

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



**Child Welfare**  
**Demonstration Project**  
**July 9, 2012**

Gary R. Herbert-Governor  
Palmer DePaulis-Executive Director Department of Human Services  
Brent Platt-Director Division of Child and Family Services



## Table of Contents

<b>1</b>	<b>DESCRIPTION OF THE PROPOSED DEMONSTRATION</b> .....	<b>4</b>
1.1	PURPOSE OF THE PROPOSED PROJECT.....	4
1.2	STATUTORY GOALS THE PROJECT INTENDS TO ACCOMPLISH.....	5
1.3	PROBLEM OR ISSUE TO BE ADDRESSED.....	5
1.4	SCOPE AND TYPES OF SERVICES TO BE PROVIDED .....	7
1.5	DEMONSTRATION TIME FRAME.....	11
1.6	PROVISIONS OF TITLE IV-E OR IV-B FOR WHICH WAIVER IS PROPOSED.....	12
1.7	CAPACITY TO CONDUCT A DEMONSTRATION PROJECT .....	12
1.8	DEMONSTRATION PROJECT RELATIONSHIP TO CFSR/PIP .....	15
	Child and Family Services Review.....	15
	Program Improvement Plan.....	16
1.9	EFFECT OF THE DEMONSTRATION PROJECT ON COURT ORDERS .....	17
<b>2</b>	<b>TARGET POPULATION</b> .....	<b>17</b>
2.1	UTAH POPULATION INFORMATION .....	17
2.2	ESTIMATED NUMBER OF CHILDREN AND FAMILIES TO BE SERVED.....	18
2.3	GEOGRAPHIC AREA AFFECTED BY THE DEMONSTRATION PROJECT .....	21
2.4	DESCRIPTION OF CHILD WELFARE STATUS, HISTORY, AND OTHER RISK FACTORS.....	21
<b>3</b>	<b>EVALUATION</b> .....	<b>22</b>
3.1	EVALUATION DESIGN .....	22
	Outcome Measures:.....	23
	Process Measures:.....	25
	Cost Analysis: .....	26
3.2	OUTCOMES ON WHICH THE DEMONSTRATION PROJECT HAS AN IMPACT .....	26
<b>4</b>	<b>COST NEUTRALITY, FINANCIAL INFORMATION, AND ADDITIONAL REQUIREMENTS</b> .....	<b>27</b>
4.1	ESTIMATE OF COSTS OR SAVINGS .....	27
4.2	METHOD USED TO MEASURE AND ENSURE COST NEUTRALITY .....	27
	Costs Included in Cost-Neutrality Calculation.....	28
	Costs Excluded from Cost-Neutrality .....	28
	Historical Title IV-E Claiming and Factors Affecting Future Title IV-E Revenue .....	28
	Baseline Period and Estimated Funding for Cost Neutrality .....	31
4.3	FEDERAL, STATE, TRIBAL AND LOCAL INVESTMENTS MADE .....	32
4.4	ASSURANCE TO CONTINUE TO PROVIDE CONSISTENT ACCOUNTING.....	32
4.5	COMMITMENT TO DEVOTE FEDERAL IV-E, STATE, LOCAL RESOURCES SAVED TO CHILD WELFARE PROGRAMS AND SERVICES.....	32
4.6	SIMILAR PROJECTS.....	33
4.7	CHILD WELFARE PROGRAM IMPROVEMENT POLICIES IMPLEMENTED OR TO BE IMPLEMENTED .....	33
4.8	ASSURANCE THAT THE IV-E AGENCY PROVIDES HEALTH INSURANCE FOR ALL SPECIAL NEEDS CHILDREN.....	33
4.9	EFFECT ON STATE’S AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS/SAFE) .....	34
<b>5</b>	<b>PARTNERSHIPS AND PUBLIC INPUT</b> .....	<b>34</b>
5.1	DESCRIPTION OF PROCESS TO SECURE COUNTY, LOCAL, TRIBAL, OR JUDICIAL PARTICIPATION .....	34
	Regional Participation.....	34
	Tribal Participation.....	35
	Judicial Participation .....	35
5.2	DESCRIPTION OF PROCESS TO OBTAIN PUBLIC INPUT.....	35
	Public Meetings.....	35
	On-Line Resources.....	37
5.3	COLLABORATION WITH OTHER FEDERAL INITIATIVES .....	37
5.4	LETTERS OF AGREEMENT.....	37
	<b>MEMORANDUM OF AGREEMENT</b> .....	<b>38</b>



## Table of Figures

FIGURE 1-PERCENT CHANGE IN FOSTER CARE POPULATION, 2007-2010 .....	6 -
FIGURE 2-HOME-BASED AND FOSTER CARE CLIENTS 2000 THROUGH 2011 .....	7 -
FIGURE 3-DEMONSTRATION TIMELINE .....	11 -
FIGURE 4-STATEWIDE OVERALL SCORES .....	15 -
FIGURE 5-PROJECTED TOTAL NUMBER OF CHILDREN 0-18 .....	18 -
FIGURE 6-CHILDREN IN CUSTODY JUNE 1.....	17 -
ACTUAL AND PREDICTED POINT IN TIME.....	17 -
FIGURE 7-NUMBER OF IN-HOME CLIENTS .....	18 -
POINT IN TIME AND DESIRED INCREASE .....	18 -
FIGURE 8-NUMBER OF IN-HOME CLIENTS .....	19 -
FIGURE 9- MEDIAN MONTH CASE LENGTH FOR CASES CLOSED DURING THE YEAR .....	19 -
FIGURE 10-CHILD CLIENT CHARACTERISTICS.....	19 -
FIGURE 11-ADULT CLIENT CHARACTERISTICS .....	19 -
FIGURE 12-CPS CASES, SUPPORTED CASES, AND VICTIMS .....	21 -
FIGURE 13-NUMBER OF YOUTH RECEIVING FOSTER CARE SERVICES POINT IN TIME AND TOTAL SERVED .....	21 -
FIGURE 14-UTAH TITLE IV-E FOSTER CARE MAINTENANCE AND ADMINISTRATION CLAIMS FEDERAL FISCAL YEAR 2007 THROUGH FEDERAL FISCAL YEAR 2011 .....	29 -
FIGURE 15-TITLE IV-E FOSTER CARE CLAIMS HISTORY AND PROJECTED TREND .....	29 -
FIGURE 16-CHILD POPULATION ACTUAL AND PREDICTED GROWTH.....	30 -
FIGURE 17-UTAH CHILD WELFARE WAIVER DEMONSTRATION PROJECT .....	31 -
FIGURE 18-TWO-YEAR HISTORICAL INVESTMENT* FOR SERVICES RELATED TO CHILD WELFARE DEMONSTRATION PROJECT.....	32 -



# 1 DESCRIPTION OF THE PROPOSED DEMONSTRATION

## 1.1 PURPOSE OF THE PROPOSED PROJECT

The Utah Division of Child and Family Services (DCFS) is submitting this proposal for a child welfare demonstration project in accordance with Section 1130 of the Social Security Act, as amended by Public Law 112-34, the Child and Family Services Improvement and Innovation Act.

The purpose of this project is to help children at risk of foster care placement to remain safely with their families and to improve well-being outcomes for children and families receiving in-home services. It will do this by increasing Utah's capacity to serve children for whom an allegation of abuse, neglect, or dependency has been supported and for whom ongoing services are required.

Agency capacity to provide quality in-home services will be increased through implementation of an evidence-based, trauma-informed family assessment, and also through addition of caseworker tools and training focused on understanding and treating trauma, strengthening parental protective capacities, and increasing mindfulness towards the goal of improving child and family outcomes.

Further, community capacity will be increased by capitalizing on community-level efforts to meet child and family needs through availability of effective services. Evidence-based or evidence-informed services will be identified and/or developed at a community level to promote child well-being, safety, and permanency, and services funded by DCFS that are less effective will be replaced.

Several factors make this project innovative. First, this project will operate within Utah's well-defined and successful practice model, which has been in place for over a decade. The addition of a trauma lens, increased focus on child and family outcomes, and addition of evidence-based or evidence-informed assessment and services creates an improved context for operation of the model and measurement of success; this will enable Utah's child welfare system to achieve a higher level of effective practice. As more effective ways to prevent child removal are implemented while maintaining children safely at home, and evidence of safety and improved child and family well-being is documented, confidence in-home services will grow. In addition, Utah's geographic uniqueness creates a distinct challenge for staff resources and development of evidence-based services for children and families due to small population density and large distances. Implementation of this demonstration project in rural areas will truly test capacity to keep children with their families and to reduce the need to place children who are in foster care in distant locations due to lack of local foster care resources.

Within the context of our existing practice model this project will allow DCFS to:

- Improve caseworkers' ability to identify child and parent needs, including those that support the wellbeing of children.
- Add a "trauma lens" to services provided through Utah's child welfare system and support the expansion of trauma-informed services to the children and families we serve.



- Provide a protective factors framework that caseworkers can use to engage families. This framework will guide caseworker interventions in conjunction with an evidence-based assessment used for evaluating families in an in-home setting.
- Provide training, professional development, and support that will promote recruiting and retaining a well-qualified child welfare workforce.
- Strengthen the scope of existing services and develop and implement new evidence-based services that will help children at risk of foster care placement to remain safely with their families, or help children in foster care return sooner to their families. Specifically, DCFS will promote the addition of effective, evidence-based contract services for families while eliminating less effective services.
- Measure child welfare outcomes that result from implementation of new initiatives that promote safety, permanency and, especially, wellbeing for children.
- Measure the quality of services provided to children and families.

The project will benefit children that have experienced child abuse, neglect, and dependency as well as their families by enriching the existing child and family services program in partnership with the community, to ensure that children are raised in safe, loving families. The project will benefit children and families through:

- Obtaining a better understanding of the needs and strengths of children and families that have experienced child abuse, neglect, and dependency.
- Providing supportive family services that will help prevent further abuse or neglect of children.
- Bolstering a family's ability to keep a child safe within the home and preserving intact families when a family's problems can be addressed safely and effectively.
- Minimizing additional trauma to children that occurs when children are removed from their homes.
- Realizing improved well-being outcomes over time.

## **1.2 STATUTORY GOALS THE PROJECT INTENDS TO ACCOMPLISH**

In accordance with Section 1130 of the Social Security Act, as amended by Public Law (P.L.) 112-34, the Child and Family Services Improvement and Innovation Act, Title II, Section 201, the primary goal of this project is to "Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and wellbeing of infants, children, and youth."

## **1.3 PROBLEM OR ISSUE TO BE ADDRESSED**

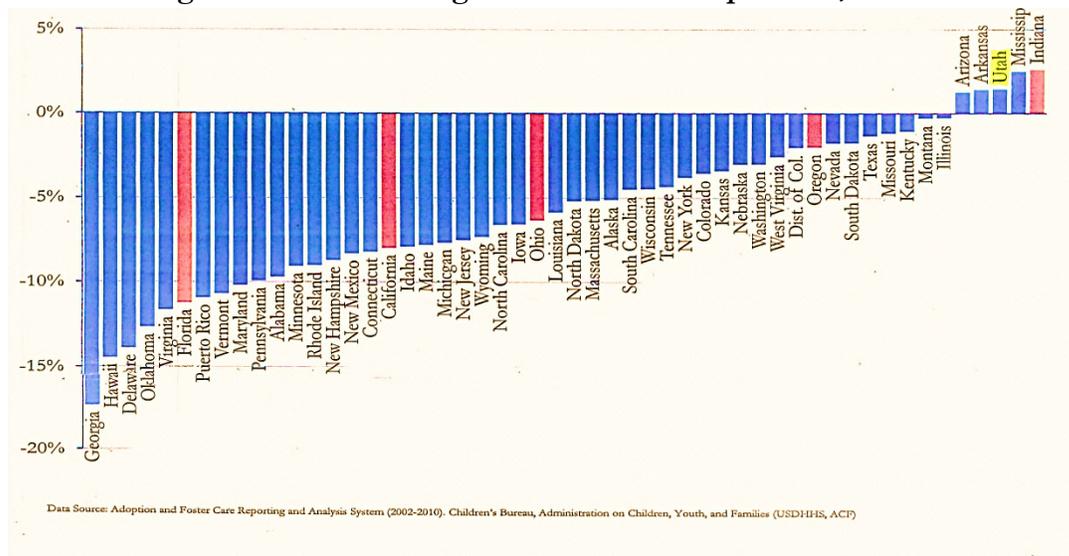
Utah has made significant progress in child welfare since the mid 1990's, such as implementation of a practice model; qualitative and quantitative process and/or outcome evaluations for intake, child protective services, foster care and in-home services programs; nurse oversight and improved access to medical and mental health care for foster children; coordination of domestic violence services with child welfare; reduction of caseloads; and statewide centralization of intake, much of this associated with a lawsuit settlement agreement which ended in December 2010.



During this same period, changes in Federal and State laws were incorporated into day-to-day practice, with increasing requirements for foster care. Utah also strengthened its primary child abuse prevention system in several communities by funding and collaborating to establish evidence-based and evidence-informed services targeting primary prevention, such as home visiting.

However, during this same period of time, the child welfare system in Utah also experienced a troubling trend. The number of children in foster care gradually increased. Utah is one of five states that experienced an increase in the number of children in foster care from 2007 to 2010.

**Figure 1-Percent Change in Foster Care Population, 2007-2010**

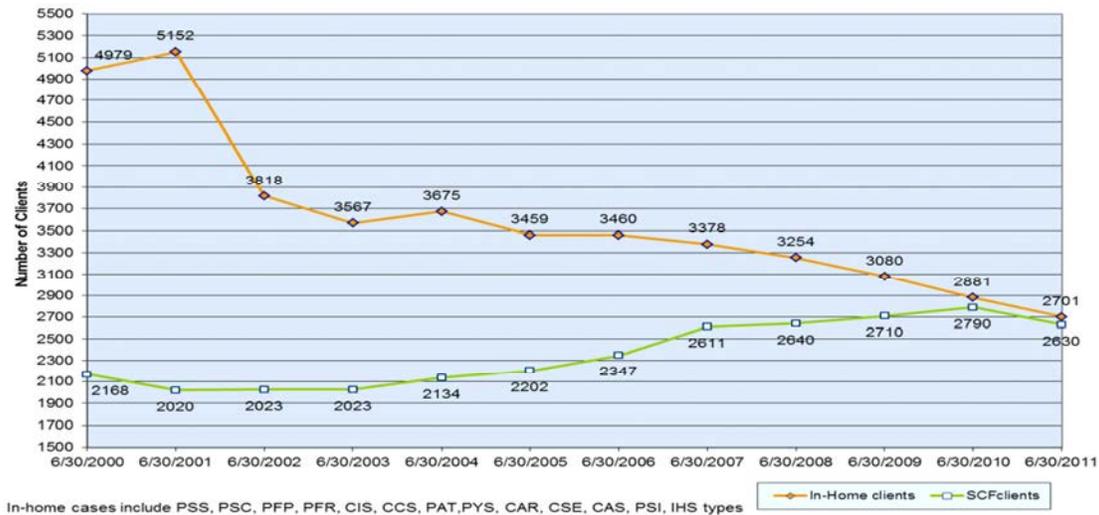


Not only was there an increase in the foster care population, but there was also a decrease in the number of children receiving in-home services. The reduction to in-home services resulted from a variety of factors, including but not limited to, loss of state funding and/or statutory authority for some programs and services previously operated by DCFS.

In addition, as emphasis was placed particularly on child safety and permanency, child protective services, foster care, and adoption services received greater focus for improvements. In-home services saw less focus and higher budget cuts. Well-being indicators were considered in a broad sense, but not necessarily across well-being domains for individual children or families. This resulted in a program structure and funding that provides high levels of support for children in foster care with an emphasis on achieving permanency, and less structure and fewer resources to support children and families at home or to be able to track well-being progress over time.



**Figure 2-Home-Based and Foster Care Clients 2000 Through 2011**



To reverse this trend, Utah has increased its focus on strengthening in-home services. The proposed child welfare demonstration project will be an important component of this effort to more effectively serve Utah's children at-risk of entering foster care and their families.

#### **1.4 SCOPE AND TYPES OF SERVICES TO BE PROVIDED**

Strengthening Utah's in-home services has been a key DCFS strategic goal since 2009 and is consistent with State legislative priorities and recommendations made in "A Performance Audit of The Division of Child and Family Services" completed by the Utah Office of the Legislative Auditor General in January 2011. This goal is also consistent with Utah's Child and Family Services Review completed in 2010, which identified improvement opportunities for in-home services.

Utah's child welfare demonstration project has been designed to enhance efforts already underway to strengthen in-home services in Utah. Five key tenets were adopted to guide development and implementation of in-home services improvements under the project:

- Operate the project, including provision of all services and resources, within the context of the DCFS practice model.
- Integrate an overarching safety model into all practices.
- Include Structured Decision-Making (SDM) for assessing and monitoring safety and risk into all practices.
- Offer services and resources that incorporate family-centered practice.
- Provide wrap-around services and resources that will address all of a client's identified needs, including needs associated with trauma, with particular emphasis on achieving positive child and family outcomes.



The child welfare demonstration project will consist of three primary components:

1. **Implementation of an evidence-based child and family assessment tool.** This assessment, in collaboration with the SDM safety and risk assessment, will:
  - Be used for diagnostic purposes to identify the impact of abuse, neglect, and/or trauma and the resulting needs that are present.
  - Identify strengths that can be utilized to help mitigate risks to safety.
  - Be a mechanism to assess and monitor the wellbeing of a child and changes to well-being over time.
  - Guide caseworker interventions and referral to services that address a child or family's needs that brought them to the attention of the child welfare system.
  - Help caseworkers determine when services can be reduced in intensity or terminated and a case closed.

In tandem with SDM, a modified version of the Child and Adolescent Needs and Strengths (CANS) assessment, currently utilized statewide for children in foster care, is being considered for use for in-home services to obtain information about the needs and strengths of children and their parents, and the impact that trauma has had on children and families being assessed. It will also establish a baseline for measuring well-being.

The California Evidence Based Clearinghouse indicates that “CANS-MH is a comprehensive assessment of psychological and social factors for use in treatment planning. Domains assessed include general symptomology, risk behaviors, developmental functioning, personal/interpersonal functioning, and family functioning. The CANS-MH is intended to support case planning and evaluation of service systems. The target population includes children and adolescents with mental, emotional, or behavioral problems.”

The California Evidence Based Clearinghouse gives CANS-MH an evidenced-based rating of *B-Reliability and/or Validity Level Above Face Validity Demonstrated*. It states “the one published, peer-reviewed study demonstrates that the measure is reliable and/or valid beyond the level of face validity.”

## 2. **Development and implementation of caseworker tools and training.**

An essential project component is strengthening and supporting caseworkers in their ability to keep families intact while helping parents increase their ability to keep their children safe and improve child wellbeing. The project will develop and train caseworkers on use of empirically-based tools and intervention skills that will improve understanding of issues and supports to address child and parent trauma and to be more mindful of well-being outcomes, and incorporating the Strengthening Families Protective Factors framework into day-to-day practice.

Caseworker tools and training related to trauma will be developed in cooperation with the Department of Human Services Trauma-Informed Systems of Care initiative, which was recently introduced. The guiding principles for this initiative are: (1) Youth guided; (2) Family-centered; (3)



Culturally and linguistically competent; (4) Resiliency and recovery oriented; and (5) Inclusion of trauma-informed principles of safety, trustworthiness, choice, collaboration, and empowerment. This initiative addresses mission, leadership support, organizational structure, staff development, provider development, contractor requirements, consumer leadership, continuous quality improvement, program procedures, program setting, screening/assessment, service planning, treatment, and community supports.

Also, woven throughout caseworker training and agency operations will be an increased focus on the importance of well-being outcomes, in addition to the traditional focus on safety and permanency. Well-being domains will be identified, and corresponding resources and methods to track status and progress will be discussed. Methods to track well-being status will be explored and implemented to the extent feasible.

Another resource that will be utilized in developing caseworker tools and training is the Strengthening Families Protective Factors framework developed by the Center for Study of Social Policy (CSSP). The California Evidence Based Clearinghouse states that this Strengthening Families Protective Factors framework “is a research-based, cost-effective strategy to prevent child abuse and neglect by strengthening and supporting families. This initiative . . . helps early childhood centers work with families to build five protective factors shown by research to correlate with child abuse and neglect prevention.” CSSP describes the five protective factors as follows:

**Parental Resilience** - The ability to “manage and bounce back from all types of challenges that emerge in every family’s life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.”

**Social Connections** - “Networks of support essential to parents and that offer opportunities for people to ‘give back’, an important part of self- esteem as well as a benefit for the community.”

**Concrete Support in Times of Need** - Includes “meeting basic economic needs like food, shelter, clothing, and health care. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.”

**Knowledge of Parenting and Child Development** - Includes receiving “accurate information about child development. Developing appropriate expectations for children’s behavior at every age helps parents see their children and youth in a positive light and promotes their healthy development.”

**Social and Emotional Competence of Children** - Includes “ensuring child or youth has the ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings. Social and Emotional Competence has a positive impact on their relationships with their family, other adults, and peers.”



Families thrive when protective factors are robust in their lives and communities. When protective factors are well established in a family, the likelihood of child abuse and neglect diminishes. These protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.

CCSP reports that “to embed these protective factors into existing programs and systems, CCSP works with national organizations, states and federal partners. The protective factors are informed by evidence from rigorous research and have widespread support from social researchers, child welfare officials, early childhood practitioners and policy experts. Since 2007, more than 30 states have adopted the Strengthening Families approach into their work with children and families.

Infusing the Protective Factors Framework into training for those who work with children and families builds common knowledge, goals and language across disciplines. Twenty-one states report reaching a total of 40,000 individuals through professional development, outreach and training on the Strengthening Families Protective Factors Framework in the fields of early care and education, child abuse and neglect prevention, child welfare, home visiting and/or parents/community members, among other sectors.”

New tools and training will lend structure and consistency to in-home services activities that caseworkers utilize with children and families in the home setting.

### **3. Increase Community Coordination and Implement Evidence-Based Services**

The final project component focuses on strengthening coordination with community partners and identifying and improving the resource base available to support parents and children. Ongoing availability of community resources is essential to successfully support families receiving in-home services and to continue to sustain them after involvement with the child welfare system ends. Availability of resources is particularly challenging in remote, rural communities, which are present in many areas of the state.

This component will include an enhanced inventory of community services that address issues associated with abuse or neglect risk, trauma, or that positively impact well-being, and an analysis of the extent to which evidence-based or evidence-informed services are available at the community level. Community service providers will also be given opportunities to participate in training on trauma in conjunction with this project. DCFS contracts will also be reviewed and strengthened to include components about trauma, fidelity in provision of evidence-based models, and child well-being outcomes.

Additionally, at least one new evidence-based or evidence-informed service will be implemented in target communities through contracts, formal agreements, or provided by internal staff while also reducing less effective, generic parenting and counseling interventions. Evidence-based services that support issues associated with trauma or with neglect, mental health, or substance abuse, which are often contributing factors in entry of a child into foster care, are being considered. The specific evidence-based or evidence-informed services are yet to be identified.



The three major components of the child welfare demonstration project were selected based on identified needs and gaps that came to light during the division’s broad analysis of existing in-home services in response to audits and reviews. Specific interventions and tools are being selected based on analysis of how evidence-based tools, such as a new assessment tool, can be incorporated into the work of the agency to enhance work of staff without creating unnecessary burden. Caseworker tools and training needs have been identified based on administrative and caseworker feedback, as well as information learned through sources such as other states, partner organizations, conferences, and internet searches. Specific evidence-based services to be implemented within communities are going to be selected based on capacity of communities to develop and maintain them and the ability of the services to address needs frequently identified as factors associated with for entry of a child into foster care.

### 1.5 DEMONSTRATION TIME FRAME

Utah is requesting approval for a five-year child welfare demonstration project, to be implemented no earlier than April 1, 2013 and no later than October 1, 2013.

**Figure 3-Demonstration Timeline**

Task	Oct - Dec. 2012	Jan - Mar 2013	Apr - Jun 2013	Jul- Sept. 2013	Rest of Year 1	Year 2	Year 3	Year 4	Year 5	Post Period
Development										
Implementation of Pilot Northern Region										
Implement Northern Region										
Implement in Remaining Regions										
Project Maintenance and Capacity Building										
Evaluation										
Final Project Evaluation and Final Report										

*Note: Time frames with bash marks are tentative date ranges that may be adjusted based on actual implementation date.*

This time frame will allow from six to twelve-months to develop a complete project plan, identify additional tools and resources to be used, propose and implement any required changes to State statute or administrative rules, contract for evaluation and other services to support the project, and orient staff that will be responsible for supporting project goals and objectives.

Upon implementation, the pilot project will be initiated on a staggered basis in two offices in the Northern Region, one serving an urban community and the second serving a rural community.



Evaluation of the pilot project will be conducted over a 6 to 12-month period during years one and two. Programs and services will be implemented in the remaining offices within the Northern Region by the end of year 2. The project will be implemented in the remaining four regions on a staggered basis no later than year 4. After implementation statewide, successful services will be maintained and additional capacity added through the end of the project in year 5.

Project evaluation will begin prior to implementation to gather baseline data, and will continue throughout the project.

## **1.6 Provisions of Title IV-E or IV-B for Which Waiver is Proposed**

Waivers are requested for the following provisions of the Social Security Act and Program Regulations in order to operate Utah's child welfare demonstration project:

1. Section 472 (a): Expanded Eligibility. To allow Utah to expend Title IV-E funds for children and families who are not normally eligible under Part E of Title IV of the Act.
2. Section 474(a)(3)(E) except as noted below\* and 45 CFR 1356.60(c)(3): Expanded Services. To allow Utah to make payments for services that will be provided that are not normally covered under Part E of Title IV of the Act but that are required for implementation of the project.  
[\*This waiver request does not include Section 477, John H. Chafee Foster Care Independence Program or Section 473(d), Kinship Guardianship Assistance, as referred to in this Section 474(a)(3)(E).] This demonstration project also excludes all references to Adoption Assistance.

## **1.7 CAPACITY TO CONDUCT A DEMONSTRATION PROJECT**

Utah is uniquely positioned to conduct a Child Welfare Demonstration Project. The state-administered organizational structure necessary for oversight is in place, a family-centered practice model for casework is well established, and qualitative and quantitative evaluation processes have been in place for many years. DCFS has experienced significant progress over the last decade, in conjunction with a lawsuit settlement agreement which has now been exited. This has opened the door for continuing innovations and progress. DCFS also has extensive qualitative and quantitative data from our SACWIS system (SAFE) and from review processes that will help establish a baseline for tracking future progress with child and family outcomes.

The State of Utah Department of Human Services (DHS) is responsible for the administration of programs and services authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal title IV-E foster care and adoption assistance, title IV-B parts 1 & 2 (PSSF, including Monthly Caseworker Visits), Adoption Incentive, Child Abuse Prevention and Treatment Act (CAPTA), Community-based Child Abuse Prevention, Chafee Foster Care Independence Program, and Education and Training Vouchers.



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

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

DCFS entered into a court-ordered consent decree in 1993 in response to the David C. versus Leavitt lawsuit, which was exited in 2010. DCFS made remarkable progress during the period of the consent degree in meeting the needs of Utah's children and families. Since 1993, DCFS doubled the number of caseworkers available to support families, developed and implemented a practice model, devised an expansive training system used to train all workers, provided experienced mentors that guide new workers as they learn and practice complex service delivery techniques, assured that each child in foster care receives medical, dental and mental health check-ups, trained and licensed a cadre of experienced foster parents, and focused on moving children quickly from foster care to permanent homes, either reunifying with their parents or through adoption.

The foundation of this success is the practice model, which guides the way DCFS interacts with children, families, and the community. The practice model principles are:

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

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

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

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

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

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



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

To put the practice model principles into action a set of key practice skills have been formulated. These basic skills include:

**Engaging.** The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

**Teaming.** The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

**Assessing.** The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues, including determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.

**Planning.** The skill necessary to tailor the planning process uniquely to each child and family is crucial. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.

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

Since 1993, DCFS has also published an expansive list of accessible Practice Guidelines <http://www.hspolicy.utah.gov/dcfs/>, which guide caseworkers as they provide support to children and families.

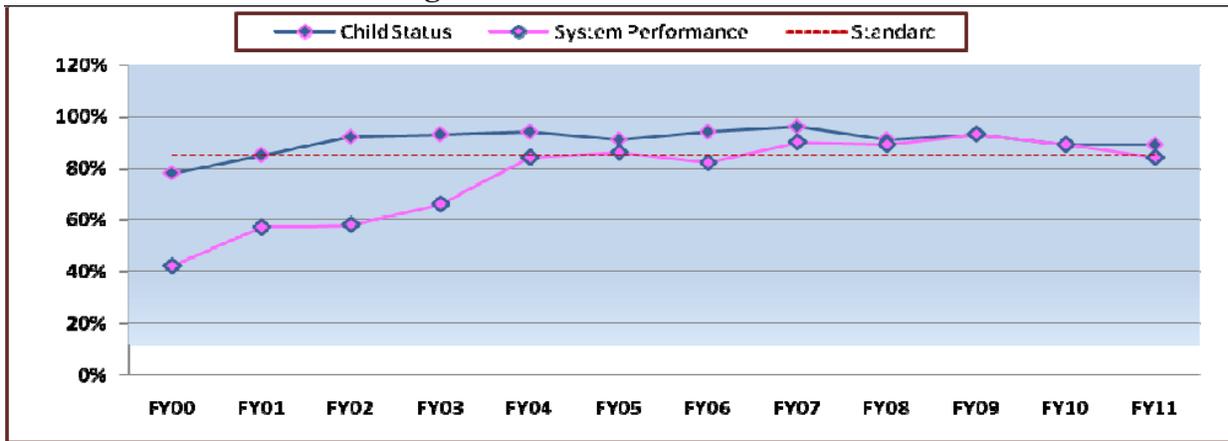
The State of Utah has been conducting statewide quality assurance reviews since 1995. The reviews are conducted by the Office of Services Review (OSR), an office separate from DCFS within the Department of Human Services. Each DCFS region undergoes both an annual Case Process Review (CPR) and an annual Qualitative Case Review (QCR). The CPR is a compliance based document review that determines if the caseworker has performed required case activities within the review period. The QCR (similar to the Child and Family Service Review) is outcomes-based and uses interviews with the child, parents, and providers to gather information about the safety, permanency, and wellbeing of the child. In addition to being scrutinized by OSR, results of the CPR and QCR are



analyzed by a Trends Analysis Committee, which meets on a quarterly basis to review and interpret data and make recommendations in response to the trends.

Below are scores related to the QCR. The QCR measures several indicators in two domains. The first domain is the Child and Family Status with indicators evaluating the safety, stability, prospects for permanence, multiple well-being indicators, family connections and satisfaction. The second domain is system performance with indicators evaluation the engagement, teaming, assessment, planning, and intervening efforts of the agency.

**Figure4-Statewide Overall Scores**



Overall Child Status for FY2011 showed that 89% of cases were acceptable. This was identical to the score in FY2010. The division met or exceeded the 85% standard for the eleventh consecutive year. Child Status indicators with a statewide average of 85% or better included Safety (89%), Appropriateness of Placement (96%), Health/Physical Well-being (100%), Emotional/Behavioral Well-being (88%), Learning Progress (88%), Caregiver Functioning (97%), and Satisfaction (87%). Historically, the most challenging Child Status indicators are Stability, Prospects for Permanence, and Family Resourcefulness. Each of these indicators achieved a higher score this year than last year.

Considering Utah's statewide organizational capacity, well-established and tested practice model and quality assurance processes, Utah is poised to take advantage of this child welfare demonstration opportunity. Utah's ability to further innovate and create viable solutions to reverse the trend of an increasing foster care population and to strengthen focus on trauma and child well-being will be enhanced through this child welfare demonstration project.

## 1.8 DEMONSTRATION PROJECT RELATIONSHIP TO CFSR/PIP

### Child and Family Services Review

This Demonstration Project will address key concerns outlined in the Child and Family Services Review (CFSR) conducted in June 2010. Areas to be addressed that were not in substantial conformity at the time of the CFSR that pertain to the child welfare demonstration project include:



- The State was not in substantial conformity with Wellbeing Outcome 1 (Families have enhanced capacity to provide for children's needs), with the outcome substantially achieved in only 46.2 percent of applicable cases.
- The State was not in substantial conformity with Safety Outcome 2 (Children are safely maintained in their homes when possible and appropriate), which was substantially achieved in 80.0 percent of the cases. In many cases, the agency was effective in providing services to the family to prevent the child's removal from the home and in conducting initial and ongoing risk and safety assessments to ensure the child's safety. However, the following concerns were noted:
  - Children remaining in their own homes continued to be at risk because services were not provided to address safety concerns.
  - There was a lack of ongoing safety and/or risk assessment in the children's homes.
- The State was not in substantial conformity with the systemic factor of Service Array and Resource Development. While the State has an appropriate array of key services to meet the needs of children and families, the 2010 CFSR identified the following concerns:
  - Some key services are not available in rural areas of the State.
  - A lack of transportation is a barrier to accessing services in some rural and urban areas.
  - There is a scarcity of key services, such as mental health and substance abuse treatment services, which results in waiting lists for these services.
  - There are insufficient resources to ensure that the unique needs of children and families can be met, particularly for non-English speaking families.

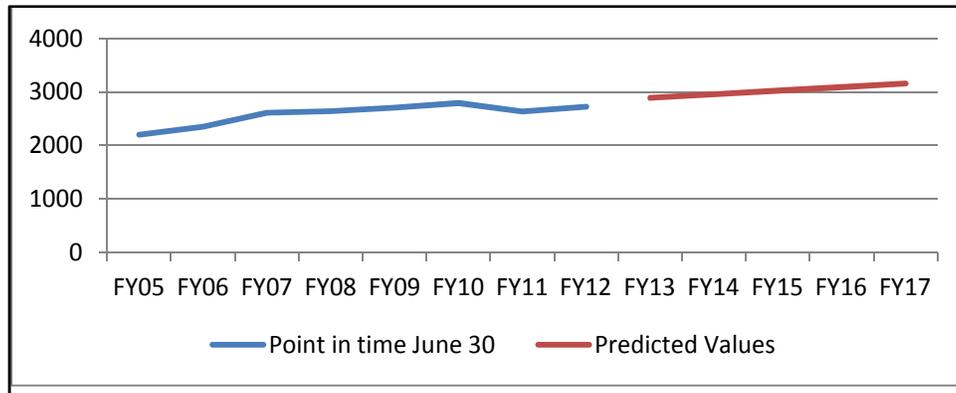
### **Program Improvement Plan**

This project will support strategic goals being addressed in the DCFS Program Improvement Plan. It will:

- Strengthen and maintain focus of services on child safety by:
  - Decreasing threats of harm for children.
  - Increasing caretaker protective capacity.
  - Decreasing child vulnerabilities.
- Reduce disruptions and improve permanency solutions for children receiving services by:
  - Serving more children in-home with their families or with kin.
  - Reducing removals, placement moves, time in care, and exit of youth to non-permanence.
- Strengthen organizational competency in business operations and management, oversight, accountability, and CQI by:
  - Allocating resources to focus first on funding core services and core administrative structure.
  - Improving consistency in service delivery across the state.
  - Improving competence and satisfaction of workforce.
  - Maintaining current levels of performance and resources.



**Figure 6-Children in Custody June 1  
 Actual and Predicted Point in Time**



This project will help DCFS achieve specific objectives or activities listed in the PIP including:

- Assess and address gaps in service array by assessing services available in each region and by identifying gaps in services.
- Assess and address safety, risk, and needed ongoing service intervention by implementing the SDM model.

## 1.9 EFFECT OF THE DEMONSTRATION PROJECT ON COURT ORDERS

Not applicable. There are currently no court orders in effect anywhere in the State by which a court has determined that the State’s child welfare program has failed to comply with State child welfare laws, with titles IV-B or title IV-E, or the Constitution.

## 2 TARGET POPULATION

The target population for this demonstration project is all children and families coming into the child welfare system because of a supported allegation of child abuse, neglect, or dependency and, based on their SDM safety and risk assessments, are identified as requiring ongoing services. In addition, the target population may be expanded to include children at risk of entry into foster care due to juvenile delinquency or for post reunification in-home services as capacity is developed.

### 2.1 UTAH POPULATION INFORMATION

Utah continues to be the youngest state in the nation, with a median age of 27.1 years, compared to 35.3 nationally. The state has the highest birthrate in the nation with more than one-third of Utah’s population under the age of 19. By 2017, projections indicate there will be 1,035,763 children in the State of Utah, a 9.98% increase when compared to the present population. Racial/ethnic minorities comprise 19.6% of the population, compared to 36.3% of the nation as a whole. In May 2012, the unemployment rate was 6.0%. 13.2% of Utah’s families and more than 13% of Utah’s children live below the poverty level.





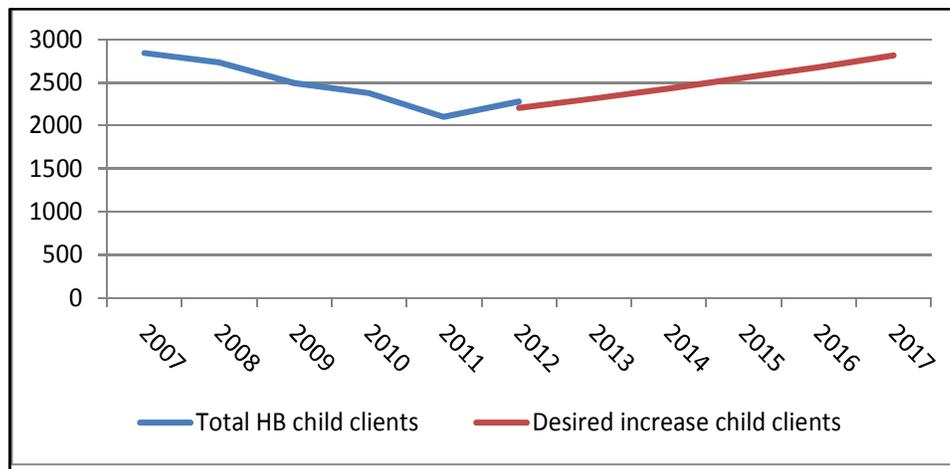
Figure 5-Projected Total Number of Children 0-18										
2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
834,070	857,680	878,349	899,090	920,366	941,737	962,323	982,314	1,001,655	1,019,745	1,035,763

## 2.2 ESTIMATED NUMBER OF CHILDREN AND FAMILIES TO BE SERVED

As seen in [Figure 2-Home-Based and Foster Care Clients 2000-2011](#), other than the slight drop from FY10 to FY11, there has been an overall increasing trend in the number of children served in foster care. Median growth over the past five years has been approximately three percent per year and it is projected to increase at least two percent per year over the next five years.

At the same time, the number of children served through in-home services has declined. Our goal is to reverse this trend and serve more children through in-home services.

**Figure 7-Number of In-Home Clients  
 Point in Time and Desired Increase**



At the end of the most recent fiscal year (6/30/12), DCFS was working with 4,365 clients (2,278 child clients and 2,087 adult clients) through in-home services and had served 10,305 (5,342 child clients and 4,963 adult clients) during the course of the year. It is anticipated by the end of the demonstration project that all children and adults served through in-home services will be impacted by the project and will be receiving enhanced assessments and improved intervention services. It is the goal of the project to increase clients served through in-home services. Therefore the proposed target population will be approximately 10,000 or more adult and child clients per year when fully implemented.

Cases included in this population are court ordered or voluntary supervision cases, family preservation cases and clinical intervention services cases.



**Figure 8-Number of In-Home Clients**

In-Home Cases	FY '07	FY '08	FY '09	FY '10	FY '11	FY '12
Total Cases	4,572	4,120	4,058	3,862	3,686	3,288
Total Clients	13,581	12,886	12,527	11,607	11,122	10,305

**Figure 9-Median Month Case Length for Cases Closed During the Year**

	FY '07	FY '08	FY '09	FY '10	FY '11	FY '12
Median Months	4	4	5	5	4	4

The data below describe the current demographic characteristics of in-home services clients.

**Figure 10-Child Client Characteristics**

Children (multiple selection possible)	6/30/2007		6/30/2008		6/30/2009		6/30/2010		6/30/2011		6/30/2012	
Am Indian/ Alaskan Native	135	4.75%	164	6.01%	108	4.34%	128	5.39%	92	4.38%	104	4.57%
Asian	24	0.85%	38	1.39%	26	1.04%	14	0.59%	17	0.81%	14	0.61%
Black	104	3.66%	99	3.36%	101	4.05%	103	4.34%	76	3.62%	116	5.09%
Cannot Determine	33	1.16%	38	1.39%	25	1.00%	7	0.29%	11	0.52%	17	0.75%
Pacific Islander	40	1.41%	25	0.92%	24	9.60%	35	1.47%	47	2.24%	22	0.97%
Unknown	6	0.21%	4	0.15%	5	0.20%	21	86.00%	30	1.44%	21	0.92%
White	2563	90.25%	2443	89.45%	2262	90.81%	2135	89.89%	1903	90.62%	2039	89.51%

Child age group	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012
0-5	1151	1120	967	905	796	800
6-10	815	729	717	617	585	633
11-13	360	399	364	363	279	341
14-17	451	463	420	459	392	424
18+	63	20	23	31	48	80

Gender of children	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012
Female	1430	1318	1208	1160	1009	1119
Male	1408	1412	1282	1269	1089	1158
unknown	2	2	1		2	1

**Figure 11-Adult Client Characteristics**

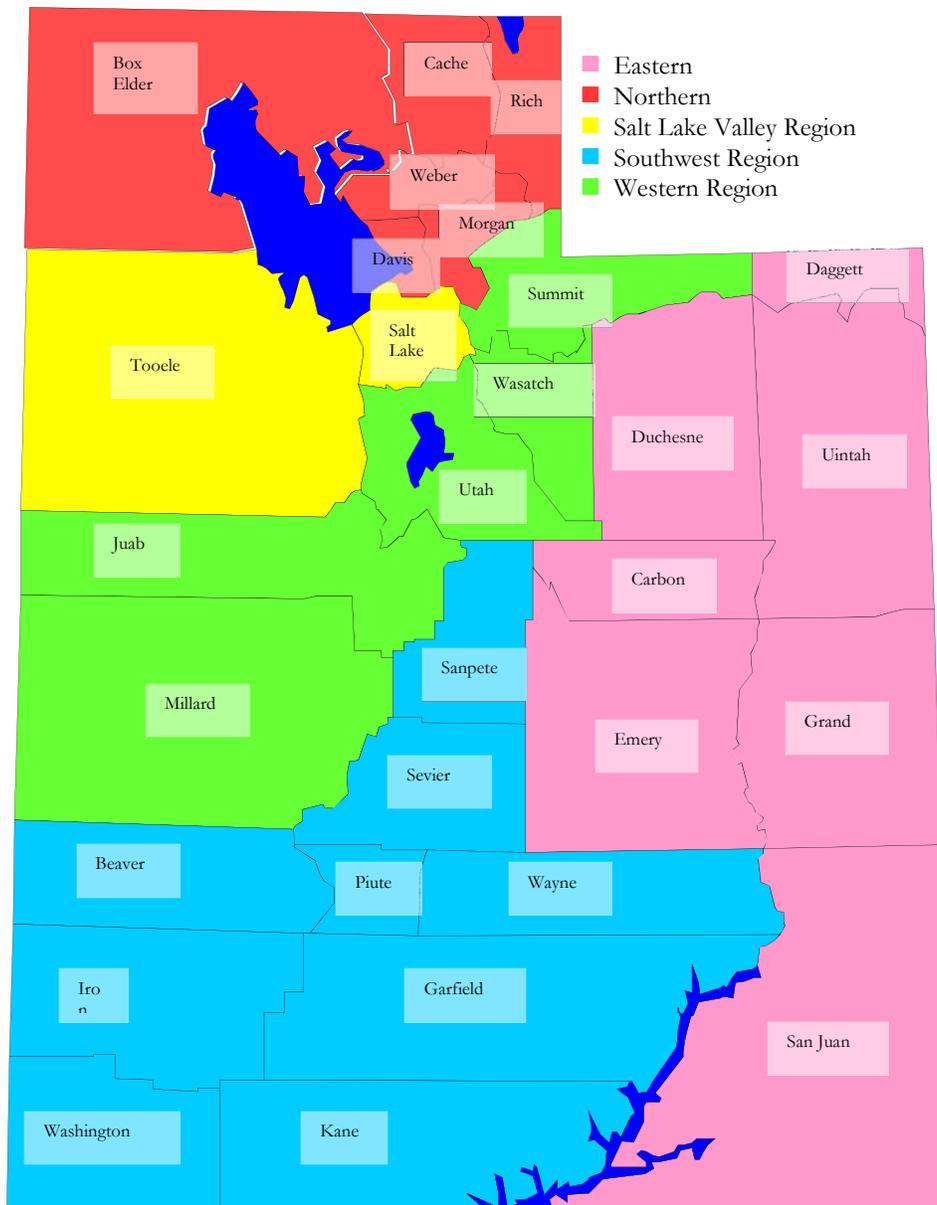
Adults (multiple selection)	6/30/2007		6/30/2008		6/30/2009		6/30/2010		6/30/2011		6/30/2012	
Am Indian/ Alaskan Native	91	3.53%	98	0.12%	70	3.16%	75	3.50%	61	3.10%	56	2.68%
Asian	14	0.54%	22	0.89%	17	0.77%	14	0.65%	7	0.36%	15	0.72%
Black	61	2.37%	55	2.23%	56	2.53%	54	2.52%	49	2.49%	47	2.25%
Cannot Determine	41	1.59%	30	1.22%	26	1.18%	16	0.75%	11	0.56%	20	0.96%
Pacific Islander	18	0.70%	19	0.77%	11	0.50%	16	0.75%	21	1.07%	13	0.62%
Unknown	26	1.01%	19	0.77%	19	0.87%	35	1.50%	27	1.37%	49	2.34%
White	2346	90.97%	2240	90.95%	2037	92.09%	1963	91.60%	1807	91.96%	1920	92.00%



Average age of adult client	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012
	34.6	34.7	35	35.6	35.5	35.21

As the goal is to divert cases from foster care to in-home, it is estimated that up to 385 Title IV-E eligible children who would have been in foster care may be diverted from out of home care through receipt of in-home services during the period of the demonstration project.

**State of Utah**  
**Division of Child and Family Services**  
**Map of Regional Boundaries**





### 2.3 GEOGRAPHIC AREA AFFECTED BY THE DEMONSTRATION PROJECT

The project will be implemented statewide, on a staggered basis, through the five DCFS regions. Implementation will first occur in the Northern Region, followed by implementation to the rest of the state. Utah is a geographically diverse state with nearly 85,000 square miles populated by 2,817,222 people. Eighty-eight percent of the population is concentrated in four counties along the Wasatch Front. The remainder lives in rural areas with fewer than 15 residents per square mile. Since some rural areas lack various social, educational, mental health and medical services, at times children and families have to travel great distances to access services, and occasionally the lack of services results in the need to place children in out-of-home settings far from their family.

### 2.4 DESCRIPTION OF CHILD WELFARE STATUS, HISTORY, AND OTHER RISK FACTORS

Over the last five years, DCFS has received an average of 20,050 allegations of child abuse and neglect. Of those allegations, an average of 8,163 was supported. In addition, 12,370 victims were involved in supported cases which equates to slightly more than 1.51 victims per case.

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
<b>Total CPS Cases</b>	19,993	20,340	19,878	20,649	19,838	19,544
<b>Number of Supported Cases</b>	8,073	8,305	8,225	8,505	8,296	7,485
<b>Number of Supported CPS Victims</b>	12,206	12,376	12,501	12,651	12,781	11,543

An average of 4,502 children received foster care services per year. At any point in time, there are approximately 2,693 children in foster care. An average of 2,677 children in foster care meet Title IV-E eligibility criteria during any particular year, with 1,351 Title IV-E eligible at any point in time.

Year	Point in time June 30	Point in time June 30
FY07	2,611	4,263
FY08	2,640	4,401
FY09	2,710	4,532
FY10	2,790	4,652
FY11	2,632	4,664
FY12	2,726	4,539

Over the last five years there were on average 6,498 children receiving in-home services, and 2,489 at a point in time (June 30<sup>th</sup>).



The greatest risk-factors precipitating the need for an out-of-home placement include the neglect of a child, or families where the parents have a history of substance abuse. Approximately 46% of children in foster care at any point in time are in custody primarily due to neglect. The next highest reason for custody placement is dependency. Additionally, approximately 60% of new custody placements have substance abuse as an issue in the family. These appear to be the largest risk factors for entry into foster care.

For children receiving in-home services an average of 426 (17%) are receiving those services because of a primary supported finding of neglect, 4.6 (.18%) children are receiving services due to a primary finding of homelessness, and 81.8 (3.3%) due to dependency. In all, more than 511 children are receiving services due to a primary finding of neglect, homelessness or dependency. Similarly, 1,321 children receiving in-home services have substance abuse in the home as a contributing need for the service.

### **3 EVALUATION**

#### **3.1 EVALUATION DESIGN**

Utah is considering implementing the following design methodology to evaluate the success of the demonstration project. However the final design and analysis approach will be developed after the division has contracted with an external evaluator. The evaluation will consist of three components: (1) Outcome Measures, (2) Process Measures, and (3) Cost Analysis.

It is expected that the project will utilize both a pre-post and comparison site design to evaluate different aspects of the demonstration project, which is the most appropriate, rigorous design when considering target population needs. Random assignment and control groups would not be appropriate for this project because the children involved in these cases are at high or very high risk of maltreatment and it would be unethical to withhold the best services the division has to offer. The evaluation will include analysis of processes, worker perception, outcomes, and costs. Data will be evaluated at state, regional, local, unit, worker, case, and child levels.

Utah will stagger the implementation of this project in different geographical regions of the state. The purpose of this location-based, phased approach is twofold. First, it will allow for focus on ensuring that each rollout site has the attention needed from the implementation team to ensure success. Second, it will allow DCFS to use lessons learned at one site to improve the implementation process at another site. This type of implementation also makes sense since the state is currently rolling out the Structured Decision-Making (SDM) safety, risk and risk reassessment tools for use in child protective services and in-home services cases, and it is important to ensure that as the child welfare demonstration project is implemented in a given area, SDM implementation has been previously completed. This will allow DCFS to track the effects of SDM on outcomes before the effects of the demonstration project are measured. This will prevent the confounding of data that would occur were both processes to be implemented at the same time.

A phased implementation will also provide an opportunity for comparison between geographic regions where the project has been implemented and those where it has not been implemented.



Additionally, the evaluation team will conduct pre-post evaluations in areas where we already have been collecting data and monitoring outcomes (outcomes 3, 4, and 5).

Utah will initially implement the project in two offices in the Northern Region. One site will be in an urban setting and the other in a rural setting. Because DCFS has not been utilizing empirically based assessment tools to identify child and family needs, strengths and risks for in-home cases, limited prior and comparison data for outcomes 1 and 2 will be available. The prior and comparison data for these outcomes may come from data obtained from Qualitative Case Reviews. During annual Qualitative Case Reviews conducted in each region, reviewers analyze a sample of in-home and foster care cases. Case files are reviewed and client, worker, and partner interviews are completed to evaluate two broad domains, child and family status and system performance. Indicators within the child and family status domain that are relevant to this demonstration project include safety, health/physical well-being, emotional/behavioral well-being, learning progress/development, and satisfaction. Indicators within the system performance domain that are relevant to this demonstration project include child and family assessment, and intervention adequacy.

One barrier to using Qualitative Case Review data is the small sample size. During the last year only 32 in-home cases were reviewed as part of the Qualitative Case Review. Therefore, while overall trends observed from the data may be analyzed, the sample is not large enough to generalize or detect significant differences.

DCFS will also be able to compare prior and comparison data retrieved from SAFE for outcomes 3, 4, and 5. The comparability of the comparison sites with the pilot sites will be assessed in current outcome performance as well as demographic variables.

The division currently monitors a number of demographic, process, and outcome based measures by region on a monthly and quarterly basis. Utilizing these same mechanisms, agency management will be able to identify in-home trends and outcomes that change over time. The following hypothesis will be tested as part of the evaluation:

### **Outcome Measures:**

1. Hypothesis: *Implementing an evidence-based assessment tool for in-home cases will result in more comprehensive identification of child and caregiver needs and strengths.*

### Method of evaluation:

- (a) The evaluation team will use data from the SACWIS system (SAFE) to determine if there is complete information on child and family needs and strengths
- (b) The evaluation team will use Qualitative Case Review system performance child and family assessment scores on in-home cases to determine if there has been an improvement in outcomes pre-implementation versus post- implementation. They will also use those scores to determine if there was a difference in outcomes between sites where the project has been implemented versus sites where the project has not yet been implemented.



- Hypothesis: Implementation of a protective factors framework in the work of caseworkers, identifying and increasing community empirically based intervention services, and giving caseworkers knowledge about trauma and how to match the identified needs to effective services will lead to an improvement in well-being during the course of the in-home intervention.*

Method of evaluation:

(a) The project evaluation team will determine if well-being indicators measured post-implementation improve over the life of cases. This item will be measured by the assessment tool (which may include caregiver strengths, caregiver needs, child strengths, child risk behaviors, life domain functioning, school, and mental health issues including trauma).

(b) The project evaluation team will identify if there has been improvement in the state's Qualitative Case Review child and family status outcomes indicators of safety, health/physical well-being, emotional/behavioral well-being, learning progress/development, and satisfaction scores. This item will be measured pre-implementation and post-implementation as well as between sites where the project has been implemented and sites where it has not.

- Hypothesis: Sites that have implemented the demonstration project will see a reduction in subsequent maltreatment of children served through in-home services within one year post service termination.*

Method of evaluation: Data from the SACWIS system (SAFE) will be used to track child clients receiving in-home services and determine whether or not they are supported/substantiated victims of abuse, neglect, or dependency within 12 months of the end of the in-home case. These data have been tracked for several years so we will have both pre- and post- and comparison data.

- Hypothesis: Within one year post service termination, sites that have implemented the demonstration project will see a reduction in subsequent foster care placement of children served through in-home services.*

Method of evaluation: Data from the SACWIS system (SAFE) will be used to track child clients of in-home services and whether or not they were removed and placed in the custody of DCFS within 12 months of the end of the in-home case. These data have been tracked for several years so we will have both pre- and post- and comparison data.

- Hypothesis: The division will see an increase in child victims of child protective services cases being served through in-home services instead of through a foster care out-of-home placement.*

Method of evaluation: Data from the SACWIS system (SAFE) will be used to track the proportion of child clients served in in-home services versus foster care out-of-home placement.

These data have been tracked for several years so we will have both pre- and post- and comparison data.



It is important to monitor outcome 5 in tandem with outcomes 3 and 4 above because it may be that if more severe cases are served through in-home services (as determined by initial assessments identified in outcome 1) that outcomes 3 and 4 will not show the same level of improvement because the severity of the cases has increased. However if more children are being diverted from out-of-home care to in-home services, thus avoiding the trauma of separation from family, and the agency is still seeing improvement in outcome 2, that the project will still be considered successful even if the recidivism outcomes remain constant. Outcome measures will be evaluated through use of state, regional, local, unit, worker, case, and child data pulled from SAFE.

### **Process Measures:**

1. Hypothesis: *Caseworkers will know how to utilize evidence-based assessments during the life of the case. These assessments will be used to (a) identify threats to safety, parent's protective capacities, child and parent needs and strengths including well-being and trauma issues, (b) match identified issues and needs to appropriate interventions and services, (c) provide ongoing assessment of issues to determine progress towards a goal or determine if services need to be altered, and (d) determine when intensity of services can be decrease or services terminated.*

Method of evaluation: The project evaluation team will determine if there is improvement in the state's Qualitative Case Review system performance, specifically in child and family assessment scores on in-home cases. This item will be measured pre-implementation and post-implementation as well as between the sites where the project has been implemented and sites where it has not.

2. Hypothesis: *Caseworkers will know how to intervene with families incorporating a protective factors framework into their day to day work.*

Method of evaluation: The evaluation team will conduct a pre-post survey to be given to workers. This survey will evaluate workers perception about whether their skills and abilities to intervene through in-home services cases have increased, and present scenarios where workers will demonstrate that they have the skills and knowledge to implement the interventions they learned.

3. Hypothesis: *There will be an increase in the number of evidence-based services available that will be able to target issues that are prevalent in families receiving in-home services. These services may be developed and provided either by DCFS workers, or preferably, will be delivered through community resources or through contracts with community agencies. Services will be developed and implemented that target trauma, mental health, substance abuse, or neglect related issues.*

Method of evaluation: The evaluation team will conduct both a pre- and post-assessment of the number of targeted services available, either in the community or through the division.

4. Hypothesis: *Caseworkers will know what services are available in their community and how to access them.*

Method of evaluation: The evaluation team will conduct both a pre- and post-survey of workers to determine their knowledge of available of resources and their ability to access them.



### Cost Analysis:

1. Hypothesis: *The division will see an increase in the funding utilized by the division for in-home services and a decrease in the funding that would have been expected to be received for out-of home care. There will be a shift to an increased proportion of funding being utilized for in-home services and contracts.*

Method of evaluation: The evaluators will review the state and region expenditures for in-home and out-of-home services prior to implementation and post implementation and determine if there was a significant difference.

2. Hypothesis: *The division will see an increase in funding that for evidence-based services targeted to in-home services clients.*

Method of evaluation: The evaluators will review the state and region expenditures for evidence-based services targeted to in-home services clients prior to implementation and post implementation and determine if there was a significant difference.

### 3.2 OUTCOMES ON WHICH THE DEMONSTRATION PROJECT HAS AN IMPACT

The proposed demonstration project is expected to have the following outcomes:

1. *A consistent use of a comprehensive assessment of child and family needs and strengths.* By providing an evidence-based wellbeing and trauma assessment tool that workers can use to assess the needs and strengths of families receiving in-home services, the division will be able to identify caregiver strengths, caregiver needs, child strengths, child risk behaviors, life domain functioning, as well as school and mental health issues, including trauma.
2. *Improvement in family and child functioning and reduced risk of subsequent maltreatment.* DCFS expects to see risk and needs severity levels decrease over time as workers assess risks, needs, and strengths of families, implement a protective factors framework, and target evidence-based community services to be delivered to children and families.
3. *Reduction in subsequent maltreatment of children served through in-home services.* By regularly utilizing empirically based tools for ongoing assessment of risk (including threats to safety and caregiver's protective capacities) and family and child functioning, caseworkers will be better able to determine when families are stabilized, child and family functioning has improved, and community services have been successful.
4. *Reduction in subsequent foster care placement of children served through in-home services.* By assessing risks, needs, and strengths of families incorporating a protective factors framework into the day to day practice of workers, and identifying and increasing the evidence based services that meet the family's needs, DCFS expects to see a decrease in the number of services delivered to children in out-of-home placements.



5. *Increase in the number of child victims involved in child protective services cases being served through in-home services instead of through an out-of-home placement.* By implementing better assessments, increasing caseworker interventions, and implementing additional community services, it is believed that DCFS will be better equipped to serve more severe cases through in-home services. In addition, it is expected that the confidence of child protective services workers and partner agencies (including the courts) in the ability of in-home services to meet children and family needs will increase. This added confidence is also expected to have an impact on the rate of entry into an out-of-home placement.

It is important to monitor outcome 5 in tandem with outcomes 3 and 4 above because it may be that if more severe cases are served through in-home services (as determined by initial assessments identified in outcome 1) that outcomes 3 and 4 will not show the same level of improvement. However if more children are being diverted from out-of-home care to in-home services, thus avoiding the trauma of separation from family, and the agency is still seeing improvement in outcome 2, the project will still be considered successful even if the recidivism outcomes remain constant.

## **4 COST NEUTRALITY, FINANCIAL INFORMATION, AND ADDITIONAL REQUIREMENTS**

### **4.1 ESTIMATE OF COSTS OR SAVINGS**

In accordance with Section 1130(h) of the Social Security Act, Utah is proposing to utilize an annual capped allocation of Title IV-E funds as the basis for projecting that the demonstration project will be cost neutral. Utah estimates that total Title IV-E savings over the five-year period of the project may be as high as \$1,408,000. Savings are expected to be minimal during the pilot period of the project and to gradually increase during implementation as the project expands statewide region by region. All savings realized as a result of the child welfare demonstration project will be utilized for child welfare services, primarily to be reinvested into the in-home services that are the focus of the project.

### **4.2 METHOD USED TO MEASURE AND ENSURE COST NEUTRALITY**

The cost neutrality methodology being proposed is an annual capped allocation, calculated by starting with a baseline period and adding an annual growth factor for the five-year period of the project, the sum of which is the expected Title IV-E funds that Utah would receive for foster care maintenance and administration in the absence of the child welfare demonstration project. The factors and calculations for ensuring cost neutrality are described in the sections below.



### **Costs Included in Cost-Neutrality Calculation**

The following Title IV-E costs will be included when calculating cost-neutrality under the child welfare demonstration project:

- a. Foster care maintenance payments.
- b. Foster care administration.

### **Costs Excluded from Cost-Neutrality**

The following Title IV-E costs will be excluded when calculating cost-neutrality under the child welfare demonstration project:

- a. Training costs.
- b. SACWIS operations and development costs.
- c. Adoption assistance and administration.
- d. Kinship guardianship assistance payments and administration, if this provision is implemented during the period of the child welfare demonstration project.
- e. Child welfare demonstration project development costs.
- f. Child welfare demonstration project evaluation costs.

Although prior child welfare projects using the capped allocation methodology were required to include capping of the adoption assistance program in their cost-neutrality methodology, exclusion of this program is requested due to the Federal law change made to adoption assistance eligibility in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P. L. 115-351). With the expansion of future eligibility for adoption assistance being primarily based upon child age, there is not a reasonable basis upon which to calculate a cost-neutrality cap. The same argument applies if kinship guardianship assistance is added to Utah's title IV-E plan. There would be no historical basis upon which to estimate the amount of funds Utah would have received for this service in the absence of the child welfare demonstration project if this new service is added.

### **Historical Title IV-E Claiming and Factors Affecting Future Title IV-E Revenue**

The process to estimate the amount of Title IV-E foster care maintenance and administration funds that Utah would receive in the absence of a waiver is complex. A variety of factors have been considered, such as actual Title IV-E foster care funding trends, estimates of future client growth patterns, and consideration of future funding requirements in the context of a recovering economy.

Actual Title IV-E foster care claims were calculated for the last five years, most of which occurred during a recession. Overall, Utah has experienced an increase in the amount of Title IV-E funds claimed from Federal Fiscal Year 2007 through Federal Fiscal Year 2011.



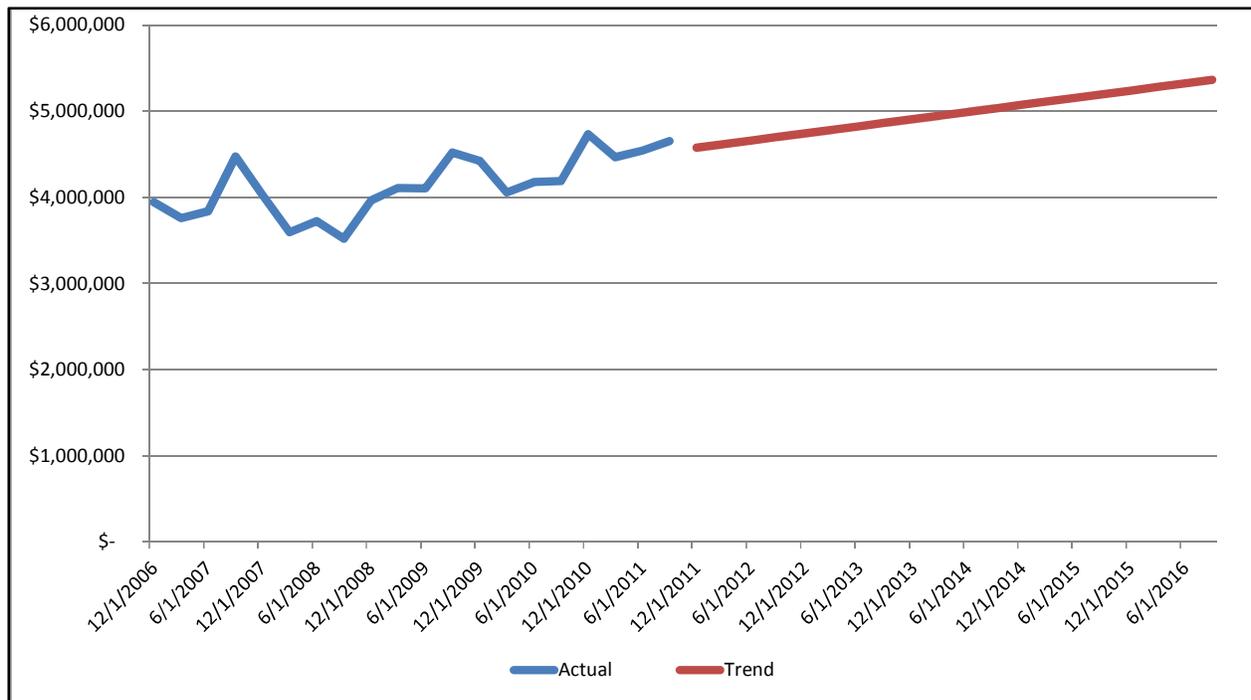
**Figure 14-Utah Title IV-E Foster Care Maintenance and Administration Claims  
 Federal Fiscal Year 2007 through Federal Fiscal Year 2011**  
*(Excluding SACWIS and training)*

Category	FFY '07	FFY '08	FFY '09	FFY '10	FFY '11
IV-E FC Administration*	\$ 11,406,750	\$ 11,081,608	\$ 11,671,648	\$ 12,228,891	\$ 11,354,801
IV-E FC Maintenance Payments*	\$ 4,604,214	\$ 3,785,205	\$ 5,433,122	\$ 5,054,187	\$ 7,365,815
Minus ARRA	\$ -	\$ -	\$ (409,368)	\$ (436,255)	\$ (327,532)
Fiscal Year Total IV-E	\$ 16,010,964	\$ 14,866,813	\$ 16,695,402	\$ 16,846,823	\$ 18,393,084

*\*Net current quarter adjustments and/or Federal child support collections*

This claims data reflects an upward trend in Title IV-E foster care claims. In the absence of a child welfare demonstration project and without considering other factors affecting the foster care program, Title IV-E claims are expected to continue to grow at a rate of approximately 3.4% per year from FFY 2012 to FFY 2016.

**Figure 15-Title IV-E Foster Care Claims History and Projected Trend**

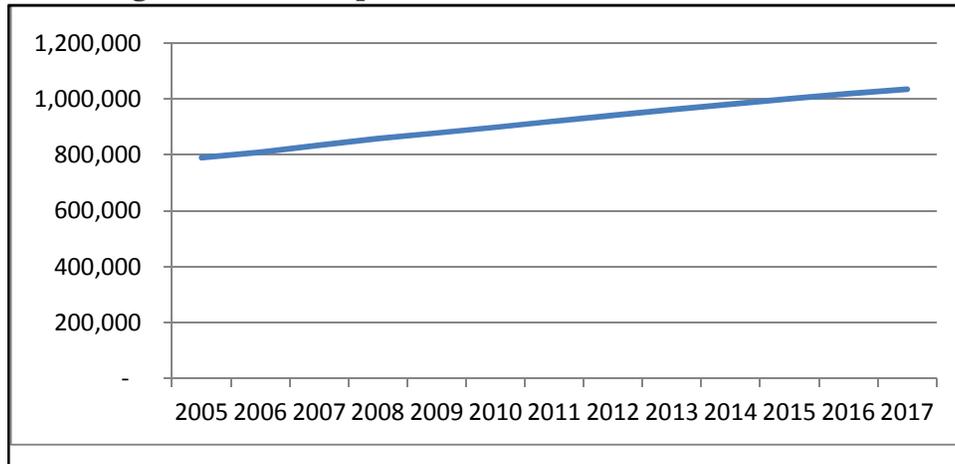


Child population growth and numbers of children in foster care are also factors that must be taken into account when estimating the amount of Title IV-E funds Utah would expect to receive in the next five years for foster care administration and maintenance payments.



Utah's child population has grown approximately 2-3% per year from 2005 to 2011, according to the U.S. Census. The Utah's Governor's Office of Planning and Budget projects child population growth continue in coming years at about 2 % per year during the period of the child welfare demonstration project.

**Figure 16-Child Population Actual and Predicted Growth**



As shown in [Figure 6-Children in Custody June 1](#), the number of children in foster care has also grown in the last five years, with a trend similar to the overall child population growth in the state. Considering the historical trend, the foster care population is projected to continue to grow at a rate of approximately 2% per year.

The total number of children in foster care who are eligible for Title IV-E has also grown during this period of time, but that growth has been at a slower rate than the total foster care population. Overall, the estimated percentage of growth for the number of children in foster care who are Title IV-E eligible is 1.15% per year.

Additional economic factors need to be considered when estimating expected Title IV-E claims that Utah would expect to receive in the next five years, absent a child welfare demonstration project. Utah is a balanced budget state. With this approach to budgeting, along with the impacts of the general economy, staff salaries have trailed further behind the market due to multiple years without salary increases and reductions in benefit compensation, provider rates have suffered with rate reductions being rolled back to FY 07 levels, and caseworker burden has been high, with a hiring freeze and increased staff turnover. Even with these factors, Title IV-E foster care administrative and maintenance claims have increased.

In addition, the Consumer Price Index (CPI), Western urban – all items with Base Period – 1982-84=100, shows a 10-year CPI annual average of 3.6 percent. For year 2011 the CPI came in at 5.3 percent. The first five months of 2012 reflect an increase of 2.4 percent, which would equal 5.7 percent annualized. The division has been impacted with general rising costs for components of its operations and expects to continue to be affected by cost increases during the period of the demonstration project.



Early improvement in Utah's economy has resulted in the legislature appropriating funds for limited increases in staff compensation and to partially restore rate cuts for foster care providers for State fiscal year 13. These improvements represent real additional administrative and maintenance costs that we foresee will continue to increase as the economy improves. These increases are not captured in the Title IV-E Foster Care Claims History and Projected Trend discussed above.

### Baseline Period and Estimated Funding for Cost Neutrality

When taking into account historical costs, expected population growth, and variables that can be reasonably considered in an improving economy, it is reasonable to expect a total of \$101,914,871 in Title IV-E foster care administration and maintenance funds from FFY 2012 to 2016 to be cost neutral for Utah. This represents a 4.1% annual increase over the base year of FFY 2011.

**Figure 17-Utah Child Welfare Waiver Demonstration Project**  
 Federal IV-E Foster Care Funding by Federal Fiscal Year

			Title IV-E Foster Care excluding training and SACWIS operations and development
2011 Base Year			\$ 18,393,084
Federal Fiscal Year	Quarterly Allocation		Annual Total
2012	Q1	\$ 4,786,800	
2012	Q2	\$ 4,786,800	
2012	Q3	\$ 4,786,800	
2012	Q4	\$ 4,786,800	\$ 19,147,200
2013	Q1	\$ 4,983,059	
2013	Q2	\$ 4,983,059	
2013	Q3	\$ 4,983,059	
2013	Q4	\$ 4,983,059	\$ 19,932,236
2014	Q1	\$ 5,187,364	
2014	Q2	\$ 5,187,364	
2014	Q3	\$ 5,187,364	
2014	Q4	\$ 5,187,364	\$ 20,749,457
2015	Q1	\$ 5,400,046	
2015	Q2	\$ 5,400,046	
2015	Q3	\$ 5,400,046	
2015	Q4	\$ 5,400,046	\$ 21,600,185
2016	Q1	\$ 5,621,448	
2016	Q2	\$ 5,621,448	
2016	Q3	\$ 5,621,448	
2016	Q4	\$ 5,621,448	\$ 22,485,793
Five Year Total		\$ 103,914,871	\$ 103,914,871



### 4.3 FEDERAL, STATE, TRIBAL AND LOCAL INVESTMENTS MADE

The table below accounts for State and Federal investments (other than Title IV-E) made during Federal Fiscal Years 2010 and 2011 to provide the service interventions that will be undertaken through the child welfare demonstration project. These investments include funding for child welfare services associated with the project, including foster care and in-home services provided within the Utah Department of Human Services. No tribal funds, local funds or private donations have supported the service interventions being addressed by the project.

**Figure 18-Two-Year Historical Investment\* for Services Related to Child Welfare Demonstration Project**

Federal Fiscal Year	State General Funds	Other Federal	Other**	Total Non-IV-E Investment
FFY 2010	\$ 94,047,574	\$ 49,557,894	\$ 3,936,162	\$ 147,541,630
FFY 2011	\$ 110,118,637	\$ 13,442,580	\$ 3,584,776	\$ 127,145,993
2-Year Total	\$ 204,166,211	\$ 63,000,474	\$ 7,520,938	\$ 274,687,623
<p><i>*"Investment" includes costs for administration, foster care maintenance, and child welfare services that primarily support foster care and in-home services. Costs do not include adoption, training, SACWIS, domestic violence or primary child abuse prevention.</i></p> <p><i>**"Other" includes child support for non IV-E eligible children. No services applicable to the child welfare demonstration project were funded with local funds or private donations.</i></p>				

### 4.4 ASSURANCE TO CONTINUE TO PROVIDE CONSISTENT ACCOUNTING

DCFS is providing an assurance that it will continue to provide an accounting of the same investments for service interventions reported above for each year of the approved demonstration project.

### 4.5 COMMITMENT TO DEVOTE FEDERAL IV-E, STATE, LOCAL RESOURCES SAVED TO CHILD WELFARE PROGRAMS AND SERVICES

Utah's Child Welfare Demonstration Project is based on the core principle that funds saved from Title IV-E foster care administration and maintenance will be reinvested into child welfare services, primarily serving children and families in their homes. DCFS commits to devote any Federal IV-E funds, as well as State resources used to match Title IV-E Foster Care Administration and Maintenance and Title IV-B parts 1 and 2, that are freed up under the demonstration project to be used for child welfare purposes.



#### **4.6 SIMILAR PROJECTS**

In response to a legislative audit conducted in 2010, DCFS committed to increase its focus on developing in-home services; progress has made on this objective since the audit. This demonstration project, therefore, is a natural outgrowth of Utah's values and strategy toward reducing foster care placements, improving in-home services and increasing the well-being of children who experience trauma, abuse and/or neglect.

#### **4.7 CHILD WELFARE PROGRAM IMPROVEMENT POLICIES IMPLEMENTED OR TO BE IMPLEMENTED**

In satisfying requirements outlined in section 1130 (a) (3) (c) of the Social Security Act, DCFS intends to implement the following Child Welfare Program Improvement Policies:

1. The establishment of a bill of rights for infants, children, and youth in foster care that is widely shared and clearly outlines protections for infants, children, and youth, such as assuring frequent visits with parents, siblings, and caseworkers, access to attorneys, and participation in age-appropriate extracurricular activities, and procedures for ensuring the protections are provided. This policy will be implemented within the first two years of implementation of the demonstration project.
2. The development and implementation of a plan for meeting the health and mental health needs of infants, children, and youth in foster care that includes ensuring that the provision of health and mental health care is child specific, comprehensive, appropriate, and consistent (through means such as ensuring the infant, child, or youth has a medical home, regular wellness medical visits, and addressing the issue of trauma, when appropriate).

This policy has been implemented, but will be strengthened during the demonstration project. Utah has established the Fostering Health Children program within the Utah Department of Health to ensure ongoing health, dental, and mental health care needs are met for children in DCFS custody. This is done by maximizing quality and timeliness of health care services for the children and ensuring access to health care providers. Nurses and staff from the Utah Department of Health are co-located in offices with DCFS caseworkers and work in partnership to coordinate the foster child's health care while in custody. In the future, DCFS will strengthen its capacity to better meet the mental health needs of infants, children, and youth in foster care through more effective utilization of trauma-based assessment and treatment services.

#### **4.8 ASSURANCE THAT THE IV-E AGENCY PROVIDES HEALTH INSURANCE FOR ALL SPECIAL NEEDS CHILDREN**

DCFS provides its assurance that health insurance coverage is provided for all special needs children for whom there is an adoption assistance agreement.



#### **4.9 EFFECT ON STATE'S AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS/SAFE)**

The demonstration project is expected to affect Utah's SACWIS system (SAFE) in the following ways:

1. Depending on the in-home assessment to be developed and implemented, SAFE administrators may need to add the assessment to the system or make modifications to the current foster care assessment so that the tool can be used to adequately assess the needs of children and families receiving in-home services.
2. A display of the information from the assessment will need to be added to the Child and Family Assessment and Planning tool in SAFE.
3. New action items or prompts may need to be added as reminders to any new case practices required as part of the new protective factors framework.
4. A more detailed tracking of empirically-based services or training utilized by contract providers may need to be added to the system to help caseworkers identify services that are available to them.
5. New forms or document templates may need to be added.

Based on alterations to business practices, the SAFE system is constantly addressing needed changes. These changes will be handled and prioritized through the same change management process that is currently used.

### **5 PARTNERSHIPS AND PUBLIC INPUT**

#### **5.1 DESCRIPTION OF PROCESS TO SECURE COUNTY, LOCAL, TRIBAL, OR JUDICIAL PARTICIPATION**

##### **Regional Participation**

Regional administrators and staff have been and will continue to be involved in all phases of the project. Partnership with regional administration and staff is crucial to success of the project. Regional directors were consulted in the decision to apply for a child welfare demonstration project and were represented in the preliminary workgroup designing the project. Regional staff has participated in stakeholder discussions that were held as part of the public input process. Regional staff will continue to participate in development of the implementation plan, particularly as we prepare to implement within the specific region, and in evaluation.



### **Tribal Participation**

Tribal participation has been and will continue to be promoted in several ways. Tribal partners have been invited to participate in two stakeholder meetings held prior to submission of the child welfare demonstration project. Two of the tribes provided feedback and/or have expressed interest in the project. All tribal partners will be notified of the child welfare demonstration project application submission and of additional opportunities to provide public comment on the proposal. Also, each tribe will be encouraged to participate as implementation plans are developed and operationalized in each region. We will seek involvement and input from each tribe as we assess and plan to enhance community resources and strengthen caseworker capacity. We will place particular focus on being vigilant in involving tribal partners as early as possible in a child welfare case, in compliance with the Indian Child Welfare Act.

### **Judicial Participation**

Judicial participation is important in this demonstration project. Judicial partners include Juvenile Court Judges, Juvenile Court Administration, Office of the Guardian ad Litem, Office of the Attorney General, and Office of Parental Defense. Judicial participation has been and will continue to be sought in several ways. First, a juvenile court administrator participated with agency administrators in a convening sponsored by Casey Family Programs prior to release of the child welfare demonstration announcement and participated in initial visioning for the project. Second, representatives from each judicial partner group have been invited to and several have participated in stakeholder meetings held prior to submission of this child welfare demonstration project application. Third, systematic dissemination of information to judicial partners regarding the child welfare demonstration project is being planned, with the intent to first present to state level boards and/or administrators, then to follow at the local level in conjunction with roll-out to specific regions. Judicial partners will be invited to be involved in information dissemination, planning and implementation, and in monitoring progress. In addition to initial information dissemination, implementation progress and evaluation results, particularly concerning child and family well-being outcomes, will be shared with judicial partners.

## **5.2 DESCRIPTION OF PROCESS TO OBTAIN PUBLIC INPUT**

Utah is utilizing both public meetings and on-line resources to obtain public input for the child welfare demonstration project.

### **Public Meetings.**

Two preliminary meetings were held as the child welfare demonstration project application was under development, both to inform attendees about plans for the child welfare demonstration project and to seek feedback. A good cross section of the child welfare community participated in discussions or when unable to attend, expressed interest in future opportunities to provide feedback as implementation plans are developed. Examples of participants include former clients, client advocates, foster parents, judicial partners, foster care and in-home services providers, state agency partners such as juvenile justice and substance abuse/mental health, regional staff, legislators, tribal



representatives, health care partners, quality improvement committee leadership, university partners, and staff from the governor's office.

Feedback received during both sessions reinforced the importance of moving forward with efforts to strengthen in-home services and to reduce the number of children in foster care, with increased attention to trauma concerns and well-being outcomes for children and their families. As a result of public input, the proposal and plans for subsequent implementation have been modified in several ways. First, focus must be on supporting Utah values to keep families intact, whenever possible, and to maximize flexibility in using financial resources to support those values. Also, the design of the demonstration project needs to ensure that the process to prevent a child's entry into foster care must begin at the earliest child welfare connection point for children and families, which is during the child protective services investigation rather than at the traditional starting point for in-home services. Also of importance is including a broader range of stakeholders in community resources development efforts at the local level as the project expands through the state. In addition, developing and utilizing a comprehensive, methodical communication plan as preparation progresses is essential for implementation and to share demonstration project outcomes with families, local communities, regions, and at the state level.

The following is a summary of comments received during public meetings:

- a. The focus should be that whenever possible the child deserves to be home, reflecting Utah values, a Utah approach, what is good for Utah families, and also provides a boost for resources and services to families in Utah.
- b. Emphasis should be on promoting child safety and not on abuse or neglect, and also on individualized services for children and families; quality not quantity. The project shouldn't just change the way DCFS does things, but needs to make a difference for children and families. We need to know who may potentially benefit from the project and who may not.
- c. All states have suffered from budget cuts; the legislative role is key; legislators are more willing to fund child welfare in Utah when families are supported and programs work well; legislative support is important and legislative approval is needed to maintain state general fund investments as services shift from foster care to in-home services; communication with legislators is very important.
- d. One unintended benefit of the project may be that foster parent expertise will be strengthened as there is less pressure on the foster care system; foster parents want to support children being with their parents, whenever possible; foster parents can be trained to support goals of the project; those children that end up being in foster care will probably have greater needs and challenges.
- e. Judges may be concerned about a drop in foster care cases and assume that children's needs are not being met. Measurable outcomes must be formulated and shared with judges, families, and the community to demonstrate that services are effective and can safely support children at home.
- f. It is essential to collaborate with tribes and to provide culturally relevant services to address needs of children and families as the project moves forward; a broad array of partners should be included in project discussions at the state and local levels.



- g. Another benefit is to the broader child welfare system, by increasing validation of tools and processes that are effective; and may lead to a broader set of supports for parents.
- h. Communication is essential all along the way; persons outside of the agency can help educate the community about project goals.

### **On-Line Resources**

On-line resources will also be utilized to seek additional public input. Utah's child welfare demonstration project application will be posted on the DCFS web page (<http://www.dcf.utah.gov>) and will include an invitation for submission of comments. A copy of the application will be sent electronically or by mail to individuals requesting a copy. In addition to the application, instructions will be included on how to submit written comments to the Division. Individuals that participated in public meetings will be notified of the web-site posting and invited to submit written comments. In addition, notice will be placed on the Utah Legal Notices website (<http://www.utahlegals.com>) about the opportunity to submit written comments on the proposal to DCFS.

### **5.3 COLLABORATION WITH OTHER FEDERAL INITIATIVES**

Utah's Child Welfare Demonstration Project is not directly linked to Federal Initiatives, such as Medicaid Waivers, but will connect to other collaborative activities that support children and families in Utah. For example, DCFS was recently designated as the Medicaid Presumptive Eligibility contact point for the state. Expedited Medicaid eligibility will be offered to families receiving in-home services to address health care needs of children in the home. The demonstration project will also partner with the Division of Substance Abuse and Mental Health, funded by SAMHSA, on strengthening local collaboration for children's mental health resources. Child and Family Services also partners with the Utah Department of Health in expansion of home visiting funded through Maternal and Child Health, and is exploring ways that these community service providers and resources may support local demonstration project efforts. DCFS will partner to address trauma through cooperation with the Department of Human Services Trauma Informed System of Care Initiative. Additional collaborative opportunities will be explored as the child welfare demonstration project is implemented.

### **5.4 LETTERS OF AGREEMENT**

A Letter of Agreement between the Utah Division of Child and Family Services and the Utah Division of Substance Abuse and Mental Health is attached. Letters of Agreement with other state level organizations will be submitted with the Issue Paper. We anticipate that additional letters of agreement will be established with county, city, or local governments, tribes, foundations, or other non-profit or private agencies as the demonstration project is implemented in individual regions and communities.



## MEMORANDUM OF AGREEMENT CHILD WELFARE DEMONSTRATION PROJECT

### **1. Parties:**

This agreement is between the Division of Child and Family Services, referred to as DCFS, and the Division of Substance Abuse and Mental Health, referred to as DSAMH, both within the Utah Department of Human Services.

### **2. Agreement Period:**

Effective August 1, 2012, and remaining in effect until terminated in writing by one or both parties.

### **3. Purpose:**

The purpose of this agreement is to increase the coordination and collaboration between DCFS and DSAMH as part of the DCFS child welfare demonstration project. Partnering with DSAMH is critical to the success of DCFS in their work with children and families.

### **4. Background:**

The Utah Division of Child and Family Services is submitting a proposal to the Children's Bureau for a child welfare demonstration project. The primary statutory goal the project addresses is "to increase positive outcomes for infants, children, youth and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth."

The purpose of this project is to help children at risk of foster care placement to remain safely with their families. It will do this by increasing Utah's capacity to serve children for whom an allegation of abuse, neglect, or dependency has been supported and for whom ongoing services are required.

### **5. Project Description:**

The project consists of three primary components:

- i. Child and Family Assessment.
- ii. Caseworker Skills and Tools.
- iii. Community Coordination and Evidence-Based Services.

### **6. DCFS Responsibilities:**

- i. Implement a new evidence-based child and family assessment that will help guide in-home service interventions for families with children at risk of foster care placement.



- ii. Strengthen and support DCFS caseworkers in their ability to keep families intact while helping parents increase their ability to keep their children safe and improve child well-being.
- iii. Strengthen coordination with community partners and enhance resources available to support parents and children residing at home.
- iv. Identify and adopt an evaluation methodology that will be used to evaluate project progress and client outcomes.

**7. DSAMH Responsibilities:**

- i. Provide input and clinical expertise in identifying and selecting an evidence-based assessment.
- ii. Assist in identifying and coordinating with community partners within the mental health and substance abuse treatment community that could strengthen working relationships and enhance resource availability for families being served by DCFS in-home services.
- iii. Provide program expertise in identifying and selecting specific evaluation strategies and methodologies that will address project progress and client outcomes.
- iv. Continue joint collaboration and information sharing on committees such as the Systems of Care committee and Trauma Committee.

**8. Modification or Termination of Agreement:**

This agreement may be modified or amended upon the written consent of the parties.

**IN WITNESS WHEREOF, the parties sign and cause the agreement to be executed:**

Brent Platt, Director  
Division of Child and Family Services

July 5, 2012  
Date

Lana Stohl, Director  
Division of Substance Abuse and Mental Health

7/3/2012  
Date