseworkers need training on communication with foster parents.
- Caseworkers should plan ahead for visits to be respectful of foster parent time.
- Caseworkers should consider facilitating an icebreaker meeting with bio parents to improve relationships.
- When transferring cases, biological parents and alternate caregivers want to be provided case information as soon as possible.
- Caseworkers should focus on good teaming with biological parents and utilize proactive problem solving to manage visitation and boundaries.
- Confusion about permanent custody and guardianship, court reports, and navigating privacy rules.
- Need for improved sharing and receiving of information between caseworkers and placements.

- Concerns about the need for respite program services.
- Request for help with judges regarding visitation orders that create heavy logistical burdens on foster parents.

Item 31-32 – Stakeholder Interviews

Stakeholder interviews show that DCFS continues to be very responsive to community needs and participates in many committees and community collaborations. DCFS has good relationships with local law enforcement agencies and Children Justice Centers, community non-profits, Utah Tribes, and federal agencies, such as the Social Security Administration and Head Start.

Systemic Factor 6: Policies, Guidelines, and Laws

Practice Guidelines 705.2 – Determining when ICWA and Related Agreements Apply
DCFS will make agreements with Native American Tribes to implement child welfare programs.

Administrative Guidelines – 010.4 – Other Agency Relationships
Cooperation between DCFS, its community partners, and other state and local agencies is essential to the mission of DCFS. To enhance the provision of services and to support DCFS operations, the state office and regions will designate liaison staff to interface with specific state, local, and partner agencies.

Federal Law – 25 U.S.C. §§ 1901 – Indian Child Welfare Act
Congress enacted ICWA after finding that alarmingly high numbers of Native American children were being removed from their families by public and private agencies, often without due process, and placed in non-Native foster or adoptive homes. ICWA core objectives include:

- Family Preservation: Protects Native American families from unnecessary separation.
- Cultural Stability: Prioritizes placing Native children within their extended family, Tribe, or other Native families.
- Tribal Sovereignty: Recognizes and upholds the legal right of sovereign Tribes to have a voice in child welfare proceedings involving their children.

Systemic Factor 6: Introduction and Self-Assessment Rating

Items 31 and 32 are rated as strengths. Utah regularly engages stakeholders at state and local levels, as evidenced by multiple workgroups, task forces, and other multi-agency collaborations. Continual efforts are made to coordinate Utah's services between multiple agencies and state programs. Utah's merger of the former Department of Human Services and Department of Health to DHHS is facilitating increased collaboration regarding federal programs and services.

Systemic Factor 6: Assessing Systemic Factor Functioning

Utah's ratings for Items 31-32 are supported through analysis of Systemic Factor 6 data and answers to the questions below.

Item 31: State Engagement and Consultation with Stakeholders

Systemic Factor 6: Question 1 – Item 31

How does the agency engage in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family serving agencies?

ANSWER

Collaboration with Utah Tribes

The DHHS Office of American Indian Alaska Native Health and Family Services (Office) was consulted multiple times on the development of the 2025-2029 CFSP and was also consulted on subsequent APSRs. The Office is the DHHS primary point of contact with Utah Tribes. The Office also includes the positions of ICWA Liaison and Health Liaison. The DHHS ICWA Liaison facilitates collaboration between Utah Tribes and DCFS and provides training to DCFS staff regarding the requirements and implementation of ICWA.

DCFS region leadership also directly interfaces with Tribal leaders to address ongoing case management and policy. Furthermore, the two largest Tribes in Utah, the Ute Tribe and the Navajo Nation, have continued quarterly briefings with DCFS on Utah ICWA cases, and the Paiute Tribe holds quarterly case staffing with the local Southwest Region. In addition, the DCFS Eastern Region holds quarterly case staffing with the Navajo Nation.

The Quarterly Navajo Nation ICWA Department and DCFS ICWA Case Staffing Meeting facilitator, also an Eastern Region supervisor, presents information regarding TAL/ETV services to meeting attendees. Meeting attendees include the Navajo Nation ICWA Department-assigned caseworkers, DCFS-assigned Eastern Region ICWA caseworkers, and supervisors. Based on case staffing needs, attendees may also include Eastern Region RFCs and clinical consultants, GALs, and AAGs.

The Adolescent Program Administrator leads TAL consultation efforts with Tribes. These efforts have resulted in an increase of Tribal youths participation in TAL services. This increase in participation is evidenced by the number of Tribes the youths represent and the number of youths receiving financial incentives and financial assistance payments.

As noted in *Systemic Factor 5: Question 1 – Item 29, Non-competitive ARPA Grant Award to Utah's Federally Recognized Tribes*, Utah intentionally and strategically used one-time ARPA funding opportunities that provided family strengthening services to participating Utah Tribes and to children and families across the state, including services that continue to exist today, after the end of ARPA grant funding.

Collaboration with Utah Foster Care

DCFS regularly collaborates with UFC. For an example of this collaboration see *Permanency Outcome 2 Information Regarding CQI Change and Implementation Activities, CFSR Item 10*.

Collaboration with the Division of Licensing and Background Checks

DLBC and DCFS report positive engagement, particularly through monthly collaborative meetings. DCFS has involved additional staff, which facilitates joint decision-making. While the collaborative meetings are successful, there is a need for improved communication regarding CPS investigative findings. Currently, these meetings are the primary form of consultation. In addition to the collaborative meetings, DLBC and DCFS also hold weekly meetings to discuss high-profile cases. While collaboration is regularly occurring, continued improvement is necessary to ensure proper follow-up and address questions and needs efficiently.

Community Committees and Partnerships

Utah participates in multiple committees and has many community at state and region levels. Examples include the CWIC, CIP, state and region Youth Advisory Councils, and tribal collaborations. State and region staff also participate with domestic violence councils and task forces, Children's Justice Center

Committees, law enforcement committees, quarterly local mental health authority meetings, and multi-agency committees for addressing the needs of community at-risk youth.

Court Improvement Program

See *Systemic Factor 6: Performance Data Highlights* above for a list of current DCFS leadership participation on CIP committees and in workgroups addressing Utah child welfare issues.

Systemic Factor 6: Question 2 – Item 31

What is the impact on potential gaps in knowledge needed for a comprehensive CFSP?

ANSWER

Utah develops a comprehensive CFSP every five years and is working to improve its strategic use of the CFSP in an integrated manner with the DCFS Annual RBA Plan.

Systemic Factor 6: Question 5 – Item 31

What are the barriers or challenges, if any, to engaging with particular stakeholder groups?

ANSWER

While collaboration with Tribes occurs through the Office, connecting with Tribes can be challenging due to restrictions beyond DCFS control. DCFS would also benefit from additional child welfare parent and child voice to inform practice improvement and has struggled to build a base of parent and child voice.

Systemic Factor 6: Question 6 – Item 31

With which stakeholder groups did the agency consult? Did the stakeholder groups include all appropriate offices and agencies within the state agency; a wide array of state, local, Tribal, and community-based agencies and organizations across the state; parents, including birth, adoptive, and foster parents; and children both in and outside the child welfare system?

ANSWER

DCFS has positive relationships with stakeholder groups across the state but would benefit from a stronger base of parent and child voice.

Systemic Factor 6: Question 7 – Item 31

What was the agency's process for understanding and documenting the major concerns and/or interests of these representatives?

ANSWER

Discussion and feedback that occurs with DCFS staff and foster parents during DCFS Director annual listening sessions are documented, reviewed, responded to, and further addressed where warranted and where capacity exists. See Stakeholder Interviews – Item 32.

DCFS consideration of feedback received through its collaborative work with community partners occurs regularly and informs priority focus areas, where applicable. This is represented in answers throughout the statewide assessment.

Systemic Factor 6: Question 8 – Item 31

What evidence does the state have to show that it addresses the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

ANSWER

CFSP Goal #1 was determined based on CFSR results, including stakeholder interviews that indicated a need for improved parent engagement. CFSP Goal #2 was determined by Utah's desire to create a kin culture throughout its child welfare system, which is supported by stakeholder groups throughout the state. CFSP Goal #3 was determined by the annual RBA plan that requires regular accountability to DHHS leadership and, by extension, to stakeholders throughout the state. With each year's Annual Progress and Services Report, consideration is given to information received from stakeholders throughout the previous year.

Systemic Factor 6: Question 9 – Item 31

What were representatives' perceptions of how the agency addressed their concerns (i.e., were their concerns heard? Could they see their concerns and recommendations reflected in the agency's CFSP/ASPR or program improvement efforts?) and how often does the agency has engaged with them?

ANSWER

An example of how DCFS addresses stakeholder concerns if found through the feedback loops within the DCFS Annual Listening Sessions held with staff and foster and kinship care providers across the state. See Stakeholder Interviews – Item 31 – SFY 2025 Listening Sessions above.

Item 32: Coordination of CFSP Services with Other Federal Programs

Systemic Factor 6: Question 1 – Item 32

What federal or federally assisted programs serving the same population does the state partner with to provide services, and what services are provided?

ANSWER

Below are examples from two program areas, domestic violence services and community-based child abuse prevention services.

Utah Domestic Violence Services

An example of coordination regarding Utah's domestic violence services includes Utah Family Violence Prevention and Services Act (FVPSA) Program Administrator's coordination with the Violence Against Women Act (VAWA) Implementation Plan, Victims of Crime Act State Plan, Rape Prevention and Education Act State Plan, and the Utah FVPSA State Plan. During FFY 2025, the FVPSA Program Administrator partnered with Utah Office for Victims of Crime (UOVC) to combine efforts on the VAWA Implementation Plan and the Utah FVPSA State Plan. UOVC and DCFS hosted listening sessions throughout the state to inform the Utah FVPSA State Plan and the VAWA Implementation Plan. DCFS and UOVC attended in person listening sessions in each of the eight Utah Judicial Districts. Virtual sessions were also provided for those who could not attend an in-person session. DCFS and UOVC invited and received participation from victim advocates, systems-based advocates, law enforcement, prosecutors, judges, community-based organizations, victims, underserved populations, tribal advocates, juvenile advocates, defense attorneys, and offender treatment providers. DCFS and UOVC also attended Utah Tribal Leaders Meetings to ensure that tribal leadership voices were included DCFS and UOVC also created the SVSSC and hosted monthly meetings to discuss and inform on the VAWA Implementation Plan and the Utah FVPSA State Plan.

DCFS and UOVC are utilizing feedback and results from the listening sessions to inform the VAWA Implementation Plan and the Utah FVPSA State Plan. UDVC has participated in listening sessions and is largely represented on the SVSSC.

The FVPSA Program Administrator also attends monthly meetings of the Executive Directors of Shelter-Based Programs, all of which are FVPSA subrecipients and are members of Utah Domestic Violence Coalition (UDVC). These meetings are also attended by the Executive Director of UDVC. The meetings provide optimal opportunity for information sharing, identification of service gaps, planning for improving state support of shelter-based programs, information exchange, and outreach efforts, as well as informing the Utah FVPSA State Plan.

Community-Based Child Abuse Prevention

During FFY 2025, the Community-Based Child Abuse Prevention Program Administrator continued to co-chair the DHHS Prevention Consortium. The Consortium takes a holistic, multi-sector approach by bringing prevention experts together to address common risk factors that negatively impact health outcomes in Utah's communities. Consortium members discuss prevention frameworks, social determinants of health, policies and practices, and they provide updates on current projects with a goal of developing a shared vision and effective prevention system. The consortium includes representatives from prevention focused efforts within DHHS, all of which receive some form of federal funding, and includes the OSUMH and Integrated Services Program, Office of Maternal and Child Health, Juvenile Justice and Youth Services, Office of Health Promotion and Prevention, Office of Primary Care and Rural Health, and the DCFS FVPSA Program Administrator.

Systemic Factor 6: Question 2 – Item 32

How does the state ensure that services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

ANSWER

Examples of collaboration with the Community Partners serving the same population include DCFS collaboration with the DWS to facilitate support for shared clients. This support includes the establishment of a specialized team to facilitate timely application for Specified Relative Grants for kin caregivers who are not licensed foster parents. DCFS also collaborates with DWS on foster children's Medicaid eligibility, foster children's adoption assistance, and services for youths exiting foster care. In addition, DWS has supported Utah's Education and Training Voucher (ETV) Program for former foster

youths, in conjunction with the Workforce Innovation and Opportunity Act (WIOA). In SFY 2027, ETV oversight moved from DWS to DCFS.

For a description of additional collaborative efforts services or benefits of other federal or federally assisted programs serving the same population, see above section, *Description of Stakeholder Involvement in Statewide Assessment Process*.

Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36

Systemic Factor 7: Performance Data Highlights

CFSR Results – Foster and Adoptive Parent Licensing, Recruitment, and Retention				
Item		Round 4 - Statewide Assessment Summary of Findings	CFSR Round 3 Rating	CFSR+ SFY 2025 Rating
Item 33	Standards Applied Equally	In Utah, standards are applied equally to all licensed or approved foster family homes, child-placing agencies, and state licensed residential placements. This task is completed by DLBC, which processes all background screenings and licensing responsibilities throughout the state.	Strength	Strength
Item 34	Requirements for Criminal Background Checks	Utah has a process in place to ensure that it complies with federal requirements for criminal background clearances related to licensing foster care and adoptive placements. Utah is developing a kinship pathway proposal to implement kinship licensing federal guidelines. DCFS case planning process includes provisions for addressing the safety of foster care and adoptive placements for children.	Strength	Strength
Item 35	Diligent Recruitment of Foster and Adoptive Homes	Utah contracts with UFC to provide diligent recruitment of foster and adoptive families. The recruitment process ensures a statewide comprehensive process for the diligent recruitment of potential foster and adoptive families who reflect the demographics of children in foster care for whom foster and adoptive homes are needed. Regional recruitment plans are developed annually and are based on each region's needs assessment.	Strength	Strength
Item 36	State Use of Cross-Jurisdictional Resources for Permanency Placements	Utah uses the NEICE system for ICPC. Nearly all Interstate Compact on the Placement of Children (ICPC) home study reports are completed on a timely basis. Utah has a positive, collaborative working relationship with UFC. Utah effectively uses cross-jurisdictional resources, such as Raise the Future, the Heart Gallery, and Wendy's Wonderful Kids to identify permanent placements for children in foster care. Additionally, Utah uses the Round Table process to locate permanent placement options.	ANI	Strength

SFY 2025 DLBC Data – Licensed Foster Home and Child Placing Agencies *Item 33*	
Licensed Foster and Kinship Homes	Total
Number of licensed foster and kinship homes (includes probationary, initial, and renewal)	155
Number of homes operating at some point in time on a variance	7
Number of penalties issued against foster homes	0
Licensed Child Placing Agencies	Total
Number of licensed child-placing agencies	48
Number of sanctions on a license issued against child placing agencies	0
Number of instances of non-compliance to Administrative Rule	305
NOTE: Due to a data system changes, Office of Licensing was only able to provide data for SFY 2025.	

Item 35 and 36 Data

Items 35 and 36 data is found within the answers to the questions for each item.

Stakeholder Interviews – Items 33-35

Stakeholder interviews included the following regarding licensing of foster and adoptive parents:

- Most foster parents were satisfied with their licensor and the licensing experience.
- In certain areas of the state, there were some reports of delays in completing home studies and issuing of licenses.
- Background screenings are consistently occurring prior to placement.
- Centralization of the background screening process and use of a portal was highlighted as a positive step that improves transparency within the system.
  Potential kinship caregivers have been denied licensure due to old criminal charges.

Systemic Factor 7: Selection of Policies, Guidelines, and Laws

Utah Statute 26B Chapter 2 Part 1

This statute pertains to the licensing, certification, and regulation of human services programs and facilities.

Administrative Guideline – 010.4.B.2 – Other Agency Relationships – Bureau of Criminal Identification
In order to assure safety of children in state custody, DCFS has entered into an agreement with DLBC to provide background screenings for prospective foster and adoptive parents and for DCFS staff working with children.

Practice Guidelines 305.5 – Process for Approving, Limiting, or Denying Licensed Out-Of-Home Caregivers for Placement
This guideline is regarding foster care licensing of families through the DBLC. DCFS receives the completed licensing packet from DLBC and reviews. DCFS approves or denies the applicant for placement of a child and informs applicants when DCFS decides to not utilize them as a placement for children in foster care.

Utah Office of Administrative Rule 501 – Human Services Program Licensing
The state's standards are codified in Utah Administrative Rule 501. This rule sets the standards, background clearances, and operating procedures for foster homes, CPAs, and state licensed residential placements serving children in the foster care.

Practice Guideline 703.2.B – Interstate Compact on Placement of Children
This guideline ensures children who are placed across state lines receive adequate protection and support services. The requirements of this guideline align with Federal Regulation 2 and include the following:

1. Receiving state shall provide a safe and timely preliminary Interstate Home Study Report within 60 calendar days after receiving the request.
2. Final approval or denial shall be provided to the sending state within 180 calendar days. This six-month window is to accommodate licensure and/or other receiving state requirements.
3. Approvals are good for 6 months.

Systemic Factor 7: Introduction and Self-Assessment Rating

Items 33-34 continue to be rated as strengths.

DLBC is independent of DCFS and is responsible for licensing foster family homes and CPA placements receiving title IV-E or IV-B funds. CPAs certify foster homes employed by these agencies. These homes are referred to as Family-based Level 4 Foster and Professional Parent Services, formerly known as proctor homes. DLBC audits CPAs and state licensed residential placements for compliance with state standards.

DLBC is independent of DCFS and is responsible for licensing foster family homes, CPA placements, and state licensed residential placements receiving title IV-E or IV-B funds. CPAs certify foster homes employed by these agencies. These homes are referred to as Family-based Level 4 Foster and Professional Parent Services, formerly known as proctor homes. DLBC audits CPAs and state licensed residential placements for compliance with state standards.

The process for foster care licensing includes a home study that meets the requirements for foster and adoptive homes, specified training requirements, and a federally required background screening of all adults residing in the home. The background screening includes a Federal Bureau of Investigation (FBI) fingerprint-based criminal history check, a child abuse and neglect registry check in all states the applicant has lived in over the last five years, and a national sex offender registry check. Utah background screenings also include a statewide warrant check, Utah juvenile criminal history check, adult protective services check, and a criminal court link database check for any additional Utah criminal history. Foster care licenses are not approved until the background screening process is completed and background screenings for all adults within the home are found to be eligible.

DLBC specifications and criteria that guide services delivered by contracted providers conform to state and federal law and meet recommended national standards. Foster parent licensing rules allow for variances on a case-by-case basis, when licensing kinship homes. Variances can be granted for rules other than those affecting child safety, allowing more kin to become licensed foster care providers.

Item 35 continues to be rated as a strength.

Utah's Foster and Adoptive Parent Diligent Recruitment Plan is a component of the DCFS FFY 2025 to FFY 2029 CFSP.

Utah's Foster and Adoptive Parent Diligent Recruitment Plan reflects the activities to be conducted during that period to ensure that there are foster and adoptive homes that meet the needs of infants, children, youths, and young adults in foster care, including those over the age of 18, served by DCFS. Development of this plan was informed by the results of Utah's Round 3 CFSR, completed in 2018. Utah was found to be in substantial conformity with the Item 35. The current Foster and Adoptive Parent Diligent Recruitment Plan supports continued successful performance in this systemic factor.

Item 36 was previously rated an ANI and is now rated a strength.

Utah has shown a pattern of effective intrastate and interstate resources to place children in permanent placements. Utah is timely in completing home study preliminary reports within 60 calendar days and completing final approvals and/or denials within 180 calendar days, in alignment with Federal Regulation 2. Utah's adoption of NEICE to track ICPC processes has contributed to Utah's success.

Systemic Factor 7: Assessing Systemic Factor Functioning

Utah's ratings for Systemic Factor 7 Items 33-36 are supported through analysis of data and answers to the questions below.

NOTE: In the questions below, the term "waiver" is used. In its answers, Utah has used the term "variance" in place of waiver, as this is the more common term used in state practice.

Item 33: Standards Apply Equally

Systemic Factor 7: Question 1 – Item 33

What are the state's standards that are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

ANSWER

The foundational state laws that grant DHHS and DLBC the authority to license and regulate foster homes are found in Utah Statute Title 26B Chapter 2 Part 1. The state's standards are codified in Utah Administrative Rule R501. This rule establishes the core administrative, safety, and operational requirements for all human services programs.

Utah Administrative Rule R501-12 Foster Care Services establishes the specific, universal standards for the licensure of foster parents for children in the custody of DCFS, as well as the certification of foster parents by CPAs and state-licensed residential placements. These rules cover physical home safety, background screenings, financial viability, medical references, capacity limits, and training requirements.

Utah Administrative R501-14 Background Screening implements the background screening clearance process required for any individual 12 or older residing in a foster home, working in a CPA placement or a state licensed residential placement.

Systemic Factor 7: Question 2 – Item 33

How do the state's standards vary by caregiver type (e.g., foster parent vs. adoptive parent vs. licensed kinship provider) or institution type (e.g., group home vs. other types of childcare institutions, including private child placement agencies)?

ANSWER

The core safety and background screening standards in Utah Statute Title 26B Chapter 2 Part 1 and Administrative Code R501-12 and R501-14 are applied equally across all foster and adoptive homes., CPA agencies, and state-licensed residential placements.

DLBC Administrative Rules allow for more lenient standards for licensed kinship. Non-safety-related physical standards may receive a variance for relatives to eliminate barriers to placing a child with family.

Systemic Factor 7: Question 3 – Item 33

How does the state monitor the licensing and relicensing processes?

ANSWER

DLBC monitors licensing through a structured process that follows initial evaluations and ongoing assessments:

- Initial Licensing: Requires a completed application, financial verification, medical references, background screening clearances through an online automated background screening system called Direct Access Clearance System (DACS) and Record of Arrest and Prosecution Back (Rap Back), a comprehensive home study, and an on-site physical safety inspection by a licensor.

- Relicensing/Renewal: Traditionally, licenses are renewed annually, requiring updated safety inspections and documentation.
- 3-Year Licenses: Foster parents who have maintained a clean compliance record for at least two consecutive years can earn a 3-year license. DLBC monitors these homes via mandatory annual updates submitted to the system. Updates cover household changes, employment, and new background screenings for youth turning 12. Unannounced or announced on-site inspections are conducted during this 3-year period: if there is a reported safety concern, if there is a material change in the home, or if a placement gap exceeding 12 months exists. Any citation of noncompliance immediately reverts the home back to a 1-year traditional license.

Systemic Factor 7: Question 4 – Item 33

If the state has a waiver process (e.g., for relative caregivers, or to allow large sibling groups to be placed together), what is the state's process for granting waivers?

ANSWER

To be granted a variance, the provider or program must submit a formal written request to DLBC. When DLBC receives a request for variance, the licensor reviews and makes a recommendation to approve or deny the variance request. Next, the request and recommendation are reviewed by the OL Manager. If the manager does not reach the same agreement as the licensor, the request is staffed. Once agreement is reached, a letter is drafted and the request and reaccommodation move to the director designee who makes the final decision, signs the letter, and sends it to the applicable parties. Letters for approved variances always include conditions required to maintain safety, and the requester must agree to the conditions stated in the letter and sign. Variances are temporary and are reviewed at least annually during the relicensing annual update process, or more frequently as needed. Variances are generally child-specific, are automatically reviewed, and typically expire when the specific child or sibling group leaves the placement. Variances that do not align with statute cannot be granted.

Who grants waivers?

ANSWER

The DLBC Director, OL Director, or the director's designee may grant a variance after determining that a variance is not likely to compromise client health and safety or provide an opportunity for abuse, neglect, exploitation, harm, mistreatment, or fraud.

What are the reasons for granting waivers, and are waivers specific to the child or to the home?

ANSWER

Variances are almost always specific to the child or sibling group, rather than a blanket approval for the home itself. Common reasons for granting variances include:

- Accommodating kinship placements by waiving non-safety physical environment rules, such as bedroom size, square footage, or sharing bedrooms.
- Allowing large sibling groups to be placed together, exceeding standard capacity limits.

How are waivers tracked?

ANSWER

Variances are documented and tracked electronically within the provider's file in DLBC's licensing management system. The system records the specific rule receiving a variance, the justification, the specific child it applies to, and the expiration date of the variance.

How many waivers were granted in the past three years and for what reasons (e.g., how many were for safety-related reasons)?

ANSWER

When variances are approved, approval is tied to conditions that address any safety concerns.

See the table below for DLBC number of variances granted.

DLBC Data – Number of Variances Granted *Item 33*			
Variances	SFY 2023	SFY 2024	SFY 2025
Requested	6	6	10
Denied	0	1[1]	0
Determined to be Not Needed	2	1	5
Approved with Conditions	4	4	5
TOTAL Variances Approved	13		
NOTE: [1]This variance request was denied due to the request falling outside of state statute requirements.			

Systemic Factor 7: Question 5 – Item 33

What is the state's QA process to monitor the application of the standards?

ANSWER

DLBC licensing supervisors conduct routine internal audits of licensor files to ensure home studies, safety inspections, and background clearances are thoroughly documented before a license is issued or renewed. DLBC conducts targeted reviews of CPAs to audit internal certification files, ensuring CPAs are holding their homes to the exact state standards. DLBC routinely updates R501 Rules in collaboration with DCFS, UFC , and stakeholders to identify gaps in the application of standards and ensure rules are uniformly interpreted across all regions.

Item 34: Requirements for Criminal Background Checks

Systemic Factor 7: Question 1 – Item 34

What is the state's process for ensuring that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, including placements in childcare institutions managed by private child placement agencies licensed by the state?

ANSWER

Utah's process includes federal requirements for criminal background clearances, as listed above in Item 33, ensuring individuals 12 years or older in the home are eligible before a foster care license is given.

Family Based Level 4 Foster and Professional Parent Services homes are not licensed but are certified by a CPA. These CPAs and state licensed residential placements must also be licensed. They are audited for compliance with licensing standards including background clearance for each adult in the prospective placement's home. Conditional licenses may be issued when there is an infraction. If there are repeated infractions, a license will be revoked.

Systemic Factor 7: Question 2 – Item 34

What is the state's process for ensuring that foster care and adoptive placements remain in compliance with required criminal background clearances (including changes in family circumstances, such as a new adult family member entering the household, children reaching the age of 18, or new staff at a childcare institution)?

ANSWER

Utah ensures continuous compliance with criminal background clearances through the following combination of continuous monitoring systems and strict reporting requirements.

Continuous Monitoring Rap Back

Once an applicant is screened and approved through the Office of Background Processing (OBP), their fingerprints are enrolled in the FBI's Next Generation Identification Rap Back system. This system continuously checks state, regional, and national databases for new criminal records. By submitting an application, providers consent to OBP monitoring all relevant databases for as long as they remain licensed.

Annual Updates

Foster providers are required to submit an annual update, facilitated through the Binti system. This update specifically requires background screenings for all household members who are 12 or older. Mandatory Reporting of Changes: Licensees are required by rule to immediately report any material change in household composition, such as a new adult moving in. A background screening must be submitted and approved by OBP before any new adult can have unsupervised direct access to a foster child. CPAs and state-licensed residential placements are similarly required to obtain OBP clearance for any new staff prior to the staff having direct access to vulnerable clients.

Systemic Factor 7: Question 3 – Item 34

What evidence does the state have to demonstrate that licensed foster care and approved adoptive placements, including those placements managed by childcare institutions or private child placement agencies licensed by the state, have met the requirements?

ANSWER

A combination of internal and partner data systems track and verify licensing requirements, including SAFE for a history of allegations of abuse and neglect; UFC Learning Management System for training; DACS for background screenings; UCLAPP for facilities, licensing status, and details; and Binti for home study requirements. DCFS RFCs and KFCs monitor placement status for licensing requirements.

DCFS regions have eligibility workers who verify Medicaid and Title IV-E eligibility of children in foster care. Eligibility workers routinely review placement license and background screening status. Peer reviews and CQI/QA processes are completed regularly.

Systemic Factor 7: Question 4 – Item 34

If the requirements were not applied to foster care and adoptive placements, what is the process for addressing noncompliance?

ANSWER

Licenses for individuals who do not successfully complete the licensing process are placed on hold, and the applicant is not eligible for placements until they successfully complete the licensing process. This includes initial and ongoing placements.

Systemic Factor 7: Question 5 – Item 34

Does the state have a process for identifying instances when a child was placed in a foster care or adoptive placement, including child-placing agencies, before the required background check was completed and, if so, how often does that happen?

ANSWER

Kinship Providers (non-licensed)

Caseworkers must submit the caregiver for a background screening prior to placement. A 24/7 support service is available to ensure placement is not delayed and children are not placed without a cleared applicant background screening. The process for identifying if a child was placed with kin without a background screening occurs at the 24-hour meeting held by the caseworker with the AAG and other stakeholders to staff the reasons for removal.

Non-Contracted Providers (licensed family-based care)

Background screenings occur during the initial licensing process, and the license is issued after the background screening is completed and passed for all individuals 12 or older residing in the home. After the initial check, a continuous fingerprint criminal history check occurs through a Rap Back subscription. This allows action to be taken if new criminal history is found. This ensures the background screening is completed before a new potential placement. It also allows action to be taken if criminal history is found. DLBC must notify DCFS that the non-contracted provider does not meet the background screening requirements, and the license may not be granted. The only way DCFS will know if a provider does not pass the background screening is if DLBC alerts DCFS.

Contracted providers, including CPAs and residential placements

The provider is responsible for ensuring that all employees complete a background screening. For any newly-hired employee whose background screening has not yet been approved, the provider must verify that the employee works under direct supervision of another employee who has an approved background screening. The DHHS Qualified Residential Treatment Program review team periodically checks new employee background screenings and employee schedules to identify these instances and ensure proper supervision. This supervision must remain in place until the new employee receives their own approved background screening. DLBC conducts spot checks during facility audits to verify compliance with this requirement by reviewing employee background screenings and ensuring that appropriate supervision was maintained.

SAFE does not store or house BCI information. DLBC is responsible for storing this information and claims IV-E funds to provide this service.

To improve this process, there needs to be a better data exchange between DCFS and DLBC, specifically involving the SAFE and DACS systems.

Systemic Factor 7: Question 6 – Item 34

What is the state's process for monitoring the ongoing safety of foster care placements for children (e.g., re-running criminal background checks, assessing child safety while in placement or while on trial home visits, responding to allegations of child maltreatment in out-of-home placements, responding to allegations of policy violations in out-of-home placements; response to children on runaway status)?

ANSWER

DCFS employs multiple efforts to monitor ongoing safety of foster children in their placements. Below is a list of strategies used:

- DCFS requires caseworkers to visit every child in their licensed foster or kin placement at least monthly and have a private conversation with the child to assess safety, wellbeing, and progress on the case. SFYs 2023-2025 CFSR Foster Care Performance on Item 14 Caseworker Visits with Child, saw an 11% increase from 2023 to 2025; scoring 87% in 2023, 91% in 2024, and 98% in 2025.
- Utah utilizes a Rap Back subscription to alert DCFS if placements experience a subsequent arrest or conviction of a crime.

- When there is an allegation of abuse or neglect of a child in foster care, allegations are investigated by the DHHS OSR Conflict Investigation Team. Once the conflict investigator completes the initial assessment, recommendations are made to ensure safety. Following the completed investigation, the investigator meets with representatives from DCFS to review findings and determine the best course of action to ensure safety of the child.
- DCFS completes pick-up warrants for children in care who run away within 24 hours of notification. The child is also added to the National Center for Missing and Exploited Children. The parents are notified.
- Regarding THPs:
    - To initiate a THP, the Child and Family Team must first assess safety and readiness by updating the UFACET, conducting risk reassessments, and holding a collaborative team meeting.
    - Caseworkers coordinate legal steps with the AAG and complete a mandatory National Crime Information Center felony warrant check on the caregiver 14 days before recommending reunification to the court.
    - The transition plan requires providing at least a two week notice to all pertinent parties and coordinating the child's ongoing medical or Medicaid coverage.
    - Once the child is home, the caseworker must closely monitor the family by following strict in-home contact guidelines based on risk reassessments, including in-person visits in the home.
    - The THP can last up to 90 days, after which the agency will move to terminate legal custody if safety is maintained, while transitioning the family to ongoing supportive services, if necessary.

Systemic Factor 7: Question 7 – Item 34

How often did safety concerns surface for children placed in licensed foster homes, pre-adoptive homes, or childcare institutions?

ANSWER

Utah's CPS policies defining maltreatment are broader than those of most other states, which contributes to the total number of instances of maltreatment in care. During FFY 2025, 16 of the 138 instances of maltreatment in care were perpetrated by foster parents or residential staff. Eight (6%) were perpetrated by foster parents and eight (6%) were perpetrated by residential staff. This data is also impacted by caseworkers not updating incident dates in SAFE.

Systemic Factor 7: Question 8 – Item 34

What is the state's process for ensuring safety when children are placed in non-licensed/approved placements (e.g., hotel rooms or agency offices) overnight until a placement is secured, and how often does this happen?

ANSWER

Through use of specified foster parent shelter homes and licensed shelter facilities, Utah has not placed a child in a hotel room or agency office overnight.

Systemic Factor 7: Question 9 – Item 34

What is the state's process for ensuring that it has a case planning process in place that includes provisions for addressing the safety of foster care and adoptive placements for children?

See *Systemic Factor 2: Performance Data Highlights, Item 20: Written Case Plan – Child and Family Plan Completion Sequence* for an overview of Utah's case planning process that includes the CFP completion sequence: UFACET, CFTMs, and CFP. Below the introduction, you will find data for Utah completion requirements within 45 days of case start, federal completion requirements within 60 days of case start, and at a minimum, every six months thereafter.

Also see answer to *Systemic Factor 3: Question 2 – Item 25*. Here you will find evidence that the CQI/QA processes Utah relies on to ensure its case planning process is functioning statewide.

Also see answer to *Systemic Factor 3: Question 4 – Item 25*. Here you will find evidence that the case planning process and associated due or nearly due item dates are closely monitored and communicated to DCFS administrators, practice improvement coordinators, and supervisors through reports and dashboards. This data can be filtered at the supervisor and caseworker levels and tracks when the most recent UFACET, CFTM and CFP were held or completed. It also tracks when the most recent caregiver and parent face-to-face contacts were completed, among other case practice requirements.

Are there differences between monitoring contracted providers who recruit and manage homes or operate facilities versus those that are recruited and managed by the child welfare agency?

ANSWER

The standard of care and the rules applied are identical, but the administrative monitoring process differs slightly. Homes managed by DCFS through its contract with UFC are licensed directly by DLBC. DLBC licensors directly conduct the home studies, safety inspections, and ongoing compliance monitoring. CPAs are licensed by DLBC as facilities. The CPAs are responsible for recruiting, training, and certifying their own foster homes to ensure they meet the exact standards outlined in Utah Administrative Code R501-12. DLBC monitors these contracted providers through agency-level licensing inspections, which includes auditing the CPA's certification files and conducting sample home visits to ensure the CPA is consistently and accurately applying the state standards to their certified homes. This is also the process for state-licensed facilities.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Systemic Factor 7: Question 1 – Item 35

What is the state's process for recruiting foster and adoptive parents (e.g., what data and information are used to develop the plan and determine whether the plan addresses statewide needs; how the plan is monitored, including whether recruitment targets are met; and how often the plan is reviewed and revised to reflect needs statewide)?

ANSWER

DCFS ensures that it has appropriate foster care placements that meet the individual needs of infants, children, youths, and young adults over 18 who are in foster care served by the agency. UFC is tasked with the recruitment, training, and retention of foster families that care for children in levels 1-3 foster homes. The Foster Adoptive Diligent Recruitment Plan is reviewed and updated annually. UFC also reviews region-specific needs each year to ensure it adjusts its recruitment efforts to meet the region-identified needs. Recruitment efforts and strategies are listed below, along with information and data used to inform the plan.

Recruitment Efforts

To minimize trauma to children, UFC works to develop a network of family foster care that is neighborhood-based, culturally sensitive, and located primarily in the communities in which the children live. UFC staff members network within their local communities, seeking opportunities to partner with various businesses, religious and civic organizations, and local governments. UFC seeks to replace the

families who close their licenses each year and to increase the number and overall quality of foster families to meet projected placement needs.

One way UFC addresses recruitment is by engaging with the public through a network of community volunteers and Care Communities team members. Volunteers and Care Communities team members are members of the public who are trained to have a basic understanding of working with children who have experienced trauma. Volunteers and Care Communities team members learn about the need for foster homes and help UFC bring its message to their communities. The training helps to destigmatize and dispel longstanding myths about foster care and the children who experience it.

UFC recruitment staff conduct a live (in-person or virtual) initial consultation to determine if applicants are viable candidates. Among the areas in which the applicant is assessed, recruitment staff discuss matters such as the applicant's stability (financial, emotional, relationships, etc.), support system, and understanding of the needs of children in foster care. If the applicant is recommended to proceed with the licensing process, they are given access to licensing forms through a portal. UFC tracks and manages data related to the foster family, including their placement parameters and relevant demographics for DCFS to consider for future placements.

Statewide, UFC utilizes paid advertising, media relationships, and social media platforms for recruitment efforts. These methods are also used to spotlight and clarify misperceptions about caring for youths with high needs. Community outreach and media campaigns provide a wide funnel to recruit families interested in becoming foster parents. UFC recruitment staff prioritize educating potential foster families in one-on-one conversations about the most significant needs of children in foster care.

Strategies to Reach Out to All Parts of the Community

Through collaboration with UFC and other partners, efforts are made to reach out to all areas of the community to recruit foster and adoptive families. UFC develops recruitment strategies through an annual plan in collaboration with each of the five DCFS regions, which cover all counties in the state. The region-specific plans are subject to modification as needs change. During the last quarter of each state fiscal year, UFC completes a needs-assessment process with each DCFS region.

The process includes:

- Assessing regional placement data and determining region-specific needs.
- Assessing UFC recruitment, training, and retention efforts and obtaining input to improve UFC response to trends and region-specific needs.
- Utilizing information gained through regional needs assessments to develop an informed plan for the coming year.
- Participating in the DCFS licensed foster and adoptive home study screening and review process, placement committee meetings, and other collaborative meetings as requested throughout the year.
- Ensuring family voice is represented in all recruitment, training, and retention efforts.

Once the needs-assessment process is completed and within 30 days of the new fiscal year, UFC Lead Foster and Adoptive Consultants develop regional recruitment plans. Regional recruitment plans include the agreed-upon recruitment goals for each region. Plans identify specific types of families on which to focus recruitment efforts to meet the needs of children in care. Regional recruitment plans also include specific recruitment activities and methods that will be utilized to achieve goals.

To help with targeted recruitment efforts, UFC will:

- Continue to employ a full-time Native American Specialist; this role conducts outreach to Tribes, assists staff statewide with AI/AN recruitment efforts, and mentors AI/AN families through the licensing process.
- Continue to employ a Spanish Services Consultant and an Engagement Specialist; these roles conduct outreach to all communities along the Wasatch Front. Outreach activities include the provision of pre-service classes in Spanish, mentorship of Spanish-speaking families through the licensing process, and provision of a Spanish-language peer-support group.
- Adapt services to meet the needs of families being recruited.

UFC and DCFS region representatives meet at least biannually to review progress toward goals and assess if the needs of the regions are being met by the current regional recruitment plans or if the plans need to be modified.

Child-placing foster care agencies also recruit and train Family Based Level 4 Foster and Professional Parent Services families to care for children in foster care. They typically recruit Level IV placements from the local communities where these agencies reside.

Strategies to Support Timely Search for Prospective Adoptive Parents

DCFS has established procedures in Practice Guidelines for timely search for prospective adoptive parents for a child in foster care needing an adoptive placement, when the child is not already in a kinship or adoptive home. Intensive recruitment efforts are made to place a child in an adoptive family within 30 days of the establishment of adoption as the child's permanency plan goal. When an adoptive placement is not identified, DCFS works with its contracted adoptive family recruitment provider, Raise the Future.

Raise the Future provides services through its programs, including Wendy's Wonderful Kids (WWK), a program within the Dave Thomas Foundation for Adoption. Raise the Future focuses on recruitment of adoptive families for children who cannot safely return home and do not have an identified permanent family. WWK provides child-specific adoptive family recruitment and works throughout the state with children who have lingered in foster care without an identified family. This work is focused on increasing the likelihood each child will exit foster care with a permanent family.

Strategies that may be used for timely search of a prospective adoptive parent include:

- Guidance from the Child and Family Team in selecting appropriate strategies.
- Continued search for kin, including kin as defined by ICWA.
- Listing the child on the Raise the Future website, which serves eight Western states.
- Use of Raise the Future website for family recruitment.
- Raise the Future profile party recruitment.
- Utah Heart Gallery recruitment.
- Televised and print media "Wednesday's Child" recruitment.
- National AdoptUSKids recruitment.
- Database matching the child with prospective families.

DCFS Practice Guidelines establishes priorities for selection of adoptive parents and include:

- ICWA takes precedence for an adoption of an Indian child who is a member of a federally recognized Tribe or an Alaskan Native.
- Relative of the child.
- Caregiver or adoptive family who have a biological sibling of the child.
- Kinship or friend.
- Non-relative couple or single adult.

When the above priorities cannot be met, the current caregiver of the child should be considered before another prospective adoptive family is considered, if the child has substantial emotional ties with the caregiver and if removal of the child from the caregiver would be detrimental to the child's well-being. The child's preference should also be considered if the child is of sufficient maturity. In addition, geographic barriers alone should not create barriers or delays in the selection of an adoptive home. A non-relative couple or a single adult should also not create barriers or delays in the selection of an adoptive home.

DCFS cannot deny any individual the opportunity to become an adoptive parent based on the individual's or child's race, color, or national origin. DCFS also cannot delay or deny the placement of a child in a foster home or in a potential adoptive home based on the race, color, or national origin of the foster parent, adoptive parent, or the child.

Item 35 - Adoption Data

Internal Data – Number of Children Adopted PSS Kinship and Foster Care Placements *Item 35*				
FFY	Children in the Custody of a Kinship Caregiver Receiving PSS	Children in the Custody of DCFS Receiving Foster Care Services		Total Adoptions
	Adoption by Non-Foster Care Kin	Adoption by Foster Care Kin	Adoption by Foster Care Non-Kin	
2023	28	195	180	403
2024	22	165	155	340
2025	18	133	145	296

Internal Data – Duration from Foster Care to Adoption *Item 35*			
FFY	Children in the Custody of a Kinship Caregiver Receiving PSS	Children in the Custody of DCFS Receiving Foster Care Services	
	Average Months to Adoption by Non-Foster Care Kin	Average Months to Adoption by Foster Care Kin	Average Months to Adoption by Foster Care Non-Kin
2023	12.5	19.7	27.3
2024	13.4	22.8	27.3
2025	15.3	21.4	26.9

In FFY 2025, the average time to adoption was 21 months by foster care kin, and 27 months by foster care non-kin. There were 278 adoptions from foster care, 133 (48%) involving adoptions to kin and 145 (52%) involving adoptions to non-kin. Additionally, there were 18 relative adoptions by kin through in-home cases, bringing the total number of adoptions to 296.

DCFS will continue efforts to achieve permanency and reduce the time children are in out-of-home care, which includes working with WWK. The Dave Thomas Foundation for Adoption developed this evidenced-based program to recruit permanent families for children in foster care who need additional efforts to find a permanent family. Funding for WWK recruiters is shared by the Dave Thomas Foundation for Adoption, Raise the Future, and DCFS. This program is provided statewide. WWK recruiters work closely with DCFS staff throughout the state to provide intensive, child-specific recruitment for children who linger in foster care.

See the table below for the number of children WWK served during SFY 2023-2025 and since inception.

Wendy's Wonderful Kids *Item 35*			
SFY	Children Served[1]	Children Matched	Children Adopted
2023	146	43	18
2024	183	45	19
2025	189	43	9
Since Inception[2]	602	607[3]	201[4]
NOTES: [1] Each SFY's Children Served number includes all children served during that year. Some children are served in more than one SFY and appear in each year's count. [2]The Children Served Since Inception number represents the total number of children served since WWK's Utah inception in 2005 and are not duplicated. [3] The Children Matched Since Inception number includes the total number of matches across all children, which can include more than one match process per child. [4]The Children Adopted Since Inception number includes all children adopted since WWK's Utah inception in 2005.			

Systemic Factor 7: Question 2 – Item 35

What evidence does the state have to demonstrate that the diversity of the current pool of available foster and adoptive homes meets the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed?

ANSWER

See the table below for race and ethnicity data of available foster, adoptive, and kinship care licensed homes, levels 1-3.

UFC Data – Race and Ethnicity of Available Foster Homes Point in Time on the Last Day of SFY 2026 *Item 35*		
Race	June 30, 2026	
	Count	Percent
AI/AN	13	2%
Asian	10	2%
Black or African American	18	3%
Multiracial, Other Race Not Known	0	0%
Native Hawaiian or Other AAPI	4	1%
Unable to Determine	4	1%
White	625	95%
TOTAL Number Foster and Adoptive Homes	674	
Hispanic Origin or Latino	93	14%

Demographics of Children in Foster Care Placements

During the previous three years, the total number of Utah children served in foster care within the FFY declined by nearly 500 children, from 3,301 in FFY 2023 to 2,807 in FFY 2025. Point-in-time data for children in foster care also showed a decline from 1,819 in FFY 2023 to 1,586 in FFY 2025.

See the table below for FFY 2023-2025 number of children in foster care served during the FFY and number of children in foster care on the last day of the FFY.

Internal Data – Number of Children in Foster Care *Item 35*		
FFY	Served During Federal Fiscal Year	Last day of Federal Fiscal Year September 30
2023	3,301	1,819
2024	3,064	1,680
2025	2,807	1,586

See the table below for FFY 2023-2025 number of children in foster care on the last day of the FFY, September 30, presented by age.

Internal Data – Number and Age of Children in Foster Care on the Last Day of Federal Fiscal Year *Item 35*						
	FFY 2023		FFY 2024		FFY 2025	
Age Group	Count	Percent	Count	Percent	Count	Percent
Younger than 1 Year	136	7.4%	131	7.8%	101	6.4%
1 to 3 Years	314	17.2%	293	17.4%	255	16.1%
4 to 6 Years	255	14.0%	227	13.5%	212	13.4%
7 to 9 Years	243	13.6%	224	13.3%	182	11.5%
10 to 12 Years	228	12.6%	207	12.3%	210	13.2%
13 to 15 Years	296	16.3%	278	16.5%	283	17.8%
16 Years and Older	347	19.0%	320	19.0%	343	21.6%
TOTAL	1819		1680		1586	

See the table below for the number of children in foster care served during FFYs 2023-2025 and point-in-time on the last day of the FFY by placement level.

Internal Data – Children in Foster Care Served in all Placement Levels During the FFY and Point in Time on the Last Day of the FFY *Item 35*						
Foster Care Placement Level	FFY 2023	Sept 30, 2023	FFY 2024	Sept 30, 2024	FFY 2025	Sept 30, 2025
	Served	Point in Time	Served	Point in Time	Served	Point in Time
Level I	2,417	917	2,150	853	1,952	746
Level II	515	211	523	223	530	238
Level III	174	80	173	74	182	78
Level IV	322	187	381	185	367	185
Level V	898	78	847	57	816	193
Level VI	131	44	113	27	115	29
Level VII	188	15	190	21	180	25
Individual Residential Treatment Services	450	262	408	230	333	75
Other	131	27	103	9	99	17
TOTAL Unduplicated Child Count	3,301	1,819	3,064	1,679	2,807	1,585
NOTES: All child counts are distinct and unduplicated. The percentage of children in each placement level is calculated on the distinct count of children served in residential placements during each FFY. One child may have been placed in more than one residential placement; therefore, the sum of percentages may not equal 100%.						

See the table below for the DCFS FFY 2023-2025 race and ethnicity of children served in foster care.

Internal Data – Race and Ethnicity of Children Served in Foster Care[1] *Item 35*						
Race	FFY 2023		FFY 2024		FFY 2025	
	Count	Percent	Count	Percent	Count	Percent
AI/AN	182	5.5%	142	4.6%	149	5.3%
Asian	21	0.6%	29	0.9%	33	1.2%
Black or African American	275	8.3%	284	9.3%	229	8.2%
Multiracial, Other Race Not Known	72	2.2%	52	1.7%	25	0.9%
Native Hawaiian or Other AAPI	92	2.8%	89	2.9%	60	2.1%
Unable to Determine	9	0.3%	24	0.8%	29	1.0%
White	2,891	87.6%	2,649	86.5%	2,450	87.3%
TOTAL Children Served[2]	3,301		3,064		2,807	
Hispanic Origin or Latino	830	25.1%	747	24.4%	711	25.3%
NOTES: [1] All child counts are distinct and unduplicated. The percentage of children in each race group is calculated on the distinct count of children served during each Federal Fiscal Year. [2] One child may identify as more than one race; therefore, the sum of percentages will not equal 100%.						

See the table below for the children in foster care point-in-time data on the last day of FFY 2025 by placement level and race and ethnicity.

Internal Data – FFY 2025 Point in Time on the Last Day of the FFY Race and Ethnicity of Children in Foster Care by Placement Level[1] *Item 35*																			
Race	Level I		Level II		Level III		Level IV		Level V		Level VI		Level VII		IRTS		Other		TOTAL Count by Race and Ethnicity
	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT
AI/AN	33	39.3%	12	14.3%	6	7.1%	12	14.3%	13	15.5%	1	1.2%	1	1.2%	5	6.0%	1	1.2%	84
Asian	5	35.7%	4	28.6%	1	7.1%	1	7.1%	2	14.3%	0	0.0%	0	0.0%	1	7.1%	0	0.0%	14
Black or African American	43	35.2%	15	12.3%	7	5.7%	25	20.5%	23	18.9%	3	2.5%	2	1.6%	5	4.1%	1	0.8%	122
Multiracial, Other Race Not Known	6	54.5%	1	9.1%	1	9.1%	2	18.2%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	0	0.0%	11
Native Hawaiian or Other AAPI	29	63.0%	10	21.7%	0	0.0%	2	4.3%	2	4.3%	1	2.2%	1	2.2%	1	2.2%	0	0.0%	46
Unable to Determine	8	72.7%	3	27.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11
White	653	47.4%	206	14.9%	70	5.1%	154	11.2%	167	12.1%	25	1.8%	21	1.5%	67	4.9%	16	1.2%	1,379
Distinct Number of Children by Placement Level	777		251		85		196		207		30		25		80		18		
Hispanic Origin or Latino	195	48.1%	55	13.6%	23	5.7%	56	13.8%	44	10.9%	8	2.0%	4	1.0%	12	3.0%	8	2.0%	405

NOTES:[1] All counts are distinct and unduplicated. The percentage of children in each race group is calculated on the distinct count of children in care on the final day of the FFY. One child may identify as more than one race; therefore, the sum of all racial groups will be higher than the distinct count of children for each placement level.

See the table below for the DCFS FFY 2025 data for race and ethnicity of children served in foster care and the total child population data for the state as presented by Kids Count Data Center, calendar year 2024.

Internal Data – Race and Ethnicity of Children Served in Foster Care *Item 35*				
Race	DCFS FFY 2025		Kids Count Data Calendar Year 2024	
	Foster Care Child Count[1]	Percent[2]	Utah Child Count	Percent[4]
American Indian or Alaska Native	149	5.3%	7,081	1%
Asian	33	1.2%	21,410	2%
Black or African American	229	8.2%	12,333	1%
Multiracial, Other Race Unknown	25	0.9%	39,474	4%
Native Hawaiian/Other Pacific Islander	60	2.1%	11,515	1%
Unable to Determine[3]	29	1.0%		
White	2,450	87.3%	640,291	69%
TOTAL SERVED DCFS[4, 5]	2,807			
Hispanic Origin or Latino[5]	711	25.3%	201,525	22%
TOTAL KIDS COUNT			933,629	100%

NOTES: [1] All child counts are distinct (unduplicated). [2] The Percent of children in each race group is calculated on the distinct count of children served during each FFY. [3] Kids Count Data does not include this category. [4] One child may identify as more than one race; therefore, the sum of percentages will not equal 100%. [5]DCFS data counts Hispanic/Latino as a part of the total, whereas Kids Count data counts Hispanic Latino as a separate race category.

In FFY 2025, white children were overrepresented in the foster care system at 87.3%, compared to 69% of the state's child population. The Asian child population is underrepresented in the foster care system 1.2%, compared to 2% of the state's child population. Children who are American Indian/Alaska Native are overrepresented in the foster care system at 5.3%, compared to 1% of the state's child population. Black or African American children are overrepresented in the foster care system at 8.2%, compared to 1% of the state's child population. Native Hawaiian/Other Pacific Islander are also overrepresented in the foster care system at 2.1%, compared to 1% of the state's child population. Children of Hispanic/or Latino ethnicity (of any race) account for 25.3%, compared to 22% of the state's child population.

Characteristics of Children for Whom Foster and Adoptive Homes Are Needed

Due to the implications of these demographics, UFC is placing much of its focus on recruiting African American, Native American, and Hispanic foster families. UFC is also focusing on locating

age-appropriate foster families, particularly for youths over the age of 13. Even though this group represents a smaller number than the younger child population, finding families for children aged 13 and older continues to be a challenge.

Systemic Factor 7: Question 3 – Item 35

If potential foster and adoptive families do not reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed, what is the state's process for addressing the gaps?

ANSWER

UFC begins tracking the race and ethnicity of potential foster families as early as the initial inquiry. UFC stores this information in two databases, Neon One and Binti. During their initial consultation with UFC, potential foster parent race and ethnicity are confirmed to ensure that children can be placed with families that match their cultural and racial identities. When potential foster parents fill out the licensing forms in Binti, they once again self-identify their race and ethnicity. This information is provided to DLBC.

Annually, UFC compares the racial and ethnic makeup of children in foster care with that of licensed foster parents to inform and guide targeted recruitment strategies across its regions. These yearly plans, developed by recruitment staff in collaboration with DCFS Regional Directors and approved by DCFS, detail progress in quarterly reports, which are provided to DCFS both regionally and statewide. Quarterly reports and meetings serve as a forum for DCFS to address new needs or concerns.

Item 36: State Use of Cross- Jurisdictional Resources for Permanency Placements

Systemic Factor 7: Question 1 – Item 36

What is the state's process for using cross jurisdictional resources to facilitate timely adoptive or permanent placements within the state for waiting children?

ANSWER

Along with other states, Utah uses NEICE (National Electronic Interstate Compact Enterprise), which is a secure cloud-based data exchange platform designed to digitize and streamline the

Interstate Compact on the Placement of Children (ICPC) process. Each state is held to the same timeframes to complete home study requests. Once a home study is received, the state has 60 days to return a preliminary Interstate Home Study Report to the sending state. The report includes home study findings regarding the home environment's safety and suitability for the needs of the child considered for placement. In the event sections of the home study are incomplete, such as required documentation, background screenings, and completion of training, the report references these items and includes an expected date of completion. Final approval or denial of the ICPC placement resource request is provided by the receiving state compact administrator as soon as is practical but no later than 180 days from receipt of the initial home study request.

What tools and resources do they use?

ANSWER

Through NEICE, the following tools and resources are used:

- Document and Data Exchange: Allows caseworkers and ICPC coordinators to upload documents and transmit forms (such as the 100A and 100B) electronically.
- Real-Time Case Tracking: Enables agencies to monitor the status of cases sent to or received from other states and features ticklers for upcoming home study deadlines.
- Integrated Software: States can either connect to the system directly via their existing child welfare information systems ("Clearinghouse Direct") or utilize the NEICE Modular Case Management System.

How does the state know whether its tools and resources are effective?

ANSWER

Prior to Utah switching to NEICE, the home study process took longer to complete. Because documents are received through the NEICE system, and both states can view documents immediately, states can assign the case to a caseworker the same day.

NEICE system benefits include:

- Accelerated Placements: Significantly cuts down the time it takes to place foster and adoptive children across state lines.
- Cost Savings: Eliminates printing, copying, and overnight mailing fees traditionally associated with ICPC paperwork.
- Enhanced Security: Keeps sensitive family and child data safe and confidential on a secure network.
- Improved Tracking: Provides real-time case updates, preventing lost paperwork and reducing administrative backlogs.

What tools and resources do they use, such as exchanges, national recruitment, or agreements with border states?

ANSWER

ICPS is a legally binding statutory agreement enacted by all 50 U.S. states, the District of Columbia, and the U.S. Virgin Islands. It governs the out-of-state placement of children for foster care, adoption, or institutional care, ensuring safe environments and continued legal and financial accountability. The agreement is overseen by the Association of Administrators of the Interstate Compact on the Placement of Children, which functions as an affiliate of the American Public Human Services Association.

Once a child is placed in the receiving state, the receiving state will provide supervision of the child to make sure the child is in a safe environment and the placement is going well. The sending state will always maintain custody of the child.

Systemic Factor 7: Question 2 – Item 36

What is the state's process for using cross jurisdictional resources to facilitate timely adoptive or permanent placements outside of the state for waiting children?

ANSWER

Through NEICE, the same process for ICPC placements outside the state is used as the process for ICPC placements within the state, but the process is reversed. See answers for Question #1 above.

What tools and resources do they use, such as exchanges, national recruitment, or agreements with border states?

ANSWER

Through NEICE, the same tools and resources are used for ICPC placements outside the state as those that are used for ICPC placements within the state, but the process is reversed. See answers for Question #1 above.

Systemic Factor 7: Question 3 – Item 36

What evidence does the state have to show that cross-jurisdictional resources are effective in the facilitation of timely adoptive or permanent placements for waiting children statewide?

ANSWER

Utah receives reports from NEICE to show how long it is taking to complete an ICPC home study request. The number has improved since Utah adopted the NEICE system.

When an ICPC request for a potential adoptive home is received, the process is the same as it is for any type of ICPC placement, including foster placements, parent placements, and relative placements.

Systemic Factor 7: Question 4 – Item 36

What is the state's process for sending ICPC home study requests to other states?

ANSWER

The process is outlined above and detailed in the answer to Question 5. Utah has a positive working relationship with all states. Whenever there is a problem, the states work well together to address it. All states have the same interest, which is what is best for the child.

Systemic Factor 7: Question 5 – Item 36

What has the state's experience been with ICPC home study requests to other states?

ANSWER

To start an ICPC placement request, the caseworker in the state the child is located creates a packet that includes the child's social, medical, and educational histories and the status of any court case involving the child. The packet also includes information about the person who is being considered for placement of the child in the receiving state, which is how the receiving state knows who they will be evaluating for possible placement. Once the placement request

packet is created by the caseworker in the sending state (Utah), it gets sent to the DCFS Region ICPC Coordinator. This individual makes sure the packet is complete and then approves it for sending to the receiving state. At this point, the request is transmitted through NEICE to the State ICPC Administrator. Through NEICE, the State ICPC Administrator sends the request to the receiving state of the proposed placement.

The receiving state assigns the case to a caseworker who meets with everyone in the home, conducts a background screening on all adults in the home, and determines whether the home should be approved for placement. The completed home study report is sent from the local agency to the ICPC office in receiving state, and the placement request is either approved or denied based on the recommendation of the home study report. At this point, the ICPC packet is sent through NEICE from the receiving state to the sending state with a copy of the completed home study along with documentation of the receiving state's decision to either approve or deny the placement request. If the request has been approved by the receiving state, the child can be placed in the chosen home.

How many requests have been responded to within the 60-day federal requirement?

ANSWER

Utah initiates incoming and outgoing home study requests in alignment with the ICPC-required timeframe of three business days from the date of request. Utah confidently responds to all requests and sends a preliminary Interstate Home Study Report to the sending state within the 60-day requirement. In SFY 2025, completion of all required steps to approve an ICPC placement were finalized within the required 180 days on 97% of requests.

Federal Regulations

Timeframe for completion of Safe and Timely Interstate Home Study Report:
As quickly as possible, but not more than 60 calendar days after receiving a home study request, the receiving state shall, directly or by contract, complete a study of the home environment for purposes of assessing the safety and suitability of the child being placed in the home. The receiving state shall return to the sending state a report on the results of the home study that shall address the extent to which placement in the home would meet the needs of the child.

Timeframe for final decision:
Final approval or denial of the placement resource request shall be provided by the receiving state Compact Administrator in the form of a signed ICPC100A, as soon as practical but no later than one hundred and eighty (180) calendar days from receipt of the initial home study request.

See the table below for CY 2024-2025 ICPC data.

NEICE Data – Incoming ICPC Timeliness of Home Study Report[1] Completion *CFSR Item 36*				
Completion Timeframes	CY 2024		CY 2025	
	Count	Percentage	Count	Percentage
60 Days or Less	69	47%	87	56%
61 to 90 Days	102	70%	121	79%
90 to 180 Days	137	94%	150	97%
180 Days or Greater	146	100%	154	100%
TOTAL	146[1]	100%[2]	154	100%
NOTES: [1]Total incoming completed ICPC home studies may not match the internal data below due to certain states not participating in NEICE data collection. [2]Total percent may not equal 100%, due to rounding.				

The DCFS ICPC team is responsible for processing ICPC requests in a timely manner. ICPC Region Coordinators assist caseworkers with the ICPC process. Many factors affect the timeliness of home study completion and processing, some of which are not within DCFS control, such as delays in processes or in receiving required information from families, other agencies, and other states, which may include background screening clearances. Timeliness requirement exceptions are made when background screenings or required training is not completed.

How many requests have resulted in a placement for a child?

ANSWER

See the table below for CY 2025 NEICE data on the number of ICPC requests approved for placement.

NEICE Data – CY 2025 Utah Number of ICPC Requests Approved for Placement *CFSR Item 36*		
ICPC Type	Count Sent/Received	Resulted in Placement[1]
Outgoing	200	87
Incoming	171	48
Total	371	135
NOTE: [1]Count sent/received represents the number of requests sent/received in the calendar year. Actual placement decisions do not always take place during the same calendar year as the year in which the request was sent/received.		

Systemic Factor 7: Question 6 – Item 36

What is the state's process for responding to ICPC home study requests from other states?

ANSWER

With Utah's process, the caseworker provides the completed ICPC documents to the Region ICPC caseworker. The Region ICPC caseworker verifies all required documents have been included in the packet, then uploads the documents into the NEICE system and sends a message through NEICE to the State ICPC Administrator to let this individual know there is a new ICPC Home Study request. The State ICPC Administrator signs the necessary forms and forwards the request to the sending state, which is the state the placement will be made in.

See the table below for Cys 2024-2025 internal data on ICPC incoming and outgoing completed home studies by category.

Internal Data – Incoming and Outgoing ICPC Completed Home Studies by Category1 *CFSR Item 36*				
ICPC Home Study Categories	CY 2024		CY 2025	
	Incoming Count	Outgoing Count	Incoming Count	Outgoing Count
Adoption	23	26	29	26
Foster	107	72	71	74
Parent	11	40	27	38
Relative	23	65	44	62
Private Adoption	66	159	83	134
Residential Treatment	2,069	1	2	2,533
Incoming/Outgoing TOTALS[1]	2,299	363	256	2,867
Completed Home Studies TOTAL	2,662		3,123	
NOTE: [1]Sources include NEICE and Internal data.				

Systemic Factor 7: Question 7 – Item 36

What are the challenges to effective use of cross jurisdictional resources for permanent placements?

ANSWER

The primary challenge is the ability to meet deadlines when process delays are out of the ICPC team's control – for example, when the placement resource does not get the documents completed and returned in a timely manner. Another challenge is timely completion of background screenings, especially when the applicant has lived in multiple states.

Systemic Factor 7: Question 8 – Item 36

How does the state work with other governments, e.g., other countries and Tribes, to facilitate the placement of children?

ANSWER

Utah has positive working relationships with all 50 states and adheres to federal regulations and the processes dictated by the NEICE system. Utah also has a positive working relationship with Utah Tribes.

This concludes Utah's statewide assessment.

[The State Data Profile is available from the state or the Children's Bureau upon request, and is posted at https://acf.gov/cb/data-research/data-and-statistics-cfsr-statewide-data-indicators.]