



Fiscal Year 2023

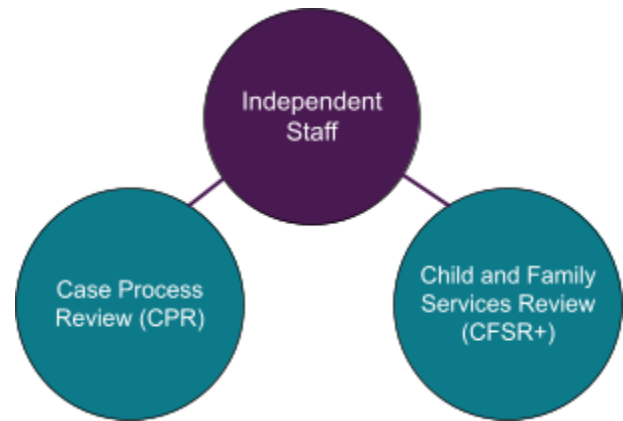
Annual Review of Utah's Child Welfare Services

Child and Family Services Review and Case Process Review



Utah Department of
Health & Human
Services

By statute [80-2-1102\(4\)](#), the Office of Service Review (OSR), within the Division of Continuous Quality and Improvement, Department of Health and Human Services, conducts qualitative and compliance-based annual performance reviews of the Division of Child and Family Services (DCFS). The purpose of these reviews is to gather information on how agency practice impacts desired outcomes. The information gathered is used to inform child welfare practice improvements that promote child safety, permanency and well-being.

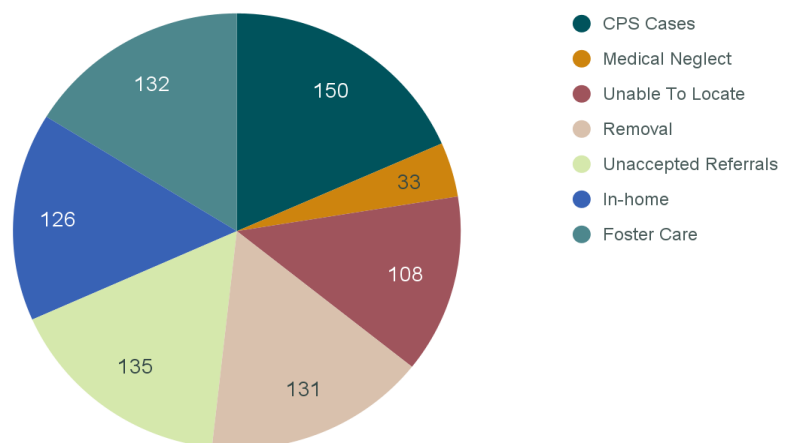


FY2023 Case Process Review (CPR):

In accordance with Utah statute, the OSR conducts an annual review of child welfare cases to determine whether key service activities were completed as outlined in state statute, DCFS policy and recorded in the file. Among other items, OSR evaluates whether a child was seen within the required response time when an allegation of abuse or neglect was reported, if monthly home visits and private conversations with the child occurred, or if a plan was developed within the required time frames that will allow the child(ren) to remain home or in another appropriate placement safely. The evidence for the required activity must be documented in the case file.

A statistically significant number of cases are randomly pulled from each program area and reviewed by trained OSR staff. For the fiscal year 2023 a total of 815 cases were reviewed. The cases are selected from the following case types:

Number of Cases reviewed for the CPR



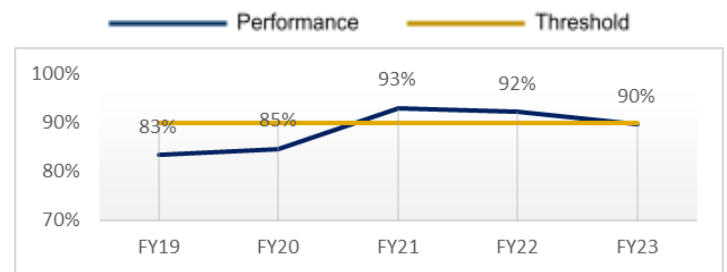
- Referrals of abuse/neglect, specifically referrals that were not accepted for investigations
- Child Protective Services (CPS) cases, including general CPS, Unable to Locate cases (UTL), Medical Neglect and CPS cases with a removal of a child
- In-home services
- Foster care services

For the full list of CPR questions and performance over the last five years, see Appendix A. Below are selected focus areas that show strong performance (identified as “High”) and areas identified as opportunities for improvement (identified as “Low”). The graphs represent the percent of cases which received a “Yes” rating for each indicator.

CPR Analysis:

CPS High

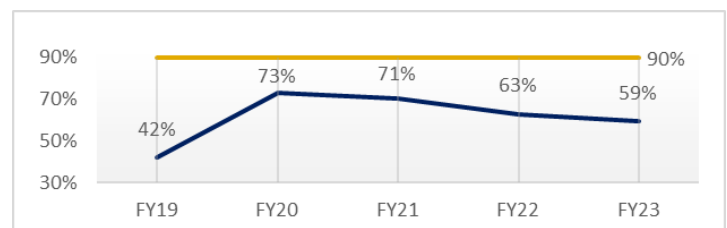
CPS.G4 The worker conducted the interview with the child outside the presence of the alleged perpetrator



When DCFS investigates alleged child maltreatment, policy requires that the investigating worker conduct an interview with the child outside the presence of the alleged perpetrator. This should allow the child to speak freely and without fear of retribution. It is encouraging to see that the performance on this indicator reached the goal of **90%**. However, the line is trending slightly downward, so attention needs to be paid to this requirement.

CPS Low

CPS.H2 If this case involves an allegation of **medical neglect**, the worker obtained a medical neglect opinion from a health care provider prior to case closure

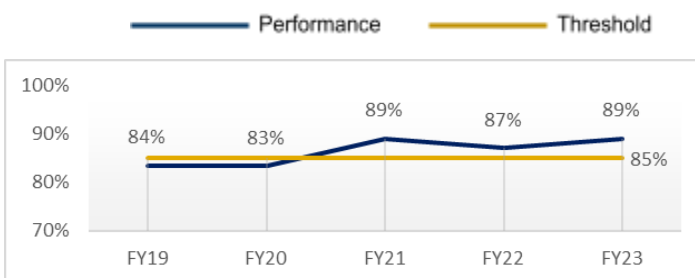


OSR reviews every applicable medical neglect case during the 3 month review period.

Thirty-two cases were applicable during that time. Policy requires caseworkers to obtain the opinion of the medical provider during their investigation to consider when making case findings. Analysis of the non-compliant cases shows that there was no evidence in the file that the worker specifically sought out the medical professional's opinion or the documentation was insufficient. This indicates a need to train staff about the required process and documentation.

Removals High

CPS.R2 The worker visited the child in the placement by midnight of the second day after the date of removal from the child's home

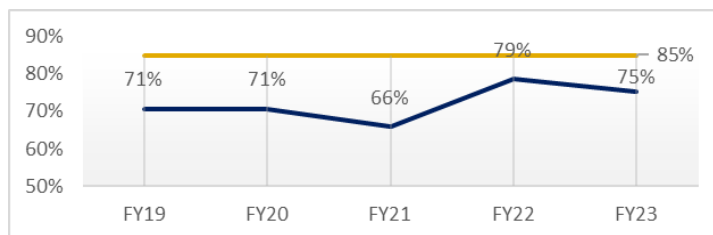


Checking in on the child who was removed and placed in foster care is essential to make sure they are safe, to check on the child's adjustment to their surroundings/placement and to answer their questions. DCFS policy requires a caseworker to visit the child within 2 days of their removal from home. Of the cases reviewed, **89%** showed evidence of this activity. This percentage trends above the threshold for the last three years.

This is similar for the three weekly visits that policy requires after this initial visit. The performance here, however, is still below the goal of 85%. The combined performance for the 3 weekly visits was **75%**. During this 3 week period, the case typically transitions from the CPS worker to the ongoing foster care worker. In foster care, caseworkers are used to doing monthly home visits, so it is an extra effort to remember to travel out to the foster home to do these weekly visits.

Removals Low

CPS.R3 After the first required visit, the worker (CPS or ongoing worker) visited the child in the placement at least weekly for a total of three weeks

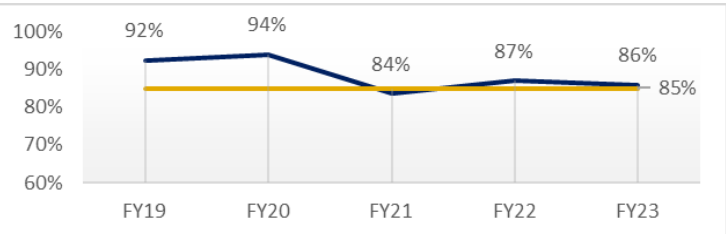


CPR Analysis: Caseworker visits with children in In-Home and Foster Care Services

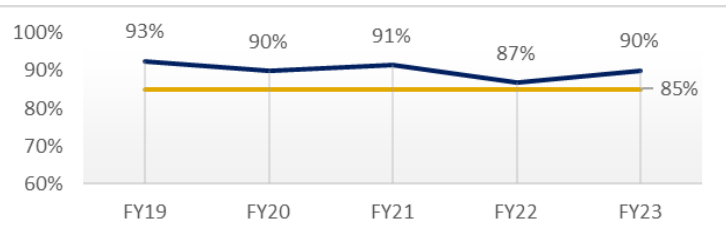
Monthly caseworker visits to the home to assess the children's safety and well-being is one of the most important activities in foster care and in-home cases. The following graphs show that this key activity is exceeding the standard of 85% in both case types (**86%** in in-home cases and **90%** in foster care):

In-Home and Foster Care High

IH.7 The caseworker entered the residence where the child is living at least once during each month of the review period



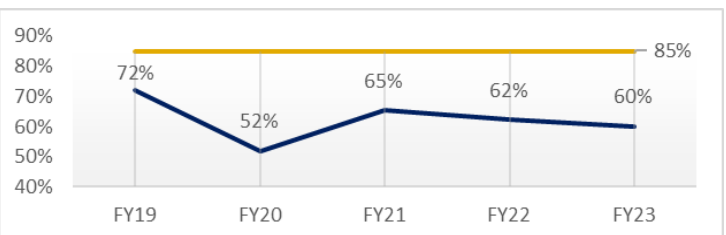
IB.2 The worker had a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period



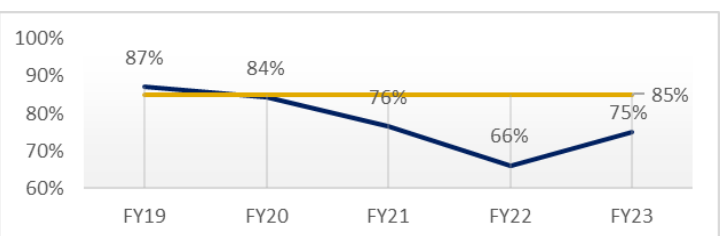
While the home visits with the child are happening monthly in both case types, there is room for improvement in regards to caseworkers documenting that they had a private conversation with the child. The performance for private conversations outside the presence of the caregiver in in-home cases is **60%** and **75%** in foster care cases.

In-Home and Foster Care Low

1IH.5 The worker had a face-to-face conversation with the child outside the presence of the parent/ caregiver at least once during each month of the review period



IB.3 The worker had a face-to-face conversation with the child outside the presence of the caregiver at least once during each month of the review period

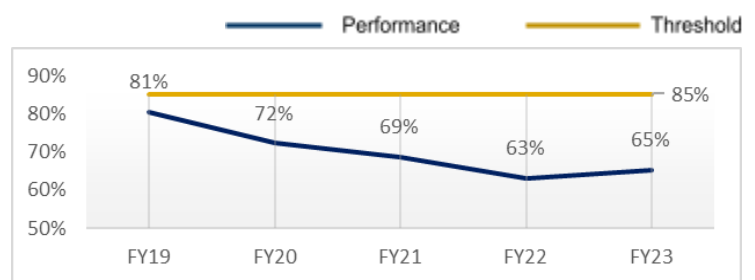


CPR Analysis: Caseworker contact with fathers in In-Home and Foster Care Services

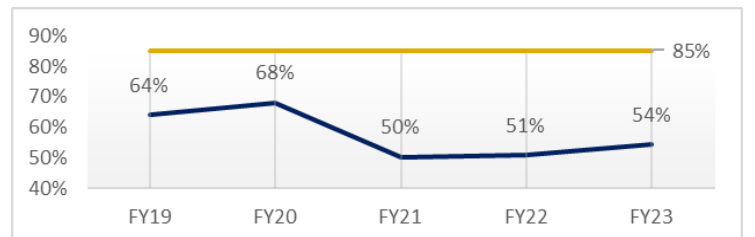
Involving fathers and meeting with them face-to-face on a regular basis occurs less than it occurs with mothers. While this isn't a new observation and trended slightly upward in the last year, this is still below the threshold of 85%. Monthly caseworker contact with fathers scored **65%** in in-home cases and **54%** in foster care cases.

In-Home and Foster Care Low

IH.9 The worker made a face-to-face contact with the father of the child at least once during each month of the review period



IB.5 The worker made a face-to-face contact with the father of the child at least once during each month of the review period



Summary of Overall CPR Findings:

CPR findings have been reported to the legislature for many years. These findings give insight into the child welfare workforce's ability to comply with the required activities and document those activities accurately. While it is encouraging to see that the required monthly home visits to assess child safety in CPS, foster care and in-home cases are still meeting the standard, overall results across all CPR questions show a steady decline in all case types. Based on a comparison with overall numbers from FY2018, CPR compliance went from **91%** to **86%** in CPS cases, from **86%** to **76%** in in-home cases, and from **87%** to **77%** in foster care cases. This is a worrisome trend and one that is likely related to DCFS' high staff turnover and inability to fill positions.

Child and Family Services Review Plus (CFSR+)

In 2022, DHHS moved from the Qualitative Case Review (QCR) to the federally mandated Child and Family Services Review Plus (CFSR+) as the primary performance measure of Utah's child welfare system. All states are expected to use the federal CFSR to track their performance, so it made sense to make it Utah's primary tool to evaluate child welfare services. A few elements of the former QCR review tool were kept which constitute the "Plus" part of the CFSR+. The review has since been renamed the CFSR+.

What is the CFSR

Federal statutes mandate a periodic review of states' child welfare services. The Children's Bureau, part of the Department of Health and Human Services, administers the review process known as the Child and Family Services Reviews (CFSRs). The reviews were established by the 1994 Amendments to the Social Security Act. The CFSRs are an important tool that enables the Children's Bureau to ensure conformity with federal child welfare requirements; (2) determine what is happening to children and families receiving child welfare services; and (3) assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being.

The case review portion of the CFSR evaluates states' performance by reviewing a set number of cases in each state. A team of reviewers use the federal Onsite Review Instrument (OSRI)¹ to rate cases. To determine item ratings, reviewers assess practice by examining case records and interviewing case participants, such as parents, children, resource (foster) families, and caseworkers. The reviewers then rate each item as either a Strength or an Area Needing Improvement and write a Rationale Statement to explain the basis for each rating. Reviewers look at cases involving children served in their homes and cases involving children in foster care. For more information on the CFSR, [click here](#).

¹ Link to the OSRI: <https://www.cfsrportal.acf.hhs.gov/document/download/NEDFne>

FY2023 CFSR+: Results and Analysis

For FY2023, a total of 89 foster care and in-home cases were randomly selected from the five DCFS regions. The reviewers scored a total of 20 items (18 CFSR and 2 supplemental items) based on their thorough evaluation of the observed practices. OSR then presented its findings to the caseworkers and their supervisors, as well as a panel consisting of OSR staff and DCFS administrators at the end of the review week.

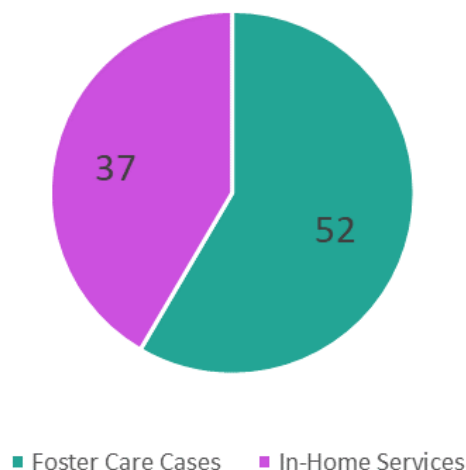
Total Participants Interviewed	591
Total Children Interviewed	89

While the CFSR+ is new to legislative oversight, OSR has used it consistently with federal oversight since 2020. DCFS has been tracking CFSR results and crafting improvement strategies as part of a Program Improvement Plan (PIP) developed after a federally conducted CFSR in 2018. In FY23, DCFS was able to successfully exit this federal PIP by meeting the required targets.

Below are the CFSR+ results, grouped by Safety, Permanency, and Well-Being outcomes, plus the additional indicators of Satisfaction and Teaming. Select focus areas are presented below. The areas that are improving or performing well are highlighted as “High’s” and areas that need improvement as “Low”.

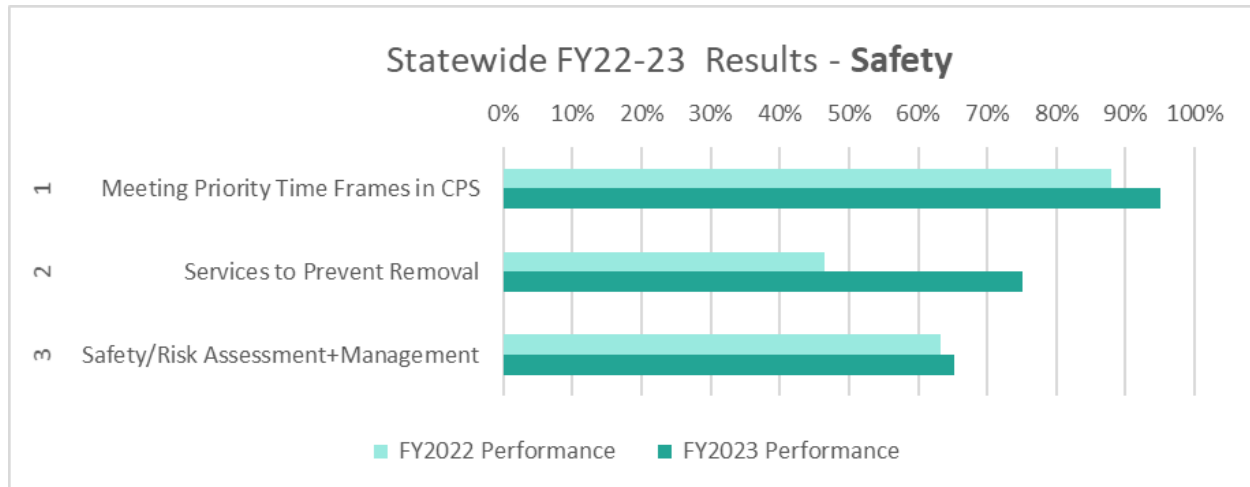
For a complete list of results see Appendix B.

Total CFSR+ Cases



Safety Outcomes

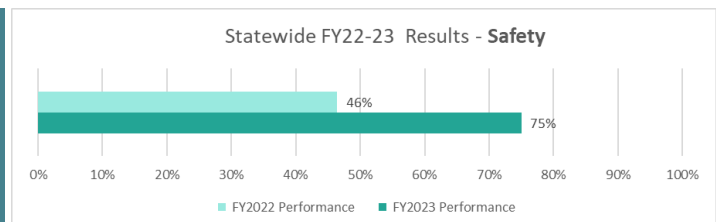
The first three CFSR+ items evaluate the agency's practice of assessing and addressing child safety.



This graph shows the percent of cases which received a "Strength" rating for each indicator.

Safety High

Item 2 The agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification



Item 2 was only applicable in 24 of the 89 cases reviewed. DCFS made a concerted effort to provide services to the family to prevent the child's entry into the foster care or re-entry after reunification 75% of the time. This is a significant improvement over the previous year's result (46%).

Some of the issues identified during the FY22 analysis that impacted the performance of the three safety indicators included:

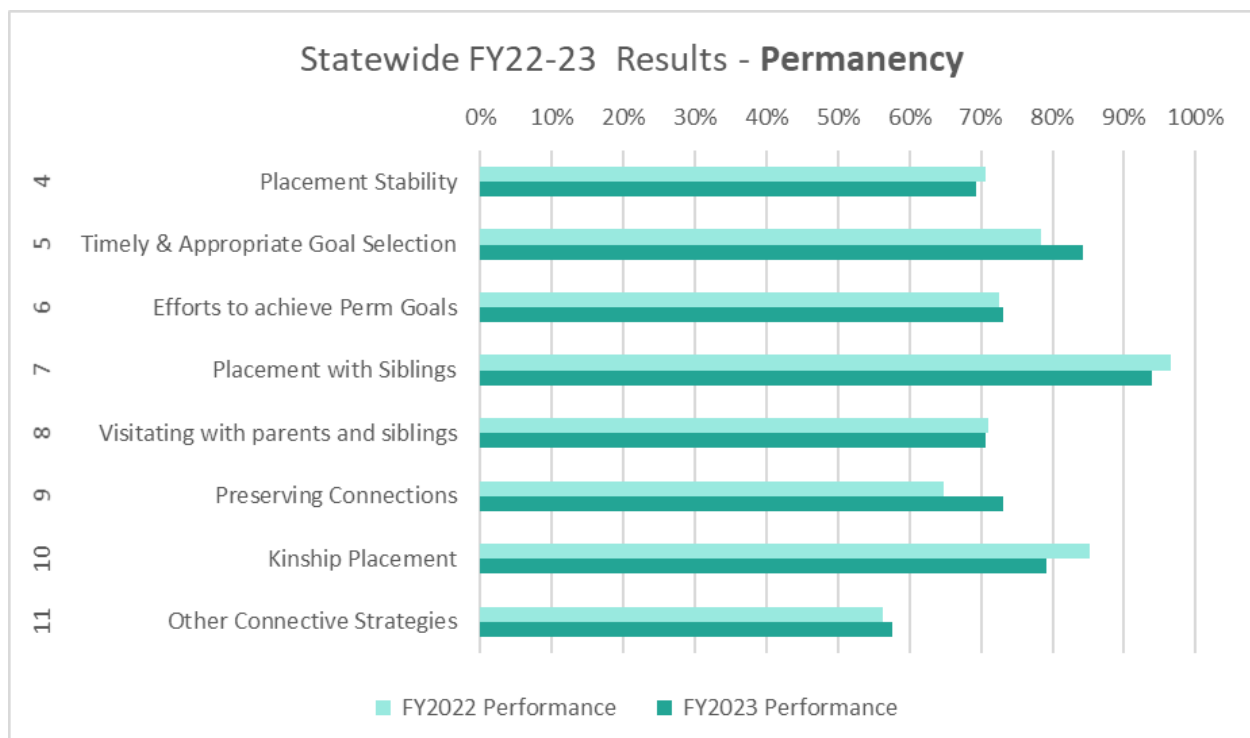
- Lack of comprehensive assessments of child safety during home visits, including insufficient evidence that all children were interviewed alone.
- When safety plans were put in place, there was a lack of monitoring of these plans in some cases.

- Delays between the identification of safety concerns and the provision of services to address these concerns.

In FY22, DCFS developed a plan to address these issues. The plan included ensuring private conversations with all children occurred at home visits and that those conversations were better documented in the file. The plan also focused on using safety staffings during critical junctures in the case, in particular when CPS identifies safety threats and refers the family to ongoing in-home services. These plans may have contributed to the improvements observed on items 2 and 3.

Permanency Outcomes

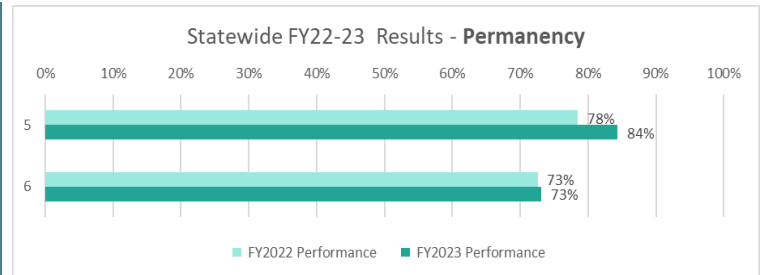
CFSR Items 4-11 are only applicable to foster care cases. The number of applicable cases in the sample was 52. Permanency indicators measure whether children in foster care have permanency and stability and whether their family relationships and connections are preserved.



This graph shows the percent of cases which received a "Strength" rating for each indicator.

Permanency High

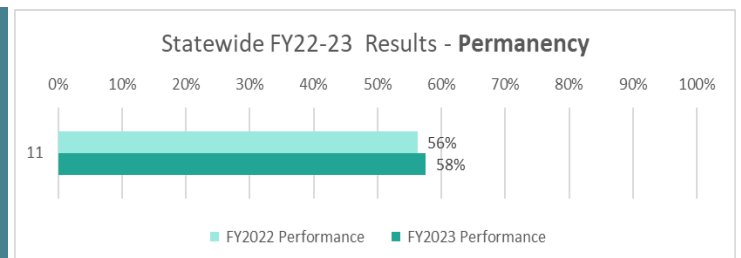
- Item 5 The agency established appropriate permanency goals for the child in a timely manner
- Item 6 The agency made concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child



Items 5 and 6 evaluate the child’s permanency goals and the concerted efforts to achieve these goals. Performance on these items reached **84%** and **73%** respectively. This is an improvement from the initial results obtained in 2018 during a federally conducted CFSR. Concerns identified then included inconsistent practices in Utah Juvenile Court hearings that contributed to delays in achieving permanency, inappropriate permanency goals and a lack of engaging parents and other parties. A Hearing Quality benchcard was put in place to address these concerns. The Hearing Quality benchcard was a project developed in collaboration with the courts to help juvenile court judges, lawyers, and DCFS staff better engage family members in the court process, ensure there are meaningful conversations about the appropriateness of permanency goals and discuss barriers to the achievement of permanency. It was implemented statewide in 2021.

Permanency Low

- Item 11 The agency made concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation

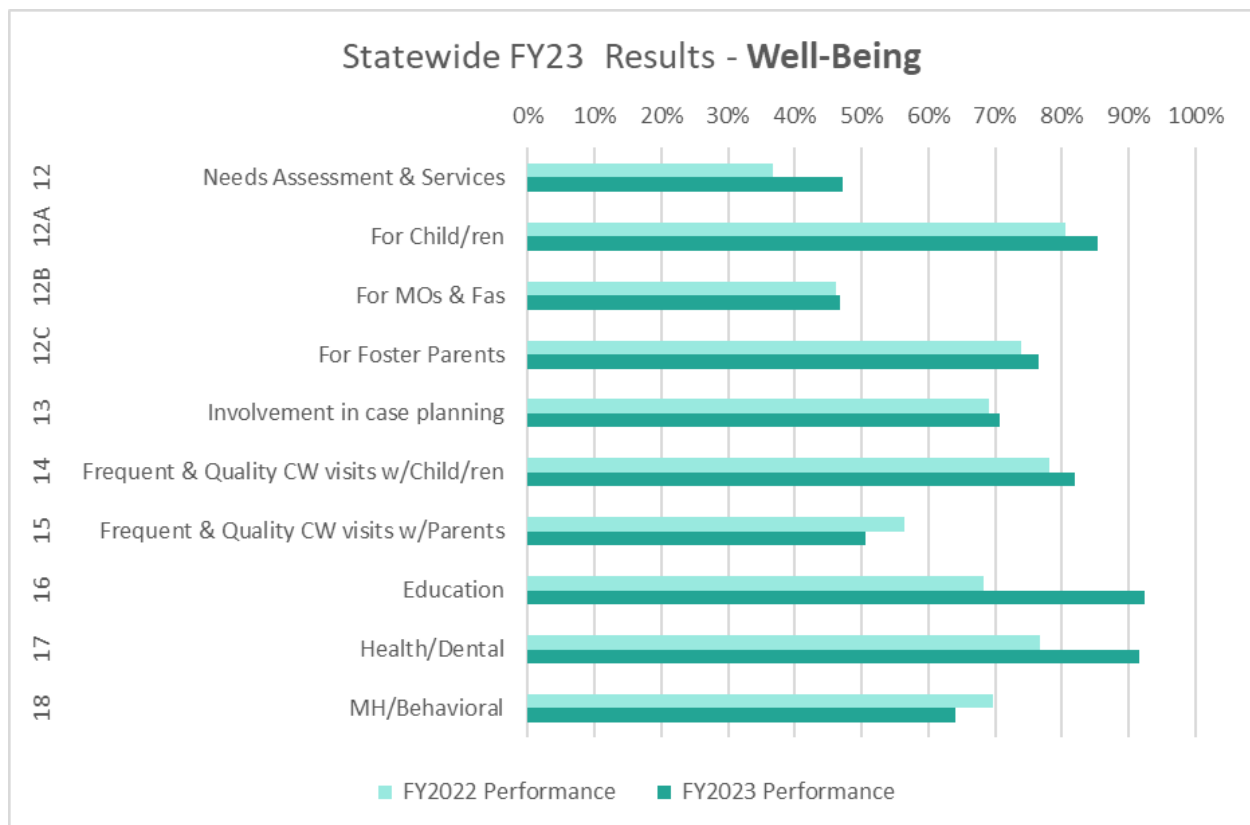


Item 11 measures DCFS’ efforts to maintain the child’s relationship with their parents outside of parental visits. Other connecting strategies may include encouraging the parents’ participation in school activities, doctor appointments, and after-school activities, assisting the parents with transportation to these activities, encouraging the foster parents to mentor the parents, and providing therapeutic interventions to strengthen the

parent-child relationship. While DCFS' performance on providing quality visits to parents improved to 71% this year, there is a need for improvement on the non-visit maintenance of relationships indicator. This indicator scored at 58%, an increase of only 2% from the 56% of FY22.

Well-being Outcomes

CFSR items 12-18 primarily evaluate DCFS' efforts to assess the needs of the child, parent, and other caregivers and the provision of services to address these needs. It also includes the caseworker's efforts to involve the child and the parents in planning. Both foster care and in-home cases are applicable for these items.

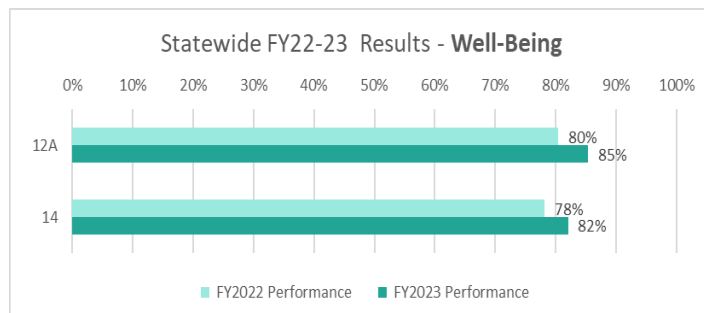


This graph shows the percent of cases which received a "Strength" rating for each indicator.

Well-Being High

Item 12A The agency made concerted efforts to assess the children's needs and provided appropriate services to meet their needs

Item 14 The frequency and quality of visits between caseworkers and child(ren) were sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals

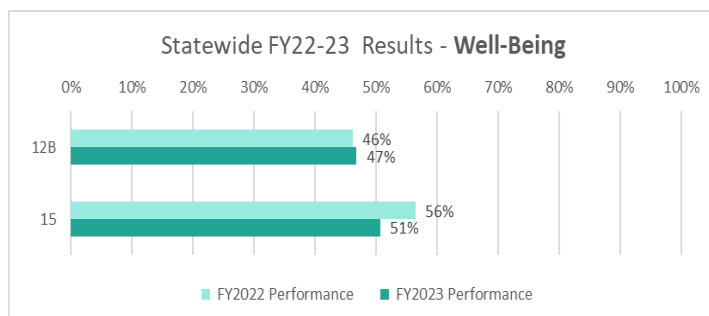


Item 12A evaluates DCFS' efforts to accurately assess the child's needs, both initially and on an ongoing basis, and provide the appropriate services to address these needs. This indicator improved from 80% to **85%**. Performance on item 14, which measures the frequency and quality of the caseworker's visits with the child(ren) in foster care and receiving in-home services, went from 78% to **82%**.

Well-Being Low

Item 12B The agency made concerted efforts to assess the parents' needs and provided appropriate services to meet their needs

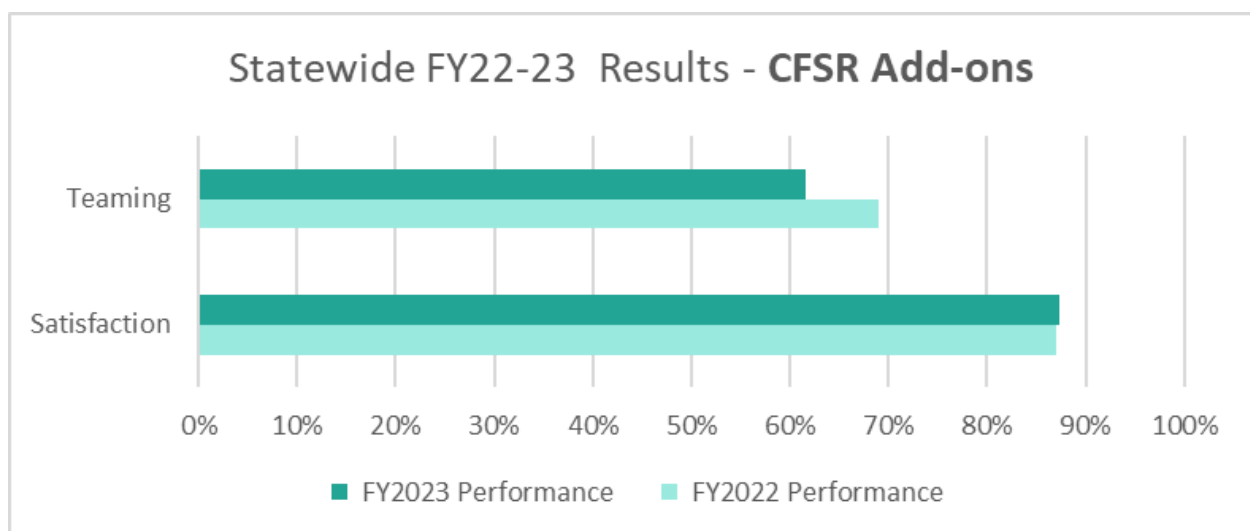
Item 15 The frequency and quality of visits between caseworkers and the mother(s) and father(s) were sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals



Item 12B evaluates DCFS' efforts to accurately assess the parents' needs and provide the appropriate services to address these needs. At **47%**, this indicator remains the lowest scoring indicator. Similarly, performance on item 15, which measures the frequency and quality of the caseworker's visits with the mother(s) and father(s), remains the second lowest scoring item at **51%**.

When analyzing the results, there is evidence of active efforts to engage the primary parent in most cases. The main barrier involves locating, contacting, assessing and involving other parents - often non-custodial parents, step-parents, incarcerated parents, and parents who are not receiving reunification services anymore. Sometimes efforts to locate and contact a parent are evident at the beginning of a case, but not on an ongoing basis. Other issues identified include parents who struggle to engage in services along with a lack of evidence that caseworkers are encouraging and supporting these parents to engage in services. Sometimes long waitlists for the needed services contribute to the problem. In regard to regular in-person contact between caseworker and parent(s) the same problems contribute to the low score, plus a tendency of caseworkers relying on text messaging instead of in-person contacts. The shift to virtual team meetings since the pandemic further contributes to the lack of in-person contact.

Additional indicators:



The satisfaction survey is conducted with every parent, foster parent and child twelve years of age and older who is interviewed as part of the CFSR+. Interviewees are asked to rate a range of questions from “I was treated with courtesy and respect by the worker” to “My circumstances are better now than before OR they are getting better because of services/ supports “. Reviewers then assign an overall rating based on the answers received. Performance remained high at **87%**, matching last year’s performance.

The other indicator is the Teaming indicator. There, reviewers are asked to determine “whether, during the period under review, concerted efforts were made (or are being

made) to build a functioning team around the family, including the family and service providers, that shows a pattern of effective teamwork and collaboration that benefits the child and family. There is effective coordination in the provision of services across all providers.” During FY2023 reviewers assigned a positive rating in **62%** of the cases reviewed, down from 69% last year. While teaming is a central component of DCFS’ practice and occurs frequently (every 1-3 months) in most cases, there is a need to look at the effectiveness of these meetings and the participation of important team members.

Summary of Overall CFSR+ Findings:

Shifting from the QCR to a relatively new review will take time for DCFS staff to fully understand and make the necessary adjustments. One system improvement that the CFSR+ has highlighted is the importance of focusing on child safety at every stage of the case and ensuring caseworkers conduct quality home visits and quality private conversations with all children and parents in the case. Another opportunity for improvement identified in this review is the need to better identify, locate and contact the non-primary parent to make sure they have been provided the opportunity to actively participate in their child’s case. Making sure that caseworkers document all their efforts to reach out to these parents and help them access the necessary services is key. Encouraging the parents to participate in their child’s life through attendance of doctor visits and other activities in the child’s life is another focus area.

The CFSR+ data collected provides an easy way to identify areas of strengths and areas of focus for DCFS. We are still establishing standards and thresholds. The FY2023 results will serve as a baseline and a formula - also used by the Children’s Bureau to determine goals for each state - will be used to set targets for each CFSR+ indicator. This formula is used to raise the baseline by a few percentage points over a period of time, based on the sample size and the level of the achieved performance. These new targets will be set with the expectation that over the next few years, DCFS will implement strategies to reach these goals.



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Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

DCFS response to Office of Services Review (OSR) FY 2023 annual report

I sincerely appreciate the Office of Services Review (OSR) for their efforts on behalf of the Division of Child and Family Services (DCFS) and the children and families we serve. DCFS looks to these reviews each year to help guide and focus on our practice improvement efforts. Over the years, Utah's child welfare system has been identified as a national leader. In a [2022 study](#) covering how states fared in three rounds of CFSR, Utah was ranked 4th in the nation. DCFS is committed to continuing this legacy of best practices for the betterment of the children, youth, and families of Utah and appreciates the role OSR has had in supporting these efforts.

As we reflect on the events, challenges, and circumstances of the last many years, we are reminded of the agency's critical services to our state. DCFS is experiencing a shift in the population we serve. An increased number of youth entering our system with behaviorally complex needs has heightened the strain on caseworkers and our provider system. We appreciate the support from our sister agencies within the department, community partners, and providers who have come together to help ensure we continue to provide quality services to meet the needs of all children, youth, and families we serve. This has also been during a time when caseloads were increasing. DCFS experienced a significant turnover of frontline staff, reaching 40% at times, and many positions have remained vacant for months. The added responsibility placed on supervisors, lead workers, and seasoned frontline staff carried a heavy burden to take on additional cases, mentor new workers, and complete all the critical tasks of this work. Yet despite these realities, it has been inspiring to see caseworkers, foster parents, relatives, community partners, schools, and many others serve and contribute their time and resources for the betterment of at-risk youth and families in our state. It has been inspiring to see the citizens of Utah step up to assist and serve in this life-changing work. We are also grateful for the response of the governor, our legislators, and the department to provide funding for pay increases and initiatives that are improving employee morale.

The OSR annual report provides valuable insights into the agency's strengths and areas for improvement. The data shows that Utah is placing siblings together in foster care, meeting Child Protective Services (CPS) time frames, and safely preventing children from coming into care. The agency also effectively serves families through home-based services, enabling them to stay intact. Several items have trended downward, especially in the case process review (CPR), which measures our caseworker's completion of critical activities required by policy, verified through documentation in the case record. This is not surprising, as traditionally, documentation is often the first to lose priority when workers have to triage their time and resources. The Child and Family Service Review (CFSR+) also provided valuable insight into how the agency can improve efforts to engage, assess, and involve non-custodial parents (especially fathers) in

² Link to the: [2022 study](#)



State of Utah

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Deputy Director

NATE WINTERS
Deputy Director

teaming, planning, and accessing the necessary services and support. Timely access to mental health services for children has also had a decline. Many areas of the state have experienced long waitlists and need more treatment options.

The agency continues to be proactive in taking essential steps to improve practice. Greater emphasis is placed on supporting, training, and empowering our supervisors to enhance morale, competence, and practice throughout the agency. DCFS will continue to implement best practices and efforts typical of how Utah serves children, youth, and families.

Respectfully submitted,












Tonya Myrup, LCSW
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Appendix A: CPR





CPS General

Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
CPSG.1	Did the investigating worker see the child within the priority time frame?	90%	91%	89%	90%	89%	89%	
CPSG.2	Was a youth suicide screener completed and entered into SAFE?	90%	99%	100%	75%	93%	81%	
CPSG.3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension period granted ?	90%	96%	91%	90%	91%	83%	
CPSG.4	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	90%	83%	85%	93%	92%	90%	
CPSG.5	Did the worker interview the child's natural parents or other guardian when their whereabouts are known?	90%	87%	83%	93%	86%	80%	
CPSG.6	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	90%	98%	100%	96%	95%	91%	
CPSG.7	Did the CPS worker make a scheduled or an unscheduled home visit during the investigation period?	90%	89%	88%	83%	76%	76%	
CPSG.8	Were the case findings of the report based on facts/information obtained/available during the investigation?	85%	94%	96%	95%	98%	95%	
CPSH.2	If this case involves an allegation of medical neglect, did the worker obtain a medical neglect opinion from a health care provider prior to case closure?	90%	42%	73%	71%	63%	59%	




CPS - Unable to locate














Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
CPSUL.1	Did the worker visit the home at times other than normal work hours?	85%	96%	93%	92%	64%	76%	
CPSUL.2	If any child in the family was school age, did the worker check with local schools for contact/location information about the family?	85%	71%	90%	82%	64%	79%	
CPSUL.3	Did the worker send the name and any other information regarding the family to the CLEAR (kin locator) license holder in the region for an internet search for additional address information?	85%	86%	79%	93%	84%	82%	
CPSUL.4	Did the worker check Erep (Utah's electronic eligibility system) for additional address or contact information?	85%	91%	90%	87%	79%	85%	
CPSUL.5	Did the worker check with the referent for additional address information?	85%	79%	80%	81%	53%	59%	

CPS - Removals











Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
R.1	Did the child experience a removal as a result of a CPS investigation this review period?	85%						
R.2	Did the worker visit the child in the placement by midnight of the second day after the date of removal from the child's home?	85%	84%	83%	89%	87%	89%	
R.3	After the first required visit, did the worker (CPS or ongoing worker) visit the child in the placement at least weekly for a total of three weeks?	85%	71%	71%	66%	79%	75%	
R.4	Within 24 hrs of the child's placement in care, did the worker make reasonable efforts to gather information essential to the child's safety and well being and was this information given to the provider?	85%	68%	86%	78%	72%	53%	
R.5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	85%	96%	98%	98%	98%	98%	

CPS - Intake

Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
CPSUA.1	Was the nature of the referral documented?	85%	100%	100%	100%	100%	100%	
CPSUA.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	85%	89%	80%	97%	99%	99%	
CPSUA.3	Does the documentation adequately support the decision not to accept the referral?	85%	97%	98%	100%	98%	99%	

In-Home Services								
Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
IH.1	Is there a current child and family plan in the file?	85%	85%	80%	88%	81%	76%	
IH.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	85%	81%	76%	79%	74%	64%	
IH.3	Were the mother, father, child, and other caregivers involved in the development of the current child and family plan?	85%	82%	84%	82%	87%	70%	
	the mother	85%	92%	94%	92%	95%	83%	
	the father	85%	78%	72%	81%	76%	62%	
	other caregiver (guardian, step-parent, kinship)?	85%	87%	100%	89%	89%	54%	
	the child/youth if developmentally appropriate? (generally age 5 and over)	85%	71%	75%	65%	88%	66%	
IH.4	Did the worker have a face-to-face contact with the child at least once during each month of this review period?	85%	92%	90%	87%	88%	85%	
IH.5	Did the worker have a face-to-face conversation with the child outside the presence of the parent/ caregiver at least once during each month of the review period?	85%	72%	52%	65%	62%	60%	
IH.6	Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?	85%	71%	82%	89%	89%	82%	
IH.7	Did the caseworker enter the residence where the child is living at least once during each month of the review period?	85%	92%	94%	84%	87%	86%	
IH.8	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?	85%	93%	96%	87%	85%	84%	
IH.9	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?	85%	81%	72%	69%	63%	65%	

Foster Care Services

Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
IA.2	Were reasonable efforts made to locate kinship placements?	85%	100%	83%	67%	65%	57%	
IA.5	Prior to the child's placement change, did the worker provide information (essential to the child's safety and well being) to the substitute caregiver provider?	85%	67%	79%	67%	53%	49%	
IB.1	Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?	85%	96%	93%	93%	91%	93%	
IB.2	Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?	85%	93%	90%	91%	87%	90%	
IB.3	Did the worker have a face-to-face conversation with the child outside the presence of the caregiver at least once during each month of the review period?	85%	87%	84%	76%	66%	75%	
IB.4	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?	85%	81%	80%	61%	64%	63%	
IB.5	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?	85%	64%	68%	50%	51%	54%	
II.1	Was an initial or annual Well Child CHEC conducted on time?	85%	87%	84%	76%	85%	86%	
II.2	Was an initial or annual mental health assessment conducted on time?	85%	84%	81%	84%	65%	53%	
II.3	Was an initial or annual dental assessment conducted on time?	85%	91%	84%	85%	86%	80%	

Foster Care Services (continued)

Item	Question	Standard	FY19	FY20	FY21	FY22	FY23	5-Year-Trend
IV.1	Is there a current child and family plan in the file?	85%	91%	89%	88%	87%	83%	
IV.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	85%	75%	85%	60%	69%	58%	
IV.3	Were the mother, father, child and other caregivers involved in the development of the current Child and Family Plan?	85%	86%	74%	83%	79%	78%	
	the mother	85%	86%	77%	80%	82%	80%	
	the father	85%	70%	44%	69%	59%	63%	
	other caregiver (guardian, foster parent, stepparent, kin)?	85%	93%	90%	94%	90%	89%	
	the child/youth if developmentally appropriate? (generally age 5 and over)	85%	85%	65%	81%	78%	74%	
IV.5.a	Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?	85%	95%	88%	89%	85%	77%	
IV.5.b	Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?	85%	83%	81%	77%	75%	70%	
IV.6	Was the child provided the opportunity for visitation with his/her siblings weekly OR is there an alternative visitation plan?	85%	91%	100%	86%	64%	70%	

Appendix B: CFSR+

For a list of all CFSR Questions click [here](#).

Item	Measure	Count	Statewide FY2023 Performance	FY2022 Performance
1	Meeting Priority Time Frames in CPS	89	95%	88%
2	Services to Prevent Removal	89	75%	46%
3	Safety/Risk Assessment+Management	89	65%	63%
4	Placement Stability	52	69%	71%
5	Timely & Appropriate Goal Selection	52	84%	78%
6	Efforts to achieve Perm Goals	52	73%	73%
7	Placement with Siblings	52	94%	97%
8	Visitating with parents and siblings	52	71%	71%
9	Preserving Connections	52	73%	65%
10	Kinship Placement	52	79%	85%
11	Other Connective Strategies	52	58%	56%
12	Needs Assessment & Services	89	47%	37%
12A	For Child/ren	89	85%	80%
12B	For MOs & Fas	89	47%	46%
12C	For Foster Parents	89	76%	74%
13	Involvement in case planning	89	71%	69%
14	Frequent & Quality CW visits w/Child	89	82%	78%
15	Frequent & Quality CW visits w/Parent	89	51%	56%
16	Education	89	92%	68%
17	Health/Dental	89	92%	77%
18	MH/Behavioral	89	64%	70%
	Satisfaction	89	87%	87%
	Teaming	89	62%	69%