300  OUT-OF-HOME CARE

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300.2 **Purpose**

The Division of Child and Family Services’ Out-of-Home Care Program provides short-term, culturally responsive services for a child and family when the child cannot be safely maintained at home. The program is available statewide.

300.3 **Philosophy**

Out-of-home care will be used only when there is no other alternative to provide for a child’s well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an environment where physical, emotional, medical, dental, developmental, educational, cultural, and mental health needs are assessed and addressed. Child and Family Services will diligently work to maintain familial connections through visitation and shared activities while a child is in out-of-home care, when appropriate. The parent of a child in out-of-home care is also afforded an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing environment to which the child may return. Out-of-home care major objectives have been developed in accordance with federal and state laws including required time frames that reduce the amount of time a child spends in care and provisions for an appropriate, permanent home or other permanency option that is in the best interests of the child.

300.4 **Child and Family Services And Caseworker Expectations**

A. Facilitate a thorough functional assessment that defines the child and family’s strengths and needs and provides the framework from which to access appropriate services. Evaluate progress toward goals and adjust plans and interventions accordingly.

B. Identify an out-of-home care caregiver, possibly kin, who will meet the child’s needs and, together with the child’s parents, design a transitional plan to optimize the child’s adjustment and maintain familial connections through visitation and shared activities.

C. Engage and facilitate a Child and Family Team to support the child and family including the out-of-home care caregiver and familial or community resources.

D. Develop a concurrent Child and Family Plan at the time of entry into care, using the strengths and needs of the family to guide the services offered and the goals of permanency to be achieved.
300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And - Questioning (LGBTQ) Youth

Major objectives:

- All children and youth, regardless of gender identity, gender expression, and/or sexual orientation (GI/GE/SO), need to feel safe in their surroundings in order for positive child and/or youth development outcomes to occur.

- Child and Family Team members will promote the positive development of all children and youth by demonstrating respect for all children and youth, reinforcing respect for differences, encouraging the development of healthy self-esteem, and helping all children and youth manage the stigma sometimes associated with difference.

Background Information

For most children and youth, the issue of understanding one’s sexuality and gender identity is often a time of great turmoil and stress. For lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth, particularly children and youth of color, this issue is even more difficult to navigate as they are faced with both internal (internalized homophobia) and external (from one’s environment) prejudices and discrimination.

While exploring one’s sexuality and gender identity is a natural part of every young person’s development, LGBTQ and gender non-conforming children and youth face more challenges growing up in a predominately heterosexual society. According to the Child Welfare League of America (CWLA), LGBTQ children and youth are at a higher risk for emotional or physical abuse from their family members, failed out-of-home placements, and/or institutional neglect or abuse than their heterosexual counterparts. Psychologically, LGBTQ and gender non-conforming children and youth are at substantially greater risk than their heterosexual counterparts for suicide attempts, runaway behavior, homelessness, substance abuse, emotional and physical victimization, high-risk sexual behaviors, and pregnancy. In the school setting, LGBTQ and gender non-conforming children and youth are more likely to withdraw from or miss school due to fear, intimidation, or threats from other students. Because they experience a lack of safety, many LGBTQ and gender non-conforming children and youth are unlikely to reveal their sexual orientation or gender identity, particularly to people in perceived positions of authority (i.e., social service staff, family members, caregivers, teachers, church members, etc.). As a result of this lack of support, many LGBTQ and gender non-conforming youth confront a high level of isolation while navigating this developmental stage.

Caseworkers will evaluate every child’s overall safety as it relates to their sexual orientation, gender identity, and gender expression in terms of placement, emotional and physical well-being, and potential of emotional abuse from current caregiver, especially those children who are LGBTQ. However, the sexual orientation, gender identity, or gender expression of a child or
youth does not always necessitate the initiation of services or specialized consultation. It is important to recognize that although sexual orientation, gender identity, and gender expression are central facets of one’s personality, they are only one aspect of a child or youth’s identity, and that sexual orientation, gender identity, and gender expression may not always be a factor in the youth’s emotional or behavior concerns.

Sexual Orientation and Gender Identity Recognition

Staff will recognize that all children and youth explore their sexual orientation, gender identity, and gender expression. Since language associated with sexual orientation, gender identity, and gender expression varies greatly across communities, and pronouns may be fixed or fluid, staff will allow the child or youth to guide the process of choosing language with which they feel most comfortable while discussing their sexual orientation, gender identity, and gender expression. Staff will also recognize that this language may change over time, and affirm and support the child or youth in their process of identity formation and expression.

Additionally, staff will recognize that a child’s sexual orientation, gender identity, and gender expression is an integral part of who they are and not a personal “choice” that can be changed or determined by others. Staff will not attempt to convince any child or youth to reject or modify their sexual orientation, gender identity, or gender expression. Staff are prohibited from imposing their personal and/or religious beliefs on children and their families, and will not allow those beliefs to impact the way individual needs of youth or families are met.

Guidelines such as these that use the terms “lesbian, gay, bisexual, transgender, and questioning” will be seen as a starting basis for engaging with children or youth in a way that utilizes respectful language and terminology. Staff will not use any disrespectful terms or language such as “homo” or “transvestite” or “he/she” or any other disempowering terms for LGBTQ or gender non-conforming children or youth. Since some terms may be acceptable and/or preferable to one person and offensive to another, staff will utilize best practices when working with children and youth. Staff will reflect/mirror the language and terminology employed by that child or family member (when appropriate) during a one-on-one interaction. Staff will help all children and family members use language that is respectful to all parties and will not cause harm in shared spaces.

Staff will recognize that while it is important to use the language chosen by the child or youth, a child or youth who is questioning their sexual orientation, gender identity, or gender expression may not know all the relevant terminology and will be encouraged to express themselves in whatever way they may choose.

Sexual orientation, gender identity, and gender expression are different identity constructs. If someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual because sexual orientation is separate from gender identity (see definitions). Furthermore, gender identity is very individual, and some transgender children or youth may identify as
neither male-to-female nor female-to-male but simply as a boy or girl or as more gender fluid. Children and youth may also identify differently on different days, as they work through their identities. Child and Family Services staff will keep in mind that increasingly, many LGBTQ and gender non-conforming children and youth are choosing to embrace the identity of “genderqueer” as a term that is more inclusive of a range of identities.

Additionally, staff are required to use respectful, inclusive, and gender neutral language when referring to a child or youth’s sexual orientation, gender identity, and gender expression. For example, language such as “involved with someone” or “partner” as opposed to “boyfriend” and “girlfriend” will be used with all persons regardless of sexual orientation, gender identity, or gender expression.

Definitions

**Bisexual** – Continuing emotional, romantic, and affectionate attraction to persons of the same and different genders.

**Cisgender** – Individuals whose gender identity and/or gender expression conforms to the characteristics traditionally associated with their assigned sex at birth. Not transgender.

**Gay** - A boy or man who has a continuing enduring emotional, romantic, and affectionate attraction for other boys or men.

**Gender Expression** - The manner by which an individual expresses their gender, through behavior, clothing, haircut, jewelry, voice, or body characteristics.

**Gender Identity** - An inner sense of being male, female, another gender, or in between. One’s gender identity may not align with the individual’s assigned sex at birth.

**Gender Non-Conforming** – Having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. This can apply to lesbian, gay, bisexual, transgender, AND heterosexual children or youth.

**Genderqueer** – A term that is embraced as an option to the binary language of LGBTQ umbrella terms that offers an alternative to an LGBTQ youth who does not feel that the identity of gay or lesbian accurately describes them; and who is not bisexual. This term would fall under the umbrella of transgender identities.

**Intersex (or Intersexual)** – Refers to a person born with the full or partial sex organs of male and female, or with underdeveloped or ambiguous sex organs. About four percent of all births are Intersex to some degree. This term replaces hermaphrodite.
Lesbian - A girl or woman who has a continuing enduring emotional, romantic, and affectionate attraction for other girls or women.

LGBTQ – An acronym for Lesbian, Gay, Bisexual, Transgender and Questioning. This is an umbrella term that is inclusive of many identities.

Queer – An inclusive identity reclaimed by some people in the LGBTQ communities to describe sexual orientation and gender identity beyond the constraints of a binary gender system. Often used as an umbrella term. A term more commonly used and embraced by youth as inclusive of various identities.

Questioning – A person who is exploring their sexual and/or gender identity. A fairly common part of adolescent human development.

Sexual Orientation – The scientifically accurate term for an individual's enduring emotional, romantic, sexual, or affectionate attraction to individuals of a particular gender. Sexual behavior and sexual orientation are distinct terms; the former only pertains to sexual activity whereas the latter refers to feelings and identity.

Straight/Heterosexual – A person who has continuing enduring, emotional, romantic, and affectionate attraction to persons of the “opposite” gender. Not lesbian, gay, or bisexual.

Transgender – Individuals whose gender identity and/or gender expression does not conform to the characteristics traditionally associated with their assigned sex at birth.

Transsexual – A term for someone who transitions from one physical sex to another in order to bring their body more in line with their innate sense of their gender identity.

Practice Guidelines

A. Confidentiality:

1. Staff will keep in mind that when a child or youth discloses their sexual orientation, gender identity, or gender expression it will be considered sensitive information and be kept confidential, given that such disclosure could pose great risk to the youth or child.

2. Staff will not disclose a child or youth’s sexual orientation, gender identity, or gender expression to other individuals or agencies, without the child or youth’s permission. If a child or youth grants permission to share information on their sexual orientation, gender identity, or gender expression, this information may also prove relevant to decisions regarding safety in a child or youth’s academic environment, educational services, reunification, and placement. Knowledge of this information may prove beneficial and can lead to the exploration of other
319 issues, social supports, family awareness and response, and health guidance that
320 would increase safety.
321 3. However, there might be a few circumstances under which such information
322 sharing is necessary without first gaining the child or youth’s permission. For
323 example, if a child or youth’s sexual orientation, gender identity, or gender
324 expression is related to the abuse or neglect in their home, then the information
325 will be disclosed by the caseworker to Intake, particularly information related to
326 safety issues. However, to affirm a sense of safety and build trust, staff will also
327 inform the child or youth with whom the information will be shared and why
328 before the information is shared, whenever possible.
329
330 B. Safety and Disclosure:
331 1. Staff will be aware that many LGBTQ children and youth, particularly those
332 involved with the child welfare system, have had experiences of trauma
333 (violence, sexual abuse, verbal harassment, etc.) related to their sexual
334 orientation and gender identity, and staff will receive ongoing training specific to
335 these unique forms of trauma. LGBTQ and gender non-conforming youth are
336 particularly susceptible to trauma, discrimination, and abuse. Staff will also be
337 able to recognize signs of distress, support disclosure when appropriate, and
338 follow appropriate protocols for reporting.
339 2. A child or youth may disclose their sexual orientation and/or gender identity to
340 staff when, and if, they feel ready. This disclosure is more likely to occur for an
341 LGBTQ child or youth if a safe environment and trusting relationship has been
342 created for such a disclosure. There are some circumstances when it may be
343 appropriate for staff to affirmatively try to provide an opportunity for youth to
344 disclose that they are LGBTQ. For example, if a child or youth is subject to
345 harassment in their foster placement, then staff will explore with the child if the
346 harassment is related to their sexual orientation, gender identity, or gender
347 expression. [See Appendix B - How to Create a Climate of Safety and Convey
348 Support for Children and Youth for some contextual examples where this may
349 apply.]
350 3. All children and youth may request the use of a preferred name, and of the
351 gender of which they identify if applicable rather than their legal name. Staff will
352 ask children and youth what name they prefer and what pronoun to use. This
353 will provide transgender and gender non-conforming youth with a safe means to
354 let staff know of a preferred name and pronoun. [For an explanation of LGBTQ
355 related terms, see the list of definitions above.]
356 4. When a child or youth requests the use of a preferred name and/or preferred
357 gender pronoun, staff will ask the youth which name (legal or preferred) and
358 which pronouns they will use to refer to the youth in conversations with the
359 youth’s family, and in conversation with other service providers and/or the
360 court. To ensure safety, staff will comply with the youth’s request for preferred
name and pronoun use in conversations with the above-mentioned parties. Finally, staff will periodically check in with the child or youth to see if it is still safe to use their preferred name and pronouns. For additional guidance on how to create safety for clients, see Appendix B - How to Create a Climate of Safety and Convey Support for Children and Youth.]

6. During the life of the case, staff will be mindful that a child or youth may not want to tell their family about their sexual orientation, gender identity, or gender expression. If their identity was not a precipitant of the child or youth’s removal from the home but does create a threat to safety, caseworkers will NOT disclose the child or youth’s sexual orientation, gender identity, or gender expression to the family.

7. If a child or youth discloses their sexual orientation, gender identity, or gender expression while in foster care, the child or youth will be offered the opportunity for services and information to support individual, family, and health issues. [See: Appendix A - Resources to Support LGBTQ Youth and Families.] Additionally, referrals to community service providers will be made when appropriate.

C. Services to Prevent Removal:

1. Staff will be familiar with the unique family dynamics that emerge for LGBTQ children and youth in general and LGBTQ children and youth involved with the child welfare system. All staff will recognize that family responses to a child or youth’s sexual orientation, gender identity, or gender expression may vary widely and interact with other aspects of that youth and families’ identities, including race, class, gender, citizenship, etc.

2. Staff will help stabilize and create safety for LGBTQ and gender non-conforming youth in their homes to prevent out-of-home placement for reasons having to do with sexual orientation, gender identity, and gender expression whenever possible. Caseworkers working with an LGBTQ or gender non-conforming child or youth will identify and become familiar with community resources to support the sexual orientation, gender identity, and gender expression of the child or youth. This work includes providing LGBTQ and gender non-conforming children and youth specific community resources to the child or youth and families for support (e.g., a copy of community resources as listed in Appendix A - Resources to Support LGBTQ Youth and Families.)

3. Staff will carefully consider the parent/caregiver’s attitude towards the child or youth’s sexual orientation, gender identity, gender expression and other related behaviors as contributing factors to a child or youth’s safety and positive identity development throughout the life of the case when identifying possible threats of harm. This will be done on an ongoing basis and can be done by engaging parents/caregivers and educating the parents/caregivers that a continued
relationship between the parent and youth with some level of acceptance and understanding is critical to the health of the youth.

4. In some cases, children or youth having severe emotional reaction and/or behavioral concerns may require more intensive services, such as outpatient short-term counseling or psychotherapy. When a child, youth, or family member is having a more severe emotional reaction to the child or youth’s sexual orientation, gender identity, or gender expression (e.g., persistent depression or anxiety, engaging in substance use or dangerous/high-risk behaviors, social withdrawal, risk of family rejection, placement disruption, etc.), more intensive services may be required, including, but not limited to, individual, group, or family therapy. [Refer to: subsection F.]

D. Expectations for Out-of-Home Placement:
1. When a child or youth who identifies as LGBTQ or gender non-conforming enters foster care, staff will place them in a home that is safe and recognizes and meets their needs. Any out-of-home placement, whether it be with foster, adoptive, or birth parents, will affirm every child’s sexual orientation, gender identity, or gender expression, treat them with respect and dignity, and work to ensure their overall well-being. Staff will also ensure that families who have a child or youth who discloses their sexual orientation, gender identity, or gender expression while in their care are providing an affirming home for that child or youth. All foster families will be given the support and training needed to provide optimal care for children and youth regardless of sexual orientation, gender identity, and gender expression.

2. For cases where an LGBTQ or gender non-conforming youth is residing in a foster home, staff are expected to make sleeping arrangement decisions that will ensure the safety of this youth as they would with any other youth. Decisions on bedrooms for all LGBTQ and gender non-conforming youth in foster homes will be based on the youth’s individualized needs and will prioritize the youth’s emotional and physical safety. Staff will take into account the child or youth’s perception of where he or she will be most secure, as well as any recommendations from the child or youth’s mental health care provider. The child or youth’s well-being will be taken into consideration when making this decision. Therefore, it is important to include the child or youth in the decision-making process so as to avoid alienating them. Staff will not isolate any child or youth based on sexual orientation, gender identity, or gender expression.

3. All children and youth will be allowed to use private or individual bathroom stalls and be allowed to shower privately.

4. For cases where a transgender youth is residing in a residential facility, every effort will be made so that transgender or gender non-conforming youth are housed in a residential facility that can provide individual sleeping quarters (one-person bedroom) to allow for privacy. Transgender or gender non-conforming
children or youth will not automatically be housed according to their sex assigned at birth. As in a foster care setting, the agency will make housing decisions for transgender or gender non-conforming youth based on the child or youth’s individualized needs and will prioritize the child or youth’s emotional and physical safety. Staff will take into account the child or youth’s perception of where they will be most secure, and remember to include the child or youth in the decision-making process so as to avoid alienating them. Staff may utilize regional clinical consultants when determining placement for gender non-conforming or transgender youth.

E. Personal Grooming and Clothing:
1. Grooming rules and restrictions, including rules regarding hair, make-up, and shaving, will be the same for all children and youth regardless of sexual orientation, gender identity, or gender expression. A child or youth will not be prevented from or disciplined for using a form of personal grooming because it does not match gender norms. All children and youth will be permitted to use approved forms of personal grooming consistent with or that affirms their gender identity.
2. Children and youth may wear clothing consistent with their gender identity. All children and youth in out-of-home care will have safety parameters established regarding outer attire congruent with the occasion (such as swimwear) and will be age appropriate. Children and youth are able to wear undergarments of their choice. If there is a conflict between the child or youth and their caregiver regarding outer attire and/or undergarments, the caseworker will help resolve the issue.

F. Mental Health and Medical Considerations:
1. Most needs related to sexual orientation, gender identity, and gender expression for children and youth can best be met through caregiver and family support, community support, education groups, and/or peer counseling. The child or youth’s family and foster/adoptive family members may also need assistance in supporting the child or youth. When appropriate, caseworkers will assist families in identifying supportive resources and professionals in their area in order to help create adequate support systems in place for sexual orientation, gender identity, and gender expression, including transition to permanency. [See: Appendix A - Resources to Support LGBTQ Youth and Families.]
2. In accordance with accepted health care practices, which recognize that attempting to change a person’s sexual orientation, gender identity, or gender expression is harmful, staff will NOT make referrals to mental health providers who attempt to change a child or youth’s sexual orientation, gender identity, or gender expression through conversion, reparative, or regression therapy, or any other methods.
3. All children and youth in out-of-home care will receive a comprehensive mental health screening. Children or youth who identify as LGBTQ or gender non-conforming who receive mental health services will be served by clinicians who are aware of the needs and best practices for those populations.

4. For many transgender and gender non-conforming youth, puberty can be a time of crisis where the urgency of medical decisions is warranted. Children and youth who voice anxiety at the prospect of facing puberty outcomes that conflict with their gender identity will be referred to a psychiatrist who is aware of the needs and best practices for those populations.

5. If a child or youth enters out-of-home care and reports that a licensed medical provider in the community prescribed them hormones, this medication will be continued while the child or youth is in care. If hormone therapy is discontinued for a child or youth, the child or youth will continue to be monitored by medical and behavioral health staff in order to treat any symptoms that may occur as a result.

300.6 Resource Family Consultants (RFCs) – Role And Expectations

**Major objectives:**
The purpose of this section is to define the role and expectations of a Resource Family Consultant (RFC). The region may have additional expectations of the RFC beyond those described here; however, these guidelines are the minimum requirements expected of a RFC. The RFC provides support for placements with resource families that are licensed through the Department of Human Services, Office of Licensing for general foster care (LFC). This section does not pertain to support for resource homes which are certified through contract providers or resource homes that are licensed for a specific child (LSC). Under the conditions of the contract, contract providers are responsible to provide support to the homes they certify. Child and Family Services staff, who possess an LSC license, with an expertise in supporting kinship homes will provide the support for families.

**Definitions**

A. Resource Family Consultant (RFC) – An employee of Child and Family Services who is responsible for providing support for placements of children in out-of-home care with families that are licensed with a LFC license through the Department of Human Services, Office of Licensing.

**Practice Guidelines**
The following items describe the minimum role and expectations for the RFC.
A. The RFC will be familiar with the procedures and requirements necessary for a family to become a licensed out-of-home care provider and sustain licensure. These requirements include basic licensing standards outlined by the Office of Licensing, Background Screening Requirements, the Provider Code of Conduct, and the pre-service and ongoing training requirements.

B. The RFC will assist licensed resource families with tracking their number of in-service training hours in order to assist them in acquiring the required number of in-service hours needed for re-licensure.

C. The RFC will be familiar with the procedures outlined in Practice Guidelines Section 305, “Child and Family Services relationship with Out-of-Home Caregiver”, and Section 306, “Emergencies and Serious Situations.”

D. Each RFC is responsible for becoming familiar with and forming a working relationship with the resource families assigned to them. The RFC will develop knowledge of the strengths and needs of each resource family in regards to caring for a child in the custody of Child and Family Services. The knowledge of the resource family will assist the RFC in facilitating a successful placement of a child in the custody of Child and Family Services with the resource family.

1. The RFC is responsible for visiting newly licensed foster homes within 30 days or sooner of Child and Family Services receiving the home study, in order to generally assess the type of child that the resource family may be successful with. Ideally, the visit should be conducted prior to the resource family having a child placed in their home.

2. The RFC is responsible for ongoing assessment of each resource family’s ability to care for a child in the custody of Child and Family Services. Any significant information that the RFC learns regarding the family’s ability to provide quality care for a child will be documented in the Provider notes in SAFE. The RFC will also assess how significant life changes that occur in a family, such as births, deaths, adoption, divorce, etc., may impact the family’s ability to continue to provide care for children in the custody of Child and Family Services.

3. The RFC is responsible for ensuring that they document any relevant information regarding the family they may learn from the Office of Licensing and/or the Utah Foster Care regarding licensure, training, etc.

4. The RFC will provide any information that they become aware of to the Office of Licensing that may be relevant to or may affect the licensure of the resource family.

5. Minimum standards of contact with the resource family:
   a. Monthly Contact: At minimum, the RFC is required to have monthly contact with each resource family they oversee. This may include a phone call, email, letter, or face-to-face contact with the resource family.
b. Face-to-Face Home Visits: The RFC is required to conduct a visit in the home of each resource family they oversee a minimum of once every six months, being more attentive to the resource homes with current placements of children. The RFC will document a summary of the home visit in the Provider Module of SAFE.

(1) Exceptions for the six-month face-to-face home visit may be made for resource families that are not currently being utilized (are “on hold”) due to personal issues, a recent adoption, etc. If a family that is “on-hold” expresses that they want to resume taking placements, the RFC must make a face-to-face visit in the home prior to a child being placed there.

c. The RFC may determine that it is necessary to have more frequent contact with a resource family based on the specific needs and vulnerabilities of a child placed in the home, as well as the protective capacities of the resource family.

d. The region may require more than the minimum standards of contact between the RFC and the resource families they serve if a determination is made that the region has the resources and capacity for more frequent contact.

E. Using the knowledge they possess of the resource families, the RFC assists the caseworker in finding and facilitating a placement match for a child in the custody of Child and Family Services with a licensed resource home. The placement decision should take into account factors that are in the child’s best interest when making a placement decision, including but not limited to the skills of the foster parent; proximity to the home the child was removed from; the potential that the child may be placed with kin; the ability of the resource family to maintain siblings together; the proximity to the child’s home school; and the permanency goal, including enduring safety and permanency for the child.

1. When possible, it is best practice for the RFC to assist the caseworker in facilitating a pre-placement meeting regarding the specific needs of the child prior to placement of the child in the home.

2. The RFC may assist the caseworker in providing information to the resource family regarding the child prior to the placement of the child in the home. The RFC will document providing the information to the resource family in the activity logs of the child’s case in SAFE and will use the correct policy attachment when documenting that this step was completed.

F. The RFC will assist the caseworker in supporting and maintaining the placement of a child with a resource family. The RFC may also assist in preventing possible placement disruptions.
1. The RFC is responsible for knowing what resources are available to help support and maintain a child’s placement in the home of a resource family, as well as how to help the resource family access those resources.

2. The RFC may attend Child and Family Team Meetings, court, and home visits with the caseworker. The RFC may also assist with the process of preparing a family for adoption, if appropriate.

3. The RFC will be included as an integral part of the Child and Family Team, when the need arises, in order to assist the team in understanding and/or planning for placement transitions and issues regarding permanency for the child.

4. The RFC may assist the resource family in developing an understanding of Child and Family Services’ procedures and Practice Guidelines, especially when the resource family has questions and/or concerns.

5. The RFC may assist the resource family in finding a respite provider when needed.

6. In the event that a related-parties investigation is initiated regarding a resource family, the RFC may provide answers to general questions regarding policies and procedures and may listen to concerns the provider may have in order to provide empathy as they go through the investigative process. The RFC may not, however, provide any information to the provider regarding the specifics of the investigation. In addition, the RFC has an obligation to provide any information to the CPS investigator that they believe may be relevant to the investigation.

7. The RFC assists the caseworker in ensuring that the health care requirements for the child are communicated to the resource family and may assist the caseworker in following up with the family to ensure that medical and mental health requirements for the child are completed in a timely manner.

8. The RFC will ensure that the Foster Care Agreement (Form 638A) is completed on an annual basis, upon re-licensure of the resource family. As a part of this process, the RFC will obtain an email address from each resource family and will enter the email address into the provider window in SAFE.

G. The RFC is responsible for developing and maintaining appropriate and professional partnerships with community partners, especially when it relates to maintaining a child in the home of an appropriate resource family and/or providing services to prevent placement disruption.

H. The RFC will attend, be prepared for, and actively participate in the placement committee when a resource family they are assigned to is presented as a potential match for a child needing placement.

I. The RFC will attend cluster meetings and other foster parents’ activities when possible (at a minimum once a year) in order to build relationships with the families they serve,
offer support to foster parents, answer questions, and understand issues faced by resource families.

J. The RFC will help resource families understand how to act in a professional manner at all times when representing themselves as a foster parent. This includes when they are interacting with others in the community as well as on social networking sites.

### 300.7 Normalcy For Children And Youth In Foster Care

<table>
<thead>
<tr>
<th>Major objectives:</th>
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<tbody>
<tr>
<td>To provide employees and caregivers with information related to the need for foster children and youth to participate in activities that non-custody children experience as part of a healthy, normal childhood. These activities include recreation, extra-curricular school activities, sports, school club participation and other activities that promote healthy development. Participating in normalizing activities helps a survivor of trauma feel less like a victim and help promote healing and well-being.</td>
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Caregivers can make a decision, on behalf of a child or youth, regarding certain types of activities a youth may participate in by using a reasonable and prudent parenting standard, without receiving prior approval from Child and Family Services. This helps promote a normal parent-child relationship between the caregiver and the child.

### Applicable Laws


### Background of House Bill 346

A. Utah Code Ann. §62A-4a-211 requires Child and Family Services to make efforts to normalize the life of a child in Child and Family Services’ custody and to empower a caregiver to approve or disapprove a child’s participation in activities based on the caregiver’s own assessment using a reasonable and prudent parenting standard, without prior approval of Child and Family Services.

B. Utah Code Ann. §62A-4a-211 requires Child and Family Services to verify that private agencies, providing out-of-home placement under contract with Child and Family Services, promote and protect the ability of a child to participate in age-appropriate activities.
C. Utah Code Ann. §62A-4a-211 provides that a caregiver is not liable for harm caused to a child in out-of-home placement, if the child participates in an activity approved by the caregiver, provided that the caregiver has acted in accordance with a reasonable and prudent parenting standard.

Definitions

A. **Reasonable and Prudent Parenting**: The standard characterized by careful and sensible parental decisions to maintain a child's health, safety, and best interest while at the same time encouraging the child's emotional and developmental growth.

B. **Activities**: An extracurricular, enrichment, or social activity.

C. **Age-Appropriate**: A type of activity that is generally accepted as suitable for a child of the same age or level of maturity, based on the development of cognitive, emotional, physical, and behavioral capacity that is typical for the child's age or age group.

Practice Guidelines

A. If a child in foster care desires to participate in an activity, the caregiver must use a reasonable and prudent parenting standard to determine if the activity requested is age appropriate. The caregiver will use the following items to guide their decision to approve or disapprove the activity:

1. The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
2. Potential risk factors and the appropriateness of the activity;
3. The best interest of the child based on the caregiver's knowledge of the child;
4. The importance of encouraging the child's emotional and developmental growth;
5. The importance of providing the child with the most family-like living experience possible; and
6. The behavioral history of the child and the child's ability to safely participate in the proposed activity.

B. If the caregiver is unsure if the child should participate in the proposed activity, the caregiver will discuss the items listed above with the caseworker, and if needed, other members of the child and family team to determine if the child may participate in the activity.

C. If the child feels they are being denied the ability to participate in normalizing activities, a Child and Family Team Meeting may be convened.

D. The caregiver will inform the caseworker of activities where the child will be away from the caregiver overnight. Reasonable and prudent parenting standards will be followed. Overnight activities requested by the child are not considered respite.
E. It is not necessary for a caregiver to seek permission from Child and Family Services each
time a child participates in a routine activity. This would include any activities that the
caregiver’s family participates in on a regular basis, including but not limited to
recreational sports, camping, hiking, biking, swimming, dance, art or music lessons, etc.
If the activity has an inherent risk of bodily harm, injury, or death, the caregiver must inform the caseworker prior to the activity.

F. For non-routine activities where bodily harm, injury, or death could occur, the caregiver will consult with the caseworker to assess using the reasonable and prudent parenting standard to determine if the activity is appropriate for the child to participate in. Some non-routine activities include but are not limited to:

1. Off-Highway Vehicle (OHV) or All-Terrain Vehicle (ATV).
2. Water sports, including boating and white-water rafting.
3. Horseback riding.
4. Skiing, snowboarding, or snowmobiling.

If the sponsor of a particular activity, such as an athletic league, requires informed consent forms, those forms must be completed prior to the child participating in the activity.

G. Any time a child participates in an activity that has an inherent risk of bodily harm, injury, or death, every precaution must be taken to participate in the activity as safely as possible. This would include wearing DOT/Snell approved helmets when riding OHV’s, completing OHV education (http://stateparks.utah.gov/resources/ohv/education) or personal watercraft or boating education (http://stateparks.utah.gov/resources/boating/education), wearing Coast Guard approved lifejackets, and completing hunter’s education (http://wildlife.utah.gov/hunter-education.html). It also includes following any applicable statute pertaining to minors operating OHV’s, personal watercraft, or boats and firearms.

H. For children placed in a group home or residential treatment setting, the provider will incorporate normalcy activities into their program. The activities will be in-line with the reasonable and prudent parenting standard and will help children with skills essential for positive development.

1. If the activity is routine for the program, but has an inherent risk of bodily harm, injury or death, the provider will notify the agency of the activity.
2. If the activity is non-routine and the activity has an inherent risk of bodily harm, injury or death, the provider will consult with the caseworker to assess using the reasonable and prudent parenting standard to determine if the activity is appropriate for the child to participate in.
I. If the activity has a cost associated with the participation in the activity, such as athletic leagues, school dances, lessons, or recreation education fees, the caregiver will contact Child and Family Services to determine if funds are available to pay for the activity.

1. For children under 14 years of age, the caseworker will staff the funding request with their supervisor to determine what funds can be used to support the child in participating in the activity. These may include:
   a. Utah Foster Care’s Wishing Well Funds;
   b. Special Needs Miscellaneous; or
   c. Monthly Personal Needs Funds.

2. If the youth is 14 years of age or older, the caseworker will also staff the funding request with the regional Transition to Adult Living coordinator to determine if the activity can be supported with Chafee funding.

### 300.8 Runaway Child And Missing Children

**Major objectives:**

Children who run away or are missing from state’s custody are at an increased risk for exploitation and trauma due to having to meet their own needs in ways that may be unsafe. Every effort must be taken to find missing children and to prevent child from running. It is also imperative to locate a child who runs away, assess for human trafficking, and provide holistic services that meet the needs of the child, including addressing any trauma that may have occurred during the runaway episode or abduction. Children need to be placed in the least restrictive placement possible following a runaway episode while assessing the needs of the child.

Since 2012, there has been an increase in the awareness regarding the prevalence of runaway and homeless children, particularly children involved in child welfare systems who are homeless or run away. The increase in awareness also includes the Commercial Sexual Exploitation of Children (CSEC), also known as human trafficking. These guidelines are to help caseworkers incorporate best practices of working with runaway children, victims of CSEC, and homeless children.

**Applicable Laws**

- Federal Act [HR4980](#), Preventing Sex Trafficking and Strengthening Families Act.
- Utah Code Ann. [§62A-4a-105](#), Division responsibilities.
- Utah Code Ann. [§76-10-1302](#), Prostitution.

**Practice Guidelines**

A. Definitions (as defined in [HR4980](#)):
1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act. Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking in persons, which is sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. A commercial sex act is any sex act on account of which anything of value is given to or received by any person.

2. Runaway Child: A child who willfully leaves the residence of a parent or guardian without the permission of the parent, caregiver, or guardian.

3. Homeless: An individual who lacks housing.

B. Prevention: Children in foster care run away for a variety of reasons. The most significant reasons include a search for safety, independence, and the least restrictive placement; conflict with their caregiver, including abuse and neglect and trying to escape an unpleasant situation; being asked to run with a peer or trying to find a sense of normal even when child acknowledge their family is not safe. Most often, it can be categorized as running to something/someone or running from something/someone.

1. In order to prevent the child from running, the caseworker will ask during each monthly home visit if the child has any concerns regarding the placement, including:
   a. Their relationship with the caregiver.
   b. If the child’s needs are being met by the caregiver.

2. If the child discloses there are issues with the placement, the caseworker will ask the child what solutions they have thought of to address the issues and what the caseworker can do to help improve the situation. If the child discloses that he or she has thought about running from the placement, the caseworker will address those issues with the child to problem solve by asking some of the following questions:
   a. What else can be done to improve things before you leave?
   b. What would make you stay in the placement?
   c. How will you survive?
   d. Is running away safe?
   e. Who can you talk to about the situation?
   f. Are you being realistic?
   g. Have you given this enough thought?
   h. What are your other options?
   i. Who will you call if you end up in trouble?
   j. What will happen when you return?

3. If necessary, a Child and Family Team Meeting will be convened to discuss the issues raised by the child and to develop solutions that will allow the child to
remain safely in their placement. Possible strategies to help prevent the runaway behavior include, but are not limited to:

a. Increased support system for the child.
b. Involve child in case planning decisions, including placement decisions.
c. Exploration of kinship as either placement options or informal supports.
d. Provide the child with information for the National Runaway Safeline to call or live chat at 1-800-runaway or www.1800runaway.org.
e. Identify a safe place for the child to go if they run (www.nationalsafeplace.org).
f. Provide child with the Child and Family Services Child Abuse Reporting Hotline (1-855-323-3237) to make a referral if they feel unsafe in their placement.

C. Response:

1. If the child is under 18 years of age, the caregiver must:

a. Notify the caseworker immediately that the child is missing. This includes the last time the child was seen, when the caregiver noticed they were missing, and what they were wearing.
b. Call Intake and report the child as missing if this occurs outside normal business hours. Intake will relay the information to the on-call worker and notify the assigned foster care caseworker and supervisor via email. The on-call worker will also relay the information to the assigned foster care caseworker or, if the assigned foster care caseworker is not available, to the on-call supervisor.

2. Upon receiving information from the caregiver that the child is missing, the caseworker will:

a. Staff the case with members of the Child and Family Team to determine if the child has run away or is missing, kidnapped, or abducted. This determination will be done within two hours of receiving the information. If the caseworker is not available, the on-call worker and the on-call supervisor will make the determination that the child is missing, kidnapped, or abducted.
b. If it is determined that the child is missing, kidnapped, or abducted, the caseworker will:

   (1) File a Missing Persons Report immediately with the law enforcement agency where the child resides. The caseworker will supply the law enforcement agency with any necessary information that will promote the safe return of the child, including demographic information and recent photographs of the child. This may also include blood type, dental records, scars, marks, tattoos, and other identifiable features. The caseworker
(2) The caseworker will obtain a case record (police report and number) from the law enforcement agency and request that the child be placed on the National Crime Information Center (NCIC) within two hours of the report being made. If law enforcement is unresponsive to placing the child on the NCIC, the caseworker will email the adolescent services program administrator at the State Office with this information.

(3) The caseworker will notify the parent(s) and/or guardian of the child within two hours of the caseworker receiving the report that the child is missing, abducted, or kidnapped. The caseworker will ask the family if the child is in their care or if they know where the child is. If the family provides leads as to where the child might be, the caseworker will relay the information to law enforcement. If the law enforcement agency does not respond to the information provided, the caseworker will make every effort to follow-up on leads. This includes phone calls, home visits, school visits, and social media. If the caseworker suspects the child has been abducted by the parent(s) and/or guardian, or the family discloses the child has returned to their care, the caseworker will inform law enforcement.

c. The caseworker will notify the Assistant Attorney General (AAG) or on-call AAG within four hours that the child is missing, abducted, or kidnapped. The caseworker will staff the case with the AAG to determine if a hearing is needed to inform the court that the child is missing, abducted, or kidnapped. The caseworker will also notify the Guardian ad Litem (GAL) within four hours.

d. The caseworker will notify the region director or designee, who will then notify the Department of Human Services (DHS) communication director (801-520-2777) that there is a child missing, abducted, or kidnapped who is in the custody of Child and Family Services and determine if media should be contacted to assist in the location and return of the child.

e. The caseworker will report the child is missing to the National Center for Missing and Exploited Children by calling 1-800-843-5678 and provide the center with any information that will help promote the safe return of the child. This could include demographic information, other identifiable information, and photographs.

f. After 24 hours if there is no contact from the child or the abductor, the caseworker will change the placement code in SAFE to KDP.

g. If a call for a ransom is received by Child and Family Services, the substitute caregiver, or the biological family, the caseworker will notify
the local FBI immediately with as much detail from the letter, phone call, or social media message as possible. (The FBI office: fbi.gov/saltlakecity/, FBI SLC 257 Towers Building, Suite 1200, 257 East 200 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for Crimes Against Children at http://www.fbi.gov/hq/cid/cac/crimesmain.htm.

h. If the child is missing due to a natural disaster, the caseworker will defer to the DHS Natural Disaster Protocol to determine the appropriate course of action to locate the child.

3. If it is determined the child has run away, the caseworker will:
   a. Notify the parent(s) and/or guardian within 24 hours that the child has run away. The caseworker will engage the parent(s) and/or guardian to determine if the child has run to the parent(s) and/or guardian.
      (1) If the family does know where the child is, but refuses to disclose the location of the child, the caseworker will ask if the child’s basic needs are being met.
      (2) If the family does not know where the child is, but commits to notifying the caseworker if the child makes contact with the family, the caseworker will continue to follow-up with the family on possible leads. Any information gained from these conversations will be given to law enforcement to aid in finding the child.
      (3) The caseworker will inform the family of the current statute regarding harboring a runaway. [See: Utah Code Ann. §62A-4a-501.]
   b. Notify the AAG that the child has run away. The caseworker will file a pickup order with the Juvenile Court. On the pickup order, the caseworker will request that the child be taken to the least restrictive placement (i.e., current or prior placement, juvenile receiving center, Christmas Box House) once the child is found. The caseworker will also notify the GAL that the child has run away.
   c. The caseworker will notify law enforcement and file a Missing Persons Report. The caseworker will also request the child be placed on the NCIC database for missing persons. The caseworker will supply law enforcement with information that will aid in the return of the child, including demographic information, where the child was last seen, and where the child may have ran to.
   d. If it is during the school year, the caseworker will contact the school and request that they notify Child and Family Services if the child contacts or arrives at school.
   e. The caseworker will notify other members of the Child and Family Team that the child has run away.
983 f. The caseworker will try and make contact with the child through a variety of means, including texting, email, and social media (Facebook, Twitter, etc.), as well as through any other family or relational contacts at least weekly until the child has been located or eight weeks from the time the child was reported as runaway, whichever is sooner, to assess if the child is safe and their needs are being met. All efforts to locate the child will be documented in SAFE.

986 (1) If the child responds to the outreach made by the caseworker, the caseworker will gather critical information regarding the safety and well-being of the child.

989 (2) The caseworker will encourage the child to come back into care. This must be done with sensitivity to the child and their situation, as the child may have been running from an unsafe situation and does not trust Child and Family Services or the caseworker.

992 (3) The caseworker will document all correspondence between the child and the caseworker in SAFE.

995 g. After 24 hours, the caseworker will change the placement code in SAFE to CRW. The caseworker will staff the case with their regional administrative team or designee to determine if the out-of-home caregiver should continue to be paid as outlined in Administrative Guidelines Section 060.8 while the child is on the run. The agreement to pay the out-of-home caregiver will not exceed 10 days.

999 h. If the child is on the run for more than eight weeks, the caseworker will contact the law enforcement agency who took the initial report to give further information, including dental records, scars, marks and tattoos, jewelry type, blood type, and other identifiable features in the event that a deceased is discovered locally or nationwide.

1003 i. If the child is on the run for more than 12 weeks, the caseworker will staff the case with regional administration or designee to determine if the case should remain open or if a petition to close the case should be filed.

1007 (1) If a petition is filed requesting the case be closed, the caseworker must address what steps have been taken to find the child. If possible, the caseworker will include verification that the child is safe while the child has been on the run and if the child will continue to be safe in the petition.

1011 j. If the case is to remain open, the caseworker will make monthly attempts to locate the child. All attempts must be documented in SAFE.

1015 4. If the child engages in chronic runaway behavior (i.e., has run away more than three times a year or more than once in a 30-day period), the caseworker will assess with the Child and Family Team the reasons the child is running and implement strategies to address the behavior. This could include:
a. Assessing the placement to determine if the placement best meets the needs of the child. A higher or lower level of care will be considered if it better meets the needs of the child.
b. Determining if the child is running to something/someone such as family, peers, and/or intimate relationships. If the child is running to someone, the caseworker will consider making these relationships part of the Child and Family Team.
c. Assessing if there are issues at school that have an impact on the placement or contribute to the runaway behavior, such as bullying or other negative peer relationships or struggles with academic progress.
d. Addressing with the child’s treatment provider issues relating to the runaway behavior.
e. If necessary, conducting a professional staffing with the region permanency specialists.

5. If the child is over the age of 18 years and runs away, the caregiver will:
   a. Notify the caseworker immediately that the child has run away. This includes the last time they were seen, when the caregiver noticed they were gone, and what they were wearing.
   b. The caseworker will convene a professional staffing within 24 hours to determine if the case should remain open as the child is over 18 years of age. The professional team will consider:
      (1) The overall safety of the child.
      (2) The age and developmental level of the child.
      (3) The child’s ability to meet their own needs.
      (4) The child’s relationships and the level of support the relationships will provide.
      (5) If the case should remain open, or if the foster care case should be closed and the child be released from care.
   c. If it is determined that the child is not safe on his or her own, the caseworker will follow the practice guidelines for runaway child under the age of 18 years.
   d. If it is determined by the professional team that the child should remain in care, the caseworker will notify the AAG that a warrant will need to be filed with the juvenile court.
   e. If it is determined that the child can meet their own needs and remain safe on their own, the caseworker will ask the AAG to file for an early review to close the case.

D. Return to Care:
   1. Once the child is located by law enforcement or by the caseworker, the caseworker will place the child in the least restrictive placement possible. The child should only be placed in detention if the child has committed a crime that
requires a placement in a correctional facility. Running away is not a chargeable
offense.

2. The caseworker will assess if the child is a victim of CSEC. This includes an
interview with the child in a neutral location after the child’s physical needs have
been met and the child is safe. The caseworker will screen the child by asking
the following screening questions: “While on the run,

a. did someone control, supervise, or monitor your work/actions?”
b. could you leave your job or work situation if you want to?”
c. was your communication ever restricted or monitored?”
d. were you able to access medical care?”
e. were you ever allowed to leave the place you were living/working?”
f. Under what conditions?”
g. was your movement outside of your residence/workplace ever
monitored or controlled?”
h. what did you think would have happened if you left the situation?”
i. was there ever a time when you wanted to leave, but felt that you could
not?”
j. what do you think would have happened if you left without telling
anyone?”
k. did you feel it was your only option to stay in the situation?”
l. did anyone ever force you to do something physically or sexually that you
didn’t feel comfortable doing?”
m. were you ever physically abused (shoved, slapped, hit, kicked, scratched,
punched, burned, etc.) by anyone?”
n. were you ever sexually abused (sexual assault/unwanted touching, rape,
sexual exploitation, etc.) by anyone?”
o. did anyone ever introduce you to or provide you with drugs or
medications?”

Resources: “Screening Tool for Victims of Human Trafficking,” U.S. Department of
Health and Human Services,

3. If the child reports that they may be victims of CSEC, the caseworker will access
the appropriate resources to address the CSEC. This is including but is not
limited to:

a. Report to law enforcement that the child may be a victim of CSEC and
assist in the investigation.
b. Access the appropriate mental health care, preferably a therapist that
specializes in treating victims of CSEC.
c. Inform the placement that the child may be a victim of CSEC. The
caseworker will assist the Resource Family Consultant (RFC) to give the
placement resources that may aid in the placement’s ability to care for
the child, including research articles and training materials.
4. A Child and Family Team Meeting will be convened as soon as possible after the child has been returned to determine the correct placement of the child and to determine if additional services are needed as a result of any trauma or behavioral needs the child may have.

300.9 Foster Care Bill Of Rights

Major objectives:
Children in foster care have the right to be treated with genuineness, empathy, and respect, as well as having the Practice Model Skills and Principles applied to their specific case while ensuring the children’s safety, permanency, and well-being needs are addressed while in foster care.

The State Youth Council was tasked with writing a Foster Care Bill of Rights that addresses what they feel is important to them while they are in care. This Bill of Rights pertains to all children in care, regardless of age. The Bill of Rights encompasses the Practice Model philosophy, as well as the skills and principles of Utah’s Practice Model.

Applicable Laws
Federal Act HR4980, Preventing Sex Trafficking and Strengthening Families Act.

Practice Guidelines
A. The Foster Care Bill of Rights is a document written by youth in foster care and foster care alumni that outlines the rights of a child in foster care. The Bill of Rights is as follows:
   1. Be treated with respect regardless of age, race, culture, gender, sexual orientation, gender expression, religious beliefs, family relations, or family history.
   2. Live in a safe and healthy environment with adequate clothing, appropriate hygienic items, and sufficient food of nutritional value.
   3. Have access to adequate health care services, including mental health, physical health, and dental health, as well as the right to request medical appointments and consistent and quality medical attention.
   4. Attend our school of origin or an appropriate school and access to transportation to and from school (and/or employment and extracurricular activities, if applicable).
   5. Participate in or continue to participate in healthy and appropriate activities associated with school, culture, a religious organization, or within the community.
6. Have access to vital documents (birth certificate, social security card, state identification card) before aging out of foster care, as well as access to services and resources regarding the transition to adulthood.

7. Express our opinions, thoughts, needs, and feelings in a respectful, constructive manner.

8. Actively participate in case planning and be informed of changes in our case, including participation in placement decisions.

9. Be allowed to pack our own belongings in luggage or other suitable containers.

10. Receive quality services that meet our specific needs in conjunction with a stable environment and the least amount of disruptions.

11. Be informed of our rights and have an identified person or entity to contact when rights are violated, such as our Guardian ad Litem or Ombudsman.

12. Maintain healthy relationships with parents and siblings through frequent visitation and contact.

13. Have access to important adults, including caseworkers and legal representatives.

14. Be informed of when our court hearings are and be able to attend those hearings.

B. The Utah Foster Care Bill of Rights can be found at [http://dcfs.utah.gov/pdf/Utah%20Foster%20Care%20Bill%20of%20Rights.pdf](http://dcfs.utah.gov/pdf/Utah%20Foster%20Care%20Bill%20of%20Rights.pdf).

C. Children in out-of-home care will be informed of their rights while in foster care on a level that is commensurate with their developmental level. For non-verbal children, the Bill of Rights will be reviewed with the out-of-home caregiver.

1. During the first 30 days that a child is in care, the caseworker will review the Bill of Rights with the child.
   a. The caseworker will review the Bill of Rights during a Child and Family Team Meeting so all parties involved in the case are aware of the rights of the child, or
   b. The caseworker will review the Bill of Rights with the child during a private conversation during a home visit.
   c. The caseworker will review the Bill of Rights with the out-of-home caregiver during a private conversation when the child is placed in their home/facility.
   d. The caseworker will document in SAFE that the Bill of Rights was reviewed with the child and the caregiver.

2. Children will be able to access the Bill of Rights at any time through the Home-to-Home Book or other mechanism used by the caregiver to keep records and documents for the child.

3. If the child requests a personal copy of the Bill of Rights, the caseworker will deliver the document within one week of the request.
D. If a child feels their rights have been violated, the child must be given the same resources to resolve the conflict as any other individual. This includes:

1. A meeting with the caseworker and the supervisor.
2. Contact information for the child’s Guardian ad Litem.
3. Contact information for the Child and Family Services constituent services specialist at (801) 538-4100.
4. Contact information for the Office of Child Protection Ombudsman at (801) 538-4589.
301 Preparation For Placement In Out-Of-Home Care

301.01 Opening A Foster Care Case

Practice Guidelines

A. The “earliest removal/custody date” is the foster care case start date. According to Federal Regulations 1355.20, “A State may use a date such as the date the child is physically removed from the home. This definition determines the date used in calculating all time period requirements for the periodic reviews, permanency hearings, termination of parental rights provisions, and for providing time-limited reunification services. The definition has no relationship to establishing initial title IV-E eligibility.”

The earliest removal/custody date is the date that the child was initially removed from the custody of their legal guardians by Child and Family Services (protective custody), the court (temporary or adjudicated), or by voluntary written consent (voluntary custody). A foster care case will not be opened on a CPS removal unless Child and Family Services is granted temporary custody, adjudicated custody, or voluntary custody. If Child and Family Services has protective custody as the result of a CPS removal and the child is either returned home or temporary custody is granted to relatives at the shelter hearing, a foster care case should not be opened in SAFE. However, if a removal is done during the course of an In-Home Services case without a CPS case being opened to document the removal, then an SCF case should be opened to document the custody and placements during the removal time frame.

1. Using the earliest removal/custody date as the start date, the foster care case should be opened in SAFE by midnight of the second business day after receiving:
   a. Court-ordered temporary custody after a CPS removal, usually granted at the shelter hearing;
   b. Court-ordered adjudicated custody; this is usually the date of the court finding or direct order into custody;
   c. Voluntary custody by a parent or legal guardian;
   d. Protective custody taken during the course of an In-Home Services case when there is no CPS case or other documentation of the removal.

2. If there is an open case (such as CPS, PAT, PSS, PFP, etc.) at the time of the earliest removal/custody date, then the current primary caseworker is responsible for opening the foster care case in SAFE. If a foster care caseworker has not been identified, the current primary caseworker will assign the foster care case to himself or herself, pending case transfer. The current primary caseworker is responsible for all foster care case action items and activities until a new primary caseworker is identified and assigned to the foster care case.
### 301.1 Engaging, Teaming, And Assessing

**Major objectives:**
The caseworker will engage the child and family to develop positive working relationships, partner with the child and family to create a Child and Family Team, work with the Child and Family Team to assess strengths and needs of the child and family, as well as plan for the child’s permanency and long-term view.

**Applicable Law**

**Practice Guidelines**

#### A.
The primary caseworker will initiate or update the Child and Family Assessment of the child and family within 45 days of removal.

1. To begin assessment of needs, engage the child’s family, identify permanency-planning options, begin planning for placement and visitation, and establish the Child and Family Team. Engage the child in a manner consistent with the child’s developmental level to address concerns, explain the system process and the caseworker's role, and begin to discuss with the child issues of separation and loss.

2. The use of genograms, ecomaps, timelines, and other assessment tools is recommended in gathering information.

3. The type of assessment will be determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.

#### B.
The primary caseworker will assist in identifying key Child and Family Team members. The primary caseworker will hold the initial Child and Family Team Meeting, continue building upon the Child and Family Assessment, and plan for subsequent meetings and planning sessions.

1. Assist the family in identifying informal (family, friends, church affiliations, club affiliations, etc.) and formal supports (teachers, therapists, tutors, medical professionals, etc.) that may be part of the Child and Family Team.

2. Contact the Assistant Attorney General and Guardian ad Litem to provide information and involve these partners in any planning that affects the interests of the child.

3. Provide information gathered as part of the assessment to the Child and Family Team.

#### C.
For youth age 14 years and older, the youth must be an integral member of the Child and Family Team. Youth age 14 years and older will also contribute to developing the Child and Family Team.
1. Youth age 14 years and older must be given the opportunity to invite two individuals to be members of their Child and Family Team. These members cannot be paid professionals or other service providers. The caseworker will engage the youth in determining who the youth would like to invite to the Child and Family Team.

2. If a youth chooses a minor to be a member of the Child and Family Team, the caseworker has the discretion on whether to obtain a release of information from the youth to seek permission from the invited minor’s parent and/or guardian to participate on the Child and Family Team. Regardless of whether there is a release of information, the minor is held to the same confidentiality standards as other members of the Child and Family Team.

3. Any individuals identified by the youth to be members of the Child and Family Team will need to be approved by the Child and Family Team prior to the individual attending a Child and Family Team Meeting. The Child and Family Team will make the determination by assessing if the individual will advocate for the safety, permanency, and well-being of the child.

4. When working with a youth age 14 years and older, support the youth to take the lead role in the Child and Family Team. Consider the youth’s developmental age, increasing their role as a Child and Family Team leader as their skill level increases.

D. Assessment is ongoing and service goals and plans are modified when indicated by changing needs, circumstances, progress toward achievement of service goals, or the wishes of the child, family, or Child and Family Team members.

1. Continue to engage the child and family to gather all pertinent health, social, educational, psychological, and cultural (religion, significant others, daily schedule, and history) information and other specifics needed to thoroughly assess the child and family’s strengths and needs.

2. Identify each child who is of American Indian decent by ensuring that the child and family are specifically asked about this heritage. When this determination is made, refer to Section 705 Indian Child Welfare Act (ICWA), and follow all requirements. Also, if the child is a member of the Navajo Nation or Ute Tribe, comply with the intergovernmental agreements that the state of Utah has with these Tribes.

3. Determine if the child is a United States citizen or qualified alien. [See: Section 303.10, Children in Foster Care Who Are Not U.S. Citizens.]

4. When a youth is 14 years and older, the Casey Life Skills Assessment will be used to help identify skills needed for their transition to adulthood.

E. The primary caseworker will complete the application and provide necessary supporting documentation for Title IV-E and Medicaid eligibility determination. [See: Section 303.9, Federal Benefits And Eligibility.]
F. If the child is receiving SSI or SSA payments, apply to manage the benefits as the payee. If the child has a disability but is not receiving SSI, apply for benefits. If the child has a deceased parent and is not receiving SSA survivor benefits, apply for benefits, if eligible. [See: Section 303.9, Federal Benefits And Eligibility.]

G. The primary caseworker will begin collecting information to be included in the Child’s Placement Information Record (Home-to-Home Record). [See: Section 303.3, Maintaining The Home-To-Home Book.]

H. At any time, the child’s family or other team members may request a Child and Family Team meeting to discuss concerns, changes to the Child and Family Plan, visitation, or the need for clinical interventions or conflict resolution.

### 301.2 Identifying Permanency Goals And Concurrent Planning

**Major objectives:**

A child in out-of-home care will have a primary permanency goal and a concurrent plan identified by the Child and Family Team and submitted to the court for approval. The primary permanency goal will be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered. Concurrent planning involves working towards reunification while at the same time establishing and implementing an alternative permanency plan. Concurrent rather than sequential planning efforts help move children more quickly from the uncertainty of out-of-home care to the security of a safe and stable permanent family when they cannot safely be reunited with their parents.

Permanency goals and concurrent planning include:

A. Reunification.

B. Adoption.

C. Guardianship (Relative).

D. Guardianship (Non-Relative).

E. Individualized Permanency.

### Applicable Laws


Federal Regulations: 45 CFR 1356.21 (h)(3)(i), (ii), (iii).

Practice Guidelines

A. Key Factors of Permanency and Concurrent Planning:
1. Strengthens family functioning and prevents unnecessary out-of-home placements when possible.
2. Provides the needed goal-oriented family support, educational, medical, and therapeutic services aimed at timely decisions about family reunification.
3. When reunification is not possible, timely decisions about other permanent family options for children in out-of-home care are made.
4. Views the child’s behavior and reactions to the separation as expression of LOSS and GRIEF, rather than pathology; and avoids labeling them as “bad,” “troubled,” “emotionally disturbed,” etc.
5. Understands what stage the child is experiencing in the grief and loss continuum—shock, denial, bargaining, anger, depression, and acceptance.
6. Identifies those children who have the greatest likelihood of spending long periods of their childhood in out-of-home care. Determines if intensive reunification efforts would lead to faster decisions about return to family or relatives or if a faster decision can be made about other permanent family options.

B. Permanency Planning: All children require security, love, acceptance, connectedness, a moral/spiritual framework, and lifetime families for their healthy growth and development. All children also need stable families and supportive communities, especially in the early years of life to form the secure attachments so vital to positive self-esteem, meaningful relationships, positive school achievement, and success in the adult world of family and work. For best practice, permanency for children implies strengthening or finding families that can provide:
1. Intent: While a permanent home or family may not be certain to last forever, it is one that is intended to last indefinitely and offers the hope of lifetime connections and support.
2. Commitment and continuity in family relationships: A permanent family is meant to survive geographic moves and the vicissitudes of life because it involves commitment and sharing a common future—whether with the family of origin, adopted family, or a guardianship family.
3. Sense of “belonging” to a family: Evolved from commitment, continuity, and social/legal status, is crucial to security and positive self-esteem, and paves the way to healthy growth and development.
4. Legal and social status: There is a need to legitimize a child’s place in a legally permanent family; a family that offers a child a “definitive legal status” separate from the child welfare system, protects his or her rights and interests, and promotes a sense of belonging.
C. **Permanency Planning Outcomes:**

1. Children remain safely with their parents or relatives.
2. Children are reunited safely with their parents or relatives.
3. Children are safely adopted by relatives or other families.
4. Children are placed with relatives or other families as legal guardians.
5. Children are safely placed in an individualized planned permanent living arrangement.

   a. This goal can only be selected if the child is 16 years old or older and intensive, ongoing efforts to reunify the child with the child’s parent(s) have been unsuccessful. All of the following conditions must be met before choosing a goal of individualized permanency:

   (1) There have been intensive ongoing efforts to find a permanent family, which have been unsuccessful. These efforts include, but are not limited to:

   a. Permanency Roundtables (see: Section 303.17).
   b. Wendy’s Wonderful Kids referral.
   c. Intensive search for kin relatives including CLEAR search and notification, and

   (2) The child prefers to have a permanency goal of individualized permanency, and

   (3) Child and Family Services has made efforts to normalize the life of the child, and

   (4) There is a compelling reason why reunification, guardianship with a relative or non-relative, or adoption is not in the child’s best interest.

D. **Concurrent Planning:** Concurrent planning involves the parallel process of working towards a primary permanency goal, such as reunification, while at the same time actively establishing and implementing an alternative permanency plan. A concurrent permanency goal is required if the primary permanency goal is reunification. When the primary permanency goal is adoption or individualized permanency, the concurrent goal may be the same as the primary goal if allowed by the judge. Best practice for concurrent planning involves:

1. Frequent parent/child visits from the moment a child is placed in out-of-home care are encouraged unless restricted by the court.
2. Focused intensive services are provided with birth families, giving reunification every chance to work.
3. Maintaining continuity in children’s family, sibling, cultural, and community relationships.
4. Using the crisis of placement as a motivator to engage families in case planning and to make behavioral changes.
5. Identifying relatives and Tribal resources that can be placement and permanency resources early on in the case planning process.

6. Engaging families in culturally competent, early assessments, case planning, case review, and decision-making about permanency options to meet children’s urgent need for stability and continuity in their family relationships as well as services needed to achieve permanency--reunification or the concurrent plan.

7. Holding Child and Family Team Meetings as they increase options and partnerships for out-of-home caregivers, parents, extended family members, and other significant family resources to be involved early on in formulating plans for children as well as support timely case planning and decision making.

8. Respectfully using full disclosure with birth families, relatives, and out-of-home caregivers throughout the life of the case.

9. Early on, informing birth families of the importance of their involvement and actions in planning for the return of the child and also informing them of the legal consequences should they not succeed in preparing for the child’s return home in a timely manner.

10. Developing a network of out-of-home caregivers (relatives and non-relatives) who are actively engaged in supporting family reunification efforts but are also willing to serve as a permanency resource for children who may not return to their birth parents.

11. Utilizing concurrent permanency planning to encourage the adults who care about the child to become collaborators rather than adversaries as they care for and plan where that child will grow up and the long-term view for the child.

12. Collaborating with courts, attorneys, and service providers to better serve children, youth, and families.

13. Should reunification seem unlikely, determining when to pursue the concurrent permanency plan such as adoption or guardianship when it is clear the parent(s) cannot or will not care for their children.

E. Concurrent Planning Outcomes:

1. To support the safety and well-being of children, youth, and families.

2. To promote early permanency decisions for children in out-of-home care.

3. To reduce the number of moves and relationship disruptions that children experience in out-of-home care.

4. To decrease children’s length of stay in out-of-home care.

F. Selecting a Primary Permanency Goal and Concurrent Planning: The following steps should be completed by the out-of-home care caseworker during the selection process of a primary permanency goal and concurrent planning for a child in out-of-home care:

1. Discuss with the Child and Family Team the long-term view for the child and family.
2. Assess the child’s physical, emotional, social, and educational needs and how these needs may be met in planning for the primary and concurrent permanency goals.

3. Discuss the primary goal selection in the context of a Child and Family Team Meeting. The meeting should include the out-of-home caregiver if one has been identified.

4. The primary permanency goal will always be reunification unless the court has authorized in accordance with state statute that no reunification efforts will be offered.

5. Select a concurrent goal by identifying the next best permanency goal for the child.
   a. Assess the appropriateness of adoption as a concurrent goal. If adoption is ruled out, document compelling or justifiable reasons not to terminate parental rights and pursue adoption.
   b. Determine if guardianship (relative) or guardianship (non-relative) is the next best permanency goal to the primary goal. Guardianship and legal custody should not be selected if parental rights have been terminated. [Neither of these goals should be selected if the Child and Family Team determines that it is in the best interest of the child to have custody remain with Child and Family Services and guardianship be given to a relative or a non-relative. This is considered individualized permanency.]
   (1) Identify potential guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child.
   (2) Potential guardians may be either relatives or non-relatives. If the potential guardian is a non-relative, the child must be currently placed in their home or be a sibling of a child placed in the home. For relative placement, Kinship Practice Guidelines must be followed prior to selecting guardianship as a primary goal.
   c. When adoption, guardianship (relative), and guardianship (non-relative) have all been ruled out as concurrent goals, individualized permanency is the only other permanency option.

6. Discuss with out-of-home caregivers the long-term view for the child and their ability and willingness to be an ongoing caregiver if the current primary permanency goal is discontinued.

7. Provide full disclosure of requirements and responsibilities of the out-of-home caregivers and child’s parent(s) (see Full Disclosure section below).

8. Once the primary goal and concurrent goal have been identified, collaborate with the Assistant Attorney General, Guardian ad Litem, and court to ensure that they are court ordered.
9. Update the primary and concurrent goal on the Child and Family Assessment and Child and Family Plan with input from the Child and Family Team. Update the goals in SAFE.

10. If reunification services are discontinued, the Child and Family Team will determine if it is in the best interest of the child for the concurrent goal to become the primary permanency goal.

11. The Child and Family Team may select another goal for the child’s new concurrent permanency goal if it is in the child’s best interest, but it is not required. If the child’s new primary permanency goal is the best and only option for this child, then selecting one permanency goal as the primary AND concurrent goal is acceptable. For example, if individualized permanency is selected as the new primary permanency goal because none of the other options are appropriate, then it makes sense to select it as the concurrent goal as well.

12. The team will identify factors that must be considered for transition planning if the concurrent goal becomes the primary permanency goal.

13. The team will discuss the appropriateness of the child maintaining a relationship with parents if reunification efforts are discontinued and parental rights are not terminated, including continuing visitation and residual parental rights.

14. Once the new primary goal and concurrent goal have been identified, collaborate with the Assistant Attorney General, Guardian ad Litem, and court to ensure that they are court ordered.

15. Update the new primary permanency and concurrent goal on the Child and Family Assessment and Child and Family Plan with input from the Child and Family Team. Update the goals in SAFE.

G. Reunification: The Child and Family Team will use the following criteria to determine whether to make a recommendation to the court for reunification services:

1. The risk factors that led to the placement were acute rather than chronic.

2. The Child and Family Assessments (including factors such as the initial risk assessment, level of informal and formal supports available to the family, and the family history including past patterns of behavior) conclude that the parent appears to possess or have the potential to develop the ability to ensure the child’s safety and provide a nurturing environment.

3. The parent is committed to the child and indicates a desire to have the child returned home.

4. The child has a desire for reunification and is determined using age appropriate assessments.

5. Members of the Child and Family Team support a reunification plan.

6. If the parent is no longer living with the individual who severely abused the minor, reunification may be considered if the parent is able to implement a plan that ensures the child’s ongoing safety.
7. Court requirements for ordering reasonable services to reunify if the parent is incarcerated or institutionalized. [See: Utah Code Ann. §78A-6-312.] The court is required by law to order reunification services to an incarcerated or institutionalized parent unless it determines that those services would be detrimental to the minor. In determining detriment, the court must consider the following:
   a. The age of the child.
   b. The degree of parent-child bonding.
   c. The length of the sentence.
   d. The nature of the treatment.
   e. The nature of the crime or illness.
   f. The degree of detriment to the minor if services are not offered.
   g. For minors 10 years of age and older, the child’s attitude towards reunification services and any other appropriate factors.

8. If Child and Family Services is recommending no reunification due to parent mental illness of such magnitude that it renders the parent incapable of utilizing reunification services, this recommendation will be based on competent evidence from two medical or mental health professionals, who are not associates, establishing that even with provision of services, the parent is not likely to be capable of adequately caring for the child within 12 months from the day on which the court finding is made.

9. Child and Family Services will provide additional relevant facts, when available, to assist the court in making a determination regarding the appropriateness of reunification services such as:
   a. The parent’s failure to respond to previous services or service plan.
   b. The child being abused while the parent was under the influence of drugs or alcohol.
   c. Continuation of a chaotic, dysfunctional lifestyle.
   d. The parent’s past history of violent behavior.
   e. The testimony of a competent professional (expert witness) that the parent’s behavior is unlikely to be successfully changed.
   f. The parent is the child’s birth mother and the child has fetal alcohol syndrome or was exposed to illegal or prescription drugs that were abused by the child’s mother while the child was in utero, if the child was taken into custody for this reason, unless the mother agrees to enroll in, is currently enrolled in, or has recently and successfully completed a substance abuse treatment program approved by Child and Family Services.

10. As outlined in Utah Code Ann. §78A-6-312, timelines for reunification and extensions of reunification services are as follows:
   a. Reunification services may be granted for 12 months.
b. The juvenile court judge may grant up to two extensions for reunification services. The extensions are for a maximum time period of 90 days each, for a total of 180 days. In order to grant an extension, the judge must make a finding that:

(1) The parent has substantially complied with the Child and Family Plan.
(2) It is likely that the reunification will occur within the 90-day period
(3) The extension is in the best interest of the child.

c. The court takes into consideration the status of the minor siblings of the child.

11. If the court does not order reunification services a permanency hearing will be conducted within 30 days after the dispositional hearing. If reunification services are terminated during the course of the case a permanency hearing will be conducted the day on which the provision of reunification services end,. At that hearing, an alternative permanency plan will be presented to the court.

a. If reunification services are not ordered, and the whereabouts of a parent becomes known within six months of the out-of-home placement of the minor, the court may order Child and Family Services to provide reunification services. Statutory time frames for reunification (outlined in 10 above) still apply. [See: Utah Code Ann. §78A-6-314.] Reunification services may be granted for 12 months, with a possible extension of three months if objectives that can be achieved in the time frame are not sacrificed by the parent's absence.

b. When reunification efforts have ceased or are not appropriate, a primary permanency goal of adoption, guardianship (relative), guardianship (non-relative), or individualized permanency may be selected.

12. The court may determine that efforts to reunify a child with the child's family are not reasonable, based on individual circumstances, and that reunification services need not be provided to a parent or other caregiver. [See: Utah Code Ann. §78A-6-312.] The following criteria will be used by the Child and Family Team in determining whether to make a recommendation to the court that reunification services not be offered.

a. The parent's whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.

b. The parent is suffering from a mental illness of such magnitude that it renders the parent incapable of utilizing services provided by Child and Family Services. This will be assessed by a licensed mental health professional.

c. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently
returned home to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse.

d. The parent has been convicted of causing the death of another child through neglect or abuse.

e. The minor child is under the age of five and has suffered severe abuse by the parent or by persons known by the parent, if the parent knew or reasonably should have known that the person was abusing the minor.

f. The minor has been adjudicated as an abused child as a result of severe abuse by the parent, and the court finds that it would not be beneficial to the child to pursue reunification services with the offending parent or caregiver.

g. The child has been removed from home on at least two previous occasions and reunification services were offered or provided to the family at those times. It is a presumption under the law that reunification services are not appropriate and should not be ordered under these circumstances. In these cases, a permanency goal/plan other than reunification will be pursued.

h. Any other circumstances that the court determines should preclude reunification efforts or services.
301.3 Placement Requirements

Major objectives:
To provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child’s special needs, according to the following priorities:

A. Placement with non-custodial parent.
B. Placement with siblings, unless there is a documented safety concern.
C. Placement with kin or extended family who are invested in preserving the child’s kinship ties.
D. Placement with a family who resides within reasonable proximity to the child’s family and community if the goal is reunification.
   1. “Reasonable proximity” includes placing the child within the neighborhood of the family home so that family contact, continued school placement, church involvement, and friendships may be maintained.
   2. Any placement beyond school district or county lines must be discussed with the Child and Family Team.
   3. If a placement in close proximity was not selected, document in the Child and Family Plan reasons why the chosen placement is in the best interests of the child.

Applicable Law

Practice Guidelines
A. Every effort is made for the “first placement to be the best placement.”
B. Kinship options are explored at the onset of the out-of-home intervention. [See: Kinship Major objectives, Section 500.]
C. Every effort will be made to place siblings together in out-of-home care. Siblings are required to be placed together unless contrary to the safety or well-being of any of the siblings. Any issue that prevents siblings from being placed together must be documented in SAFE. Siblings not placed together in out-of-home care must have frequent visitation and/or other ongoing contact (at least monthly) unless there is a
documented safety or well-being issue that prevents the siblings from having visitation or ongoing interaction.

D. Decisions about where a child is placed will be made in the context of a Child and Family Team and will include steps to facilitate the child’s transition to that placement.

E. When assistance is needed in locating a placement, contact the local resource family consultant, the placement screening committee, or the residential screening committee to explore placement options.

F. For an American Indian child for placement preferences, refer to Section 705, ICWA Major objectives.

G. For children needing or in an out-of-state placement, refer to Section 700, General Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children Major objectives.

H. For children who are currently in a crisis placement, refer to Section 700, General Practice Guidelines--Section 704, Placement Of A Child In Protective Custody, Major objectives.

I. For parents requesting a voluntary placement for their child, refer to Section 700, General Practice Guidelines--Section 704.2, Voluntary Placement Major objectives.

J. For information on emergency foster care placements, refer to Section 700, General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives.

K. Based on the level of care needed (i.e., basic, specialized, structured, or other), refer to Section 301.6, Basic, Specialized, And Structured Out-Of-Home Care Placement Options.

L. For children under the age of five years, screen for placement in a foster-adoptive home, refer to Section 301.5, Foster-Adoptive Placements.

M. For children with more intensive needs than a family setting can provide, screen for residential services. Each region will establish and maintain a utilization review committee that consists of the contract specialist for the region, an administrative representative, a clinical consultant, a budget specialist, and a placement expert. Other members may be added to the committee at the discretion of the region. [See: Section 301.13, Regional Screening Committee For Residential Care.]
301.4 Selecting An Out-Of-Home Caregiver

Major objectives:
When choosing an out-of-home caregiver, the caseworker will provide relevant information about the child’s permanency goal, family visitation schedule, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. In addition, all of the following will apply:

A. Keeping in mind the best interest of the child, an out-of-home caregiver will be selected according to the caregiver’s skills and abilities to meet the child’s individual needs. When appropriate, the caseworker may also take into account the caregiver’s ability to support reunification efforts while considering the option of becoming a permanent home for the child if reunification is not achieved.

B. Each placement will be staffed and will be made in accordance with placement requirements.

C. A child in the custody of Child and Family Services will be placed with an out-of-home caregiver who is fully licensed. A child may be placed in a home that is licensed with a 90-day initial license only if the out-of-home caregiver is pursuing licensure as a placement for that specific child.

Applicable Law

Practice Guidelines
A. The number of children that can be placed in the home of a licensed out-of-home caregiver shall be within the capacity of the license granted to the caregiver by the Office of Licensing and/or in accordance with the definition of a foster home in Utah Code Ann. §62A-2-101.

B. The out-of-home caregiver will be selected based on their willingness and ability to implement the child’s primary and concurrent plans, which may include willingness and ability to adopt or take guardianship of the child if reunification is not possible.

C. The out-of-home caregiver must be willing and able to interact with the child’s family and assist the child in maintaining and strengthening family connections.
D. The out-of-home caregiver will be selected according to the caregiver’s skills and abilities to meet a child’s individual immediate and long-term needs, including medical, educational, mental health, social, behavioral, and emotional needs.

E. The out-of-home caregiver will be selected based on their willingness and ability to keep sibling groups together. If it is not possible to keep siblings together in the same home, the out-of-home caregiver will need to communicate a willingness to help facilitate frequent visitation and contact between the child and the siblings when appropriate.

F. The out-of-home caregiver will be selected based on their willingness and ability to respect and support the child’s religious and cultural practices and, where practical, appropriate, and where no denial or delay of placement will occur, are of the same religious faith and cultural background as the child.

G. The child will be placed with an out-of-home caregiver sensitive to the child’s cultural heritage and linguistic needs. At least one out-of-home caregiver in the home must demonstrate effective communication in the language of the child placed in care.

H. The out-of-home caregiver must be willing or able to learn to proactively respond to challenges and conflicts associated with placement.

I. If a child has been in out-of-home care previously and reenters protective custody, the child’s former out-of-home caregiver will be notified if still licensed. Child and Family Services will make a determination of the former out-of-home caregiver’s willingness and ability to safely and appropriately care for the child. If the former foster home is determined by Child and Family Services to be appropriate, the former out-of-home caregiver will be given a preference over other out-of-home caregivers for placement of the child. [See: Utah Code Ann. §62A-4a-206.1.]

J. Prior to placement, detailed information about the child should be provided to the prospective out-of-home caregiver from either the regional resource family consultant or out-of-home caseworker so they can make an informed decision regarding placement of the child in their home. When relevant, the caseworker will encourage the out-of-home caregiver to consult with other family members living in the home in making the decision.

1. Child and Family Services will provide relevant information regarding the child and information regarding Child and Family Services procedures in order to address the following issues:

   a. Maintaining a child’s connections to their past, present, and future;

   b. Giving first preference to a prospective adult relative caregiver and assessing their capacity to serve as a temporary placement and a possible permanent placement for a child;
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c. Acknowledging a parent’s residual rights and responsibilities for their child;
d. Explaining permanency planning timeframes as well as the range of permanency planning options including primary and concurrent permanency goals;
e. Discussing with the out-of-home caregiver their willingness to support and assist with reunification efforts,
f. Discussing with the out-of-home caregiver their willingness to adopt or take guardianship if the child is unable to reunify with their birth family,
g. Discussing with the out-of-home caregiver their willingness and ability to keep the sibling group together; or if siblings not placed together, discussing with the out-of-home caregiver the importance of facilitating and allowing for frequent visitation and contact between siblings when appropriate.
h. Explaining expectations the agency has for the out-of-home caregiver in regards to the Child and Family Plan, Child and Family Team Meetings, visitation, court, health and mental health appointment, etc.;
i. Maintaining the child’s needs, including connections to culture, family, frequent contact through visitation with parents and siblings, continuity of care as well as information about the child’s medical, dental, mental health, educational, social, behavioral, and emotional needs;
j. Disclosing the reason for Child and Family Services intervention and out-of-home care placement, such as threats and risks to the child’s safety and how they can be addressed.

2. The Child and Family Services staff that provided the information to the caregiver will document that the information has been provided to the caregiver in the SAFE activity logs and will add the policy attachment “Placement – Child info Given to caregiver prior to placement”.

K. Child and Family Services File Review Guidelines: Best practice is allowing the prospective or current out-of-home caregiver an opportunity to review the child’s file before making any long-term decisions regarding the care of a child. Licensed foster parents are contracted by Child and Family Services as a provider to care for the child. Thus, they may view any parts of the child’s file that help them understand the child and the child’s background for purposes of parenting the child. The file may contain information that will help the family decide if they have the necessary skills and support to meet the needs of a particular child in out-of-home care. Once a child is placed with the out-of-home caregiver, the file also has important documents that the family may want to copy if not in the Home-of-Home Book, for example immunization records and school placement information.
When a kinship provider is not a licensed foster parent, refer to Kinship Practice Guidelines Section 503.1 for guidelines regarding kinship caregivers reviewing the information in the child’s file.

The following guidelines should be followed when a prospective out-of-home caregiver reviews a child’s Child and Family Services file:

1. The caseworker should inform the out-of-home caregiver that the information in the child’s file is one way to help them determine whether or not they have the resources and skills to meet the child’s needs.

2. The caseworker should inform the out-of-home caregiver that the information in the file consists of subjective opinions made by the caseworker or therapist written at one time in the child's life. Circumstances and the child's development can change the way a child behaves and adjusts to current life situations. For instance, the child may have received many different mental health diagnoses. The mental health diagnoses in a child’s file is affected by each therapist’s interpretation, the child's developmental stage, factors in the child’s environment, and different life circumstances.

3. The confidentiality agreement must be signed by the out-of-home caregiver prior to allowing them to review the file. [SAFE form DCFS02.]

4. The caseworker should orient the prospective out-of-home caregiver to the structure of the files and the location of information.

5. The caseworker should counsel an out-of-home caregiver to consider specific types of information, such as medical conditions, developmental delays, disabilities, mental health diagnoses, placements and transfers, educational needs, and other considerations for the child.

6. The caseworker should advise the out-of-home caregiver to look for specific information they need to parent the child and identify information to copy once a child is placed in their home, if not found in the child’s Home-to-Home Book. [Red italic script identifies information to copy if not found in the child’s Home-to-Home Book.]

a. Medical Information: Immunizations, all allergies including food allergies, any disabilities and treatments, current medications and implications of discontinuing medications, history of illnesses, conditions from abuse or neglect, serious accidents, surgeries, past doctors, and hospital of birth;

b. Dental Information: Dental records, past dentists, and orthodontist;

c. Educational Information: Schools and grades, evaluations, special education plans such as Individual Education Plans (IEP) or Student Education and Occupational Plans (SEOP), learning disabilities including specific disability and tests results;

d. Mental Health Information: Current and prior therapists and history of treatment, diagnoses, and the current diagnosis; what the diagnosis
means in raising a child, what behaviors are connected with the
diagnoses, and how the consequences of these behaviors are the best
way to deal with the behaviors. The resource parent should be
encouraged to talk directly with the child’s mental health therapist when
possible;

e. Family History: Health Data Report from SAFE, family situation, moves or
stability factors, abuse and neglect history, domestic violence, reason for
the child's removal from their biological family, culture, genogram

including the siblings (with their birth dates), timelines. Family member's
talents, hobbies and interests. Family photos and letters, if available.

f. Child’s Personal Information: Developmental history, when available.
Placement history including the child’s adaptation. Photos of the child, of
pets, of foster parents, or of other significant caregivers. The child's art
work, creations, or projects. Stories about the child's birth and early life.
Religious records such as baptismal, christening, Bar mitzvah, and
confirmation records. Activities such as scouts, sports, choir, etc.
Favorite foods, favorite toys or stories, names of friends, and other things
that may help the child feel more secure, such as chores and house rules
or bedtime routines.

7. After the out-of-home caregiver has looked through the file, the caseworker
should talk with them about what they found. The caseworker may also give
them health and mental health diagnoses summary sheets, and answer
questions they may have.

a. Helpful websites include:

(1) American Academy of Child & Adolescent Psychiatry:
    www.aacap.org;

(2) American Psychological Association: www.apa.org;

(3) American Academy of Pediatrics: www.aap.org;

(4) Internet Mental Health: www.mentalhealth.com;

(5) Substance Abuse and Mental Health Services Administration:
    www.samhsa.gov

b. The caseworker will respond to questions or concerns of the out-of-home
caregiver and give the family time to think about all they have learned.

c. The caseworker should also encourage the out-of-home caregiver to set
another appointment to talk and ask other questions;

d. The caseworker should help the out-of-home caregiver to understand the
importance of keeping the child's information and history.

L. The caseworker should encourage the out-of-home caregiver to review the child’s file
several times and especially after the child has been with the family for a couple of
months.
301.5 Placement Of A Child In Out-of-Home Care In An Adoptive Home

Major objectives:

A. A child in out-of-home care needs to be placed in a potential adoptive family when:
   1. The child enters protective custody under circumstances (listed below) that may allow an initial permanency goal of adoption.
   2. The child’s permanency goal changes to adoption and the child is not with the family who will be their permanent family.

B. When a child enters protective custody, Child and Family Services may give preference for the initial placement of the child to be in a resource home of a family that has already expressed a desire to adopt a child. When possible and if time permits, the child’s needs should be screened with the Adoption Committee. However, if time does not permit, the caseworker and/or RFC may place in a resource home without screening with the Adoption Committee. The home should be willing to keep the child while reunification is still in progress. If the child’s goal changes to adoption, the family that the child is placed with will be given first consideration for adoption. If the family does not desire to adopt the child, the child may remain there until another potential permanent placement can be located (kinship placement or another adoptive family). The resource family will then assist with the transition of the child to the adoptive and/or permanent home. (Please refer to Practice Guidelines Section 704 for more information regarding placement of a child in protective custody.)

C. Permanency planning will continually be assessed by the caseworker and the Child and Family Team.

Applicable Law


Practice Guidelines

A. When a child enters protective custody, if time permits, the caseworker will make efforts for the first placement of the child to be in the home of a resource family that is willing to adopt the child in circumstances where the child has a permanency goal other than reunification, due to one of the following reasons:

   1. The parent’s whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.
2. The parent is suffering from a mental illness of such magnitude that it renders them incapable of utilizing services provided by Child and Family Services as assessed by a licensed mental health professional.

3. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse.

4. The parent has been convicted of causing the death of another child through neglect or abuse.

5. The minor child is under the age of five years and has suffered severe abuse by the parent or by persons known by the parent if the parent knew or reasonably should have known that the person was abusing the minor.

B. A child whose permanency goal changes to adoption and who is not with the family who will be their permanent family is to be screened by the designated region Adoption Committee for placement in an adoptive home.

1. The protocol in Practice Guidelines Section 401.7 Adoption Committee will be followed when screening a child for an adoptive placement.

C. When the child’s permanency goal changes to adoption and the child is not with the family who will be their permanent family, permanency planning will continually be assessed and explored by the caseworker and the Child and Family Team. Child and Family Services will work with the resource family to provide them with support and services in order to maintain the child in the placement to minimize the number of placement moves the child experiences. The resource family will then assist with the transition of the child into the permanent home.

D. Following the screening and selection of the adoptive family, the caseworker and the Child and Family Team will continue to assess the viability of the placement for permanency.

301.6 Basic (Level I), Specialized (Level II), And Structured (Level III) Out-Of-Home Care Placement Options

(This section has been replaced by Section 310.)
301.7  Children With Specialized Health Care And Developmental Needs

**Major objectives:**
A child’s specialized health care and developmental needs, as determined by a health care provider, will be taken into account in the selection of an out-of-home caregiver. Specialized health care and developmental needs include, but are not limited to, physical or developmental disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV positive. For a child whose disability cannot be adequately addressed in a traditional family setting, services from both Child and Family Services and the Division of Services to People with Disabilities (DSPD) may be explored.

**Applicable Law**

**Practice Guidelines**

A. The following must be considered in placement selection:
1. Access and availability to appropriate medical resources.
2. Appropriate facilities in the home to meet the needs of the child.
3. The skill level and nurturing ability of the out-of-home caregiver.
4. A family composition that allows sufficient time to meet the needs of the child with specialized health care challenges.
5. The ability to transport and coordinate with various agencies that may be serving the child and family.
6. Adherence to the principle of normalization including placement in the least restrictive most appropriate placement within the community.
7. Availability of education services specific to the child’s needs.

B. The out-of-home caregiver and the child’s parent will receive instruction from a qualified health care provider on the operation of any medical equipment required for a child’s care.

C. The Child and Family Team will include medical, social work, and rehabilitation personnel who will coordinate a program of interventions designed to meet the child’s needs.

D. The Child and Family Plan will:
1. Address the child’s current and anticipated medical and rehabilitative needs.
2. Specify the child’s condition and provide appropriate short-term and long-term medical and rehabilitation interventions.
301.8 Children With Medically Fragile Or Medically Needy Conditions

**Major objectives:**
A child who is medically fragile or medically needy, as determined by a physician, and the child’s out-of-home caregiver will receive support and services in accordance to their needs.

**Applicable Law**

**Practice Guidelines**

A. Children who are Medically Fragile or Medically Needy (MFC): Children who are Medically Fragile or Medically Needy and their out-of-home caregivers will receive support and services in accordance to their needs. The MFC code will be used for both Medically Fragile and Medically Needy children. This code could serve to enhance the foster care payment for the child’s additional health care needs, as providers may receive an additional payment for children who are deemed Medically Needy or Medically Fragile.

B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a guarantee that an additional payment will be deemed appropriate. This determination for any additional payment for a Medically Needy or Medically Fragile child will need to be determined within the context of the Child and Family Team.

1. Medically Needy: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Needy children are those who fall within category four of the Health Status Outcome Measures. Medically Needy children may have an acute illness or chronic condition that requires regular ongoing follow-up. This can include substance abuse, pregnancy, and daily medications that are not preventative.

2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Fragile children are those who fall within category five of the Health Status Outcome Measures. A Medically Fragile child has multiple and/or debilitating condition(s) that require assistance with activities of daily living, requires daily monitoring, or is at risk for developing an acute condition.

3. The child must have a diagnosis that meets the Medically Fragile or Medically Needy criteria from a physician or from his/her medical records.

4. The Fostering Healthy Children Nurse will review Medically Fragile and Medically Needy cases quarterly and document this in SAFE to determine the appropriateness of the MFC code. The nurse will keep the out-of-home caseworkers informed of the child’s MFC Code status.
5. The Child and Family Team for children who are Medically Fragile or Medically Needy will include the caseworker, resource family consultant, Fostering Healthy Children nurse, out-of-home caregiver, biological parents, and child. The Child and Family Team may also include the medical practitioners and rehabilitation therapists.

6. Medically Fragile and Medically Needy cases should be reviewed on a quarterly basis by the Child and Family Team or more frequently as needed. The caseworker is responsible for coordinating the Child and Family Team Meetings. A report on the child’s condition should be included on the Out-of-Home Progress Summary.

7. If the child meets the Medically Fragile or Medically Needy criteria, additional monies can be added to the daily rate. The caseworker will ensure that if the child meets either the Medically Fragile or Medically Needy criteria, that the MFC code will be opened for services.

8. Designate in the meeting the person responsible for opening the MFC code. This person will submit the MFC code for payment to the eligibility technician.

9. The resource family consultant or other designated staff will open the approval for the MFC code on the PR07 screen and update the R198B for auditing purposes.

### 301.9 Children With Severe Mental Health Needs

**Major objectives:**

Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily functioning and has existed or is likely to for one year or longer and requires intensive mental health treatment will be evaluated by a regional committee for placement options. The Child and Family Team will provide recommendations regarding the child’s needs. Assistance with individualized Child and Family Plans may also be requested from the Division of Mental Health. In extreme circumstances, when a child’s severe mental health needs cannot be met by an out-of-home caregiver in the community, placement in the Utah State Hospital will be considered.

**Applicable Law**


**Practice Guidelines**

A. The following factors must be considered in placing children with severe mental health needs:

1. The composition and skills of out-of-home caregivers if placement is being made in a family setting.
2. The ability of the out-of-home caregivers to maintain both the child and others safely.

3. The risks to the child and the community.


5. Whether the placement is the least restrictive setting in which the child's needs can be met.

B. If the child requires placement in the Utah State Hospital:

1. Clearly document in the Child and Family Plan how the child or youth will benefit from the placement in the State Hospital.

2. This placement option will only be considered for latency-age children and adolescents.

3. Document the community mental health center involved in making the placement.

301.10 Children Who Are Sexually Reactive

Major objectives:
For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization, a placement will be selected that meets the needs of the child and maintains safety in the home and community.

Applicable Law

Practice Guidelines

A. To facilitate appropriate placement, placement screening committees or the regional screening committee will address the special treatment needs of the child and identify potential placement problems and solutions. The Child and Family Team will provide recommendations regarding the child’s needs.

B. Meetings may include professionals from the community that are providing services to the child or could help assess the child's placement and treatment needs.

C. The following factors will be considered in placing these children:

1. The child's treatment needs and the availability of resources.

2. The skill level of the out-of-home care provider.

3. The child’s supervision needs.

4. The out-of-home caregiver's ability to appropriately manage this type of behavior.
5. Composition of the kin or out-of-home caregiver’s family. Children who are sexually reactive will not be placed with families who have younger or otherwise vulnerable children.

6. Risks to the neighborhood and school.

D. The caseworker must fully disclose all known information to the prospective out-of-home caregiver of the child's known history as a victim and/or perpetrator prior to placement. Additional information obtained at any time throughout the placement will also be disclosed to the out-of-home caregiver.

E. There may be situations where it is in the best interest of the child and the community for placement to be outside of a family setting.

F. Documentation must be in the child's case record as to the staffings on the case and the appropriateness of the child's placement.

### 301.11 Youth In Out-Of-Home Care With Children

**Major objectives:**
When a young woman in Child and Family Services custody is mother to a child, Child and Family Services will only take custody of the young woman’s child if there are concerns of abuse, neglect, or dependency. If the mother plans to continue parenting, the child will remain in the out-of-home placement with the mother.

**Applicable Law**

**Practice Guidelines**

A. Explore placement options with the Child and Family Team. If it is determined that the foster youth is not able to remain in her current out-of-home placement with her child, other alternatives such as teen mother programs may need to be explored.

B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the out-of-home caregiver will mentor appropriate parenting and household management skills.

C. The Child and Family Plan will reflect the type of mentoring needed by the mother (youth) in caring for her child.

D. Additional payments may be made for necessities needed for day-to-day care and to cover room and board costs for the baby. If the foster youth is placed in a foster home,
A supplemental daily payment may be made to the out-of-home caregiver to cover the baby’s room and board costs (using the BAB code). The Child and Family Team may recommend that the foster youth be given responsibility to use a portion of that payment for the baby’s needs. If the foster youth is placed in an independent living placement, a supplemental daily payment may be made to the foster youth to cover the baby’s room and board costs (using the BAB code).

In addition, special needs of the foster youth’s child may be covered through relevant payment categories identified for foster children. Each payment on behalf of the child will be made under the foster youth’s name.

301.12 Residential Care

Major objectives:
Children who have severe emotional or behavioral difficulties and cannot be managed in traditional family settings because of their need for more intensive supervision and treatment may be placed in residential care.

Applicable Law

Practice Guidelines
A. Children who qualify to be screened for residential placements will meet the following requirements:
1. Child is inappropriate for less restrictive placements or there are no other placements available to meet the child’s needs.
2. Child is not able to function on a daily basis in a family environment.
3. Child needs more structure than is available in a traditional family setting.

B. Placement in residential care will be approved by the regional residential screening committee according to regional protocol.
1. Cases will be reviewed only after the Child and Family Team has been consulted.
2. The Child and Family Team should not come with a recommendation for residential placement. Rather, they are to generate a list of needs for the child and family that will be reviewed by the screening committee for recommendations on how to best meet those identified needs.
3. Residential placement may be an option recommended and approved by the Screening Committee.
### 301.13 Regional Screening Committee For Residential Care

**Major objectives:**
If a child requires a screening for a change in placement level, the caseworker will present an assessment of the child’s current strengths and needs to the regional screening committee.

**Applicable Law**

**Practice Guidelines**
The regional screening committee will:

A. Review placement options available for the child.

B. Assess current budget and placement cap restrictions in the region.

C. Set the date for the next review. Reviews must occur at a minimum of every 90 days while the child is in a high cost setting. Regions with a high number of children in residential placements may have difficulty achieving this; however, it should be a priority of the region to facilitate these reviews.

D. A provider will be selected on the basis of ability and willingness to include the family in the service process, treatment, and discharge planning from the beginning.

E. The committee will complete the residential screening form and the purchase service authorization at the conclusion of the screening.

### 301.14 Transition To Approved Placement

**Major objectives:**
In order to minimize the risk of trauma or potential future crisis to children, a transition plan will be developed and implemented for all children moving into or between any type of placement. Prior to any placement, all children will be prepared for the move using developmentally appropriate intervention strategies.

**Applicable Law**
Practice Guidelines

A. The child’s family must be informed whenever there is a need for the child to change or transition to a placement. Engage the family to determine the child’s needs and prepare them for the child’s move.

B. Explain the reason for the move, the current situation, and what comes next in the process. Some of the following strategies may be helpful:

1. Drawing pictures.
2. Acting out the removal and subsequent move with small play figures.
3. Creating a time line.

This type of preparation can range from a minimum of one hour for emergency removal situations to several weeks for more gradual transitions, dependent upon the child’s needs and situation.

C. Identify and obtain familiar supports including people, toys, blankets, and other items, learning style, coping mechanisms, daily schedule, habits, likes/dislikes, social, emotional, cognitive (including school needs, fears, and successful parenting methods for both comforting and disciplining the child), physical (including acute or chronic medical conditions, nutritional requirements or restrictions, food preferences/dislikes, medications, immunizations, and allergies), and cultural information including religious preference. It is highly recommended that a familiar adult (a family member or friend where appropriate) and the caseworker assist with the move.

D. Validate the child and family’s fears, reactions, and concerns.

E. Plan the placement in accordance with placement requirements. [See: Section 301, Preparation For Placement In Out-Of-Home Care.]

F. To eliminate the child experiencing rejection, transition activities are never to be initiated as a “trial” attempt to place with a family. Transition activities are utilized when families have expressed a commitment to the child’s care prior to placement.

G. It is best practice for children to have pre-placement visits to gradually orient them to the new home and caregivers. Pre-placement visits may include:

1. A tour of the new home.
2. Activities such as day visits, mutual activities, or overnight visits.

H. Prepare and/or update the Child’s Home-to-Home Book. [See: Section 303.3, Maintaining The Home-To-Home Book.]
301.15 Guardianship And Legal Custody With A Relative And Non-Relative

(This section has been moved to Section 308.2.)

301.16 Obtaining Birth Certificates From The Office Of Vital Statistics For Children In Out-Of-Home Care

**Major objectives:**
This process will ensure that caseworkers are able to apply for and obtain, in a timely manner, a birth certificate for a child in out-of-home care that needs that document to register for school or apply for and receive a State or Federal benefit or service.

**Practice Guidelines**

A. Process for obtaining a birth certificate from the Office of Vital Statistics:

1. Region administration will identify senior assistant caseworkers or other designees responsible for submitting birth certificate applications for children in their region in an out-of-home placement and will disseminate that list to workers in their region.

2. When a birth certificate for a child is needed, caseworkers will contact one of their regional representatives that have the responsibility to submit a request for a birth certificate to the Office of Vital Statistics and will provide all information needed on the application form.

3. The designated worker responsible for applying for birth certificates will document all information provided by the caseworker on the Child and Family Services birth certificate request template supplied by the Office of Vital Statistics and will submit the completed form to Office of Vital Statistics at DCFSbirthreq@utah.gov. The Office of Vital Statistics uses that form to search for and print the required birth certificate and mails an official copy of the birth certificate to the individual in the region that submitted the request.

4. Once the region designee receives the birth certificate, that individual will provide the original or a copy to the child’s caseworker.

5. The caseworker or designee will be responsible for documenting when a birth certificate application has been made, when a birth certificate has been received, and for placing the child’s birth certificate in the child’s case file once it is received.

B. Payment for birth certificates to the Office of Vital Statistics: Each month the Office of Vital Statistics issues an invoice to the Child and Family Services state office that lists the names of all children for whom a birth certificate was issued, the region that made the
request, and the cost associated for each birth certificate. The Child and Family Services state office budget and accounting manager will submit a single payment to the Office of Vital Statistics for all birth certificates issued during the month and will transfer costs for each birth certificate to the region that made the request.
302 Planning And Interventions

302.1 Child And Family Plans

Major objectives:
A. The Child and Family Team will create a plan based on the assessment of the child and family’s strengths and needs, which will enable them to work toward their goals. The Child and Family Team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.

B. The initial plan will be developed and finalized no later than 45 days after a child’s removal from the home or placement in Child and Family Services custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.

C. In every case, a concurrent plan will be in place from the inception of the out-of-home care intervention to ensure a permanent family for the child within a timely framework.

Applicable Law

Practice Guidelines
A. To facilitate permanency, the Child and Family Plan will include:

1. The current strengths and Protective Factors of the child and family, as well as the threats to safety need to be addressed. In addition, a primary permanency goal and concurrent goal to provide the child with a permanent home within 12 months of the date of removal.

2. If the goal is reunification, the plan will specify a projected return home date and a description of steps and services offered to the parent to achieve reunification.

3. Description of the type of placement appropriate for the child’s special needs and best interests, in the least restrictive setting available and in close proximity to the parents, when the goal is reunification. If the child with a goal of reunification has been placed a substantial distance from the parents, the plan will describe reasons why the placement is in the best interests of the child.

4. If the goal is not reunification, the plan will include steps to finalize the placement, including child-specific recruitment efforts if the goal is adoption.

5. Safety agreement, if needed.

6. Plan for crisis, if needed.

7. Plan for next age-appropriate transition.

8. A plan for transition from foster care to independent living, if a child is 14 years or older. TAL services will be available to youth ages 14 and older.
9. Plan to assure the child receives safe and proper care including the provision of medical, dental, mental health, educational, recreational, or other specialized services and resources.
   a. If a child is placed in residential treatment and has medical or mental health issues that need to be addressed, the Child and Family Plan will include a specialized assessment of the medical and mental health needs of the child.
   b. If parental rights have not been terminated, the parents retain the right to seek a separate medical or mental health diagnosis of their child from a licensed practitioner of their choice.
10. A visitation plan for the child, parents, and siblings, and grandparents if it is in the child’s best interest.
11. Steps for monitoring the placement and providing support to the out-of-home caregiver, including plan for visitation of the child and support to the caregiver when placed out of state.
12. Methods by which the child’s significant relationships can be maintained regardless of the permanency goals.

B. Child and Family Services will make substantial efforts to develop the Child and Family Plan with which the child’s parents agree. If the parents do not agree with the Child and Family Plan, Child and Family Services will strive to resolve the disagreement with the parents. If the disagreement is not resolved, Child and Family Services will inform the court of the disagreement.

C. Parent/child involvement in the development of the Child and Family Plan. Child and Family Team Meetings and/or monthly interviews between the caseworker and parent may provide the parent with the opportunity to provide input into the development of the plan. Child and Family Team Meetings or private interviews between the child and the caseworker or other team members may provide opportunities for the child to contribute to planning.
1. All parents will have the opportunity to participate in the development of the Child and Family Plan.
2. For the purpose of planning, parent is defined as:
   a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child’s life.
   b. The legally recognized father regardless of physical custody or current level of involvement in the child’s life.
   c. The legally recognized adoptive mother and/or father.
   d. The legally recognized guardian.
   e. The caregiver with whom the child was living with at the time Child and Family Services became involved AND with whom the child may remain
or be reunited. This may include relative caregivers and non-relative caregivers such as stepparents.

f. A stepparent who is living in the home where the child was residing and will be returned.

g. The substitute caregiver(s) that has been identified as the person(s) who will be imminently providing enduring permanency for the child;

3. Exceptions for parental involvement include:

a. The parent is deceased.

b. Parental rights are terminated.

c. Parent’s active or passive refusal to participate.

(1) Active Refusal: Parent expresses verbally or in writing that they are not interested in participating in the development of the plan. In this case, the caseworker must verify with the parent that they still decline participation before every new plan is finalized.

(2) Passive Refusal: Parent indicates a passive refusal to participate in the plan development through their actions or inactions, such as failing to keep appointments or returning messages. In this case, the caseworker must make at least two attempts to contact the parent face-to-face, by phone, or by correspondence every time a new plan is developed to provide them opportunity to participate in the development of the plan.

(3) The caseworker will document the dates and efforts to involve the parent, methods of interaction between the caseworker and the parent, and the parent’s expressed desire.

d. The parents’ whereabouts are unknown despite concerted efforts to locate them. Concerted efforts means a monthly attempt at locating the parent using one of the following:

(1) Interviews with Child and Family Team members.

(2) Interviews with extended family.

(3) Interviews with the child.

(4) Checking allied agency records (Department of Workforce Services, Office of Recovery Services, law enforcement, etc.).

(5) On-line person locator searches.

(6) Other sources not listed here that the caseworker or the team becomes aware of.

e. Parental involvement in the planning process is detrimental to the safety or best interest of the child and is supported by court order or clinical recommendation.

4. All children listed on the plan who are developmentally appropriate will have the opportunity to participate in the development of the plan to the degree that they are capable of contributing to the plan.
a. A developmentally appropriate child means they have the ability to understand and offer relevant contributions to the plan or express preferential considerations within the selection of services or objectives. As a general guideline, children who are elementary school aged are regarded as being capable of contributing to the plan to some extent unless otherwise developmentally incapable.

b. Contributions offered by the child will be considered by the team and included in the plan based on the Child and Family Team’s determination of the appropriateness of the request.

5. The child’s court appointed Guardian ad Litem will be involved in the development of a child’s Child and Family Plan. The Guardian ad Litem will be invited to any Child and Family Team Meeting held to develop, review, or modify the Child and Family Plan.

a. Caseworkers will continue to schedule Child and Family Team Meetings around the needs of the child and family and will invite the Guardian ad Litem.

b. It is not required that the Guardian ad Litem be in attendance in order to hold the Child and Family Team Meeting.

D. Upon finalization of the Child and Family Plan, both the caseworker and supervisor will sign the plan. The caseworker will obtain signatures from the parents, child, and out-of-home caregiver. If any party refuses to sign the plan, reasons will be documented in the activity logs of the case file. Once all signatures have been obtained, copies of the plan will be sent to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal counsel for the parents, parents, child, and out-of-home caregiver.

E. Concurrent permanency planning ensures that the child and family are prepared for both the child’s primary and secondary permanency goals. Every Child and Family Plan must include a primary and secondary goal.

F. Tracking and adapting the Child and Family Plan/team review/progress summaries:

1. With input from Child and Family Team members, the plan will be reviewed to track progress made and progress will be reported at least every 90 days.
   a. The progress summary will outline the current situation and progress towards the permanency goal.
   b. The progress summary will be signed by both the caseworker and supervisor and will be submitted to the Juvenile Court, Assistant Attorney General, Guardian ad Litem, legal counsel for the parents, parents, and out-of-home caregiver.

2. The plan will be adapted:
   a. When the team identifies that new steps are needed to make progress.
   b. When the team identifies a new need.
c. When needs are met.

d. When there is a significant change with the child and family, including a placement change.

e. At least every six months from date of removal.

302.2 Purposeful Visiting With The Child, Out-Of-Home Caregivers, And Parents

Major objectives:
Regular visiting with a child enables the out-of-home caseworker to assess how well a child’s placement is meeting their needs for safety, permanency, and well-being. The out-of-home caseworker, the out-of-home caregivers, and the child work together to provide a safe, stable, nurturing home. Visiting with parents enables an out-of-home caseworker to assess how well they will be able to promote safety, permanency, and well-being for their children. The out-of-home caseworker will visit with the child, out-of-home caregivers, and parents no less than once every month.

Applicable Law

Practice Guidelines
A. Out-of-home caseworker visits help assure safety, permanency, and well-being. Using face-to-face visits with children, out-of-home caregivers, and parents provides out-of-home caseworkers an opportunity to deepen the helping relationship. Findings from the Child and Family Services Review (CFSR) found that there is a significant positive relationship between out-of-home caseworker visits with children and a number of other indicators for safety, permanency, and well-being. These indicators include:

1. Providing services to protect children in the home.
2. Preventing removal.
3. Managing the risk of harm to children.
4. Establishing permanency goals.
5. Achieving reunification, guardianship, and permanent placement with relatives.
6. Achieving the goal of other planned living arrangements.
7. Placement with siblings.
9. Maintaining the child’s relationship with parents.
10. Assessing needs and providing services to children and families.
11. Involving children and parents in case planning.
12. Visiting with parents.
13. Meeting the educational needs of the child.
14. Meeting the physical health needs of the child.
15. Meeting the mental health needs of the child.

B. Caseworker contact with the child: The caseworker will visit with the child. Visit is defined as a face-to-face meeting between the child and the caseworker and must include the following elements:

1. Frequency - visits must occur as frequently as the conditions of the case require and no less frequently than at least monthly.

2. Location - the environment of the location of the visits must be conducive to open and honest conversation. At least one monthly caseworker contact with the child must take place in the out-of-home placement. The interview between the caseworker and the child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately, depending on the comfort level of the children or if there are safety considerations.

3. Duration - the length of the visit must be of sufficient duration to address key issues.

4. Quality discussion - the content of the interview should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promotes the achievement of case goals. When the child is nonverbal or unable to communicate, the caseworker will document that the child is nonverbal and instead report observations regarding the child’s appearance pertaining to physical well-being.

5. In working with an older youth, empower the youth by helping them to address their desires or needs. This enables the youth to have an opportunity to practice skills necessary for adulthood. It is also important to include youth as active members of the team. Youth should be included in all decisions that affect their lives. These will help to make it more likely that the youth’s needs will be met and that they will be able to establish positive relationships.

6. As needed, the out-of-home caseworker and other members of the Child and Family Team develop the specifics of the visitation plan as well as to decide who will make additional visits and contacts with the child. Document this in the Child and Family Plan.

7. If the child is placed outside the state, the out-of-home caseworker will have at least one telephone conversation per month with the child (if the child is verbal) and with the child’s out-of-home caregiver. In addition, the out-of-home caseworker will request through the Interstate Compact Placement Agreement that a courtesy caseworker have a monthly face-to-face visit with the child and provide a written report of the visit to the Utah out-of-home caseworker each quarter.
C. Caseworker contact with the out-of-home caregiver: The caseworker will visit with the out-of-home caregiver on a monthly basis. Visiting with the out-of-home caregivers will help to establish and maintain a working relationship.

1. At a minimum, the caseworker will conduct one monthly face-to-face contact with the substitute caregiver with whom the child is living. The caseworker will assess with the substitute caregiver the safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being needs of the child and the substitute caregiver’s needs as it pertains to the child’s needs.

2. Reviewing on a quarterly basis with the out-of-home caregiver the child’s Home-to-Home Book. (See Section 303.3 Maintaining The Home-To-Home Book.)

D. Monthly caseworker contact with the child’s parents: The caseworker will have regular contact with each parent to assess safety, permanency, and well-being of the children and to promote achievement of case goals.

1. For the purpose of monthly caseworker contact with parent, parent is defined as:
   a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child’s life.
   b. The legally recognized father regardless of physical custody or current level of involvement in the child’s life.
   c. The legally recognized adoptive mother and/or father.
   d. The legally recognized guardian.
   e. The caregiver with whom the child was living with at the time Child and Family Services became involved AND with whom the child may be reunited. This may include relative caregivers and non-relative caregivers such as stepparents.
   f. The substitute caregiver(s) that has been identified as the person(s) who will be imminently providing enduring permanency for the child.

2. Contact is defined as a face-to-face meeting between the parent and the caseworker and must include the following elements:
   a. Frequency - visits must occur at least monthly.
   b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
   c. Duration - the length of the visit must be of sufficient duration to address key issues.
   d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.

3. Exceptions for caseworker contact with parent include:
   a. The parent is deceased.
   b. Parental rights are terminated.
   c. Parent’s active or passive refusal to participate.
Active Refusal: Parent expresses verbally or in writing that they are not interested in having monthly contact with the caseworker. In this case, the caseworker must periodically verify with the parent that they still decline contact. Periodic means that the caseworker attempts to make some type of contact whether it be face-to-face, phone, or correspondence with the parent at a minimum of a quarterly basis if reunification is the goal. If reunification has been terminated but parental rights are still in place, periodic contact means every six months.

Passive Refusal: Parent indicates a passive refusal to have monthly contact with the worker through their actions or inactions, such as failing to keep appointments or returning messages. In this case, the caseworker must make at least two attempts a month to contact the parent face-to-face, by phone or correspondence, while reunification services are provided to that parent. When reunification is terminated but parental rights are still in place, periodic attempts to contact the parent may be reduced to every six months.

The caseworker will document the dates and efforts to contact the parent, methods of interaction between the caseworker and the parent, and the parent’s expressed desire or actions/inactions.

The parents’ whereabouts are unknown despite concerted efforts to locate them. Concerted efforts means a monthly attempt at locating the parent using one of the following:

1. Interviews with Child and Family Team members.
2. Interviews with extended family.
3. Interviews with the child.
4. Checking allied agency records (Department of Workforce Services, Office of Recovery Services, law enforcement, etc.).
5. On-line person locator searches.
6. Other sources not listed here that the caseworker or the team becomes aware of.

Parental involvement in the planning process is detrimental to the safety or best interest of the child and is supported by court order or clinical recommendation.

When the parent resides out of the county, face-to-face contact may be replaced by other means of contact such as BY phone or correspondence.

Monthly Home Visit: The caseworker will check on the residence where the child is living and observe and document the general conditions pertaining to threats of harm, child vulnerabilities, and protective capacities of the caregivers. The caseworker will not
enter a home for the purpose of a visit without a caregiver present, unless the child’s
caregiver has granted permission. This approval should be documented. The
caseworker may enter the family’s home in an emergency without a caregiver’s
permission.

F. The outcomes of out-of-home caseworker visitation include:

1. Assessing safety, permanency, well-being, strengths, and needs. A series of
developmentally appropriate checklists and questions developed by the National
Resource Center for Family-Centered Practice and Permanency Planning
(NRCFCPPP) can be used by the out-of-home caseworker with the child, out-of-
home caregivers, or parents during their face-to-face visits. (To view these
checklists and questions, go to
http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-
visiting.html).

2. Addressing and planning for any immediate needs and concerns.

3. Reviewing progress and completion of steps of the Child and Family Plan,
including the identified permanency goal for the child, out-of-home caregivers,
or parents.

4. Planning toward the child’s permanency goal, concurrent plan, and long-term
view.

5. Identifying any challenges and developing solutions.

6. Providing an opportunity for the child, out-of-home caregivers, or parents to
share events, successes, feelings, and issues such as those related to the family
and child’s education, health, behavior (including separation, grief, and loss),
relationships, and any items of special interest or concern for the child.

7. Engaging the child, out-of-home caregivers, or parents in an active dialogue that
promotes the change process. It may be useful to use solution-focused
questions.

8. Providing information about resources and linking necessary supports and
services for the child, out-of-home caregivers, or parents. Assisting the parents
in attaining needed resources (i.e., securing housing, transportation, etc.).
Examining other issues related to the delivery of services to identify and remove
or reduce barriers to the attainment of those services.

9. Discussing and monitoring current appointments and issues pertaining to the
child such as medical, dental, mental health, school, culture, court, and parent
and sibling visitation.

10. Providing opportunities for the child, out-of-home caregivers, and parents to
make choices about next steps.

11. Making suggested changes and modifications to the Child and Family Plan in
partnership with the team.
G. In addition to the monthly visit, the out-of-home caseworker will be available to provide ongoing counsel to address any immediate concerns or issues that the child, out-of-home caregivers, or parents may have.
303 Services And Interventions

Major objectives:
Determination of interventions and service modalities will be matched to the assessed needs of the family. Only interventions deemed as best practice and approved by Child and Family Services will be utilized.

In order to provide services to promote successful reunification or other permanency options for the child, the family will be seen as the center of case management and Child and Family Planning. Services will be delivered according to the individualized assessed needs of the family as early in the intervention process as possible.

303.1 Visitation With Familial Connections

Major objectives:
Purposeful and frequent visitation with parents and siblings is a child’s right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child’s safety or best interests.

Applicable Law

Practice Guidelines
A. Visitation plans between the child, parent, and siblings will be individualized to meet the needs of the family. Visitation plans will be facilitated by joint planning between the members of the Child and Family Team. Visits will occur as often as possible with once per week as the general guideline. Frequent visitation and contact between siblings not placed together in out-of-home care is required unless there is a safety or well-being issue that prevents the siblings from having visitation or ongoing interaction.

B. The Child and Family Team will consider visitation and/or other forms of contact with the grandparents for children in state custody if it is determined that contact will be in the best interest of the child, there are no safety concerns, and allowing contact would not compete with or undermine reunification goals.
C. Visitation with parents, siblings, and grandparents will occur in the most natural setting, such as family’s home, library, church, or community center, neighborhood park, shopping center, etc.

D. Supervised visits will only occur in situations where safety or emotional well-being of the child is in question and will be conducted by caseworkers, kin or out-of-home caregivers, trained assistants, or other qualified individuals.

E. Visitation plans with parents, siblings, and grandparents will be outlined in the Child and Family Plan and specific arrangements will be made between the parents and out-of-home caregivers, with consultation by the Child and Family Team, and may include suggested locations, dates, times, and individuals responsible to transport and attend.

F. In situations where distance or other circumstances present difficulty for the family, alternative transportation arrangements will be explored with the team, such as bus, light-rail, or meeting at the half-way point between locations. If, after creative exploration of all options by the Child and Family Team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.

G. Kin or out-of-home caregivers may only censor or monitor a child’s mail or phone calls by court order.

H. Contacts with family for children placed out-of-state:

1. A child who is placed out-of-state in out-of-home care may make two trips home a year at the state’s expense. The region may make exceptions to this in emergencies, such as the serious illness or death of a parent or family member. If the parent has moved out-of-state and the permanency goal is to return the child to the parent, the child may also make two trips per year to visit the parent at the state’s expense if the parent cannot afford to purchase the necessary tickets.

2. Children who are placed out-of-state or out of the area will be encouraged to maintain written and telephone contact with their parents as negotiated by the Child and Family Team.

303.2 Caseworker Visitation With The Child

(This section has been replaced with Section 302.2.)
303.3 Maintaining The Home-To-Home Book

**Major objectives:**
The child’s Home-to-Home Book will be initially created by the caseworker and maintained by the out-of-home caregiver to preserve vital information about the child’s events and activities during the time the child spent in care and relevant information contained therein to be shared with appropriate health care and educational providers during visits to ensure continuity of care.

**Applicable Law**

**Practice Guidelines**

A. The child’s Home-to-Home Book will contain all information about the child while in out-of-home care, including:

1. Names and addresses of providers, an inventory of belongings, a behavior checklist, information about the child’s needs and habits, visitation information, and a section for the safe-keeping of mementos and photographs.
2. Health history, current health status, medications, immunization record, copies of medical reports, and names and addresses of health care providers.
3. School records, including school name and address, preschool information as well as educational information, the names of teachers and counselors familiar with the child, the child’s grade level performance, and special education needs.
4. Records and contact persons from any other public and private health, mental health, or social service agencies that have worked with the child.
5. Past mental health problems and special needs of the child.
6. Documentation and receipts for any items or services purchased for the child while in out-of-home care.
7. Name, address, and phone number of the child’s Guardian ad Litem and the Guardian’s ad Litem role in protecting the child’s interest. Out-of-home caregivers are encouraged to contact the child’s Guardian ad Litem with any concerns that the child’s needs are not being met.

B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to serve as a history while the child is in care. At time of each placement, new forms are generated to serve as updates, but do not replace existing forms and information.

C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-home caregiver at the time of placement. If not, the caseworker will deliver and review the record with the out-of-home caregiver no later than 10 working days from date of placement.
D. The caseworker will explain to the out-of-home care provider during the review of the Home-to-Home Book that medical care must be obtained only from an approved Medicaid provider, which means that if an HMO is designated on the child’s card, the health care provider must participate in that HMO.

E. The out-of-home caregiver must take health care history information from the Home-to-Home Book to health care visits to assure continuity of care and prevent unnecessary duplication of medical care (such as immunizations).

F. The out-of-home caregiver is to keep current records of the child’s vital information and important events in the Home-to-Home Book.

G. The caseworker will review the Home-to-Home Book at least quarterly with the out-of-home caregiver and the child, when appropriate, to discuss the child’s school progress, medical needs, use of clothing allowance and other special needs payments, and other issues related to the placement.

H. Upon case closure, the caseworker will retrieve the Home-to-Home Binder from the out-of-home caregiver and do the following:

1. Give the items contained in the mementos and photograph packets to the parent, if the child is returned home, or to the permanent placement provider.
2. Remove any forms or information contained in the remaining packets and place in the green out-of-home binder, to be archived upon case closure.
3. Place the emptied Home-to-Home binder and packets into the designated area for reuse.

### Educational Services

**Major objectives:**
The caseworker will make every effort to ensure that all children placed in out-of-home care receive appropriate educational services consistent with their needs. Child and Family Services staff will work with the Child and Family Team to help the child achieve his or her full educational potential. Child and Family Services will ensure that children in out-of-home care have educational stability, when possible and appropriate. The guide for "Educating Youth in State Care" contains information regarding frequently asked questions.

**Applicable Law**

Continuing enrollment.

Practice Guidelines

A. If a child in the custody of Child and Family Services has attained the minimum age for school attendance, the caseworker will ensure that the child is enrolled in school on a full-time basis. Educational information, including the child’s educational placement, will be documented in SAFE on the Education Tab by the caseworker.

1. If the child has a medical condition and is incapable of attending school on a full-time basis, the caseworker will document the condition in SAFE in the comments section of the Education tab. The caseworker will also document in the comments section of the Education tab any alternate arrangements made to provide educational services for a child unable to attend school full time.

2. Educational information for a child unable to attend school on a full-time basis will be updated in the comments section of the Education tab in SAFE when a Child and Family Plan is updated or as changes in the child’s medical condition or educational placement occur.

B. When a child is placed in the custody of Child and Family Services, and whenever a child changes placement, efforts will be made to maintain the child’s enrollment at their existing school. If safety, transportation, and other issues can be adequately addressed, a child should remain in their existing school in order to allow consistency in their education. The process for determining the child’s educational placement is as follows:

1. The caseworker will assess any safety concerns that exist and determine if the child can safely remain in the school where they were originally enrolled when they came into custody. Any safety concerns regarding the educational placement will, at a minimum, be documented in the Child and Family Assessment and in the comments section of the Education tab in SAFE.

2. While assessing whether the child may remain in their school placement, the caseworker will gather and take into account input from educational staff and Child and Family Team members.

3. Utah Code Ann. §53A-2-207 allows the child in state custody to remain in the school they were enrolled in prior to coming into custody, and whenever a child changes placement. The caseworker and Child and Family Team will determine whether it is in the best interest of the child to remain in the school they are currently enrolled in and will consider proximity to the school when making placement decisions. If it is in the child’s best interest, the caseworker will give significant consideration to placements that will facilitate the child to continue to attend the school they were enrolled in when the child entered custody.

4. If the child remains in the school they were enrolled in when they entered custody, the caseworker will inform the school that the child has entered state
custody and will work with educational staff to ensure that any safety concerns are addressed.

a. If there is a protective order or no-contact order in place for the child against any individual, the caseworker will provide a copy of the order to the school.

5. When a child in Child and Family Services custody must be transferred to a new school, the caseworker will do the following:

a. Make every effort to cause the least disruption with the child’s education (e.g., waiting until the end of a semester or year to move a child from the school).

b. Document in the Education tab in SAFE why it was not in the best interest of the child to remain in the school they were enrolled in at the time they came into custody.

c. Consult with staff at the former school about how to minimize disruptions of the child’s education.

d. Inform the new school that the child in state custody will be enrolled.

(1) Within three school days of a child’s placement in foster care or in a new out-of-home placement, the caseworker or caregiver will enroll the child in school.

e. Obtain and complete all fee waiver forms from the school and authorize payment of school fees not waived; and will refer the child to the Youth in Custody (YIC) program and will fill out the necessary forms to enroll the child. This is required if a YIC program exists. If a child is in a school district that does not have an applicable YIC program, the caseworker or out-of-home caregiver will refer the child to the appropriate school principal or staff for assessment of educational needs.

(1) The caseworker, out-of-home caregiver, and the child will meet with the YIC program staff and/or school administration from the new school. Other members of the Child and Family Team may be included in this process.

f. Ensure that the new school specifically requests special education records from the former school. Special education records are not transmitted to the receiving school with the general educational file unless specifically requested. (Special education records are kept in a separate location than other general education records.)

g. Provide copies of any educational records they have to the new school when a child is changing schools to facilitate the immediate enrollment of a child into the appropriate academic placement.

C. The caseworker will gather any available educational information and provide it to the out-of-home caregivers for placement in the Home-to-Home Book within ten days from the date of placement.
D. At any time during the child’s placement, if any member of the Child and Family Team has reason to suspect that the child may have a disability requiring special education services, the child will be referred for assessment for specialized services.

E. The caseworker will maintain contact with educational staff to monitor the child’s ongoing educational status, including grades, attendance, and credits toward graduation. Educational staff or input will be included in Child and Family Team Meetings when appropriate.

F. In order to cause the least amount of disruption to the child’s education, caseworkers and other Child and Family Services’ staff will make active efforts to minimize school interruptions and should avoid taking the child out of school for visits and appointments. Appointments will be made after school hours when at all possible. When court hearings require a child to be present for the hearing, caseworkers and/or foster parents will make arrangements with the school beforehand to obtain school work and assignments for the time the child will be excused.

G. It is always allowable for CPS caseworkers to take a child out of class for the purposes of conducting an interview regarding an allegation of abuse or neglect.

H. Pursuant to Utah Code Ann. §53A-11a-203, a school must notify a parent or guardian when a student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.

1. When a school notifies a caseworker that a child in out-of-home care was involved in one of the above types of incidents, the caseworker will:

   a. Notify the parent or guardian if parental rights have not been terminated and the parent’s whereabouts are known.

   b. Notify the foster parent and other relevant members of the Child and Family Team (such as the therapist, treatment providers, etc.).

   c. Request a written report from the school regarding the incident.

   d. Notify and staff the situation with the supervisor.

   e. If region protocol directs, notify designated regional administrative staff.

   f. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as possible.

   g. Record all known details of the emergency situation and action taken in the SAFE activity logs.

2. If an out-of-home caregiver receives notification from a school that the child was involved in one of the above incidents, the out-of-home caregiver will notify the caseworker by phone or email within 24 business hours.
a. Upon receiving notification that the child was involved in one of the above incidents, the caseworker will ensure that they complete the steps listed in subsection 1 above.

**303.5 Health Care**

**Major objectives:**
All children placed in out-of-home care will receive health care services according to the requirements of Child and Family Services whether they are Medicaid eligible or not. The Child and Family Services caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child.

**Applicable Law**

**Practice Guidelines**
The following health care services will be provided:

A. If there is any sign of abuse or neglect or if the child is ill, the child will be seen by a health care provider within 24 hours.

B. Within 30 days of removal or court-ordered custody, whichever occurs first, the child will receive:
   1. Well Child CHEC (Child Health Evaluation and Care) exam.
      a. A Well Child CHEC should be scheduled with the child’s Primary Care Physician (PCP).
      b. If a child does not have a PCP, the RN assigned to the case should be consulted with to identify a provider that is on the child’s insurance plan.
      c. If the PCP does not have an available appointment within 30 days, a provider that accepts the child’s health insurance plan should see the child and the report should be forwarded to the PCP.
      d. For children under the age of two years, the Periodicity Schedule will be followed. The Periodicity Schedule is:
         (1) Birth.
         (2) Two weeks of age.
         (3) Two months of age.
         (4) Four months of age.
         (5) Six months of age.
         (6) Nine months of age.
         (7) Twelve months of age.
         (8) Fifteen months of age.
Within 30 days of removal or court-ordered custody, whichever occurs first, the child will receive:

1. Dental exam:
   a. Required for children three years of age and older.
   b. Children under age three will be followed by their PCP and referred to a dentist with any identified problems.

2. Mental Health Assessment:
   Children five years of age and older will receive a mental health assessment.

D. Developmental and Social Emotional Assessment:

1. PCPs will follow developmental progress for infants.

2. For children 4 months to 5 years of age who are removed or court-ordered into custody, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) Screening Tools will be mailed to the foster parent for completion based on the child’s current age and the following schedule: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months.

3. Infants and children 4 months to 36 months (3 years): The ASQ and ASQ-SE will be used in determining the need for further developmental/mental health assessment.
   a. The ASQ and ASQ-SE will be completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the FHC Program staff to be scored.
   b. If a child scores below the recommended level, FHC staff will coordinate a referral for Early Intervention within 30 days of the return of the questionnaire.

4. Children ages 37 months to 60 months (3 years and one month to 5 years): The ASQ and ASQ-SE will be used in determining the need for further mental health assessment.
   a. The ASQ and ASQ-SE will be completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the FHC Program staff to be scored.
   b. If a child scores below the recommended level, FHC staff will coordinate a referral to the local school district or mental health care provider where the child resides within 30 days of the return of the questionnaire.
E. Immunizations: All children in out-of-home care will receive immunizations as recommended by the Center for Disease Control (CDC).

1. Those children behind the recommended CDC schedule of immunizations when entering out-of-home care will be caught up as recommended by their PCP.

2. Families who have medical or religious beliefs that exempt them from immunizations will have this information documented in the Health screen and activity log in SAFE.

F. Medical, Dental, and Mental Health Referrals: Referral and follow-up appointments will be completed within the time frame specified by the health care professional or in a time frame that is no longer than 90 days from the receipt of the health visit report (HVR).

G. Second Opinions for Health Care: Children requiring specialized medical services may receive a second opinion from a provider that specializes in the area of need.

H. Concerns that Arise Prior to the Scheduled Exams:

1. A child with medical, dental, or mental health concerns that arise prior to the required scheduled exams will be immediately referred to the appropriate health care professional.

2. The referral will be documented in the activity logs in SAFE. Concerns may include uncontrollable behavior, sleep disturbances, suicide ideation/thoughts, harming self or others, enuresis/encopresis, illness, fever, aches/pains, vomiting, diarrhea, bleeding, etc.

3. PCPs of children entering custody with chronic medical conditions such as epilepsy, diabetes, respiratory, metabolic conditions, congenital anomalies, etc. will be notified of their current custody status. Communication will originate with the caseworker and will include the regional FHC staff.

I. Identifying and Addressing Unresolved Trauma for Children in Foster Care:

1. The caseworker will use the assessment tool provided by Child and Family Services to assess if unresolved traumatic experiences are making it difficult for the child to function in daily life. The current assessment tool [s] used to assess for trauma adjustment symptoms is the Utah Family and Child Engagement Tool (CANS/UFACET).

2. If the caseworker identifies on the assessment that the child’s daily functioning is being adversely affected by unresolved issues of trauma, the caseworker will provide the information to a mental health professional for further assessment and treatment of the child. If the child is currently receiving mental health treatment, the caseworker will provide the information to the mental health professional working with the child.
For Youth Temporarily Placed in Detention Facilities: The initial or annual Well Child CHEC must be completed within 30 days of release, if not completed while in detention.

Re-entry into Out-of-Home Care: When a child re-enters custody or returns from runaway status, a Well Child CHEC must be completed within 30 days. Unless there are health and safety concerns identified, the dental exam and mental health assessment can be waived if one was completed within the past year while in out-of-home care.

1. If it has been less than one year since completion of the dental exam or mental health assessment, the next exams will be prompted in SAFE as an annual occurrence from the last completed date.

2. If it has been over one year since completion of the dental or mental health exams, an exam must be completed within 30 days. Prompting for the next annual exams will begin in SAFE from the removal or court-ordered custody date, whichever occurs first.

Annually: While in out-of-home care, all children will receive an annual Well Child CHEC according to the Periodicity Schedule, dental exam, and mental health assessment or developmental/social emotional assessment (ASQ and ASQ-SE). Appointments will be completed within 30 days of the annual due date.

M. Psychotropic Medication Overview Panel:

1. Pursuant to Utah Code Ann. §62A-4a-213, Child and Family Services is required to establish and operate a psychotropic medication oversight panel for children in foster care to ensure that foster children are being prescribed psychotropic medication consistent with their needs.

2. The review panel shall be comprised, at minimum, of an Advanced Practice Registered Nurse (APRN) and a child psychiatrist. Other individuals may be added to the panel as resources permit and when Child and Family Services determines it to be necessary.

3. The children shall be referred to the oversight panel by the Fostering Healthy Children nurse. The oversight panel shall monitor foster children that meet the following criteria:
   - Six years old or younger who are being prescribed one or more psychotropic medications; and
   - Seven years old or older who are being prescribed two or more psychotropic medications.

4. The oversight panel may request information and/or records related to the foster child’s health care history, including psychotropic medication history and mental and behavioral health history, from the foster child’s current or past caseworker; the foster child; the foster parents; the natural parents, and/or the foster child’s current or past health care provider. The caseworker and/or nurse shall assist in obtaining the information and records requested by the oversight panel.
The caseworker may also provide any additional information regarding the child that may provide insight or inform the oversight panel in making a determination regarding whether the psychotropic medication is consistent with the child’s needs.

5. The oversight panel may make recommendations to the foster child’s health care providers concerning the foster child’s psychotropic medication or the foster child’s mental or behavioral health.

6. The oversight panel shall provide a copy of the written recommendations to the nurse, who will inform the foster child’s caseworker, out-of-home caregiver, and other relevant team members of the recommendations.

7. After discussing the recommendations with the current health care provider, the oversight panel will also establish a procedure, such as a “help” telephone number, that a current health care provider may access when they need assistance for prescribing medication to children in foster care.

8. [M.]N. Working with Youth: When working with youth and when appropriate, encourage them to make their own health care appointments and become active participants in learning about their health care services and needs.

[N.]O. Including parents/guardians in child’s health treatment:

1. Caseworkers will make reasonable measures to notify a parent/guardian of any non-emergency health treatment or care scheduled for a child. Reasonable measures include notifying the parent/guardian of scheduled health care appointments a minimum of 24 hours prior to the health care appointment through phone call, text message, email, written letter, or face-to-face contact. Out-of-home caregivers may also assist the caseworker in providing notification to the parent/guardian of medical appointments. If there are no legal restrictions regarding contact between the parent/guardian and the child due to safety issues, the parent/guardian will be invited to attend all health care appointments for the child.

2. The caseworker will document in the SAFE activity logs the method that was used to inform the parent/guardian of the health care appointments.

3. Health care decisions will be discussed with the parent during health care appointments and/or in Child and Family Team Meetings, in order for the caseworker to include the parent/guardian as fully as possible in making health care decisions for the child.

   a. The caseworker will defer to the parent/guardian’s reasonable and informed decisions regarding the child’s health care to the extent that the child’s health and well-being are not unreasonably compromised by the parent/guardian’s decision.
b. If a caseworker feels that the decision made by the parent/guardian compromises the child’s health or well-being, the caseworker will provide the information to the court, along with the recommendation from the child’s health care provider, and ask that the court make a decision regarding how to proceed with the child’s health care.

4. The caseworker will notify the parent/guardian of a child within five business days after a child in the custody of Child and Family Services receives emergency health care or treatment. This includes when the child is sick or injured.
303.5.1 Signing Consent For Medical Procedures

Major objectives:
The purpose of this section is to describe who can sign consent on medical forms for children placed in out-of-home care. The individual designated to sign consent depends on whether Child and Family Services has custody only or has custody and guardianship of the child. In all cases, parents who retain parental rights should be included in medical decisions for a child in out-of-home care unless doing so would constitute a threat of harm to the child or a court order that indicates otherwise. When possible, caseworkers should share information regarding the medical, dental, and mental health needs of the child with the parents and members of the Child and Family Team prior to any procedures being completed.

A. When a child is placed in out-of-home care, the court either grants Child and Family Services both legal custody and guardianship of a child, or grants Child and Family Services legal custody while the parent retains guardianship. Legal custody includes the right to consent to ordinary medical care and the right, in an emergency, to authorize surgery or other extraordinary care. If Child and Family Services is granted legal custody while the parent retains guardianship, guardianship entitles parents to consent to major medical, surgical, or psychiatric treatment.

B. At times the court grants Child and Family Services custody and guardianship of a child, which means a parent does not retain the right to consent to major medical, surgical, or psychiatric treatment while their child is placed in out-of-home care. That authority is vested in Child and Family Services as guardian of the child.

C. If there has been a termination of parental rights (TPR), the parent does not retain any parental rights.

For further information regarding parental rights, refer to the definitions found in Utah Code Ann. §78A-6-105.

Practice Guidelines

A. Regular medical/dental/mental health procedures: A caseworker or out-of-home caregiver can sign consent forms giving permission for a child in out-of-home care to be seen by a medical provider for regular medical, dental, mental health assessments, screenings, check-ups, testing, or follow-ups.

B. Major Medical, Surgical, or Psychiatric Treatment: Some medical procedures carry risks of complications and even death. The following are considered to be major medical, surgical, or psychiatric treatment: administration of general anesthesia; IV sedation
with any type of treatment; Electroconvulsive therapy (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a child. Caseworkers should consult with the child’s medical, dental, or mental health provider recommending the treatment, as well as the Fostering Healthy Children nurse team member for clarification of whether a recommended treatment meets these criteria.

C. For questions regarding the guardianship status of a child placed in out-of-home care, caseworkers will refer to the court order that places the child in Child and Family Services custody or consult the Assistant Attorney General assigned to the case.

1. A parent that retains guardianship: If a parent retains guardianship, the parent must consent to major medical, surgical, and psychiatric treatment. The parent should be asked to sign consent if the child requires any of the major medical, surgical, or psychiatric treatments defined above.

2. If custody and guardianship has been granted to Child and Family Services: It is not legally required for the parent to give consent for major medical, surgical, or psychiatric treatment (even in instances when parental rights have not been terminated). For these types of situations, a Child and Family Services caseworker is the most appropriate person to sign consent. However, it is an expectation and best practice that caseworkers will discuss necessary medical procedures with the parents prior to treatment, when possible. In most cases this should be done within the context of a Child and Family Team Meeting. If a parent objects to the proposed medical treatment, the caseworker should consult with the Assistant Attorney General.

3. If a parent’s rights have been terminated: Child and Family Services is not required to gain parental consent for major medical, surgical, or psychiatric treatment. The caseworker may sign the consent form OR they may consult with the Assistant Attorney General and have the procedure court ordered.

4. Parent refuses to sign: If it is recommended that the child needs a major medical, surgical, or psychiatric treatment, and the parent refuses to sign the consent form, the caseworker is to consult the Assistant Attorney General. Depending on the type of treatment required, it may be determined that there is a need to have the major medical, surgical, or psychiatric treatment court ordered.

5. Emergency situations: In emergency type situations, Child and Family Services is not required to gain parental consent for major medical, surgical, or psychiatric procedures. Utah state statute clarifies that whoever has legal custody has the right, in an emergency, to authorize surgery or other extraordinary care. However, when parental rights remain in place and time permits, it is best practice for Child and Family Services to attempt to inform the parent prior to the procedure regardless of who has guardianship.

a. During regular business hours, when a child requires medical attention which includes a major medical, surgical, or psychiatric treatment, and a parent retains guardianship, the Child and Family Services caseworker or
other appropriate Child and Family Services staff member should be contacted and should attempt to locate the parents to sign consent. If the child’s parents cannot be located in time to sign and give consent, the caseworker will attempt to contact the Assistant Attorney General and request that the procedure be court ordered. 

b. If time does not allow for the parent to sign or for the procedure to be court ordered due to the urgency of the child’s medical needs, the caseworker will need to sign consent and inform the child’s parents, Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.

c. Although very rare, if time does not allow for the caseworker or other Child and Family Services staff to appear to sign consent for the major medical, surgical, or psychiatric treatment due to the seriousness of the emergency, Child and Family Services may give verbal consent for the treatment and permission for the out-of-home caregiver to sign consent.

d. In regards to an emergency during after-hours, weekends, or holidays, if the Child and Family Services caseworker is not able to be contacted by the out-of-home caregiver to sign consent, the out-of-home caregiver will contact Intake to locate the primary caseworker or the on-call worker for their area. If unable to locate the primary caseworker, the Child and Family Services on-call worker will be asked to appear and sign consent for the major medical, surgical, or psychiatric treatment. If time does not allow for the Child and Family Services on-call worker to sign consent, the Child and Family Services on-call worker may give verbal consent and permission for the out-of-home caregiver to sign consent. The out-of-home caregiver is to inform the caseworker of the emergency as well as who signed consent (Child and Family Services on-call worker or out-of-home caregiver), as soon as possible. The caseworker will inform the child’s parents, Assistant Attorney General, Guardian ad Litem, and judge about the emergency as soon as possible.

e. In all cases, if it is necessary in an emergency for the out-of-home caregiver to sign consent for major medical, surgical, or psychiatric treatment, the out-of-home caregiver will only sign consent after receiving verbal consent from the primary caseworker or the Child and Family Services on-call worker. The primary caseworker will then have the responsibility to inform the child’s parents, the Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.

6. If a child in out-of-home care has been recommended to participate in any research trials or protocols, the caseworker will refer to Administrative Guidelines Section 080.7 for the correct protocol.
303.6 **Specific Medical Services**

**Major objectives:**
When children in foster care have specific medical needs such as substance abuse, HIV (Human Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning including birth control methods, sex education, prenatal care, pregnancy, education on caring for a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure that these needs are met.

**Applicable Law**

**Practice Guidelines**

A. **Substance Abuse Interventions:**

1. The Child and Family Services caseworker may refer the child for a one-time drug test if there is “reasonable belief” that the foster child is using inappropriate or illegal substances. The Child and Family Services caseworker will refer the child for a substance abuse treatment assessment if the child is not already involved in substance abuse treatment.

2. When referring the child for a substance abuse assessment or drug test, the caseworker should consult with the child’s health care provider to ensure that the cause for concern is not being caused by another medical or mental health diagnosis.

3. If substance abuse treatment is recommended, the caseworker will ensure that treatment recommendations are followed and will amend the Child and Family Plan to include this treatment.

4. The drug testing may not be continued on a regular or random basis without a court order.

5. A drug test should never be used as punishment.

6. An out-of-home caregiver must request the caseworker’s permission prior to taking a child for drug testing.

7. The results of all substance abuse assessments and drug tests will be kept confidential.

B. **HIV, STIs, and other Communicable Diseases:** When the caseworker has “reasonable belief” that a foster child may be infected with HIV, STI, or another communicable disease, the caseworker will immediately consult with the child’s health care provider and seek the necessary medical testing and medical treatment.

1. The Child and Family Services caseworker will ensure the confidentiality of the medical testing results. Random HIV or STI testing is prohibited.
2. Standards for consultation with a health care provider to determine for HIV or STI testing:
   a. An infant born to a mother with unknown risk and serological status.
   b. The child has a history of risky behaviors, symptoms, or physical findings that suggest HIV, STI, or another communicable disease such as:
      (1) Unprotected sexual contact;
      (2) Multiple sexual partners;
      (3) IV drug use.
   c. The child has symptoms or physical findings as determined by health care providers that may suggest HIV, STI, or another communicable disease.
   d. The child has a parent or sibling who is HIV-infected or has a STI or communicable disease and is at an increased risk of HIV, STI, or another communicable disease infection.
   e. The child has a current or past sexual partner who is HIV-infected, has an STI or another communicable disease, or is at increased risk for HIV, STI, or other communicable disease infection.
   f. The child has a history of sexual abuse or a history of STI.

3. Standards for minors taken into custody for committing a sexual offense:
   a. HIV testing may be conducted on a minor who is taken into custody after having been adjudicated to have violated state law prohibiting a sexual offense under Title 76, Chapter 5, Part 4, Sexual Offenses, upon the request of the victim or the parent or guardian of a minor victim.
   b. HIV tests may not be performed on a sexual offender younger than 14 years of age without the consent of the court. [See: Utah Code Ann. §78A-6-1104.]

4. If testing is indicated or recommended by a health care professional, the Child and Family Services caseworker will consent and sign for the testing. An out-of-home caregiver is not allowed to sign for HIV testing unless recommended by a health care provider.

5. If the out-of-home caseworker cannot provide written consent, consent will be given by the caseworker’s supervisor or other Child and Family Services administrator that has knowledge of the child’s medical history.

6. When the caseworker becomes aware of an HIV, STI, or other communicable disease infected foster child, the out-of-home caregiver will be informed. It will be the caregiver’s responsibility to receive appropriate education from a health care provider or the local health department. The Child and Family Services caseworker should amend the Child and Family Plan to include the following:
   a. Measures needed to protect the child, siblings, foster family, and other contacts they may have.
   b. Education for the out-of-home caregiver on care of a child with HIV, STI, or another communicable disease.
7. The Child and Family Services caseworker and out-of-home caregiver will not disclose information regarding the child’s HIV, STI, or other communicable disease testing or treatment to any third party other than the child’s medical or dental provider if the HIV test is positive.

C. Family Planning [see: Utah Code Ann. §76-7-325, §76-7-324, §76-7-323, and §76-7-322]:

1. All persons caring for children in the custody of Child and Family Services will follow the general Practice Guidelines and established Utah Codes when dealing with issues of family planning. These codes state that, “no agency of the state or its political subdivisions will approve any application for funds of the state or its political subdivisions to support, directly or indirectly, any organization or health care provider that provides contraceptive or abortion services to an unmarried minor without the prior written consent of the minor’s parent or guardian.”

2. Utah Code also states that in the area of sex education, “instruction will stress importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases.” This education is applicable to grades 8 through 12. Child and Family Services provides sex education through its Independent Living, Basic Life Skills Class.

3. Where the issues of prenatal care and caring for a child is concerned, the Child and Family Services caseworker has many community resources to link the client with in order to receive this education. [See: Section 306.1, Foster Youth Pregnancy.]

4. Caseworkers will not offer personal information or opinions to the client on family planning, birth control, sexual activity, or personal choice where any of these matters are concerned. The caseworker will refer the client to the appropriate community agency to receive education and information on family planning.

5. For certain types of birth control, Medicaid will cover the costs.

6. An out-of-home caregiver or caseworker cannot force a child to get on birth control, but should encourage a youth who is sexually active to receive the proper education about their choices.

D. Pregnancy of Youth in Out-of-Home Care:

1. Verify the pregnancy.

2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.

3. Coordinate a Child and Family Team Meeting to develop a plan to support and counsel the youth in all possible options. The Child and Family Team will:
   a. Develop a plan regarding prenatal appointments and the birth of the baby.
   b. Collect and provide a list of community programs (such as “Baby Your Baby”) for information and resources.
c. Arrange for the youth to seek counseling to allow her the opportunity to explore options such as adoption, parenting the child herself, or other alternatives.

d. Encourage the youth to remain in school. If the youth is unable to remain in a regular school program, assist her in enrolling in an alternative school program.

e. If appropriate, contact a teen home/teen mom program as a potential placement or for resources, review placement needs for possible teen mother programs (refer to services to child, placement requirements, youth in Out-of-Home Care with children).

4. Notify the region eligibility caseworker of the pregnancy so that the unborn child can be added to the youth’s Medicaid card, if eligible.

E. Abortion: If the youth is pregnant and requests an abortion, the caseworker will do the following:

1. Convene a Child and Family Team Meeting to discuss the youth’s request with the youth’s health care provider, Guardian ad Litem, and therapist.

2. If the child’s parents cannot attend the Child and Family Team Meeting, provide notification to the parents of the youth.

3. The caseworker will not provide counseling or health information, or give consent to an abortion without a court order. However, the caseworker will assist in arranging these services.

4. The caseworker will be aware and abide by the abortion standards in Utah Code Ann. §76-7-301, §76-7-301.1, §76-7-302, §76-7-303, §76-7-304, §76-7-305, and §76-7-305.5.

5. The out-of-home caregivers are not authorized to make any decisions or provide consent to an abortion procedure for a child in out-of-home care.

6. If the abortion meets the standards of state law, the procedure can only be reimbursed by Medicaid. It is the responsibility of the health care provider to counsel the youth concerning all aspects of pregnancy and the decision to have or not to have abortion.

7. Child and Family Services will not make any payments for an abortion.

F. Forgoing Life Sustaining Medical Treatment (LSMT) When a Child in Out-of-Home Care is Terminally Ill: Upon the recommendations of the primary care provider and/or health care professional, and after a Child and Family Team meeting, a caseworker may only consent to withholding or withdrawing any LSMT interventions with consent from the child’s parent(s), with residual rights, and consent from the Guardian ad Litem, or when a court order has been issued for withholding or withdrawing medical interventions. LSMT includes all medical interventions that can be utilized to prolong the life of the patient: Removal from life support, do not resuscitate orders, CPR, mechanical ventilation, and therapeutic drugs.
1. When a child has been diagnosed by the child’s physician and documented in the child’s medical records, and the child’s physician or health care provider has recommended or is recommending forgoing LSMT, the caseworker will coordinate a Child and Family Team Meeting to devise a plan of action.

2. The parent(s) or immediate family members should make any decision regarding whether or not to donate organs. Child and Family Services will not make decisions regarding organ donation.

3. Foregoing LSMT can occur even when homicide charges are pending, if there is sufficient medical evidence that the child is brain dead. The child’s caseworker should inform the police of the decision to forego LSMT.

4. The decision to forego LSMT can be changed by the legal guardian of the child and should be reviewed when medical assessments suggest an improved prognosis for the child.

5. If the child has two legal parents both must agree to forgo LSMT.

6. The Guardian ad Litem may not make the final decision to forgo LSMT unless: (a) the child has no other legal guardian; and (b) the Guardian ad Litem has specific authorization from the court to forgo LSMT.

7. The child’s caseworker will formulate or amend the child’s service plan to include the following, if needed:
   a. Education for the family in regards to grief and loss issues.
   b. Arrangements for funeral service.
   c. Autopsy, medical evaluation, or fatality review as needed.
   d. Out-of-home caregivers, legal parent, sibling, and religious support.

8. The caseworker should request a copy of the child’s medical records including the documented decision reached to forgo LSMT for the child.

### 303.7 Transition To Adult Living

**Major objectives:**

“Youth who exit out-of-home care will live successfully as adults” is the vision of Child and Family Services. Youth will be able to build and maintain healthy relationships. Permanent relationships are paramount in achieving success for youth. Transition to Adult Living (TAL) services will be provided to youth 14 years and older to meet the challenges of transitioning to adulthood in accordance with Federal Chafee Foster Care Independence Program requirements [42 USC 677 (b)(2)].

TAL services are to be provided to all youth in Child and Family Services custody who are 14 years and older in accordance to an assessment of their individual strengths and needs. Youth will be offered TAL services regardless of permanency goal.
Applicable Law

TAL services, which includes the Education and Training Voucher Program (ETV), is authorized by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by reference.

The National Youth in Transition Database (NYTD) is authorized by Public Law 106-169 section 477 of the John H. Chafee Foster Care Independence Program. The NYTD law requires states to collect information on transition to adult living services paid for or provided by the state agency. Additionally it requires states to survey a sample of youth in foster care at age 17 regarding their status and then to survey them again at 19 and 21 regarding their outcomes at those ages. The data collected is then de-identified and transmitted to the Children’s Bureau twice per year.

Utah Administrative Rule 512-305, Out of Home Services, Transition to Adult Living Services provides a detailed overview.

Utah Administrative Rule 512-306, Transition to Adult Living Services, education and Training Voucher Program provides a detailed overview.

Practice Guidelines

TAL services are implemented with all youth age 14 years and older in the custody of Child and Family Services as a way to prepare the youth with the skills necessary to transition to adulthood. It is also possible to provide TAL services to other youth that are involved with Child and Family Services but may not be in custody. This includes youth being served through In-Home Services. However, youth receiving In-Home Services are not eligible to receive funds through the John H. Chafee Foster Care Independence Program. TAL services build on the youth’s individual strengths and assists the youth to develop personal assets in order to help them acquire the motivation and the means to be successful throughout their lives.

TAL services are not to be used as a substitute for Permanency Planning (see Practice Guidelines Section 301.2 Identifying Permanency Goals and Concurrent Planning, and Practice Guidelines Section 302.1 Child and Family Plan). Child and Family Services has an obligation to focus on attaining permanency for youth through reunification with their family, adoption, or guardianship while also assisting in the youth’s development of age appropriate skills that will facilitate the transition from adolescence to adulthood. Permanency planning, which includes helping the youth find and make enduring connections, should be a primary concern of the caseworker.

TAL services are provided in addition to permanency planning, and are meant to help expand the youth’s supports and services to include the Child and Family Team’s innovative approaches that help prepare youth for adult responsibilities. TAL services help the youth gain the knowledge they need to become invested in their future and help the youth to understand the
array of supports and services available to assist them in making a smooth transition to adulthood.

TAL is a continuum of services that generally begin while youth are in care and continue after the youth exit care through the Young Adult Resource Network (YARN). While in care youth prepare for self-sufficiency and begin to operationalize the skills they have been learning. The YARN provides resources that support youth in the areas of information and referral, personal support during transition, help establishing and maintaining personal living arrangements, providing peer-support opportunities, and temporary financial assistance.

Each region will provide leadership opportunities for youth participating in the TAL program. Regional Youth Advisory Councils will be an avenue that provides training and skills development for youth in care to ensure that they learn self-determination and self-advocacy skills. The regional councils will provide an opportunity for youth to evaluate and examine the implementation and impact of its regional programs and services. The regional councils will provide youth representation for the State Youth Advisory Council. As representatives, youth can be the voice between the system and foster care youth by educating, supporting, and advocating for change. Councils are an avenue that should empower youth in providing input into the policies and procedures for out-of-home care; to provide meaningful leadership training and experiences for Council members; and to empower Council members who, in turn, can empower children who have experienced out-of-home care.

Child and Family Team/Caseworker Responsibility – Caseworkers will follow the guidelines found in Section 301.1 when developing the Child and Family Team. Preparing youth for a successful transition to adulthood is a team effort. The Child and Family Team must consider the youth’s goals and the youth must be a contributing member of the Child and Family Team. Working with the Child and Family Team to develop resources and promote the youth’s successes is critical. For all youth being offered TAL services, the Child and Family Plan must reflect the focus areas that are being targeted for youth.

303.7.1 Transition To Adult Living Services

TAL services are provided to youth ages 14 years and older until the youth is released from custody. These services are for youth who are currently in an out-of-home placement and are also sometimes offered to other youth who are involved with Child and Family Services but are not in out-of-home care. Chafee-funded services are only available to youth who have been in out-of-home care after the age of 14 years.

The TAL portion of the Child and Family Plan must be finalized in SAFE for all youth age 14 years and over in Child and Family Services custody. The Casey Life Skills Assessment (CLSA) is an assessment that is completed by the youth as well as members of the Child and Family Team. The CLSA helps identify the domains the youth needs to concentrate on as the youth transitions to adulthood. The results of the CLSA are used to assist the caseworker and the Child and
Family Team in planning for the services the youth needs and are incorporated into the TAL focus areas of the Child and Family Plan. These TAL focus areas are:

A. Work/Career Planning and Education:
   Casey Life Skills Domains: Work & Study life; Career and Planning NYTD
   Service Areas: Academic Support, Post Secondary Educational Supports, Career Preparation

Includes the following skills and services: making short and long term employment, vocational, and/or educational goals including goals for post-secondary education; decision making skills; study habits and skills; searching for and maintaining employment; applying for a job; creating a resume; completing a job application; interviewing for a job and following-up; job shadowing and/or coaching; receiving job referrals; using career resource libraries; understanding basic workplace technology; understanding employee wages, benefits, and rights; knowing how to change jobs; knowing the rights and protections in place for employees; appropriate communication skills and other workplace values (timeliness and appearance, etc); understanding authority and customer relationships; academic supports and counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; test preparation for SAT or ACT; tutoring; help with homework; literacy training; help accessing educational resources; counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college.

B. Housing & Money Management:
   Casey Life Skills Domain: Housing & Money Management
   NYTD Service Areas: Budget & Financial Management, Housing Education / Home Management Training

Includes the following skills and services: finding and maintaining appropriate housing; filling out a rental application and acquiring a lease; handling security deposits and utilities; understanding tenants’ rights and responsibilities; handling landlord complaints; transportation issues; accessing community resources; healthy beliefs about money; understanding the benefits of saving; understanding income tax and preparing tax forms; understanding banking and credit; how to create a budgeting/spending plan; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and how income effects spending.

C. Home Life/Daily Living:
   Casey Life Skills Domains: Daily Living
NYTD Service Areas: Housing Education / Home Management Training

Includes the following skills and services: meal and menu planning; grocery shopping; home clean up and storage; home management; home safety; legal issues; properly using kitchen equipment and other home appliances; proper clothing care; basic home maintenance and repairs; how to handle emergency situations; keeping a healthy and safe home; safe and proper food preparation; laundry; housekeeping; and living cooperatively.

D. Self Care/Health Education:

Casey Life Skills Domain: Self Care

NYTD Service Areas: Health Education / Risk Prevention

Includes the following skills and services: personal hygiene; nutrition; health, dental, and mental health issues; understanding the effects and consequences of alcohol, drug, and tobacco use; substance avoidance and intervention; understanding issues regarding sexuality; pregnancy prevention and family planning; education regarding HIV, AIDS, and other sexually transmitted diseases, including their prevention; fitness and exercise; basic first aid; and medical and dental care benefits and insurance.

E. Communication/Social Relationships/Family & Marriage:

Casey Life Skills Domains: Communication and Relationships; Permanency

NYTD Service Areas: Family Support / Health Marriage Education

Includes the following skills and services: developing self-esteem; knowing and understanding personal strengths and needs; understanding the benefits of ethical, caring, respectful behavior; clearly communicating in different settings; safely using electronic communication; being appropriately assertive; anger management; conflict management and resolution; developing and using a support system; maintaining appropriate and healthy friendships and relationships; having cultural awareness; appropriate etiquette; parenting and marriage issues; childcare skills; teen parenting; responsible fatherhood; domestic and family violence prevention; and proper social communication.

303.7.2 Process for Providing TAL Services

A. TAL Assessment and Plan:

1. The caseworker ensures that the youth and caregiver will complete an assessment, utilizing the Casey Assessment Tool, to identify the strengths and needs of youth who reach the age for TAL services. This assessment should be incorporated into the youth’s plan and is part of the Child and Family Assessment. This assessment will be reviewed and updated in the Child and Family Team Meeting. The caseworker may invite a TAL caseworker or the
2. Foster youth need opportunities to participate in decisions about their lives and to be active members of the team of caring adults who help develop the youth’s TAL plan. The Child and Family Team works in collaboration with the youth at age 14 following Section 301.1. Once a youth turns 16 years old and when developmentally appropriate, the Child and Family Team is led and facilitated by the youth with support and guidance of the Child and Family Team.

3. The Child and Family Team uses the results of the CLSA to develop with the youth a plan for skills development that will be incorporated on the TAL portion of the Child and Family Plan. The plan will be specific and individualized for the youth according to their age and developmental level. Services will also incorporate normal activities appropriate to the youth’s age.

The TAL services identified for the youth will be incorporated into the Child and Family Plan within 30 days of the youth’s 14th birthday. When a youth 14 years of age or older enters out-of-home care, the CLSA will be completed by the youth and the caregiver within 90 days.

4. The caregiver and the youth will complete the CLSA 45 days before or after the youth’s birthday, beginning at age 14 and completed annually.

5. The Child and Family Team will place emphasis on completing educational goals and discuss the availability of ETV funding when the youth meets eligibility requirements.

6. To prepare youth for their transition from out-of-home care, all youth will receive a continuum of training and services as identified through the Child and Family Team. These services will include classroom work, work in the foster home, work in the school system, work with the therapist and in the mental health area, building of supports, and connections to community-based resources and programs.

7. Any youth who turns 17 years old while in out-of-home care or enters care within 45 days following their 17th birthday will complete a survey for the National Youth in Transition Database (NYTD).

a. Thirty days prior to the youth’s 17th birthday, the caseworker will receive a prompt in SAFE notifying them that the survey will need to be completed between the youth’s 17th birthday and within 45 days following the youth’s 17th birthday.

b. The caseworker must ensure that the youth completes the survey. The caseworker must enter the survey into SAFE within 45 days following the youth’s 17th birthday. At this time the caseworker should inform the youth that they will be surveyed at 19 and 21 years of age to gather information regarding how they are doing and to keep Child and Family Services informed of their contact information.
8. The caseworker will ensure that contact information for the youth is kept updated in SAFE while the youth isstill in care. Contact information is necessary as follow-up surveys will be administered to these youth at the age of 19 and 21 years. If the caseworker obtains updated contact information after the youth leaves care this must also be updated in SAFE.

9. The Child and Family Plan will include all TAL services identified for the youth age 14 years and older in custody. If a youth enters out-of-home care after their 14th birthday, services should be built upon annually as the team continues to work toward permanency through reunification, guardianship, or adoption. The continuum of training and services are identified by the Child and Family Team, based upon the needs of the youth, and should include additional services. The following services, dependent upon age and developmental level, will be offered, but not limited to:

**Age 14:**

a. Re-visit family search for family connections.

b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth. This can be completed by using the “Permanency Pact” with the youth. The Permanency Pact can be found here: [http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf](http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf).

c. Initial completion of the Casey Life Skills Assessment.

d. Obtain birth certificate.

e. TAL plan will focus on skills needed based on results from the Casey Life Skills Assessment that are developmentally appropriate for the youth.

f. If the youth is more than one year behind academically, make a referral to the Department of Workforce Services (DWS) Workforce Investment Act (WIA) program for services. Referral forms can be found here: [https://jobs.utah.gov/services/360_3.pdf](https://jobs.utah.gov/services/360_3.pdf).

e. Review credit report received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.

**Age 15:**

a. Re-visit family search for family connections.

b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth. This can be completed by using the “Permanency Pact” with the youth. The Permanency Pact can be found here:
Age 16:

a. Re-visit family search for family connections.

b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by youth. This can be completed by using the “Permanency Pact” with the youth. The Permanency Pact can be found here: http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf. At least five personal connections will be identified.

c. Be current with school credits and prepare for high school graduation, or have an alternate plan in place for GED or vocational training.

d. Youth planning post-secondary education should be preparing for and completing testing such as ACT, SAT, ASVAB, etc.

e. Annual Casey Life Skills Assessment.

f. Make a referral to the DWS WIA for services for education and employment supports. Youth may access job search resources available through DWS. DWS WIA referral forms can be found here: https://jobs.utah.gov/services/360_3.pdf.

g. Explore employment opportunities and get a part-time job, if appropriate.

h. Sign up for and complete drivers’ education and receive driver license as per Section 303.14.

i. Obtain a state identification card if youth cannot get a driver license.

j. Begin Life Skills workshops.

k. Youth begin to facilitate Child and Family Team Meetings per Section 301.1.

l. Put name on waiting list at Housing Authority, if appropriate.
m. Review credit report received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.

Age 17:

a. Re-visit family search for family connections.
b. Explore significant safe and healthy relationships for youth such as family, school counselor, family friend, neighbors, mentors, and others as identified by the youth.
c. Continue to be current with school credits and prepare to graduate or have an alternate plan in place for GED or vocational training.
d. Annual Casey Life Skills Assessment.
e. Six months prior to 18th birthday, if a youth has not completed drivers’ education classes, they will receive the opportunity to enroll in a course. It is the youth’s responsibility to complete the course requirements successfully. Youth must have the opportunity to obtain their driver license prior to exiting care if it is developmentally appropriate.
f. Youth should begin making applications for school, training, Pell grants, and ETV.
g. Refer youth to DWS for enrollment in WIA during the semester they are expected to complete their high school graduation requirements or GED. This will pave the way for the youth to receive ETV to support their post-secondary education goals or access WIA Youth services for employment supports. Referral for DWS WIA/ETV can be found here: https://jobs.utah.gov/services/360-etv.pdf, with instructions on how to complete the WIA form here: https://jobs.utah.gov/services/360-etvi.pdf.
h. Enroll youth with mental illness diagnosis in NAMI Bridges for Youth groups.
i. Review credit report received from Credit Reporting Agency with the youth to determine accuracy of report. If inaccurate, contact the State Office to resolve any discrepancy.

Prior to Exiting:

a. The caseworker and the youth will convene a Child and Family Team Meeting to develop a plan for transitioning the youth from state custody at least 90 days prior to exiting care. The Child and Family Team will update this plan at least every 90 days until the youth is released from state custody.

(1) Refer youth to DWS for enrollment in WIA Youth during the semester they are expected to complete their high school graduation requirements or GED. This will pave the way for the
youth to receive ETV to support their post secondary education goals or access WIA Youth services for employment supports.

b. The Child and Family Team will develop a specific exit plan that includes personal connections, continuing support services, housing, health insurance, vocational and educational goals, workforce supports, and employment.

c. The Child and Family Assessment and Plan will be updated in SAFE to reflect the long-term view with specific timeframes, objectives, and steps to be taken to successfully transition the youth out of state custody.

d. Caseworkers are responsible for carrying out the following tasks to help the youth prepare to exit out of foster care:

   (1) Ensure that each youth meets with a nurse to learn skills of self-management regarding their individualized health care needs, medication management, and use of the Medicaid card and how to access medical, dental, and mental health services. In addition, the nurse will provide information and education about the importance of having a health care power of attorney or health care proxy. If desired, the nurse can provide the youth with assistance in executing the document.

   (2) Assist a youth who turns 18 years old while in foster care who is receiving Medicaid to complete the Medicaid review and provide necessary supporting documentation to the regional eligibility caseworker so that Medicaid coverage can continue uninterrupted.

   (3) Ensure that each youth has important documents such as birth certificate, Social Security card, and identification.

   (4) If the youth is existing foster care by reason of having attained the age of majority, give the youth a copy of the youth’s health and education records at no cost.

   (5) Explain YARN services to the youth and help ensure that the youth understands how to access these services after leaving care. Each youth should know about the Just for Youth website (www.justforyouth.utah.gov) and how to find contact information for the TAL Youth Liaison.

   (6) Provide information to the youth on the National Youth in Transition Data Base and incentives available to youth for completing surveys after leaving care. This includes that we will be surveying them at 19 and 21 years of age for the purposes of seeing how they are doing and gathering information that may assist us in improving outcomes for future foster children transitioning to adulthood.
(7) Gather information from the youth on the best ways to keep in touch with them. This could be through keeping their address and phone number updated with Child and Family Services, identifying social network sites used by the youth, and obtaining email addresses. Update contact information in SAFE.

(8) If a youth has not completed the survey for NYTD, complete an Exit Interview with the youth using Form OH40 from SAFE.

e. If a youth is in care past their 18th birthday, caseworkers will assist the youth in obtaining his or her free credit report by visiting the website https://www.annualcreditreport.com/cra/index.jsp.

f. Caseworkers will assist youth in filling out all needed information required by the Credit Reporting Agency (CRA) to obtain the credit report.

g. If the returned credit report has fraudulent activity the following steps are necessary to resolve the discrepancy:

(1) Assist the youth in contacting the CRA that issued the report. Inform the CRA the accounts were created when the youth was a minor.

(2) Assist the youth in contacting every company where an account is fraudulently opened or misused. Explain the accounts were established when the youth was a minor. Assist the youth in asking the company to close the account. Assist the youth in asking for a letter from the company stating the account is closed.

(3) If necessary, assist the youth in filing a report with the Federal Trade Commission (FTC) by visiting www.ftc.gov or calling 1-877-IDTHEFT (1-877-438-4338). Print a copy of the report. This is called an Identify Theft Affidavit.

(4) If necessary, assist the youth in filing a police report. Be sure to include the Identity Theft Affidavit.

(5) Assist the youth in submitting copies of all of the information to the CRA if necessary to resolve the discrepancy.

(6) Document in the SAFE activity logs that the report was requested and received. Also document any steps that were taken to clear the youth’s credit if needed.

h. Any youth 18 years of age or older can refuse to participate in the process of getting their credit report. This must be documented in the activity logs.

B. Basic Life Skills Training: Each youth who turns 16 years old is eligible for the Basic Life Skills Class offered through Child and Family Services. Individual caseworkers refer these youth to regional TAL coordinators. The youth will be screened by the TAL coordinator, upon the approval of the Child and Family Team, to assess for admission to
1. The training that a youth can receive and that will be taught in the Basic Life Skills Classes must include training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention). Based on the results from the Casey Life Skills Assessment Tool, the following standards may be included, but not be limited to:

   a. Participate in activities that help increase their self-awareness and values, and use rational decision-making or problem-solving process to set and implement goals.
   
   b. Understand sources of income and the relationship between income and career preparation and career decisions to reach financial goals.
   
   c. Identify effective social skills including communication in interpersonal relationships and ways to develop meaningful relationships for support, resiliency, in the family unit, and for effective crisis planning.
   
   d. Identify consumer rights and responsibilities, and identify effective practices for purchasing consumer goods and services.
   
   e. Understand the functions and purposes of responsible dating.
   
   f. Discuss the purposes, uses, and costs of credit, insurance, and risk management.
   
   g. Identify the aspects and importance of marriage preparation, and identify behaviors that strengthen marital and family relationships.
   
   h. Understand taxes, saving, investing, and retirement planning.
   
   i. Identify the various skills and responsibilities of parenting.
   
   j. Understand rights and responsibilities associated with community living as well as resources available in the community.
   
   k. Understand and demonstrate skills needed for independent living. When the class involves teaching meal preparation, the TAL coordinator or region designee may use Chafee funds to purchase the food to be cooked in class.
   
   l. Understand proper health and mental health awareness and maintenance. Ensure that youth receiving TAL services and/or ETVs and those who are aging out of out-of-home care have information and education about the importance of having a health care power of attorney or health care proxy and to provide the youth with the option to execute such a document.
   
   m. Demonstrate basic technology skills and explain educational resources available.

2. Youth in out-of-home care who complete the Basic Life Skills Class will be entitled to receive a completion payment of up to $700. This is Code SIL.
C. Transitional Living Needs: Transitional Living Needs may be supported through transitional support funds (TLN) and will be individualized to cover unique needs and focus on short and long-term needs that will assist a youth to become a successful adult. Funds will assist eligible youth in the following four areas: 1) Education, Training, Career Exploration; 2) Physical, Mental Health, and Emotional Support; 3) Transportation; and 4) Housing. These funds are designed to work in conjunction with the youth’s TAL plan. The definition of how these funds are used is broad in scope, and is meant to assist youth in becoming successful adults. Examples of appropriate use of these funds include, but are not limited to:

1. Education, Training, Career Exploration – field trips, college visits, job uniforms, work tools, incentives, graduation expenses, clothing for jobs, trainings, job coaching, tutors, and ACT/SAT testing.
2. Physical, Mental Health, and Emotional Support – Pregnancy prevention (excluding abortion), nutrition education, extracurricular classes, mentoring expenses, preventative health activities, smoking cessation, physical fitness, and family visits.
3. Transportation – drivers’ education, driver license fees, bus passes, taxi fees, reasonable automotive repairs, matching funds for car insurance paid for by a youth, or participation with a youth in their purchase of a car up to $1,000 based on the region budget.
4. Housing – risk sharing with landlords, deposits, household furnishings such as linens, dishes, appliances, or supplies, and household repairs.

TLN funds may not be used for any costs that would normally be paid for as part of the foster care maintenance payment, including room and board. This includes costs for shelter and food such as rent, groceries, utilities, etc. If emergency rent payments are needed, process them using special needs funds.

Youth who are in custody and over 14 years of age are eligible for these funds. Needs are identified by the youth, caseworker, family team meetings, or the TAL coordinator. A “Request for TLN Funds” is completed and turned in to the TAL coordinator for approval. Transitional living needs are met through the TLN payment code.

D. TAL Placement:
1. A TAL placement may be used as an alternative to out-of-home care when it is determined that such a placement is in the best interest of the youth. This recommendation will be presented to the Child and Family Team, who will work to ensure that this type of placement is appropriate and that the following are met:
   a. The youth is at least 16 years of age.
   b. The placement has been approved by the region director or designee.
c. An assessment has been completed by the caseworker and reviewed in the Child and Family Team addressing the appropriateness of the placement, taking into consideration the youth’s:
   (1) Community and informal supports, including family and out-of-home caregiver.
   (2) Progress in educational and vocational pursuits.
   (3) Medical condition.
   (4) Demonstrated progress in TAL skills.
   (5) History of substance abuse and risk of future use.
   (6) Criminal record and risks posed to society.
   (7) Mental health stability.

d. The youth should demonstrate an ability to maintain stable employment.

e. A referral to DWS has been made to begin preparation for employment or educational services provided through the ETV program once eligible.

f. SAFE will need to be updated to identify the ILP placement.

2. The appropriate types of living arrangements for youth in this situation include:

a. Living with kin.

b. Living with former out-of-home caregivers while paying rent.

c. Living in the community with roommates of the same sex.

d. Living alone.

e. Living in a group facility, YWCA, boarding house, or dorm.

f. Living with an adult who has passed a background check or the placement was assessed and approved by the region director or designee.

3. The caseworker and the youth will complete a contract outlining the responsibilities and expectations of such a placement, which may include:

a. Contact with the caseworker.

b. An emergency and safety plan.

c. Plan for education and employment that includes follow-up with DWS.

d. Plan for use of state funding and payments.

e. Progress toward self-sufficiency.

f. Staying within a budget.

4. While in a TAL placement, the Child and Family Service caseworker will visit with the child a minimum of two times a month or otherwise as deemed appropriate by the Child and Family Team. The Child and Family Services caseworker will make arrangements for the TAL stipends to be paid to the youth and will mentor the youth to ensure that an account is established at a credit union or bank and that these funds are being used as required.

5. In order for youth to receive payments, they must be opened as a provider. Fill out the PRS19a-DCFS (top section) and PRS19b to have the youth opened as a provider in USSDS. Submit this form to the provider entry tech, who will then open the child as a provider. One-Time Payment (OTP) forms are used when
pursuing for SIL, ILP (N), and TLP services. 520’s will print and be sent on the 28th
every month for youth who are open as providers and who have an ILP
placement open to them in SAFE.

E. Codes: The codes that are used for youth under age 18 in the TAL program are as
follows:
1. The case will remain open in SAFE as SCF.
2. The ILP “D” payment code will be used when a youth is the same as the basic
transitional living apartment. This payment is the same as the basic foster care
rate relevant to the child’s age. Funds are from the foster care budget. Eligibility
code for this payment is FB.
3. ILP “N” (need) is used to set up an apartment (i.e., gas/electric deposits, buying
items to furnish apartment, etc.).
4. The SIL payment code is used to pay for incentives for completing the Basic Life
Skills Class and is a non-maintenance code. SIL may be used with any placement
code. Eligibility code for this payment will be IL.
5. The TLN payment code is used to pay for transitional support funds that will
assist eligible youth in the following four areas: 1) Education, Training, Career
Exploration; 2) Physical, Mental Health, and Emotional Support; 3) Transportation; and 4) Housing. These transitional support funds will be
individualized to cover unique needs and will focus on short and long-term needs
that will assist a youth to become a successful adult.

303.7.4 Outline For Youth Who Exit Care (YARN)
Upon leaving state’s custody, many youth struggle to make the transition to adulthood. The
purpose of the YARN is to provide time-limited support to youth who meet the eligibility
requirements and need temporary assistance. This assistance can be provided through
support, financial aid, or Basic Life Skills Classes and is for housing, counseling, employment,
education, and other appropriate support and services to youth who exit care to complement
their own efforts to achieve self-sufficiency and assure that participants recognize and
accept their personal responsibility for preparing for and then making the transition from
adolescence to adulthood.

Youth may receive services through the YARN if they have exited care and are not yet 21 years
old, and the youth:
1. Exited foster care at age 18, or
2. While in foster care, after the age of 14, the youth received 12 months of TAL
services and the court terminated reunification.

Payments can be made directly to the youth or to providers as needed. A CIS case will be
opened in SAFE, which requires a minimal service plan and periodic case notes to track the
progress of youth receiving these services. In order for youth to receive payments, they must
be opened as a provider. Fill out the PR519a-DCFS (top section) and PR519b to have the youth opened as a provider in USSDS. Submit this form to the provider entry tech, who will then open the child as a provider. OTP forms are used when paying for SIL, ILP (N), and TLP services. 520’s will print and be sent on the 28th day of every month for youth who are open as providers and have an ILP placement open to them in SAFE.

Codes: The codes that are used for youth in the YARN are as follows:

1. The case will be opened in SAFE as CIS.
2. When a youth is participating in the YARN, the payment code that will be used to make payments to this youth is TLP.
3. Use of any Chafee funds for rent or housing assistance will be tracked using a TLR payment code.
4. All other means of support have been explored and are utilized in concert with YARN payments and services.
5. There is a yearly maximum payment of $2,000.

A. ETVs: The purpose of ETVs is to assist foster individuals in making the transition to self-sufficiency in adulthood. ETVs provide financial resources for postsecondary education and vocational training necessary to obtain employment or to support the individual’s employment goals. The ETV program is authorized by Public Law 107-133, which is incorporated by reference. 20 USC 1087kk and 20 USC 108711 are also incorporated by reference.

1. A referral to DWS to enroll the youth in WIA Youth, made within the semester that the youth will graduation from high school or complete the a GED, allows ETV funding to be available once the youth becomes eligible. Caseworkers and TAL coordinators, through Basic Life Skills Classes and the use of the TAL plan, will work with the youth to develop a viable plan for the youth to transition into adulthood through educational or employment goals. Administrative Rule R512-306 gives a detailed description of the scope of the ETV program.

2. Eligibility for ETV funding is:
   a. Age requirements:
      (1) An individual in foster care who has not yet attained 21 years of age, or
      (2) An individual who exited foster care, but while in foster care, after the age of 14, received 12 months of TAL services and the court terminated reunification, or
      (3) An individual who reached 18 years of age while in foster care, but has exited foster care and who has not yet attained 21 years of age, or
      (4) An individual adopted from foster care after attaining 16 years of age and who has not yet attained 21 years of age;
b. Have an individual educational assessment and individual education plan completed by Child and Family Services or their designee;

c. Submit a completed application for the ETV program;

d. Be accepted to a qualified college, university, or vocational program;

e. Apply for and accept available financial aid from other sources before obtaining funding from the ETV program;

f. Enrollment as a student in the college, university, or vocational program; and

g. Maintain a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

303.7a Youth Access To Technology

Major objectives:

A. Youth in Child and Family Services’ custody will be provided the opportunity to have access to technology. This includes access to the internet, and Wi-Fi. This can also include appropriate use of smart phones, tablets, and other wireless devices. For youth who do not have access to technology in their placement, they will be offered opportunities to use technology through use of publicly accessible computers in a public library, school, or other locations.

B. Youth in Child and Family Services’ custody will not be restricted access to technology for educational use such as accessing school postings of assignments, research, news, information, and knowledge sources that may be related to homework assignments.

C. Use of technology is a privilege. Violations of this privilege may result in consequences approved by the Child and Family Team and could include a loss of or limits to technology.

Practice Guidelines

A. Roles and Responsibilities:

1. Youth in the custody of Child and Family Services will be allowed (with appropriate supervision) access to technology and will be taught to use it responsibly.

2. Youth must be responsible for his or her own actions, online and otherwise, if the youth is provided access to technology. This includes following all state and federal laws governing the sharing of information.

3. The Child and Family Team will develop, at a minimum, an understanding of the benefits and challenges of technology most used by youth, including social
networks, email, and texting. This also includes internet safety and protecting personal information.

4. The Child and Family Team will designate a responsible and knowledgeable adult to discuss internet safety with the youth and assess the youth’s ability to use technology in a responsible manner.

5. The level of supervision for using technology is based on a youth’s age, maturity, and trustworthiness. Supervision of a youth’s online use may fall to many members of the Child and Family Team including teachers and caseworkers, and primary responsibility rests with the out-of-home caregiver.

6. Rules for a particular youth will not be based on the actions of another youth or group of youth. Each youth is to be viewed as an individual and not barred from technology based on the inappropriate actions of others.

7. Caseworkers will check in with out-of-home caregivers and refer them to training on internet safety if needed. Below are links to well-known authoritative guides with advice for safety on the Internet:
   b. [http://www.safetynet.aap.org](http://www.safetynet.aap.org)
   c. [http://www.wiredsafety.org](http://www.wiredsafety.org)

B. Internet Usage Agreement for Out-of-Home Caregivers:

1. Out-of-home caregivers are encouraged to use a written technology usage agreement with youth to establish safe boundaries for the use of the Internet. A sample agreement is available at [http://www.protectkids.com/parentsafety/pledge.htm](http://www.protectkids.com/parentsafety/pledge.htm).

2. A copy of the usage agreement will be kept in the Home-to-Home Book and be accessible to the caseworker.

C. Electronic Communication:

1. Youth 14 years of age and older will be permitted to have an email address. This will allow for completion of the Casey Life Skills Assessment and NYTD surveys by the youth but is not limited to this purpose. If there is ever a concern about safety, appropriate supervision needs to be implemented.

2. Electronic communication sent to and received from a caseworker, TAL service provider, GAL, CASA, or therapist is private and will only be read by the youth.

3. An adult approved to screen the youth’s private electronic communication needs to be decided by the Child and Family Team. Youth in custody have a reasonable expectation of privacy. In instances where there is reasonable cause to suspect misuse or inappropriate activity, a youth’s electronic communication will be checked by the designated adult.

4. Caseworkers will encourage youth who have a likelihood of being in care on their 17th birthday to share their email address with the caseworker so the caseworker
can post it in SAFE. This will allow for direct access to the youth for the NYTD surveys.

D. Social Networks:
   1. Youth who are involved in social networking sites (SNS) such as Facebook, Twitter, MySpace, etc. will be advised to set privacy settings to private or semi-private to protect against interaction with strangers.
   2. If there is ever a concern about safety, appropriate supervision needs to be implemented. Caregivers and caseworkers may make a condition of use of a social networking site to have the youth provide access to them, allowing access to view photos, messages, videos, and other activities.
   3. Caseworkers who connect with a youth through a social networking site must maintain professional boundaries.

303.8 Placement Prevention/Disruption Fund (Special Needs Funding)

Major objectives:
Child and Family Services will maintain a placement prevention/disruption fund for the purpose of assisting families in meeting immediate financial needs, when meeting those needs will directly contribute to the goal of maintaining children in their homes.

Applicable Law

Practice Guidelines
Request for and approval of funding

These processes apply in both emergency and non-emergency situations. The nature of a need and the urgency of a request should be specified when a request is made.

A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an eligible service for the program.

B. The case manager completes the payment authorization form prescribed by Child and Family Services and obtains the supervisory approval.

C. The supervisor obtains approval from the program manager.

D. The program manager obtains approval from the region director or designee.
E. The program manager may issue a check directly to the vendor of services. Checks will not be issued to the family.

F. The program manager forwards a copy of the payment authorization to the Child and Family Services Finance Office.

G. The program manager will conduct a monthly reconciliation of the fund according to the fiscal Practice Guidelines approved by the Child and Family Services Finance Office.

Identifying need and eligibility for funding:

A. Caseworkers may intervene when necessary to prevent removal or placement disruption to provide “allowable” services when the cost does not exceed $500.

B. Child and Family Services will consider requests for fund expenditures defined as “allowable.” Other expenses will be considered on an individual basis.

C. “Allowable services” include the following:

1. Rent.
2. Housing deposit.
3. Utility deposit.
4. Utility bills.
5. Automobile repairs.
7. Food.
8. Clothing.
11. Child day care.
12. Homemaker services.
13. Language interpreters.
15. Psychological testing/drug screening for child/parents.
17. Doctor visits and/or prescription drugs.
18. Transportation for educational or medical services.
19. Special short-term counseling or treatment not otherwise available through current contracts.

Payment for other services must be approved by the region director prior to the expenditure.
Service Delivery Guidelines

Generally, caseworkers will be expected to access current contracted sources for child and family needs. When it is determined a need exists for a continuing service that is not available on current Child and Family Services contracts, the caseworker and their supervisor will consult with the regional contract specialist to develop the resource.

A. Immediate need for supplies or services can be obtained by accessing the funding available to the regions for the appropriations or activities listed below.

B. When a contract is available for continuing needs, the source of funding for the contract will be determined by the region director and the Administrative Services manager.

C. Funding is available to regions for special needs payments from the identified funding sources for the identified needs and activities:

1. KHD – In home services
   PIHS – In home services
   Can be used for any special need determined by the caseworker and/or the region director to stabilize a family in their home or to eliminate the need for a child to be brought into Child and Family Services custody.

2. KHH – Minor grants
   PFPR – Family Reunification
   Can be used for special needs to assist in reunification of a child with parents and to provide for child and/or family treatment needs.

3. PFPF – Family Preservation
   Can be used for special needs required to maintain the family structure and to keep a child with their family.

4. KHL – Special Needs
   Can be used for funding for transportation, medical services not covered by Medicaid, or any other needs not otherwise available through established contracted sources for children in the custody of Child and Family Services.

Data Collection and Fund Accounting Processes

A. Each region is responsible for obtaining service data and submitting monthly fiscal information to the Child and Family Services Director of Finance. Service and financial data must be submitted in the standard format approved by the Child and Family Services Director of Finance.

B. Each region will submit a plan for the system delivery of placement prevention/disruption funds. The plan must be approved by the Child and Family Services Director of Finance. The funds will be distributed through a special account based on a local population-served formula. The funds will be disbursed through a special account with local warrant capability.
C. The Child and Family Services Director of Finance will oversee disbursement of the funds.
303.9 Federal Benefits And Eligibility

Major objectives:
The caseworker will be responsible to identify and secure financial resources or benefits for which a child in the custody of Child and Family Services may qualify. This includes, but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI), Social Security (SSA), private health insurance, and tribal or private trust funds. These resources will be used to help support the child’s care before state general funds are used, to the extent allowable by law.

Child and Family Services will be responsible to determine Title IV-E eligibility for foster children in accordance with federal law and regulations and the state’s Title IV-A plan that was in effect on July 16, 1996, as specified in the Child and Family Services’ Title IV-E Eligibility Manual. The Department of Health delegates responsibility to Child and Family Services to determine Medicaid eligibility for most foster children in accordance with established Medicaid major objectives.

The caseworker will be responsible to become payee for a foster child who receives SSI benefits as a result of the child’s own disability or SSA benefits from the death or disability of the child’s parent and to perform payee duties in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

The regional trust account custodian will be responsible to process and maintain client trust account records in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

Applicable Law

Practice Guidelines
A. Title IV-E and Medicaid Eligibility Determination.
1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility caseworker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home for which medical services were provided while in protective custody, even if the child does not remain in custody after the shelter hearing.
2. Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E and Medicaid Eligibility Application. Extension of the application time frame may be justified by circumstances outside of the caseworker’s control.
(such as delay in verification of citizenship from the INS, inability to locate parents to obtain income and asset information, or need for out-of-state birth certificate).

3. The caseworker is responsible to ensure that the eligibility caseworker receives necessary supporting documentation required to complete the application and review process, such as warrant for removal, petition for removal, initial removal court order and subsequent orders with “reasonable efforts to prevent removal” or “reasonable efforts to finalize the permanency plan language,” verification of parent income and assets, deprivation in removal home, and completed annual review forms.

4. The caseworker is responsible to notify the eligibility caseworker of changes that may affect a child’s ongoing eligibility for Title IV-E or Medicaid benefits, such as changes in placement, change in parental marital status or household composition in the removal home, incarceration of a parent, increase in child income or assets including amount in the child’s trust account for which the caseworker is payee, runaway, return home, or trial home placement, and custody end.

B. Title IV-E Benefits.

1. When a child is determined “Title IV-E eligible,” the federal government will reimburse a portion of the agency’s administrative and training costs applicable to that child. When a child is also “Title IV-E reimbursable,” the federal government will reimburse a portion of costs for foster care maintenance payments while the child is placed in a qualified, licensed foster family home, group home, or residential facility.

2. Foster care maintenance payments for a child in foster care may cover the costs of food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to the child, and reasonable travel to the child’s home for visitation with family or other caretakers. In the case of group homes or residential facilities, it may also include the reasonable costs of administration and operation required to provide for the normal maintenance needs for the child.

3. Foster care maintenance payments made on behalf of a youth placed in foster care, who is the parent of a child in the same foster home or facility, may also include supplemental funding to cover costs incurred on behalf of the foster youth’s child who resides in the same placement. If the foster youth is Title IV-E eligible and reimbursable, the child’s supplemental payment will come from Title IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child’s supplemental payment will come from state general funds or another allowable funding source. The Child and Family Team must determine if it is in the best interests of the foster youth to cover the child’s expenses with supplemental maintenance payments and whether payments will be paid to the foster youth.
or foster care provider. Supplemental funding for costs for the foster youth’s child are paid for through the daily reimbursement code of BAB, which pays at the basic foster care rate. This code is opened under the name of the foster youth (mother). Any special needs costs required for the foster youth’s child are also paid under the foster youth.

4. Title IV-E funds will be utilized for allowable expenses for an eligible and reimbursable foster child prior to state general funds or funds from other federal grants when the child is placed in a qualified, licensed foster home, group home, or residential facility. Title IV-E claims will be reduced by revenue collected from cost of care payments from a child’s trust account or from child support collections.


1. The caseworker is responsible to notify the eligibility caseworker as soon as a child is placed in protective custody so that the eligibility caseworker can ensure that the child’s health care needs can be covered immediately.

2. The eligibility caseworker will first determine if the child entered care with Medicaid coverage. If so, documentation of Medicaid eligibility will be provided to the caseworker and foster care provider to be taken with the foster child to any medical, dental, or mental health appointments. If the child is not Medicaid eligible, the eligibility caseworker will generate an MI706 authorization to establish a payment process for medical expenses through the Department of Health until Medicaid eligibility can be determined. Normally, the initial MI706 is authorized for 30 days. The MI706 form must also be taken with the foster child to any medical, dental, or mental health appointments.

3. The Medicaid State Plan specifies covered medical, dental, and mental health services for children in foster care. In most areas of Utah, medical needs of a foster child must be provided through a designated Health Maintenance Organization (HMO). The caseworker must ensure that the foster care provider understands the need to have the child’s medical services addressed by a provider within the designated HMO and of the importance of taking the child’s health history information to all health care appointments.

4. If a Medicaid eligible child needs health care services not normally covered through Medicaid, the foster care provider or caseworker should coordinate with the regional fostering healthy children nurse to request a review through the health care provider and Department of Health to see if the service can be covered through Medicaid under CHEC (Utah’s version of the EPSDT program). Through CHEC, medical service needs for children under the age of 21 years that have been diagnosed by a qualified provider should be able to be covered by Medicaid.

5. If it is not possible to get the needed non-Medicaid service covered under CHEC, the regional fostering health children nurse will prepare an MI706 authorization
for the needed service. If the costs for the service will exceed $500, the region
director must approve the MI706.

6. If a foster child receives medical services that are not covered by Medicaid, or
that are provided outside of an HMO or without required pre-authorization, and
there is no prior MI706 authorization from the regional fostering health children
nurse, the caseworker is responsible to complete the MI706 form and obtain
region director authorization for the expense. Either the eligibility caseworker or
nurse may submit the completed MI706 form to the Department of Health after
completion.

7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a
child not meeting citizenship requirements, the eligibility caseworker will
continue to issue MI706 authorization periodically throughout the custody
episode to ensure continuous health care coverage. If a child loses Medicaid
eligibility after entering foster care, such as a child on a trial home placement,
the regional fostering healthy children nurse staff will prepare an MI706
authorization for specific medical needs if the child does not have another
resource to cover the costs, such as a client trust account or private health
insurance.

8. A child leaving a placement that receives a foster care maintenance payment,
such as a trial home placement, no longer qualifies for Foster Care Medicaid, but
may qualify for another Medicaid program. The Child and Family Team should
plan for coverage for the child’s health care needs prior to placement changes
that affect Medicaid eligibility, including communicating with the eligibility
caseworker early so that necessary information may be obtained from the
parents to determine ongoing eligibility for Medicaid and so that the case may
be transferred to eligibility staff in the Bureau of Eligibility Services if the child’s
eligibility can continue.

D. Foster Children with SSI or SSA Income

1. When a child enters foster care, the caseworker must ask the child’s parent or
caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result of
the child’s own disability. SSA may be received due to the death or disability of
the child’s parent.)

2. The caseworker should also ask the parents about other sources of support
designated for the child that could assist with the child’s care such as Veteran’s
benefits, Railroad benefits, Indian Trust funds, insurance funds including health
insurance coverage, or other private trust funds.

3. The caseworker is responsible to apply for benefits for a child who may qualify
but is not receiving them. If a child is disabled, application should be made for
SSI benefits. If a child’s parent is deceased, application should be made for SSA
benefits. Application is made through the Social Security Administration.
4. The caseworker is responsible to apply for the Department of Human Services to become protective payee for a foster child receiving SSI or SSA benefits. Payee application forms are available through the local Social Security Office and may also be available in the local Child and Family Services office. The caseworker should also apply for the Department to become payee for other regular benefit payments.

5. If a foster child is receiving services from both DSPD and Child and Family Services, the Child and Family Services caseworker will apply for the Department of Human Services to be the protective payee for the child. The DSPD provider will not be the payee (even though that is normal DSPD practice). In circumstances in which DSPD is paying for the treatment portion of the placement through Medicaid, such as under a Medicaid waiver, Child and Family Services must establish a process to pay for room, board, and special needs costs to the DSPD provider. The standard practice will be for the out-of-home caseworker to authorize the full SSI payment to go to the DSPD provider. The DSPD provider will be required to use the child’s SSI funds in accordance with DSPD major objectives for use of child’s SSI. The provider will document use of all funds in the Home-to-Home record, which the caseworker will review quarterly. When the annual report to the Social Security Administration is required to document use of the child’s SSI, the caseworker will obtain the information for the report from the DSPD provider. If circumstances in which the out-of-home caseworker determines that it is not appropriate to forward SSI funding to the DSPD provider, an individual provider contract will be established to pay for room, board, and special needs. The caseworker will then authorize Child and Family Services to be reimbursed for cost of care payments from the child’s trust account on a monthly basis.

E. Caseworker Responsibility when Protective Payee for SSI or SSA Recipient

1. The caseworker is responsible to provide the regional trust account custodian with a written request to establish a new client trust account, on a form provided by the custodian, and a copy of the letter of approval of benefits from the granting agency, such as the Social Security Administration.

2. The caseworker is responsible to oversee use of funds in the child’s client trust account and to request and authorize any payments made from the account on a form provided by the custodian. Caseworkers may not request payments from a child’s client trust account exceeding the amount of funds available in the account.

3. The caseworker will follow Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines in requesting and authorizing payments from the trust account.
4. Funds from the account may be used only for the child’s support while in Child and Family Services custody and for the child’s personal needs and incidentals. The caseworker is responsible to request and authorize payments each month using the following precedence: (1) SSI payment to DSPD provider, when required; (2) payment for spend-down for Medicaid, if regional eligibility caseworker had indicated it is required and the child’s medical expenses are in excess of the spend-down amount; or if spend-down is not justified and child is not Medicaid eligible, payment for the child’s medical expenses; (3) personal needs funds of $35, maintained in the account until needed; (4) payment for cost of care for costs specified in fiscal client trust account Practice Guidelines; and (5) any remaining funds to be maintained in the account for additional client needs allowable by the funding source and recommended by the Child and Family Team. The region director or designee will approve in advance any expense from a client trust account exceeding $500, other than payment for a DSPD provider, medical bill, Medicaid spend-down, or cost of care payment.

5. The caseworker is responsible to review the client’s trust account monthly to ensure that the balance stays within limits for federal benefits. The child loses Medicaid eligibility for any month in which the balance exceeds $2,000. When Medicaid eligibility is lost, in addition to cost of care, any medical costs or other special needs or incidentals for the child must be paid from the client trust account until the balance is below $2,000.

6. If casework responsibility or court jurisdiction is being transferred for the foster child, it is the responsibility of the sending office to ensure that the benefits are transferred. A change of address for payee must be submitted to the appropriate agency (e.g., Social Security Administration, Veteran’s Administration) notifying the agency of the address to which future checks should be mailed. In addition, funds and records from the existing account must be sent to the new region as specified in fiscal client trust account Practice Guidelines.

F. Trust Account Custodian Responsibility.

1. The regional trust account custodian will open a new client trust account in the Department Trust Accounting System when necessary documentation is received from the caseworker.

2. The custodian will maintain all trust account records and issue checks in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services client trust account fiscal Practice Guidelines.

3. The custodian will provide a monthly report on each foster child’s client trust account to the caseworker that is protective payee and to the eligibility caseworker.
303.10 Children In Foster Care Who Are Not U.S. Citizens

**Applicable Law**

A. The citizenship status of a child in foster care may affect the child’s eligibility for federal benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.

B. A child who is born outside of the United States (U.S.) to parents who are not U.S. citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien requirements in order to receive federal benefits.

C. For certain immigration categories, a child must have lived in the U.S. for five years before qualifying for Medicaid. Health care needs for a child with a five-year waiting period for Medicaid must be covered through MI706 authorization until the five-year requirement is met.

D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who entered the U.S. under an immigration category that does not meet qualified alien requirements, or who entered this country as an undocumented immigrant cannot qualify for federal benefits, including Medicaid, while in foster care or upon adoption, unless lawfully admitted to this country under a qualified alien, lawful permanent resident category.

E. A child is a citizen if:

1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands, Northern Mariana Islands, American Samoa, or Swain’s Islands.
2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S. citizen.
3. A child is naturalized through the INS after an adoption, or who met qualified alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent after February 27, 2001.

F. U.S. citizenship can be verified by such records as a birth certificate, hospital records, church records, or tribal records.

**Practice Guidelines**

A. Citizenship of the child is a factor that must be considered in the eligibility determination process.
B. The caseworker is responsible to verify a foster child’s citizenship upon entry into foster care.

C. The regional eligibility caseworker will verify if the child meets qualified alien requirements based upon immigration documentation from Immigration and Naturalization Services provided by the caseworker.

D. Health care needs must be covered through MI706 authorization for these children while in foster care.

E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of immigration documentation from the child’s parents or caretakers and to provide it to the regional eligibility caseworker. The following information is needed:
   1. Copy of both sides of INS Form I-94 (often called green card).
   2. Documentation of date of entry into the U.S.

F. For issues pertaining to immigration other than verification of qualified alien status by regional eligibility caseworkers, contact the Immigration and Naturalization Service.
303.11   Facilitating Out-Of-State Travel For A Foster Child

Major objectives:
During the time the child is in the custody of the state, Child and Family Services has limited
authority to act for the child. Under some circumstances, Child and Family Services must obtain
approval from others with authority over the child before authorizing action by the child or their
out-of-home care provider.

Out-of-state travel is one such instance. Parents retain limited rights regarding the child’s
travel, and the court has authority to grant or deny travel regardless of the parents’ position.
The authority of Child and Family Services with regard to this decision is restricted by the court’s
and the parent’s authority.

Child and Family Services will facilitate appropriate out-of-state travel for children in out-of-
home placements with out-of-home caregivers for vacation, visiting relatives, or other group
sponsored activities.

Child and Family Services will obtain approval from the child’s parents, the Department of
Human Services (DHS), and the juvenile court prior to authorizing out-of-state travel.

Applicable Law
Utah Code Ann. §78A-6-118. Period of operation of judgment, decree, or order -- Rights and
responsibilities of agency or individual granted legal custody.

Practice Guidelines
A. The caseworker will request that the child’s parent sign the Authorization for Out-of-
State Travel form (DCFS03, available in SAFE). If the parent refuses to sign, then
approval must be obtained from the juvenile court. The caseworker must also fill out
the Request for Out of State Travel form (FI5) on behalf of the youth and submit for
approval with the Child and Family Services director and the DHS director.

B. If travel is approved by the parent, the Assistant Attorney General, Guardian ad Litem,
and juvenile court will be given written notice of the out-of-state travel, which will
include the location where the child is traveling and that the parent has been consulted
about the child’s out-of-state travel.

C. The out-of-home caregiver will take the child’s Medicaid card when taking the child out
of state to ensure that any urgent medical needs can be met. The out-of-home
The caseworker will inform the out-of-home caregiver that if the child has an emergency medical need while outside of Utah, the out-of-home caregiver will obtain treatment immediately from a qualified health care provider. Follow Medicaid and HMO rules to notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after the child received the treatment.

The caseworker will inform the out-of-home caregiver that if the child has a non-emergency medical need while outside of Utah, the out-of-home caregiver will follow Medicaid and HMO rules to obtain prior authorization for the service from the HMO and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in order for Medicaid to cover the costs.

The out-of-home caregiver may request assistance from the Fostering Healthy Children nurse to complete the prior authorization process and identify an appropriate health care provider.

The caseworker will inform the out-of-home caregiver that the child will not be taken outside of Utah for medical treatment unless the specific treatment has been approved by Medicaid and arranged for by the Fostering Healthy Children nurse.

For children who travel outside of the country, the caseworker will follow the same procedure for youth who are only traveling outside of the state, including obtaining parental approval, DCFS03 form approval, F15 form approval, and juvenile court approval. The caseworker will also follow the same processes to ensure the child has medical coverage while traveling abroad.

If a child travels outside of the country, the caseworker or caregiver will also determine if a passport, additional immunizations, or other documentation (e.g., Travel Visa) is needed for the child to travel safely. This can be done by visiting http://travel.state.gov/content/travel/english.html for all up-to-date information regarding travel requirements to foreign countries.
303.12  Transportation

**Major objectives:**
Children in Child and Family Services custody will be transported in safe, insured vehicles with seat belts and car seats.

**Applicable Law**
Utah Code Ann. §41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.

**Practice Guidelines**
If an out-of-home care provider does not have an appropriate restraint device for a child given their age, one may be loaned to them. They may not be allowed to transport a child in the custody of Child and Family Services without an appropriate restraint device.

Before a Child and Family Services caseworker transports a child in a vehicle, they must ensure that the proper restraint device is in the vehicle and is installed correctly.

303.12a  Transporting Youth – Safety Of Caseworker And Youth

**Major objectives:**
To provide guidelines to employees who need to arrange transportation for youth that may display behavior that could result in injury to the caseworker or the youth.

**Background Information**
Caseworkers may be called upon to transport youth for a variety of reasons. Some episodes of transportation may require more caution than other episodes. Transportation has been divided into three categories to assist caseworkers in determining when it might be appropriate to utilize the support of another caseworker or a professional transport agency for the transport of a youth. The Child and Family Team will assist with making these decisions.

**Practice Guidelines**
A. STANDARD TRANSPORTATION – A situation in which a caseworker transports a youth to visits, medical appointments, or other routine occurrences.

There will be many situations in which a caseworker feels comfortable and appropriate in transporting a youth. When doing so, a caseworker will assure the following:

1. That the vehicle is insured and safe to drive (use a state vehicle and avoid the use of personal vehicles if possible).
2. That the youth is properly restrained in a safety device appropriate for the age of the youth. In addition, appropriate child locks will be utilized.

3. That the youth is not allowed to sit behind the caseworker who is driving the vehicle.

4. That a supervisor or colleague knows where you are going and when you will return as a safety precaution.

5. That you take another caseworker with you if you feel it is appropriate or necessary for any reason.

B. TRANSPORTATION TO A PROGRAM – A situation in which a youth is being transported to a facility or program.

The caseworker should first contact the program to request the program transport the youth if this service/resource is available.

If a caseworker must transport the youth, it is best practice for two caseworkers/employees to transport the youth when the youth is going to a facility; however, the caseworker should use their discretion. Assuming a caseworker has ruled out the need for a professional transportation service and the youth does not display behaviors associated with a high risk transportation need, the caseworker will consider utilizing another person to complete the transport.

1. The caseworker will review the case thoroughly prior to the transport and be aware of any potential triggers that may cause the youth to display volatile or aggressive behavior toward him or herself or others.

2. The caseworker will assure that the vehicle is insured and safe to drive (use a state vehicle and avoid the use of personal vehicles if possible).

3. Two caseworkers will transport the child; one caseworker will drive and one caseworker will sit in the backseat with the youth. The youth will not be allowed to sit behind the caseworker who is driving the vehicle.

4. The youth will be properly restrained in a safety device appropriate for the age of the youth. In addition, appropriate child locks will be utilized.

5. Neither the youth nor the caseworkers will use a cell phone to make phone calls or texts while driving unless an emergency situation arises.

C. HIGH RISK TRANSPORTATION – A situation in which a caseworker or youth may be at risk of injury if the caseworker were to transport the youth.

A situation for high risk transportation may be identified if the youth exhibits any of the following behaviors:

1. Current assaultive behavior, assaultive history, serious aggression toward self or others, past history of jumping from a vehicle in motion, a suicide attempt, serious and current self-mutilization, homicidal thoughts or behavior, current
psychosis, serious inability to regulate emotions, serious anti-social behavior,
current verbal or physical threats of harm to self or caseworker, or other similar
and serious behaviors.

Hint: If the youth rates a 3 on the CANS on any of the following items, the youth
most likely meets the criteria to utilize a professional transport:
a. Suicide risk;
b. Self-mutilization;
c. Other self-harm;
d. Danger to others;
e. Judgment decision-making (make decisions that put them in dangerous
situations);
f. Psychosis;
g. Oppositional (threat of physical harm to others);
h. Conduct (serious crime, aggression, anti-social child, or community at
risk);
i. Anger control.

The process for requesting a professional transport for a high risk transportation is as
follows:
1. Call and ask the facility that you are taking the youth to and ask if they can
transport the youth for you. If they are unable to do so, move to step 2.
2. Contact your local Division of Juvenile Justice Services Office to see if they can
assist you with the transport. If they are unable to do so, move to step 3.
3. Staff the situation with a supervisor and your child welfare (CWA) or clinical
consultant. Review the criteria listed above to assure that the situation meets
the criteria to utilize a professional transportation service via a DHS contract.
a. Once this case has been staffed with the supervisor and child welfare
administrator (CWA) or clinical consultant, the caseworker will take the
recommendation for professional transportation to the region director or
designee who will contact the liaison at Juvenile Justice Services for use
of their transportation contract.
b. The local contract team will complete the Purchase Services
Authorization (PSA). Juvenile Justice Services will bill the local office and
the contract team will work with the finance person to complete an
interdepartmental transfer payment.
c. The caseworker will notify the child, current placement, receiving
placement, and therapist (as needed) in order to inform and prepare the
youth for the transport. Because law enforcement will be utilized for
professional transportation, the youth will most likely be transported in
handcuffs in the backseat of the police vehicle as per police guidelines.
D. If a caseworker is unable to utilize the DHS contract for a professional transport, contact the region director for potential use of further professional transport services.

**303.13 Courtesy Worker And Region-To-Region Case Transfers**

**Major objectives:**
Region-to-region placements will be planned to minimize transition difficulties and prevent a disruption of services.

**Applicable Law**

**Practice Guidelines**

A. Courtesy Supervision:

1. To request courtesy supervision, the caseworker will email the initial request to the sending region’s associate region director.
2. Attach the completed Courtesy Supervision Request Form. Include a brief description of history on the case and the current situation along with other information requested on the form.
3. The sending region’s associate region director will forward the request to the appropriate associate region director in the prospective receiving region for approval.
4. The receiving region’s associate region director will notify the sending region’s associate region director of the decision to accept the request for courtesy supervision and provide the name of the courtesy caseworker and supervisor.
5. The primary caseworker will contact the courtesy caseworker within five working days to provide case information. If the courtesy caseworker needs additional information, the courtesy caseworker may contact the primary caseworker.
6. The primary caseworker will add the courtesy caseworker to the case on SAFE.
7. As soon as the case has been assigned to the courtesy caseworker, the primary caseworker will arrange for a Child and Family Team Meeting. Both the primary caseworker and courtesy caseworker will be present at the Child and Family Team Meeting. At this meeting the primary and courtesy caseworker’s visitation plan with the child will be arranged. The roles of the primary and courtesy caseworker will also be discussed. [See: Section 303.2, Caseworker Visitation With The Child.]
8. Throughout the duration of the case, the primary and courtesy caseworker will be present at all Child and Family Team Meetings that may be held.
9. The primary caseworker is responsible for contacting on a monthly basis the courtesy caseworker and out-of-home caregiver as well as other professional
B. Region-to-Region Case Transfers:

1. The caseworker will email the initial request to the sending region’s associate region director.

2. Attach the completed Case Transfer Request Form. Include a brief description of history on the case and the current situation along with other information requested on the form.

3. The sending region’s associate region director will forward the request to the appropriate associate region director in the prospective receiving region for approval.

4. The receiving region’s associate region director will notify the sending region’s associate region director of the decision to accept the request for case transfer and provide the name of the caseworker and supervisor.

5. A face-to-face transfer meeting between the two caseworkers and their supervisors will be conducted on all case transfers.

6. To assist with a smooth transition from region to region, a Child and Family Team meeting will be conducted on all case transfers. The sending caseworker is responsible for arranging this meeting.

7. If possible, the new caseworker will attend the last Child and Family Team Meeting in the sending region to become acquainted with the existing team.

8. The caseworker will notify the eligibility caseworker of the transfer in advance to ensure continuous Medicaid coverage of the child, if eligible.

9. Within 30 days of the case being transferred to the new region, the new caseworker will arrange for a Child and Family Team Meeting, including any new team members.

10. The case will be reviewed via the qualitative assurance process (QA) on the Internet just before the transfer meeting and a printed copy of the QA form included with the case file. The hard file will be ready to hand off at the transfer meeting. The sending caseworker is responsible for all case activities until the transfer is completed and all signatures are in place.

11. The sending region is responsible for ensuring that all work is completed and up-to-date prior to the case transfer.
### 303.14 Youth Obtaining A Driver License

#### Major objectives:

A. Youth in Child and Family Services’ custody should be provided the opportunity to complete driver education and obtain a driver license.

B. Foster parents who are willing to sign a youth’s application for a learner permit and driver license may be reimbursed for the additional cost incurred on their automobile insurance when they provide insurance coverage for the youth.

#### Applicable Law


Utah Code Ann. §62A-4a-121. Reimbursement of motor vehicle insurance coverage for foster child.

#### Practice Guidelines

A. Overview and Preparation

1. Youth in the custody of Child and Family Services should have an opportunity to complete driver education training while in foster care.

2. Obtaining a driver license may be an objective of the Child and Family Plan that has been developed for the youth with Transition to Adult Living (TAL) Services.

   a. Youth may be enrolled in driver education at their local high school when they have reached 15 years of age or older. A parent’s signature is not required for a youth to participate in a driver education course.

   b. Youth, after the age of 17 years and 6 months, should be encouraged to take driver education whether or not they have an adult willing to authorize a learner permit or driver license or have appropriate insurance coverage.

   c. Youth who attend a driver education course in public high schools are eligible for a school fee waiver.

   d. A private driving school may be used for youth who are unable to attend driver education at the local high school due to scheduling conflicts, lack of availability of classes, or other reasons. Special Needs Funds or Chafee Funds (TLN or TLP) can be used to pay for the driver education course ($250.00 maximum).

B. Learner Permit

1. Caseworkers are not authorized to sign for a learner permit.

2. To obtain a learner permit, a parent, foster parent, or responsible adult’s signature is required for a youth to obtain a driver license. A parent, foster parent, or responsible adult who is willing to assume the liability of a minor
driver and provide for motor vehicle insurance for the youth may sign the minor’s application for a driver license. Foster parents need to provide Form Letter TR01: Placement Verification and Medical Authorization Letter when signing for the driver license.

3. A learner permit allows the youth to drive with a licensed adult and receive the 40 hours of practice driving required for a license. When a parent or responsible adult signs the application for the learner permit, they are assuming joint liability with the youth for damages resulting from the youth driving a motor vehicle. Those under 18 years of age will be limited to driving with a licensed parent, legal guardian, driving instructor, or the adult who signed the application for the learner permit sitting in the passenger seat.

4. When applying for the learner permit, the youth will need to have their Social Security card plus two acceptable types of proof of residency. A $15.00 fee is required to obtain the learner permit from the Department of Motor Vehicle (DMV), and the learner permit is only valid for one year.

5. Utah requires an applicant 17 years of age or younger to have the learner permit for six months before applying for a driver license. The six-month learner permit holding requirement does not apply to an applicant who is age 18 years or older at the time of application for the learner permit.

C. Driver License

1. Caseworkers are not authorized to sign for a driver license.

2. To obtain a driver license, a parent, foster parent, or responsible adult’s signature is required for a youth to obtain a driver license. A parent or responsible adult who is willing to assume the liability of a minor driver and provide for motor vehicle insurance for the youth may sign the minor’s application for a driver license. Foster parents need to provide Form Letter TR01: Placement Verification and Medical Authorization Letter when signing for the driver license.

3. Youth, after the age of 17 years and 6 months, and after completion of a driver education course, may obtain a driver license without a parent’s signature when they turn age 18 years old. They will need to provide their own auto insurance.

4. Youth can practice taking the driver license test on the Internet. The 22 questions are typical of the questions asked when obtaining a driver license. The practice test can be found on the following website: http://www.dmv.org/practice-permit-test.php.

5. The caseworker will coordinate with the foster parent or responsible adult to develop a parent-teen driving contract. The contract can help outline key driving responsibilities, decide on the consequences associated when those responsibilities are not met, and define the Child and Family Team’s role in helping the youth succeed. There are several insurance websites that have driving contracts; examples can be found on the following websites:
D. Insurance Requirements
   1. Foster parents who provide automobile insurance for youth in foster care will be required to carry at the minimum requirement of Utah’s No-Fault Law insurance liability limits.

E. Reimbursement Process
   1. Reimbursement applies only to Resource Families that are licensed to provide care for children in Child and Family custody.
   2. Foster parents who are willing to sign and authorize a youth’s application for a learner permit and driver license may be reimbursed only for the additional cost at the minimum requirement of Utah’s No-Fault Law insurance liability limits.
   3. Foster parents may choose to carry additional automobile insurance at their own expense, such as liability coverage that exceeds the minimum of Utah’s No-Fault insurance liability limits, collision insurance, or comprehensive insurance.
   4. Foster parents will not be reimbursed for any deductibles associated with collision or comprehensive insurance in the event of an accident or other damage to their vehicle.
   5. All reimbursements will be coordinated through the Child and Family Services Administration Office, Financial Analyst II.
   6. The caseworker will confirm that the foster parent is willing to exercise their option to provide youth in their care an opportunity to obtain a learner permit and driver license, and that the foster parent understands their responsibility of providing automobile insurance coverage for the youth.
   7. The foster parent will obtain a quote from their automobile insurance provider for the additional costs of adding a youth to their personal insurance policy. Reimbursement will only be for additional costs to the foster parent’s current liability insurance coverage. The foster parent must provide acceptable documentation from the insurance agent or agency of increased costs.
   8. In order to assist the foster parent in obtaining reimbursement for insurance costs, the caseworker will contact the Child and Family Services State Financial Analyst II and inform them of the foster parent’s intention to sign for the driver license.
9. The caseworker will provide the insurance quote from the foster parent to the
Child and Family Services Administration Office, State Financial Analyst II.

10. Caseworkers will provide the foster parent with the following:
   a. Information informing them of their option to provide youth in their care
      an opportunity to obtain a learner permit and driver license by assuming
      the responsibility of providing automobile insurance coverage for the
      youth.
   b. Information regarding the liability they assume in authorizing a youth to
      obtain a learner permit and driver license.
   c. Information how they may qualify for reimbursement for their additional
      expenses incurred by providing automobile insurance coverage for a
      youth in their care.
   d. An informed consent, waiver and release for foster parents who provide
      automobile insurance for youth in foster care.

11. The foster parent will sign the informed consent and waiver document. The
    caseworker will give a copy to the foster parent, place a copy in the youth’s file
    under “correspondence,” and send a copy to the Child and Family Services State
    Financial Analyst II.

12. The foster parent must provide acceptable insurance documentation every three
    months in order to receive reimbursement.

F. Cancellation or Termination of Driver License

1. A parent, foster parent, or responsible adult who has signed and authorization
   for a learner permit or driver license will notify the Department of Motor
   Vehicles (DMV) in writing and send a copy to Child and Family Service if they
   decide that they are no longer willing to assume responsibility and insurance
   coverage for the youth. The written request will be placed in the youth’s case
   file under “correspondence”.

2. The parent, foster parent, or responsible adult will receive in writing notification
   from the DMV that the youth learner permit or driver license has been cancelled
   and send a copy of the official cancellation to the Child and Family Services
   caseworker. The letter will be placed in the youth’s case file under
   “correspondence.”

3. The caseworker will verify in writing to the parent, foster parent, or responsible
   adult that they have received verification of the cancellation of the learner
   permit or driver license for the youth and that they are aware that the parent,
   foster parent, or responsible adult are relieved from liability for that youth
   operating a motor vehicle subsequent to the cancellation.
303.15 Casey Life Skills Assessment

Major objectives:
All youth over age 14 years and their caregiver will complete a Casey Life Skills Assessment (CLSA) annually to measure the skills and knowledge needed to prepare the youth to transition to adulthood.

Applicable Law
Administrative Rule R512-305. Out of Home Services, Transition to Adult Living Services.

Purpose
The purpose of Transition to Adult Living (TAL) services is to help youth, age 14 years and older, who are receiving services acquire the skills needed to successfully transition to adulthood.

Practice Guidelines
A. The CLSA tool is intended to assist in the planning of services for youth as they transition from childhood to adulthood.

B. Results from the CLSA tool will be used to evaluate the youth’s strengths, needs, and current functioning in areas of life skills. After the CLSA is completed by a youth, the areas identified on the CLSA where the youth may need instruction and personal growth will be used to focus and guide the Child and Family Team in the case planning process with the youth. The case planning decisions developed by the team will then be included in the Child and Family Plan.

C. The caseworker will ensure that the following is accomplished:
   1. The CLSA is completed by the youth and the caregiver, at a minimum. The CLSA may also be completed by additional individuals who are familiar with the youth.
   2. Meet with the youth to review the youth and caregiver’s assessments, choose the areas to work on, identify individualized goals, and outline strategies for the growth and improvement of the youth.
   3. Convene the Child and Family Team to review the CLSA results, update the Child and Family Assessment, and develop or update the TAL section of the youth’s Child and Family Plan.

D. The caseworker will assist the youth and the caregiver(s) in completing the CLSA:
   1. When a youth 14 years of age and older enters out-of-home care, the CLSA will be completed by the youth and the caregiver within 45 days, in conjunction with the development of the Child and Family Plan.
   2. When a youth turns 14 years old in foster care, the first CLSA must be completed when the next Child and Family Plan is due. If the next plan is due in less than 90
days after the youth’s 14th birthdate, the CLSA will not be required until the following plan.

3. An annual CLSA is due within a year of the previous one. The caseworker will be prompted 90 days prior to the due date to give the youth and caregiver ample time to complete the assessment.

4. The caregiver’s assessment and youth’s assessment must be completed and entered on the CLSA website within 30 days of each other. The CLSA can be completed electronically via the Internet at: http://www.caseylifeskills.org.

5. The caseworker has the following options for assisting the youth in taking the CLSA:
   a. The youth can take the assessment on the caseworker’s computer.
   b. The caseworker can send a link to the youth via the youth’s email address inviting them to take the assessment.
   c. The caseworker can give the youth a printed assessment. The caseworker will need to enter the answers of the assessment into the website.
   d. The youth can create his or her own profile on the website. This option will only work if the youth has already taken an assessment using option a or b.

6. The caseworker has the following options to assist the caregiver in taking the assessment:
   a. The caregiver can take the assessment on the caseworker’s computer.
   b. The caseworker can send a link to the caregiver via email inviting them to take the assessment.
   c. The caseworker can give the caregiver a printed assessment. The caseworker will need to enter the answers of the assessment into the website.

7. The caseworker will provide the youth and the caregiver with a copy of both the youth and caregiver’s reports from the CLSA.

8. The original CLSA assessment will be placed in the assessment section of each youth’s case file.

E. Each caseworker will convene the Child and Family Team to review the youth and caregiver(s) assessments, identify areas of strengths and opportunities for improvement, share feedback on the youth’s chosen areas on which to work, and look for ways to support the individualized goals of the youth. The team will then outline strategies to implement the plan.

F. The goals, services, and needs identified by the youth, caregiver, and Child and Family Team will be used to develop and update the TAL portion of the youth’s Child and Family Plan. The TAL portion of the plan requires each youth to have at least one area of focus determined by the CLSA and Child and Family Team to enhance their life skills.
The regional TAL coordinator or a TAL supervisor will attend the Child and Family Team Meeting when possible. If the regional TAL coordinator or a TAL supervisor is not able to attend the Child Family Team Meeting, they should attempt to be available for consultation with members of the Child and Family Team prior to or following the meeting.

303.16 Foster Child Representative Payee Accounts

<table>
<thead>
<tr>
<th>Major objectives:</th>
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<tbody>
<tr>
<td>A. The Department of Human Services (DHS)/Division of Child and Family Services will act as representative payee for each foster child receiving unearned income, such as Social Security Dependent (SSD) Benefits, Supplemental Security Income (SSI), and other income sources while the child is in agency custody.</td>
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<tr>
<td>B. Unearned income from a foster child will be used to offset costs of care and for the child’s personal needs, as allowable.</td>
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<tr>
<td>C. Representative payee functions and use of a child’s income will comply with established policies, procedures, and guidelines pertaining to the unearned income source, Medicaid, and DHS and Child and Family Services representative payee account requirements.</td>
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1. Child and Family Services Philosophy on Use of Unearned Income for a Foster Child

A. When a child is in the custody of Child and Family Services or in the custody of the DHS with Child and Family Services acting as primary case manager, responsibility for payment for the costs for the child’s care in priority order belongs to:

1. Parents through child support paid to the Office of Recovery Services (OSR), as required by state and federal law.
2. The child’s unearned income, designated for the child’s care, maintenance, and/or medical needs, within the allowable framework of the income source.
3. Other source of funds designated for the child’s care, maintenance, and/or medical needs, within the allowable framework of the funding source.
4. Federal revenue available to Child and Family Services for foster care services.
5. State revenue available to Child and Family Services for foster care services.

B. Any child entering foster care is entitled to services and goods necessary to meet the child’s basic needs. A child entering state custody with unearned income should generally not receive any goods or services that a child without unearned income would not also receive while in foster care.

2. What is a Foster Child Representative Payee Account?

A foster child representative payee account is a financial account established on behalf of a child in Child and Family Services custody or in DHS custody when Child and Family Services is
designated as the primary case manager. Child and Family Services must receive authorization from the funding agency, such as the Social Security Administration, to serve as representative payee. The Child and Family Services caseworker acts as representative payee for the client.

3. Sources of Unearned Income

The most common types of federal unearned income received by foster children are SSI and SSD benefits. The Social Security Administration administers both of these income sources, and use of these funds for a foster child must be in accordance with Social Security Administration requirements.

A. SSI Benefits for Children. SSI benefits are payable to blind or disabled children under age 18 who have limited or no income and resources or who come from homes with limited or no income and resources. A review is conducted when an individual reaches age 18 to determine if benefits may continue into adulthood. SSI checks are generally distributed the first day of the month (or the preceding bank day if a weekend or holiday) for benefits due for the current month.

B. SSD Benefits (may also be referred to as SSA). SSD benefits may be paid to a dependent child under age 18 through the Retirement, Survivors and Disability Insurance Program based upon the work record of a child’s parent. For example, a child may receive these dependent benefits as a result of a parent’s disability or death. Benefits may be extended beyond age 18 for full-time students. SSD benefit checks are generally distributed the third week of the month for benefits due for the prior month.

C. Other Sources. Foster children may also receive other sources of unearned income, such as Veteran’s benefits, Railroad Retirement benefits, Tribal benefits, or insurance settlement funds. All unearned income sources must be used in accordance with purposes for which the funding is provided and in conjunction with established policies, procedures, and guidelines pertaining to the unearned income source.

4. Roles and Responsibilities Pertaining To Representative Payee Accounts

A. General Region Responsibilities. Regional staff are responsible for oversight, supervision, and implementation of the representative payee account process for foster children under the jurisdiction of the region. Key regional responsibilities include:

   (1) Applying for unearned income benefits for children who may qualify.
   (2) Applying for DHS to be designated as representative payee.
   (3) Complying with funding agency requirements.
   (4) Managing fiscal accounts in accordance with DHS fiscal procedures.
   (5) Ensuring separation of duties as required by DHS for check receipting, deposits, payment authorization, and check preparation.
   (6) Authorizing allowable payments and issuing checks.
   (7) Calculating cost of care.
(8) Maintaining required records and reporting.
(9) Completing bi-annual internal representative payee account audit and other quality assurance processes.
(10) Coordinating with other regions, divisions, and providers on representative payee process.

B. Child and Family Services State Office Responsibilities. Primary Child and Family Services state office staff responsibilities in the foster child representative payee process include:
(1) Overseeing process statewide for consistency and compliance.
(2) Maintaining written Practice Guidelines.
(3) Providing resources, training, technical assistance, and support to regional staff.
(4) Identifying services and costs to be included in cost of care calculation.
(5) Assisting regions in developing and implementing internal quality assurance processes.
(6) Coordinating and acting as liaison with DHS finance staff.
(7) Assisting in doing research on requirements for funding agencies and incorporating requirements into Child and Family Services Practice Guidelines.

C. DHS Fiscal Operations Responsibilities. DHS finance staff responsibilities in the foster child representative payee process include:
(1) Ensuring that state fiscal procedures are followed.
(2) Reconciling payee accounts statewide and posting to financial system.
(3) Providing software for financial tracking system.
(4) Providing training and technical support on State Finance and DHS requirements and on use of fiscal tracking system.
(5) Completing independent review of account records.

D. Initial Caseworker Responsibilities.
(1) When a child enters foster care, the caseworker is responsible to ask the child’s parent or caregiver if the child is receiving SSD or SSI benefits.
(2) The caseworker should also ask the parents about other sources of support designated for the child that could assist with the child’s care such as Veteran’s benefits, Railroad benefits, Indian Trust funds, insurance funds including health insurance coverage, or other private trust funds.
(3) The caseworker is responsible to apply for benefits for a child who may qualify but is not receiving them. For example, if a child is blind or disabled, application should be made for SSI benefits. If a child’s parent is deceased, application should be made for SSD benefits. Application is made through the Social Security Administration.
(4) The caseworker is responsible to apply for the DHS to become representative payee for a foster child receiving SSI or SSD benefits. Payee application forms
are available through the local Social Security Office and may also be available in the local Child and Family Services office. The caseworker should also apply for DHS to become payee for other regular benefit payments.

E. Caseworker Responsibility After Representative Payee Has Been Established.

(1) The caseworker is responsible to provide the regional representative payee account custodian with a written request to establish a new representative payee account, on a form provided by the custodian, and a copy of the letter of approval of benefits from the granting agency, such as the Social Security Administration.

(2) The caseworker is responsible to oversee use of funds in the child’s representative payee account and to request and authorize any payments made from the account through the ‘funds request’ link located in the trust account list within the SAFE Trust Account module. The caseworker’s supervisor must approve any fund requests over $499.99. The caseworker is responsible to obtain receipts for all expenditures from the child’s payee account, excluding Cost of Care.

(3) The caseworker will follow DHS representative payee account policies and Child and Family Services representative payee account Practice Guidelines in requesting and authorizing payments from the representative payee account.

(4) The caseworker is responsible to review an SSI client’s representative payee account monthly to ensure that the balance stays within limits for federal benefits. The child becomes ineligible for SSI for any month in which the balance exceeds $2,000.

(5) The caseworker may not request payments from a child’s representative payee account exceeding the amount of funds available in the account and will not request the regional account custodian to issue a check for unallowable expenses or to inappropriate recipients.

(6) The caseworker is responsible to obtain the written approval of his or her supervisor for any representative payee account expense that is $500 or higher and is responsible to obtain region director or designee approval for any expense that is $500 or higher from the client’s personal needs allotment. (See Section 5.E.)

(7) The caseworker is responsible to notify the regional account custodian in advance when custody termination is being requested from the court for a foster child.

F. Representative Payee Account Custodian and Supervisor Responsibilities.

(1) The regional account custodian will open a new representative payee account in the SAFE Trust Accounting System when necessary documentation is received from the caseworker and notify DHS Finance representative of the new account.
The account custodian will accurately maintain all account records and issue checks in accordance with DHS representative payee account policies and Child and Family Services representative payee account Practice Guidelines.

The account custodian will assist the caseworker and eligibility worker in viewing the monthly report in SAFE on each foster child’s representative payee account as needed.

The account custodian will alert the caseworker when the representative payee account approaches $2,000 to avoid loss of SSI eligibility.

The account custodian’s supervisor will review and sign monthly reconciliation statements.

The account custodian will not issue a check for unallowable expenses or to inappropriate payees.

The account custodian will maintain separate records on each child’s representative payee account.

The representative payee is responsible to provide expenditure reports to the responsible funding agency, as required by the funding agency.

5. Use of a Foster Child’s Unearned Income

A. Appropriate Use of Funds. A child’s unearned income must be used as designated by the funding agency and within the scope of what a “prudent person” would do. Social Security Administration policies state that SSI and SSD benefits are provided first to meet the child’s day-to-day needs for food and housing. Benefits may also be used for clothing, medical care not covered by Medicaid or personal insurance (such as eyeglasses and hearing aids), recreation, personal incidentals, and comfort items. In addition, funds may be used for training programs, school tuition, or daily school expenses if other needs have been met. The Social Security Administration may require treatment for a disabling condition for a child receiving SSI.

B. Precedence for Use of Foster Child Unearned Income. The caseworker is responsible to request and authorize payments each month using the following precedence:

1. Payment for spenddown for Medicaid, when determined appropriate. (See Section 5.C.)

2. Personal needs funds of $35, maintained in the account for current or future needs.

3. Cost of care payment to Child and Family Services for current maintenance costs (food, housing, and personal needs). (See Section 5.D.)

4. Reimbursement for medical costs paid by Child and Family Services for medical costs not covered by Medicaid, when allowed by the funding source.

5. Any remaining funds to be maintained in the account for additional child needs as allowed by the funding agency and recommended by the Child and Family Team.
C. Medicaid Spenddown. When a regional eligibility caseworker determines that a foster child’s monthly unearned income exceeds the amount allowable for Medicaid eligibility, the caseworker, nurse, eligibility caseworker, and others as appropriate will review the child’s anticipated medical costs to determine if a spenddown is appropriate. If the child’s medical expenses are expected to exceed the spenddown amount, the spenddown amount will be paid prior to the cost of care calculation according to eligibility team procedures and Medicaid requirements.

The spenddown should be paid no later than the 20\textsuperscript{th} of the month for which the Medicaid card is being issued. In no event may the spenddown be made after the 10\textsuperscript{th} of the following month. Medicaid requires that any case requiring a spenddown be closed if the spenddown has not been cleared by the 10\textsuperscript{th} of the following month. If the case is closed, a new Medicaid application is required to reopen Medicaid.

SSD benefits from one month may be used to pay the spenddown for the following month.

D. Cost of Care. The amount of the child’s unearned income that is allowable for food, housing, and personal needs is considered cost of care. The amount of the cost of care to be paid from a child’s representative payee account is calculated and paid to Child and Family Services at the regional level under the supervision of the regional finance unit.

(1) Costs included in calculating costs of care. The state office revenue team is responsible to identify which services and what portion of costs is included in the calculation of cost of care. Service code and applicable rate table identify these services.

(2) When cost of care is processed. Cost of care is processed for children for whom Child and Family Services has received unearned income as the child’s representative payee. The cost of care amount should be calculated and paid as soon as possible after costs have been incurred for a given month. If there is a significant delay in receipt of a billing from a provider and a child is at risk of losing benefits due to excess resources in the representative payee account, cost of care may be estimated based upon the child’s known placement. Cost of care that was estimated must be reconciled and any adjustments made within 30 days after receipt of actual billing from provider. Regional finance staff must review and approve all estimated costs of care prior to payment and verify accuracy of reconciliations and payment adjustments.

(3) How Cost of Care is Calculated. Cost of Care is determined in the SAFE Trust Account Module by calculations specified by Department/Agency policy.

a. SAFE will determine the unearned income applicable for a given month. Regional rep payee account custodian will enter into SAFE the spenddown paid from the monthly amount, if applicable.
b. Compare cost of care total to unearned income received (or available after spenddown) and document.

c. If total cost of care is greater than unearned income received, authorize preparation of check(s) to Child and Family Services for total unearned income amount, minus personal needs allowance.

d. If cost of care is less than unearned income amount, authorize preparation of check(s) to Child and Family Services for cost of care, leaving personal needs allotment and any additional remaining unearned income in account to be used for current and future needs of the child.

e. When applicable, adjust cost of care for prior months when there is retroactive unearned income or when additional costs are incurred for prior months that may not have already been included in cost of care calculation.

(4) How Cost of Care is Deposited and Credited. The following procedures apply when depositing cost of care reimbursements and other funds from foster child representative payee accounts.

a. After cost of care reimbursements have been identified, identify costs that were reimbursed by Title IV-E and non IV-E. (Note: Payments with corresponding eligibility code of FT were reimbursed by Title IV-E. Payments with corresponding eligibility code of FB were not reimbursed by Title IV-E.) (See Service Code List.)

b. Identify the Finet Activities that costs were originally charged to (for both IV-E and non IV-E cost of care reimbursements).

c. Deposit funds from client trust accounts (including special needs and cost of care reimbursements) as a refund of expenditures. (These funds should be credited to the Finet Activities identified in b. above.) This will ensure claims for FFP are net of applicable credits.

F. Personal Needs. Funds set aside for a child’s personal needs and any additional unearned income remaining after payment of cost of care may be used for additional needs of the child, as allowed by the funding agency.

The caseworker will initiate a Personal Needs fund request from the Trust Account List within the SAFE Trust Account module. When appropriate, the Child and Family Team will be consulted about use of personal needs funds. The region director or designee will approve in advance any expense from a representative payee account that is $500 or over, other than payment for a medical bill, Medicaid spenddown, cost of care payment, or reimbursement check to the funding agency when the account is being closed.

G. Lump Sum Payments. The Social Security Administration or other funding agency may make a lump sum payment for a child to cover benefit payments for multiple previous
months. The lump sum may or may not be designated as requiring a dedicated account. The representative payee is responsible to follow the instructions of the funding agency for use of the lump sum payment. Child and Family Services should request approval to apply the funds to cost of care for the months for which the funding was granted.

When approved, the lump sum payment will be applied to costs of care for the months for which the funding was granted.

If the representative payee is instructed that the lump sum must be placed in a dedicated account, the funds will be placed in an account separate from the child’s current representative payee account. These dedicated funds may only be used for costs authorized by the Social Security Administration and may only be used for past cost of care when approval is specifically granted by the Social Security Administration.

6. Foster Child Representative Payee Accounts Relationship to Other Federal Benefits

Federal and state law and policies require a foster child’s income and assets to be considered when determining eligibility for Title IV-E and income only when determining Medicaid benefits. Unearned income benefits are considered income in the month received. Any funds remaining in the representative payee account carried over into the following month must be counted as an asset.

(Note: Lump sum payments are addressed separately in Title IV-E and Medicaid eligibility policies. Consult with eligibility caseworker for questions regarding lump sum payments and impact on eligibility.)

For an SSI recipient, the balance in the account must remain below $2,000 or the child is at risk of losing SSI eligibility. If an SSI recipient’s account exceeds $2,000, the Social Security Administration must be notified for review of continuing eligibility.

The account custodian is responsible to provide monthly reports on account balances to caseworkers and regional eligibility caseworkers to ensure children receive benefits only when eligible.

7. Foster Child Placement or Living Arrangement and Payee Accounts

A. Services through Division of Services for People with Disabilities (DSPD) Providers.

When a foster child receiving unearned income is placed with a DSPD provider, Child and Family Services will remain the representative payee as long as the child remains in Child and Family Services custody (even though normal DSPD practice is to have the provider become the representative payee).

In circumstances in which DSPD is paying for the treatment portion of the placement
through Medicaid, such as under a Medicaid waiver, Child and Family Services must pay for food, housing, and special needs costs to the DSPD provider through a maintenance payment contract using a designated, unique placement and service code. The caseworker will then authorize Child and Family Services to be reimbursed for cost of care payments from the child’s account on a monthly basis.

If the primary caseworker is a DSPD employee, that caseworker may request special needs funds on behalf of the child following Child and Family Services procedures. The regional account custodian will not issue a check for unallowable expenses or to inappropriate payees if requested by the DSPD caseworker.

**B. Trial Home Placement.** When a foster child receiving unearned income is placed at home on a trial home placement, Child and Family Services will remain the representative payee as long and the child remains in Child and Family Services custody. As part of the transition plan home, the Child and Family Team should determine the amount of the child’s unearned income to be provided to the parent for the child’s current maintenance while in the trial home placement. Each time funds are provided from the child’s account, the parent is required to report to Child and Family Services how funds were used so that expenditures may be reported to the Social Security Administration, when required. The parent may apply to become representative payee after the court has returned custody to them.

**C. Runaway.** When a foster child receiving unearned income runs away, no cost of care payment will be made to Child and Family Services or provider from the child’s account. The caseworker is responsible to notify the Social Security Administration that the child’s whereabouts are unknown, after a reasonable period of time, so that any necessary action to defer payments may be made.

**D. Independent Living/Transition to Adult Living.** A foster child preparing for the transition to adult living should be made aware of unearned income being received on the child’s behalf and included in decisions about use of funds (in excess of cost of care) when deemed appropriate by the Child and Family Team as part of mentoring for successful adult living. In addition, the child’s transition plan should include plans for use of the funding to help prepare for moving to an independent living setting or consulting with the funding agency regarding how to transition any balance in the account to the youth after custody is terminated. When approved by regional administration, a portion of the benefits for a youth age 17 or older may be saved to help with the transition to adulthood; however, the representative payee account must be maintained at a level that enables the child to continue to receive Medicaid and SSI benefits.

For an older blind or disabled child receiving SSI, a disability review will be conducted by the Social Security Administration to determine eligibility to continue receiving funds.
after age 18. The transition to adult living plan should include plans for the child to become recipient of the funds after age 18 or transfer to an appropriate representative payee after leaving Child and Family Services custody if funding will continue.

For a child receiving SSD benefits, funding may continue after age 18 if the child is a full-time student.

When a child in custody reaches age 18, the Social Security Administration will begin sending the benefit checks directly to the youth. If Child and Family Services believes it is in the youth’s best interest for Child and Family Services to continue as representative payee, justification will need to be provided to the Social Security Administration. Otherwise, the caseworker and Child and Family Team should work with the youth to appropriately plan for the use of the funds to help prepare for the transition to adulthood.

(Note: Funds paid to a youth transitioning to adult living (ILP payments) are NOT to be managed through a representative payee account. Youth should be selected to receive ILP payments only when they are ready to learn to maintain their own checking or savings account, with the support of the caseworker, foster parent, or other appropriate mentor, in preparation for successful adult living.)

E. Adoption. When a foster child receiving unearned income is placed for adoption, Child and Family Services will remain the representative payee as long and the child remains in Child and Family Services custody. As part of the transition plan, the child’s unearned income (remaining after any monthly cost of care payment) may be provided for the child’s needs in the pre-adoptive home. Each time funds are provided from the child’s account, the adoptive parent is required to report to Child and Family Services how funds were used so that expenditures may be reported to the Social Security Administration, when required.

The funding agency must be notified of the adoption. If funding will continue after the adoption, the child’s unearned income is also considered when assessing need and determining the amount for a monthly subsidy.

When custody is terminated, representative payee account closure procedures will be followed. Any funds remaining in the child’s account at case closure will be returned to the funding agency and not sent to the adoptive parents.

The adoptive parent may apply to become representative payee after the adoption has been finalized.

(Note: A child who is receiving SSD benefits will generally continue to receive those
benefits after the adoption is finalized until age 18. Funding may extend beyond age 18 if the child is a full-time student. SSI benefits are based upon the child’s disability and also the income and assets of the child’s family. In most cases, SSI benefits will be discontinued after the adoption is finalized because the adoptive family’s income and assets will be too high.)

F. Guardianship. When Child and Family Services is requesting the court to grant custody of a foster child receiving unearned income to a guardian, Child and Family Services will remain the representative payee until custody is terminated. The funding agency must be notified of the termination of foster care.

If the unearned income will continue after custody is given to a guardian, the child’s unearned income must also be considered when assessing the appropriateness and amount of a guardianship subsidy. In many cases, the availability of unearned income may make a guardianship subsidy unnecessary or inappropriate.

(Note: A child who is receiving SSD benefits will generally continue to receive those benefits while in a guardianship placement until age 18. Funding may extend beyond age 18 if the child is a full-time student. SSI benefits will generally be reduced by the amount of a guardianship subsidy provided for the child, because the guardianship payment is considered income for the child. This may result in loss of the SSI funding, which could have been available to the child into adulthood; therefore, a guardianship subsidy is generally not recommended for a child receiving SSI.)

Representative payee account closure procedures will be followed when Child and Family Services custody has been terminated. Any funds remaining in the child’s account will be returned to the funding agency and not sent to the guardian.

The guardian may apply to become representative payee after custody has been obtained.

8. Record-keeping and Reporting

A. Representative Payee Account Record. The regional account custodian must keep a record of all actions taken with the representative payee account, including income received, authorization for payments, checks issued, cost of care monthly records, correspondence, reports, internal audits, and monthly and final account reconciliation.

B. Reporting Use of Funds to Funding Agency. The representative payee is responsible to provide expenditure reports to the responsible funding agency, as required by the funding agency.

For funds received from the Social Security Administration, an annual report must be
submitted when requested. Child and Family Services will report funds received and expenditures as requested by the Social Security Administration, traditionally in the following three categories:

1. Food and housing.
2. Needs. Clothing, education, medical/dental not covered by Medicaid, personal items, recreation, and miscellaneous

If the caseworker authorizes payment from the account for the child’s current maintenance needs directly to a foster parent, or parent or guardian during a trial home placement, documentation must be obtained from the recipient detailing use of the funds for inclusion in the report to the Social Security Administration.

C. Reporting of Events or Changes in Circumstances to Funding Agency. The caseworker is responsible to ensure that the funding agency is notified of any events or changes in circumstances that may affect the child’s receipt of funding or Child and Family Service’s ability to continue as representative payee, according to reporting requirements provided by the funding agency. Notification may be made by telephone, mail, or in person, as allowed by the funding agency.

Examples of events or changes in circumstances that may need to be reported include:

1. Child leaves Child and Family Services or DHS custody.
2. Change of address of representative payee (including transfer to another region).
3. Change of address of the child, when required by funding agency.
4. Death of a foster child.
5. School attendance changes, if age 18 or over and entitled to child’s benefits as a full-time student.
6. Child is confined to a public institution by court order in connection with a crime.
7. Child is confined to jail, prison, penal institution, or correctional facility for conviction of a crime or is in violation of a condition of probation or parole.
8. A disabled child’s medical condition improves.
10. A blind child’s vision improves.
11. Child is discharged from or enters a hospital, skilled nursing facility, nursing home, intermediate care facility, or other institution.
12. The income or assets of an SSI recipient changes.
13. The representative payee account level of an SSI recipient is above $2,000 after all expenses have been paid at the end of a month.

D. Record Retention. The representative payee account records are part of the child’s permanent record. After the account has been closed, representative payee account records are placed in the child’s family file under the SSI tab and will be archived with
the full case record in accordance with the foster child file retention schedule. The
5778 electronic account record will be maintained in accordance with DHS fiscal
5779 requirements.
5780
5781 9. Account Transfer and Closure

5782 A. Cross-Region Placement. If a foster child receiving unearned income is placed in
5783 another region, but jurisdiction remains with the original region, no change is made in
5784 the representative payee process. However, if jurisdiction is transferred, the
5785 representative payee responsibilities are also transferred. *(Note: DHS continues as
5786 payee, but the payment address changes.)*
5787
5788 The new region caseworker is responsible to submit a representative payee change of
5789 address form to the Social Security Administration or other funding agency. The
5790 account will be closed in the originating region in accordance with DHS account closure
5791 procedures, and any remaining funds sent by check to the new region. The entire
5792 representative payee account record will also be sent to the new region along with the
5793 family file.
5794
5795 B. Transfer of Custody to Division of Juvenile Justice Services. If the court transfers custody
5796 of a child between Child and Family Services and the Division of Juvenile Justice Services
5797 (JJS), Child and Family Services will treat the representative payee case as with any other
5798 foster care case. If the child is leaving Child and Family Services care, any funds
5799 remaining in the account when the case is closed will be returned to the applicable
5800 funding agency. The original account records will be filed under the SSI tab in the family
5801 file. JJS will be responsible to apply for representative payee status.
5802
5803 If the court transfers custody from JJS to Child and Family Services, treat the case the
5804 same as any other new foster care case.
5805
5806 C. Transfer of Benefits to Parent or Guardian. Child and Family Services will remain the
5807 representative payee as long as the child remains in Child and Family Services custody.
5808 Except as described in Section 7.B., Trial Home Placement, funds in the child’s account
5809 will not be transferred to the parent or guardian. The parent or guardian must apply
5810 directly to the Social Security Administration to become representative payee after Child
5811 and Family Services custody is terminated.
5812
5813 D. Death of Foster Child. If a child receiving SSD or SSI benefits dies while in Child and
5814 Family Services custody, any remaining funds in the child’s account belong to his or her
5815 estate. After any outstanding cost of care payments have been made, the remaining
5816 funds should be given to the legal representative of the estate or otherwise handled
5817 according to state law. *(Probate court or an attorney may provide guidance about*
provisions of state law.) Funds from the child’s account are not returned to the Social Security Administration.

When a person who receives Social Security dies, no check is payable for the month of death, even if he or she dies on the last day of the month. Return any check received for the month of death or later to Social Security.

An SSI check is payable for the month of death. Return any SSI checks that come after the month of death to the Social Security Administration.

If a child receiving other types of unearned income dies while in Child and Family Services custody, contact the funding agency for guidance about use of any remaining funds in the child’s account.

### E. Representative Payee Account Closure Process

The caseworker is responsible to notify the regional account custodian in advance when custody termination is being requested from the court for a foster child. A copy of the court order terminating custody must be provided to the account custodian. (If the court is transferring custody of the child to JJS, follow procedures described in Section 9.B.)

Outstanding cost of care payments should be processed as soon as possible following cost of care procedures. The account must then be audited and reconciled according to DHS procedures.

If the child’s unearned income is SSD or SSI benefits, the Social Security Administration must be notified that the child is no longer in DHS/Child and Family Services custody. Any remaining funds in the child’s account must be returned to the Social Security Administration. The remaining funds may not be sent to a parent or guardian to whom custody has been granted by the courts.

If the child is age 18 years or older, per SSA regulations [GN00603.055](#), the conserved funds may be paid directly to the child to facilitate transition into adult life. Child and Family Services will require the child to show picture verification and sign a receipt when claiming the check from the agency.

If the child is mentally incapable then the funds must be returned to the Social Security Administration. A child’s incapacity will be determined by the Child and Family Team with appropriate documentation and/or knowledge.

If the child is receiving other types of unearned income, contact the funding agency for guidance for returning remaining funds in the child’s account.
After the representative payee account is closed and the final audit is completed, account records must be filed in the child’s family file under the SSI tab.

### 303.17 Permanency Round Table (PRT) Process

**Major objectives:**
A Permanency Round Table or PRT is a tool to work out-of-home care cases that are “stuck” in regards to the achievement of enduring safety and permanency. These children have a greater likelihood of emancipating from the system and not achieving legal permanency or permanent connections.

Preferred permanency outcomes for children are Reunification, Adoption, Guardianship Relative, or Guardianship Non-Relative. Emancipation is the least preferred outcome but in the event that it becomes inevitable, youth aging out of care should have an array of informal permanent connections, healthy relationships, and access to formal resources.

**Practice Guidelines**

**A. Selecting cases for PRT:** Cases involving children who are likely to remain in out-of-home care until the age of majority should be considered for a PRT. Characteristics of cases that could be prioritized for PRTs might include cases open of longer duration, cases with primary and concurrent goals of Independent Permanency, and cases with older youth.

**B. Training:** All participants in a PRT must complete both Permanency Values training and Permanency Skills training.

**C. PRT documents to be used in the PRT process:**

1. Case Summary Sheet.
2. Oral case presentation.
3. Action Plan, which concludes at 90 days.
4. Picture of youth.
5. Genogram (optional).
6. Timeline (optional).

**D. PRT participants and definition of roles:** Limiting participation is intended to engender an environment of openness without reprisal (applicable exceptions are allowed under the role of Other).

1. Caseworker: The caseworker assigned to the case. The caseworker is responsible to be prepared with the oral case presentation and answer questions from the group.
2. Supervisor: The supervisor of the caseworker attends the PRT and may also be asked to provide case history and information.

3. Master practitioner: The master practitioner is an expert in permanency work and/or an expert in navigating unique challenges that may exist in specific types of cases. There can be more than one master practitioner involved in a PRT.

4. Neutral facilitator: A person outside of the administrative chain of command for the case selected for a PRT. The facilitator will not lead the discussion in a particular direction but will take an active role in establishing an environment that stimulates and promotes the free exchange of ideas. The facilitator is responsible to make sure that all parties are focused on looking for solutions rather than getting caught up in the past. The facilitator is also responsible for keeping the PRT team on schedule, following the structure of the PRT process, and ensuring that an Action Plan is developed. The facilitator may enlist another member of the PRT team to be a time keeper.

5. External permanency consultant: A person who is outside of the administrative chain of command for the case selected. It is preferred that the consultant be outside of the region where the case management is conducted. The consultant is primarily responsible to provide suggestions during brainstorming and action planning.

6. Scribe: The scribe manages all the record keeping for the PRT process, which includes completing the PRT Action Plan documents.

7. Others: On rare occasions, the situation may require a specialist from outside of the agency to provide specific knowledge, skills, and expertise, which will assist the work of permanency. In these situations, the participant should have completed the Values training. Others may also be Child and Family Services staff not otherwise designated in any of the other PRT roles.

E. PRT process:

1. Welcome, Overview of PRT, and Working Agreement (5 Minutes): Establishing rules for the PRT. Some rules that should be considered include no electronics and maintain permanency focus.

2. Case Presentation (20 Minutes): Caseworker presents the case using the Oral Case Presentation outline. The caseworker’s presentation is uninterrupted. At the conclusion, the supervisor may also be given an opportunity to add information to the presentation. No questions from the group are allowed in this portion of the PRT.

3. Clarify and Explore (15 Minutes): This is the opportunity for the PRT team members to ask questions that will add clarity to the presentation. No brainstorming or solution finding is allowed in this portion of the PRT.


5. Action Planning (35 Minutes): Group brainstorm into key strategic themes, develop measureable action steps, identify barriers and solutions for barriers,
assign responsible parties, and establish deadlines. Responsibility of Action
Steps should be shared by all participants of the PRT team.

6. Debrief (5 Minutes): Check-in with the caseworker and supervisor regarding the
implementation of the Action Plan, lessons learned, etc.

Accessing Casey Grant dollars for barrier busting: Casey Family Programs has provided
money to assist caseworkers in overcoming barriers to achieving permanency.

1. All approved requests must comply with rules for procurement.
2. Requests for money for services and resources should be accompanied by a
request form (TBD).
3. All requests must include a rationale for how this will promote legal permanency
or permanent connections for the youth.
4. All requests exceeding $500 (excluding travel, lodging, or per diem) must be
screened by the Program and Practice Improvement Team (PPIT).
304 Services To Family

Major objectives:
Child and Family Services provides services to parents or guardians to facilitate the child’s return home or placement with a permanent family. These services will be designed to maintain and enhance parental functioning, care, and familial connections.

304.1 Initial Contact With Parents

Major objectives:
During the initial contact with the parents, the out-of-home caseworker will explain the process of working with the parent while the child is in out-of-home care. This includes explaining the parent’s residual rights, the rights of visitation or parent-time with the child, the Child and Family Team, the functional assessment, the Child and Family Plan, the transition plan, concurrent goals, long-term view, and non-negotiables. The out-of-home caseworker will also explain to the parents the role of the agency, the caseworker, the out-of-home caregiver, the team, and the court process.

Applicable Law

Practice Guidelines
The caseworker will contact the parents within five working days of receiving the case.
While the child is in Child and Family Services custody, beginning when the child first comes into care, information will be provided to the child’s parents which includes:

A. Orientation to the out-of-home service and the child’s need for a permanent, stable home.
B. The importance of parental involvement and contact with the child and Child and Family Services.
C. Expectations and time lines associated with participation or non-participation in service.
D. Parental rights and responsibilities while the child is in care, including financial support.

When applying the above major objectives and Practice Guidelines, the following definitions should be kept in mind:
**Child and Family Team Meeting:** A Child and Family Team Meeting is a gathering of family members, friends, community specialists, agency staff, and other interested people who join together to strengthen a family and protect its children.

**Teaming:** The process of developing, having, and maintaining a Child and Family Team with families, resource systems, and agencies to assist families in solving their problems and addressing their challenges through a strengths-based program.

**Functional Assessment:** The definition taken from the Qualitative Review Protocol is: Assess current, obvious, and substantial strengths and needs of the child and family that are identified through existing assessments, both formal and informal. This collection of information should form a big picture understanding of the child and family and how to provide effective services for them. A functional assessment also identifies critical underlying issues that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home.

**Permanency Plan:** A permanency plan is a written guide to obtaining specific outcomes and objectives for a child and family. A permanency plan assembles supports, services, and interventions into a holistic and coherent service process that provides a mix of elements uniquely matched to the child and family situation and preferences.

**Transition Plan:** A transition plan documents the process to achieve the Child and Family Plan’s long-term view, anticipate transitions, and consider the necessary steps to achieve successful change. Transitions are internal processes that a family experiences and must manage in order to be successful as they move through the process of change. Examples of typical transitions include: removal, change in placement, change in school, change in caseworker, change in therapist, reunification, case closure, graduation, independent living, agency transfers, loss of family, and adoption.

**Concurrent Permanency Goal:** Utah statute requires a concurrent permanency goal for the child, and the reason for selecting that goal in every “treatment plan” when the child enters the temporary custody of Child and Family Services. Specifically, Utah Code Ann. §78A-6-312 states that the concurrent permanency goal “shall include a representative list of the conditions under which the primary permanency goal will be abandoned in favor of the concurrent permanency goal and an explanation of the effect of abandoning or modifying the primary permanency goal.”

**Long-Term View:** Long-term view is looking at the current situation and seeing how it will affect the whole picture now and in the future. It includes considering how the current picture needs to be changed or altered to achieve the future circumstances that are needed or desired.
**Non-negotiables:** Those issues dealing with the child’s safety and well-being, orders from the court or statutes that prescribe specific actions by Child and Family Services.

### 304.2 Child And Family Contact

**Major objectives:**
Child and Family Services will make efforts to engage parents in continuing contacts with their child, whether through visitation, phone, or written correspondence. This will include efforts to engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child and Family Services staff will recognize child and family contact as a right for both the parent and the child.

**Applicable Law**

**Practice Guidelines**
A. Refer to Section 303.1, Visitation With Familial Connections.

B. Exceptions to contact are limited to:
1. When contraindicated by the law, court finding, the child’s safety, or the child’s best interests.
2. When parental rights are terminated.
3. When the biological parent’s declining health precludes such efforts in the case of a terminally ill, unresponsive parent. However, engagement of the parents is to occur whenever possible and may still occur in some cases where the parents are in declining health or when rights have been terminated.

### 304.3 Ongoing Contact Between Parents And caseworker

(This section has been replaced with Section 302.2.)

### 304.4 Wrap-Around Services

**Major objectives:**
Wrap-around services will be provided to the child and family and will be crafted by the Child and Family Team based on the assessed needs and resources.

**Applicable Law**
6077 Practice Guidelines
6078 The Child and Family Team will explore with the family different levels of support such as informal, formal, and use of flexible funding to craft and meet the needs of the family.
6080 Examples of wrap-around services are:
6081 A. Peer parenting. [See: Section 309, Peer Parenting Services.]
6083 B. Child care.
6085 C. Home health aide services.
6087 D. Parenting education.
6089 E. Respite care.
6091 F. Transportation services for visitation.
6093 G. Vocational or educational assistance.
6095 H. Mental health and/or substance abuse assessment and treatment.
6097 I. Housing referral and assistance.
6099
6100 304.5 Financial Support For Children In Out-Of-Home Care
6101 Major objectives:
6102 To encourage parental responsibility and involvement, families are expected contribute financially to the support of their children while in out-of-home care as required by state and federal law [USC 671(a)(17)].
6104 Applicable Law
6105 Utah Code Ann. §78A-6-1106. Child support obligation when custody of a minor is vested in an individual or institution.
6109 Practice Guidelines
6111 A. Utah law mandates that all parents are responsible for the support of their minor children.
B. The parent or guardian is to meet with the Office of Recovery Services within 10 days of the shelter hearing to begin the process of providing financial support while their child is in out-of-home care.

C. The caseworker should verify that this occurs.

D. In cases where the court has permanently terminated the parent’s rights to their children, the parents have no obligation to pay child support.

### 304.6 Good Cause Deferral/Waiver Process

**Major objectives:**
In situations in which the present family has been encumbered by an unpreventable loss of income or extraordinary and necessary expenses not considered at the time the order of child support was established, the caseworker may join with the family to request the Office of Recovery Services to postpone or waive collection of current or past-due child support.

**Applicable Law**

**Practice Guidelines**
Please refer to SAFE form OH63 for instructions on how to complete this process.
305 Child and Family Services Relationship With Out-Of-Home Caregivers

**Major objectives:**

Out-of-home caregivers have the responsibility of providing daily care, supervision, protection, and experiences that enhance the child’s development. Individuals approved and selected to provide out-of-home care will have the experience, personal characteristics, and temperament necessary to work with children and their biological families.

**Applicable Law**


**Practice Guidelines**

A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the health, well-being, and safety of children in their home, out-of-home caregivers will:

1. Integrate children into their household as equal members by providing a pleasant, safe, and nurturing family atmosphere.
2. Provide activities that enhance physical, cognitive, social, and emotional development; teach problem solving skills; and act as positive role models.
3. Commit to keep the child without disruption until permanency has been accomplished by using available supports to prevent disruption.
4. Use constructive discipline as approved by the Child and Family Team. Use of corporal punishment, physical or chemical restraint, infliction of bodily harm or discomfort, deprivation of meals, rest, or visits with family, or humiliating or frightening methods to control the actions of children is never allowed.
5. Maintain confidential information that is disclosed within the Child and Family Team. Out-of-home caregivers may share information with team members providing services to the child such as medical professionals, therapists, school personnel, etc.
6. Out-of-home care providers who participate in cluster support groups must also abide by the cluster confidentiality agreement. Violation of confidentiality may result in corrective action, suspension, or revocation of foster care licensure.
7. Furnish nutritious meals and snacks.
8. Plan orderly daily schedules that promote positive participation in appropriate developmental, school, and community activities.
9. Provide the opportunity for religious observance in the faith of the child and family’s choice.
10. Arrange culturally responsive opportunities for participation in activities consistent with the child’s ethnic and cultural heritage.
11. Actively participate in the development and the implementation of the Child and Family Plan.

12. Make the child available for parent-child visits and/or sibling visits with the schedule negotiated by the Child and Family Team. Visitation may not be contingent upon the child’s behavior.

13. Encourage children to maintain and develop positive relationships and connections with parents as determined by the permanency goal and help prepare children for their court-ordered permanency goal.

14. Keep informed of all pertinent information regarding the child's current medical or dental status, mental health, educational progress, and social skills, and observe and document information regarding the child's behavior, problems, feelings, and adjustment in the foster home. All information will be kept in the Home-to-Home Binder.

15. Keep records of dates of placement, billings, payments, any receipts for items and services purchased for the child, and other financial matters.


17. In conjunction with the caseworker and health care team, see that medical treatment is properly provided, accompany the child to all medical examinations, encourage the child's parent to attend health care visits, consult with health care providers, and ensure that health care, treatment, and follow-up care are provided according to the schedule recommended by the child's health care providers.

18. Secure, administer, and maintain medications for the child.

19. Document the use of medication including when it is administered and by whom, missed doses, and appointments related to medication management, including missed or cancelled visits, in the Home-to-Home Book.

20. Keep prescribed and over-the-counter medication locked and properly labeled (name of person, dosage, name of medication, physician, expiration date, and prescription number).

21. Document the effects of medications and share with the child’s doctor and family team.

22. Follow universal precautions when dealing with blood, urine, saliva, and feces and follow written instructions for the disposal of medication, syringes, or medical waste.

23. Be involved in the planning and monitoring of the child's mental health treatment.

24. Be responsible for monitoring and assisting in children's educational process including helping with homework, attending parent/teacher conferences, participating in the development of Individual Education Plans (IEPs), and alert the caseworker to any unmet educational needs.
25. Give input, attend and participate in the Child and Family Team, reviews and other important meetings; or provide written comments prior to the review date or participate by telephone if unable to attend reviews or meetings.

26. Provide transportation to school and related activities, medical and dental appointments, mental health therapy, visitations, court hearings, reviews, religious activities, and other routine personal or family activities as negotiated by the Child and Family Team.

27. Use clothing allowance and monthly out-of-home payments as allocated for new and gently used clothing or new diapers. It is acceptable for an out-of-home caregiver to sew the child's clothing if there is no charge for the labor. A child's wardrobe may be supplemented with previously worn clothing if in good repair and it is purchased through a used clothing store and a receipt is provided.

28. Be an advocate for children in their care.

29. Alert the caseworker of any special or unmet needs of the child.

30. Report any significant change in the child or parent's circumstances, or of any serious or repeated behavioral problems of the child.

31. Immediately report any accidents, injuries, criminal and delinquent activities, or other emergency situations.

32. Report substantial changes in the home composition to the caseworker and Office of Licensing.

33. Actively seek in-service training opportunities that promote the development of parenting skills and keep a record of in-service training attended.

B. Out-of-Home Caregiver Training Requirements.

1. An out-of-home caregiver will successfully complete:
   a. An initial consultation to orient out-of-home caregivers prior to participation in the pre-service training program through the Contractor that Child and Family Services utilizes for the Training, Recruitment, and Retention Services of Foster Parents.
   b. For initial licensure, completion of the pre-service training required by Child and Family Services for all prospective out-of-home caregivers prior to licensure. Any pre-service training hours completed within the previous 24 months of an individual seeking licensure may be accepted as long as there is no documentation or evidence that there were concerns regarding the caregiver.
   c. Child and Family Services reserves the right to require any caregiver to re-take part or all of pre-service classes if deemed necessary. Special situations:
      (1) If a prospective caregiver applying for either a Licensed Foster Care (LFC) or Licensed Specific Child (LSC) license has completed comparable training (with another state or agency), a request for an exception to complete the training will be submitted in writing by the Resource Family Consultant (RFC) to the foster care program administrator or other designated staff at the State
Office. The foster care program administrator or other designated staff will assess the training completed by the prospective caregiver and the specific case information (if applicable), and will provide a decision in writing to the RFC as to whether or not the training can be accepted within 30 working days of receiving the request.

(2) If a caregiver applying for an LSC license is deemed unable to complete the Child and Family Services approved pre-service training within the required timeframe of the probationary license, the RFC and the potential foster parent will work with the current Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents on alternative ways to complete the pre-service training. A request for an exception will be submitted in writing by the RFC (or KFC) to the foster care program administrator or other designated staff at the Child and Family Services State Office. The request for training exception must include the reason that the caregiver is unable to complete the training in the required timeframe; what attempts were made, if any, to complete the training; and what the alternative plan (including timeframes) is for the caregiver to complete the pre-service training. The foster care program administrator or other designated staff will assess the information and will provide a decision in writing to the RFC as to whether or not the alternative plan is accepted within 30 working days of receiving the request.

c. Pre-service classes include information about:

(1) Orientation and Team Building; Child and Family Services Major objectives and Procedure, Licensing Rules, and Medical Requirements for Children in Out-of-Home Care; Abuse and Neglect, Child Sexual Abuse; Impacts of Abuse on the Child Development; Attachment, Separation, Grief, and Loss; Discipline & Effects of Caregiving on the Family; Cultural Issues, Primary Families; and Adoption Issues;

(2) Rights and responsibilities as caregivers and the partnership role with Child and Family Services in providing services to the child and family;

(3) Responding to the individual needs of children placed in their home, including the needs of abused and neglected children and the importance of the cultural and ethnic contexts for service;

(4) Sensitive and responsive practices to use with the biological parents, which address issues such as involving them in decisions
about their children’s lives, encouraging visits, and ways to maintain the parent-child relationship (unless contraindicated by the service plan);

(5) The use of out-of-home care as a temporary intervention, except when planned alternative living arrangements have been clearly determined to be the appropriate plan for therapeutic reasons, or when adoption or guardianship by the kin or out-of-home caregivers has become the plan;

(6) Circumstances that terminate the caregiving relationship and informs them regarding appeal Practice Guidelines, which gives them notice and opportunity to be heard in any review or hearing regarding the child;

(7) Accessing, via the Child and Family Services eligibility process and staff, government payments on behalf of the child, including Medicaid cards, social security, and other public assistance; and

(8) The organization’s major objectives on compensation for damages done by children placed in their care.

(9) Other training topics deemed appropriate by Child and Family Services.

d. For on-going licensure, completion of 16 hours of in-service training hours annually prior to re-licensure is required. If there are two caregivers in the household, the 16 hours is the total number of in-service training hours required for both caregivers combined, with neither caregiver having less than four hours.

(1) In-service training hours may be completed through the current Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents. If a foster parent repeats any amount of pre-service training, the full amount will count towards the in-service training requirement. Training completed through the Contractor will be entered into the SAFE database by the Contractor. Foster parents should also maintain copies of verification (attendance rolls, certificates, etc.) that they have attended training through the Contractor.

(2) Training hours may also be completed through foster parent attendance and participation in any classes or trainings offered to out-of-home caregivers by Child and Family Services.

(3) Other in-service training hours may be completed by the out-of-home caregiver through the following process:

(a) Community-based trainings and conferences: The Child and Family Services State Office will maintain a list of pre-approved community-based trainings or conferences for in-service training credit. Any other trainings or conferences not on the pre-approved list must be pre-
approved by the RFC or other designated Child and Family Services staff in order for the caregiver to receive in-service training hours. Community-based training and conferences must be provided by well renowned institutions or collaborations and/or should be based on evidence-based practices that will increase the knowledge and skills of the caregivers. The training/conference may cover general topics that can be related to parenting children in foster care, or it may be specific to the needs of a particular child being cared for by the caregiver. The caregiver must obtain verification of attendance in order to receive credit for in-service training hours. The caregiver will keep a copy of the verification of attendance and will provide a copy to the RFC or other designated staff.

(b) The RFC will forward the verification of training to the designated person with the Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents for entry into the SAFE database. The designated person will enter completed trainings attended by out-of-home caregivers into the SAFE database within 10 business days of receiving the training documentation.

(c) Training through on-line courses, parenting instructional videos, or other publications (such as books): Out-of-home caregivers may complete a portion of their in-service training hours through pre-approved online courses (not provided through the Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents) parenting instructional videos, or other publications. In-service training through these methods may not comprise more than 25 percent of the total in-service training hours for each caregiver. The training may be general or it may be specific to the needs of a particular child, and should be based on evidence-based practices. The Child and Family Services State Office will maintain a list of pre-approved sources for in-service training credit through these methods. The list of pre-approved resources will also outline how many hours of training credit may be received from each source.
In order for out-of-home caregivers to receive in-service training credit from completion of an online course, parenting instructional video, or other publications, the caregiver must provide a typed summary of the training to the RFC or other designated Child and Family Services staff. A standardized form can be obtained from the RFC for the summary. The summary will include knowledge and skills that the caregiver gained from the training and how the caregiver will apply the knowledge and skills when parenting children in care. If an online course has a post-test component that tests the knowledge of the caregiver following course completion, the caregiver may provide verification of passing the post-test for training credit rather than the summary. The RFC or designated staff will review the summary or documentation provided by the caregiver and determine whether the information meets the requirements for in-service training. If it meets the requirements for in-service training, the information will be forwarded to the designated staff member at the current Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents for entry into SAFE.

The designated staff member at the Child and Family Services Contractor for Training, Recruitment, and Retention Services of Foster Parents will enter completed trainings into the SAFE database within 10 business days of receiving the training documentation.

Any person wanting to add a source to the pre-approved list of in-service training sources will forward a request to the Child and Family Services foster care program administrator or other designated staff at the Child and Family Services State Office. The request will provide any relevant information regarding the source, including a summary of the information covered along with any indication that it is evidence-based practice (if known).

Tracking annual in-service training hours:

One hundred and twenty days prior to foster care licensure renewal for an out-of-home caregiver, the RFC assigned to the caregiver or other designated Child and Family Services staff will review the completed in-service training hours in SAFE and determine whether the
A caregiver has the required amount of in-service training hours.

(b) If the caregiver has already received credit for the required number of training hours, no further action is required.

(c) If the caregiver has a deficiency in the number of in-service training hours needed for re-licensure, the RFC or staff will contact the caregiver to determine if they will be renewing their foster care licensure. If the caregiver will be renewing, the RFC or staff will do the following:

i. Provide written notification to the caregiver regarding the number of hours still needed prior to re-licensure, including what will happen if they do not obtain the required number of training hours.

ii. Coordinate with the caregiver to determine if there are hours of in-service training that they have not yet been credited and assist them in the process of ensuring those hours are entered into SAFE.

iii. Assist the caregiver in identifying potential training sources to help them obtain the required number of training hours.

iv. Make monthly contact with the caregiver to determine their progress on completing in-service training. The RFC or designated staff will document monthly contacts in the provider notes in SAFE.

v. If the caregiver is unable to obtain the required number of hours needed for in-service training and still desires to maintain licensure, the RFC or staff will help them identify what steps they must take in order to obtain re-licensure.

(d) If the caregiver informs the RFC or designated staff that they will not be pursuing re-licensure, this information will be documented in the provider notes in SAFE.

e. An affirmation of compliance with Administrative Rule R512-302.

f. Child and Family Services may identify or require a specific training for all foster parents. Child and Family Services may also require a specific training for an individual foster parent to help them provide for the needs of a particular child.

C. All other licensing requirements for the home must be met and maintained. Refer to the Office of Licensing Rules, Child Foster Care R501-12. Requirements for licensure may include but are not limited to:
1. A BCI criminal records check and a check of the state’s child abuse registry for all adults, 18 years or older, residing in the home.

2. A Resource Family Assessment and/or homestudy will be completed by the Office of Licensing or other approved contractor using the standardized family assessment format. This includes references, a medical reference letter completed by a licensed health care professional, and a mental health evaluation if needed.

D. Reimbursement for services commensurate with the cost of maintaining the child will be provided to the out-of-home caregiver at the rate established by the Utah State Legislature, and also based on the needs of the child.

E. Foster Care Agreement:

1. The Foster Care Agreement (Form 638A) found in SAFE must be signed annually by each licensed out-of-home caregiver. If there are two licensed out-of-home caregivers in a home, they may sign on the same form. For kin caregivers, the Foster Care Agreement will be signed at the time of licensure and will replace the Kinship Caregiver Preliminary Placement Agreement (KBS04).

2. The RFC assigned to the foster parent, or other assigned Child and Family Services staff will review the Foster Care Agreement and address any concerns with the out-of-home caregiver. The RFC will obtain a signed Foster Care Agreement from the licensed out-of-home caregiver annually.

   a. Once signed, the Foster Care Agreement is effective until the end of the licensure period or one year from the time of signing the agreement, whichever is sooner.

   b. For newly licensed foster parents, the Foster Care Agreement should be obtained within 30 days of receiving the home study, unless the Child and Family Services region has made the determination that the home will not be used for placements.

   c. For foster parents who have been licensed more than a year, a signed copy of the Foster Care Agreement should be obtained within the 30 days prior to expiration of the former Foster Care Agreement. This can be done in person, through the mail, or through electronic methods (such as a scanned version of the signed agreement sent through email).

   d. Copies of the signed Foster Care Agreement will be kept in the Out-of-Home Caregiver’s file.

F. Placement Agreement:

1. The Placement Agreement (Form 638B) found in SAFE must be signed each time a child is placed in the home of an out-of-home caregiver. If there are two licensed out-of-home caregivers in a home, they may sign on the same form.
2. The caseworker or supervisor assigned to the child will review the Foster Care Agreement and address any concerns with the out-of-home caregiver, and obtain a signed copy from the caregiver. The RFC assigned to oversee the home may assist in obtaining the signed Placement Agreement, if necessary.

3. A signed copy of the Placement Agreement should be obtained within 30 days of placing the child in the home. This can be done in person, through the mail, or through electronic methods (such as a scanned version of the signed agreement sent through email).

4. Once signed, the Placement Agreement is effective for the duration of the child's placement of the child with the out-of-home caregiver, or until Child and Family Services custody of the child ends.

305.1 Services To Out-Of-Home Caregivers

<table>
<thead>
<tr>
<th>Major objectives:</th>
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<tbody>
<tr>
<td>Child and Family Services will provide support to the out-of-home caregiver to ensure that the child(s) needs are met, prevent unnecessary placement disruption, and address needs of the out-of-home caregiver. The out-of-home caregiver is a member of the Child and Family Team.</td>
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Applicable Law

Practice Guidelines
A. (This section has been replaced with Section 302.2.)

B. Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home caregiver in developing and maintaining a working relationship with the child(s) parents, in accordance with the Child and Family Plan and permanency goals.

1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a private face-to-face meeting within the first two weeks of placement and at least once a month thereafter or as needed to build the relationship.

2. The caseworker will encourage the out-of-home caregiver to initiate and maintain contact with the child(s) parents to share information about the child and facilitate familial connections.

C. Access to Major objectives and Practice Guidelines. Out-of-home caregivers will have access to review the Child Welfare Manual and have any relevant major objectives explained by agency personnel.

1. During pre-service training, all families will receive a Resource Family Major objectives and Practice Guidelines.
2. Annually, to renew their license, all resource families will participate in a major objectives “refresher” course and receive a current Resource Family Major objectives and Practice Guidelines.


4. The Child and Family Services Child Welfare Manual will be available over the Department of Human Services Internet web page.

D. Mileage Reimbursement. Licensed out-of-home caregivers will be reimbursed for the mileage incurred for the following activities:

1. Visitation: Mileage will be reimbursed to transport a child in out-of-home care to and from visits with parents, siblings, or other relatives/caregivers.

2. Case-Related Activities: Mileage will be reimbursed to and from Child and Family Team meetings, reviews, court activities, case planning, staffings, and placement transitions.

3. Routine trips are not reimbursable, i.e., travel to the store, shopping center, a friend’s house, the school, or to recreational activities.

4. If transporting more than one child at the same time, mileage will only be submitted for one child.

5. Medical and Other Essential Activities: Reimbursement is also available for mileage to and from caseworker approved essential, extraordinary activities such as school attendance outside of neighborhood boundaries, for youth bus pass, and for agency payments to parents to visit their child in foster care. Mileage will be reimbursed to transport the child to and from medical, dental, and mental health appointments.

The out-of-home caregiver will document all reimbursable mileage claims on the appropriate Child and Family Services form that includes odometer readings, purpose of travel, and destination.

Mileage claims will be submitted monthly for reimbursement.

305.2 Respite, Child Care, And Babysitting For Children In Out-Of-Home Care

Major objectives:
Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities of the child placed in their care to prevent placement disruption and/or burnout.
Options for temporary relief include paid respite, non-paid respite, child care, and babysitting.
Applicable Law

Definitions:
A. Babysitting: Incidental care for a child for a few hours at a time, not on a regular basis, that does not require an overnight stay. For example, babysitting would occur when the out-of-home caregivers leave for the evening or for a few hours during the day.
Babysitting does not have to take place in the out-of-home caregiver’s home.

B. Child care: Ongoing care to the child on a continual, regular basis, such as when the out-of-home caregiver is at work.

C. Respite care: Any arrangement that requires the individual caring for the child to stay with the child overnight. It may also be for multiple overnight stays. A person providing respite care in their own home for a child in foster care must be a licensed foster care provider and may not exceed the capacity they are licensed for. However, an unlicensed person may provide respite care for a child in foster care in the home of the out-of-home caregiver, as long as the requirements outlined below are met.

Practice Guidelines
A. Respite care is used to provide short-term relief for the out-of-home caregiver from the responsibilities of caring for a child in foster care. It may include multiple occurrences of overnight care. Respite care may be paid or non-paid and may be provided for any child who is in the custody of Child and Family Services.
1. For children placed with contracted providers, the contract agency is responsible for making arrangements for respite care and to comply with respite care requirements outlined in their contract.
2. Prior approval must be obtained from the caseworker or Resource Family Consultant (RFC) when an out-of-home caregiver chooses to make arrangements for respite care.
3. The respite caregiver must meet the qualifications of a respite provider (outlined below) in order to provide respite care for children in care.

B. Respite care may be provided in the following ways:
1. The temporary placement of a foster child with another licensed out-of-home provider that is not the primary out-of-home caregiver for the child. The licensed home must be pre-approved by the RFC. A placement made for respite purposes is meant to be short term (12 days or less) with the intent that the child will return to the current foster home and does not count as a placement change for the child.
2. Temporary placement of a foster child in a licensed facility, with the intent that the child will return to the current foster home.
3. Overnight care in the home of the out-of-home caregiver by an individual
certified by Child and Family Services as an In-home Respite caregiver (see
requirements in paragraph F below).

4. Temporary care in the home of a state licensed child care provider. The licensed
daycare provider must be licensed through the Department of Health, Child Care
Licensing Program.

5. Child and Family Services Paid Respite Care: Respite providers that will be paid
by Child and Family Services will be opened under the RE code that corresponds
with the level of care that the child is currently placed at for payment.

6. If a licensed out-of-home caregiver will be used for respite care but is not
approved to provide the level of care that the child is placed at, then the case
must be staffed by the RFC or through another regionally approved process prior
to the respite occurring, in order to ensure that the provider has the skills
necessary to care for that child. If approved to provide respite, the staffing and
approval must be documented in the provider notes in SAFE and the required
payment approvals (under the corresponding RE codes) will be opened in order
to pay the respite provider the correct amount. The payment will be made using
the One Time Payment Form (Form 295).

7. Respite care not paid by Child and Family Services: Licensed out-of-home
providers may make arrangements to exchange children with another licensed
out-of-home caregiver for short periods of time for respite purposes after
obtaining approval from the RFC or the child's caseworker. An out-of-home
caregiver may directly pay for those services if they desire.

C. Accrual of Child and Family Services Paid Respite Days:
1. All licensed out-of-home caregivers will receive one paid respite day per calendar
month for every month they have a child placed in the home. Out-of-home
caregivers must have at least one foster child/youth in their home for a period of
15 days during a calendar month to accrue one respite day.

2. Regardless of the number of children placed in the home, a maximum of 12
respite days can be accrued by a licensed out-of-home caregiver at any given
time. The accrued respite days do not expire and can be used at any time. After
accrued respite days have been used, the out-of-home caregiver must re-accrue
respite days through the process described in C.1.

3. The RFC will document in the provider notes in SAFE the number of paid respite
days accrued and used by the out-of-home caregiver a minimum of once every
six months. The documentation will coincide with the required RFC face-to-face
home visits and at any other time the RFC deems necessary or appropriate.

D. Respite Extenuating Circumstances: The region director or designee may approve more
Child and Family Services paid respite days in extenuating circumstances. It is up to the
region to staff these circumstances and ensure that the situation and approval of respite
are documented in the provider notes.

E. Qualifications of a Respite Caregiver:

1. A licensed foster home with openings, or a licensed respite care home/facility. The licensed home is limited to the amount of children they are approved to provide care for on their foster care license. The total number of children in their home, including those they are providing respite for, may not exceed the amount of children they are licensed for unless the home is granted a variance.

2. A state-licensed day care provider. The day care provider must be in compliance with the ratios specified on their child care license.

3. In-Home Respite provider. A respite caregiver who is qualified by Child and Family Services to provide care in the out-of-home caregiver's home. An In-Home Respite provider must meet the following requirements:
   a. Will be at least 18 years of age or older.
   b. Will be approved by the RFC to provide respite in the home of the out-of-home caregiver.
   c. Will not be on probation, parole, or under indictment for a criminal offense and will have not have a history of crimes against children, which will be verified by background checks as described below in F.

4. A respite provider is subject to the same confidentiality requirements as other foster care providers and will keep verbal or written information shared with them confidential.

F. Process for approving an In-Home Respite provider:

1. The individual will complete an In-Home Respite provider packet (available in SAFE) which includes the following:
   a. Office of Licensing Background screening application: The following background screenings are required on an annual basis for all In-Home Respite providers before being allowed unsupervised access to the child in foster care:
      (1) Utah Criminal History Bureau of Criminal Identification (BCI): A non-fingerprint-based Utah BCI criminal history check.
(2) Child and Adult Abuse and Neglect History Checks through SAFE (LIS): SAFE background checks for child and adult abuse and neglect must be approved.

(3) Federal Bureau of Investigation (FBI) Fingerprint-Based Criminal History: An FBI fingerprint-based criminal history check must also be approved if the individual has resided outside of Utah at any point in the previous five years or if they currently reside outside of Utah.

b. A Department of Human Services (DHS) Provider Code of Conduct must be read and signed.

c. An Out-of-home Caregiver Confidentiality Form must be read and signed.

d. A Safety and Behavioral Intervention Fact Sheet must be read and signed.

2. The RFC, out-of-home caregiver, or the prospective In-Home Respite provider will provide the respite packet to the licensor assigned to the out-of-home caregiver. Copies of the forms must be kept by the RFC. The Office of Licensing (OL) licensor will provide the BCI form to the background screening unit within OL to complete the background screening.

3. Once the licensor indicates that the In-Home Respite provider has an approved background screening application, the following must also be completed for each child in out-of-home care, prior to the individual providing respite care:

a. The RFC will conduct a further check of SAFE to determine if there is any history of child abuse or neglect. If information is found in SAFE, the RFC must staff the circumstances with a supervisor to determine whether the individual may be approved for In-Home Respite care.

b. The out-of-home caregiver will fill out the Respite Care Fact Sheet (PR21) and provide it to the In-Home Respite provider. The out-of-home caregiver will inform the In-Home Respite provider where the Medicaid card for each child is located.

c. When possible and if appropriate, the respite arrangements and all relevant issues will be discussed in a Child and Family Team Meeting so that all parties are aware of the arrangement.

G. Requesting Planned Respite:

1. To facilitate continuity of care and minimize disruption for the child, whenever possible respite care is to be planned in advance using providers known to the child and family.

2. Each out-of-home caregiver for Child and Family Services will identify at least two individuals who agree to provide respite when needed. The names should include at least one In-Home Respite provider. The names of the potential respite providers will be provided to the RFC, who will then assist the out-of-home caregiver in the process to obtain approval for any In-Home Respite
provider. The RFC will document the names of the respite providers in the SAFE provider module notes for the out-of-home caregiver.

3. The out-of-home caregiver may not place a child in respite care without first informing the RFC and the child’s caseworker at least 72 hours in advance and receiving approval.

4. If the out-of-home caregiver is unable to find a respite provider, they may contact the RFC for assistance in finding a respite provider. The out-of-home caregiver will request assistance from the RFC at least 72 hours in advance unless an emergency situation exists (as described below in L).

H. Responsibilities of Respite Providers:

1. The respite provider will ensure that the child attends all necessary appointments while in respite care such as school, visitation with parents, court, and medical and mental health appointments.

2. The respite provider will inform the primary out-of-home caregiver and the caseworker of any issues or concerns relating to the child. If the child has a medical or other emergency, the respite provider will contact the out-of-home caregiver and the caseworker immediately.

3. The respite provider will ensure that they have a copy of and have reviewed the Respite Care Fact Sheet.

4. The skills of the respite provider will match the needs of the child that is in their care, including medical, transportation, and behavioral needs.

I. Responsibilities of Child and Family Services:

1. In situations where out-of-home caregivers are unable to identify their own respite provider, the RFC will assist in identifying an appropriate respite option upon receipt of a written or verbal request.

2. The RFC will ensure that the respite caregiver is licensed or meets standards and requirements as outlined above.

3. It is best practice for the respite caregivers to be introduced to the child prior to placing the child in respite. If respite is to take place outside the child’s current placement, then the child should be given the opportunity to take a tour of the respite home and ask questions prior to the respite experience.

4. The RFC will verify that the out-of-home caregiver provides instruction and information to the respite caregiver.

J. Responsibilities of the Out-Of-Home Caregiver:

1. Obtain approval from the RFC and caseworker to utilize respite and/or inform them of the respite plans. The out-of-home caregiver will provide written or verbal notification to the RFC at least 72 hours in advance. Notification not given at least 72 hours in advance may result in respite not being approved.
2. Provide the respite provider with the Respite Care Fact Sheet (PR21), including ensuring that the respite provider has emergency contact information for the out-of-home caregiver, caseworker, and any other relevant staff.

3. Ensure that the caseworker has the contact information for the respite provider and emergency contact information for the out-of-home caregiver.

4. If utilizing an In-Home Respite provider, ensure that they have an approved BCI prior to utilizing them for In-Home Respite.

5. Provide a copy of the Medicaid card to the respite provider.

K. Each Child and Family Services region is responsible to track the use of respite care and expenditures.

L. Emergency Care:

1. At times, it may be necessary for the out-of-home caregiver to utilize emergency care for a child placed in their home in order to enable the out-of-home caregiver to respond to an urgent situation. In these situations, it is preferable for the caregiver to utilize an identified and pre-approved respite or child care provider to care for the children; however, it may not always be possible. Emergency care may only be used in situations where there is a death, hospitalization, or serious illness of the out-of-home caregiver or anyone in the caregiver’s immediate family; or when another child placed in the caregiver’s home has attempted or succeeded in seriously harming themselves or others.

2. If one of the approved respite or child care providers is not available, emergency care can be provided by anyone with whom the out-of-home caregiver feels the child would be safe for a short period of time, until the emergency can be mediated and/or the caregiver, caseworker, or RFC has the ability to make another approved arrangement for the care of the child.

3. If an out-of-home caregiver has to utilize emergency care, the caregiver will contact the RFC and inform them of the situation as soon as possible and not longer than 24 hours after the child is placed in emergency care. Upon receiving information that the child is in emergency care, the RFC is responsible for ensuring that the caseworker is informed. The caseworker and RFC will work together to ensure that the child is placed in an approved respite placement.

4. If the emergency occurs after normal business hours and the out-of-home caregiver is not able to contact the RFC or caseworker, the out-of-home caregiver will contact the Child Protective Services (CPS) Intake number and inform them of where the child is placed. Intake will contact the regional designee when these situations arise.

5. In emergency situations, it is allowable for the out-of-home caregiver or Child and Family Services to place with an out-of-home caregiver that may be over capacity of their license. The RFC and/or caseworker will then ensure that the
child is placed in another allowable and approved respite placement by the end of the next business day.

M. Child Care and Babysitting:

1. Child and Family Services does not pay for child care or babysitting for children in an out-of-home placement. Out-of-home caregivers are responsible for the cost of child care or babysitting for the children placed in their home.

2. In special circumstances and if funding is available, region directors may grant approval to pay for child care and/or babysitting, when a written request is made by the caseworker or the RFC.

3. As with respite care, out-of-home caregivers will provide specific instructions to any babysitter or child care provider on how to care for the child’s specific needs prior to the child care or babysitting being utilized. Sharing information regarding the child’s needs is particularly critical in cases where the foster child is medically fragile, on medication, or experiencing behavioral or emotional problems that require special care and supervision.

4. Babysitting: Out-of-home caregivers are responsible to ensure that children in their care are always under proper supervision. They may hire responsible babysitters for short periods of time.
   a. It is best practice to ensure that the RFC and the child’s caseworker are aware of and approve of babysitting arrangements.
   b. Babysitting provided by a youth under the age of 18 years may be approved on a case-by-case basis and should be discussed and approved at minimum by the RFC and caseworker, as well as the Child and Family Team, when possible and appropriate.
   c. It is best practice for the caseworker or RFC to assess whether a babysitter has the ability and skills to care for the needs of the child

5. Child Care:
   a. Child care providers who are licensed through the Utah Department of Health Child Care Licensing Program are approved to provide ongoing child care to children in out-of-home care. The out-of-home caregiver, caseworker, or RFC should verify that the license is current by asking to review a copy of the child care provider’s license.
   b. Child care providers who are not licensed through the Department of Health and who will be providing child care on a continual, regular basis (such as when the foster parent is working) must have an approved background check and a home safety walkthrough of their home to ensure they can safely care for the child. The home safety walkthrough will be completed by the caseworker or RFC using the KBS16 Limited Home Inspection form.
   c. The background check for a potential child care provider (not licensed through the Department of Health) will be completed by the regional
Terminal Agency Coordinator (TAC). The regional TAC will provide the applicant with a KBS02 form to obtain the information for the background check. Using the information obtained from the KBS02 form, the background check includes:

1. Utah Criminal History BCI: A non-fingerprint-based Utah BCI criminal history check.
2. Child and Adult Abuse and Neglect History Checks through SAFE: SAFE background checks for child and adult abuse and neglect must be approved.
3. FBI Fingerprint-Based Criminal History: An FBI fingerprint-based criminal history check must also be approved if the individual has resided outside of Utah at any point in the previous five years or if they currently reside outside of Utah. The regional TAC will provide the applicant with the required paperwork so the applicant can obtain their own FBI fingerprint-based criminal history check. The results of the FBI fingerprint-based check will be sent back to the regional TAC. The regional TAC will ensure that they notify the applicant, the out-of-home caregiver, and the RFC when the results have returned.

d. The RFC will document in the provider notes when a child care provider has been approved.
305.3 Rights Of Out-Of-Home Caregivers

Major objectives:
As described in Utah Code Ann. §62A-4a-206, an out-of-home caregiver has a right to due process when a decision is made to remove a child from an out-of-home care home if the out-of-home caregiver disagrees with the decision, except:

A. If the child is being returned to the parent or legal guardian.

B. The child is removed for immediate placement in an approved adoptive home.

C. The child is placed with a relative as defined in Utah Code Ann. §78A-6-307 who obtained custody or asserted an interest in the child within the 120-day preference period in Utah Code Ann. §78A-6-307.

D. A Native American child placed in accordance with U.S. Code 25 Chapter 21 Subchapter 1915 Placement of Indian Children

Applicable Law


305.4 Confidentiality And The Use Of Foster Child Information And Images In Social Networking Mediums And Public Forums

Major objectives:
Child and Family Services and all out-of-home care providers will strive to maintain the confidentiality of the families and children being served. Information regarding the Department of Human Services (DHS) clients, including verbal and written information, as well as images and digital information (such as digital photographs and video clips, etc.) is confidential and will be safeguarded. This includes release of information in social networking mediums and other public forums.

Practice Guidelines
A. Need for confidentiality: Confidentiality is essential when working with sensitive information in the form of verbal communication, written communication, and the general use of data. This adherence to confidentiality protects against identification, exploitation, or embarrassment that could result from the release of information which would identify individuals or families as having applied for or having received services or
assistance from Child and Family Services. Unauthorized release of information could have a detrimental effect on the relationship with the child and/or family.

1. The DHS Code of Ethics, which all DHS employees and out-of-home care providers are required to review and sign in order to provide services, requires ethical behavior and protection of the confidentiality of clients. (DHS Code of Ethics can be found in the DHS Policies located at

http://www.hspolicy.utah.gov.)

B. Use of information and images of a client in social networking mediums or other public forums:

1. Social networking mediums and other public forums include, but are not limited to blogs; email; Facebook, MySpace, and other social networking sites; letters and newsletters; video clips; etc.

2. Out-of-home care providers, such as foster parents, proctor parents, and contract agency staff may use images and other general information regarding the child in public forums when the following protocol is followed:

   a. If a parent retains parental rights in regards to the child, any form of written parental permission will be obtained prior to any images or information regarding the child client being used in social networking mediums or other public forums. If the parent's whereabouts are unknown, contact with the parent cannot be made, or if parent does not retain parental rights, approval to use images or other information regarding the child in a social networking or other public forum will be sought from the caseworker and should also be discussed with members of the Child and Family Team.

   b. Permission to use the child’s information and/or image must also be obtained from the child, if the client is over the age of eight years and has the capacity to understand what they are agreeing to.

   c. Permission from the child, parent, and/or caseworker will be documented in the SAFE activity logs and/or the Child and Family Team Meeting minutes.

   d. When parental permission is obtained and/or the decision is made to allow the out-of-home care provider to use information or images in a public forum, the information or images will only use client's first names and will NOT identify them as a DHS client or foster child.

   e. In accordance with the DHS Code of Ethics, out-of-home care providers will use caution in public forums and will refer to the child as a child currently living with them or with whom they are working with. Only general information regarding the child may be shared. No information may be shared that is case specific or that informs other parties with regard to DHS involvement or the child's treatment issues or history.
305.5 Process For Approving, Limiting, Or Denying Licensed Out-Of-Home Caregivers For Placement

**Major objectives:**
Families are licensed for foster care through the Utah Department of Human Services, Office of Licensing (OL). Child and Family Services subsequently receives and reviews the information regarding the family from OL. However, at times OL may license a family for foster care that Child and Family Services, through the authority given to Child and Family Services as a child placing agency, may decide not to utilize for placement of a child in foster care. Child and Family Services will have a process in place for approving or denying a foster family for placement of a child and informing a licensed resource family when Child and Family Services makes a decision not to utilize them as a placement for children in foster care.

**Applicable Law**

**Practice Guidelines**

A. The identified committee in the region that reviews home studies will review each home study provided by OL, and any other detailed information regarding the foster family. As a result of the review, the region committee will determine if the foster family is approved to receive placements, if the foster family is denied for placements, or if more information is needed from the foster family.

B. Approved families: If the foster family is approved for placement, the committee (or region designee) will send a letter to the foster family to let them know that they are approved for placement. They will also give them the name of their assigned Resource Family Consultant (RFC) and identify the role of the RFC, including a phone number the foster family may call. The letter will also inform the foster family that the RFC will be contacting them to schedule a time to visit.

C. When Child and Family Services determines through the region committee not to use a foster family who is licensed for placement of a child in foster care:

1. The RFC will record the Placement Status in the provider record of the foster family in SAFE as being “On-Hold – Agency decision”.
2. The region committee will provide their concerns in writing to the RFC or other designated region staff. The concerns will include any steps a foster family may take in order remedy concerns.
3. Two designated region staff members will meet with the foster family and review the concerns outlined by the region committee, including whether the concerns can be resolved.
4. The region designees will take clarifying information and/or steps that the foster family has taken to remedy concerns back to the region home study committee.

5. If the foster family has been able to remedy the concerns to the satisfaction of the region committee, the region committee will approve the foster family to receive placements and the RFC will document the action taken and the committee decision in the Provider notes in SAFE. The RFC will also change the Placement status in SAFE to “No restrictions” and follow the process outlined in ‘B’ above.

6. If the foster family is unable or unwilling to remedy the concerns, a formal, written letter will be sent to the foster family explaining that Child and Family Services will not be placing with them. The letter must include language that states that although they are licensed to provide foster care in Utah, the region committee has decided that significant enough concerns exist that Child and Family Services will not be placing with the family at this time.

7. If at any time after the letter is sent to the foster family informing them that Child and Family Services will not be placing with them, Child and Family Services would like to re-evaluate the foster family for the placement of a child in foster care, the information leading to the decision to place the foster family “on hold” will be reviewed by the Child and Family Services region director, who will make the decision on whether the “on-hold” decision will be overturned. Only the Child and Family Services region director may then edit or change the placement status in SAFE.

D. A family that has been denied for placement of a child in foster care in one region will be denied in all Child and Family Services regions.

E. The RFC will include documentation about why the family was denied for placement, along with a copy of the denial letter in the Provider module in SAFE in the Provider notes.

F. The RFC may also assess a foster family and decide to limit the types of placement that a licensed out-of-home caregiver may receive, such as respite care only or adoption only, or to limit the number of children that can be placed with a caregiver. The decision to place a limit on a foster family must be staffed and approved with a supervisor. Child and Family Services will send a letter to the foster family to inform them that the decision has been made to limit the types of placements and/or number of children that the foster family may receive. The foster parent may request to meet with the RFC and supervisor to discuss the rationale for the limitation. If requested, the RFC and supervisor will meet with the foster parent within 14 business days and will assist the foster parent in understanding whether any steps can be made to address the concerns that led to the limitation.
G. A licensed out-of-home caregiver may contact the RFC and request that their home be placed “on hold” or “limited” due to family circumstances, because they have recently adopted, or due to out-of-home caregiver concerns. The RFC has two weeks from the time the licensed out-of-home caregiver contacts them to record the licensed out-of-home caregiver request in SAFE. [See: Administrative Guidelines Section 080.4.]

1. If the Placement Status is “on hold” or “limited” due to a foster family’s own request, they may contact the RFC at any time and request that the status be changed back to “no restrictions”.

2. Within two weeks of the request, the RFC will assess the foster family’s situation and make a determination if the change is appropriate. If the RFC determines that the foster family may take further placements, they will create a new placement status of “no restrictions” in SAFE.

H. If the foster family is approved for placements without limits, the RFC will ensure that the Placement Status for the foster family in SAFE is recorded as “No Restrictions”.

1. If concerns arise regarding a foster family that has been previously approved by the region committee for placement of a child, and the RFC or other Child and Family Services staff determine that the concerns may be significant enough to preclude the foster family from receiving further placements, the RFC that oversees the home, a supervisor, or other Child and Family Services administrator will record the Placement Status in the provider record of the foster family in SAFE as being “On-Hold – Agency decision”. The RFC will then staff the concerns with the region committee that reviews home studies.

1. Caseworkers and/or other Child and Family Services staff that have identified concerns with the foster family will be invited by the committee to provide input regarding their concerns in person, by phone, or in writing if they desire.

2. The region committee will consider the information presented and will determine whether the foster family is still approved to receive children into the home for placement.

3. If the region committee determines that the foster family is not approved, Child and Family Services will follow the steps outlined in ‘C’ above.

4. If a region places a child in a different region and subsequently identifies concerns with the foster family and would like the foster family to be reviewed by the region committee, the Associate Region Director (ARD) of that region will communicate the concerns about the foster family to the ARD of the region where the foster family resides. The ARD where the foster family resides will then ensure that the concerns are communicated to the RFC that oversees the foster family. The RFC will follow through with the process of having the foster family reviewed by the region committee.
7109 J. To record in SAFE that a licensed out-of-home caregiver is on hold or has been limited to a certain type of placement, the RFC or designated region staff must choose the following indicator in SAFE on the “Placement Status” indicator that applies:
7112 1. For “on hold” the RFC will select 1) Agency Decision, 2) Foster Parent Request, or 3) Recently Adopted.
7114 2. For “limited”, the RFC will select 1) Respite only, 2) Adoption only, 3) Foster only.

7116 K. The RFC will ensure that an accurate history of the placement status is kept in SAFE, and that there is only one active placement status per licensed out-of-home caregiver. If the placement status must change, the RFC will add an end date to the current placement status and create a new placement status.
306 Emergencies And Serious Situations

Major objectives:
Serious and potentially dangerous situations require an appropriate and timely response to protect children and ensure the safety of all parties involved.

Applicable Law

Practice Guidelines
The caseworker will take the following actions for all emergency or serious situations:

A. Notify and staff the situation with the supervisor and regional administration.
B. Notify parents/guardians of the situation immediately.
D. Notify Constituent Services at the state office regarding the situation as soon as possible.
E. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as possible.
F. If calls from the media are received, refer them to the Public Relations Officer for the Department. The caseworker will not give information about the situation to the press.
G. Advise out-of-home caregivers that they may also refer the media to the Public Relation’s Officer for the Department.
H. Record all details of the emergency situation and action taken in the child’s case record to meet best practice standards and reduce liability.

306.1 Pregnancy Of Youth In Out-Of-Home Care

Major objectives:
If a youth in out-of-home care becomes pregnant while in out-of-home care, Child and Family Services will coordinate and facilitate all necessary medical care, counseling, and services. This includes services to youth who are the mother or father of an unborn child. [See: Section 303.5, Health Care.]

Applicable Law
306.2 Immediate Removal Of A Child From A Placement

**Major objectives:**
When there is a need to immediately remove a child from an out-of-home placement, in emergency situations, if there is reasonable basis to believe that the child is in danger or that there is substantial threat of danger to the health or welfare of the child, notification to the out-of-home caregiver may occur after removal of the child (R512-31-3D). [See: Section 700, General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and Section 305.3, Rights Of Out-Of-Home Caregivers.]

**Applicable Law**

**Practice Guidelines**
A. Notification will be provided through personal communication on the day of removal.

B. The Notice of Agency Action will be sent by certified mail, return receipt requested, within three working days of removal of the child.

306.3 Allegations Of Abuse Against Out-Of-Home Caregiver

**Major objectives:**
Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services, will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists between the caregiver and Child and Family Services. [See: Section 700, General Practice Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]

**Applicable Law**
306.4 Death Or Serious Illness Of A Parent Or Sibling Of A Child In Out-Of-Home Care

**Major objectives:**

In the event of a death or serious illness or injury of a parent, sibling, extended family member, or close friend of a child in out-of-home care, the caseworker will notify immediately in person the out-of-home caregiver and child of these events.

### Applicable Law


### Practice Guidelines

A. The caseworker will consult with the out-of-home caregiver and the child’s family to plan how the information will be shared with the child. The contact will always be made in person. If the child has a therapist, it may be helpful to have the therapist assist with the situation.

B. The caseworker will offer support to the out-of-home caregiver and child to assist with grief and loss issues.

C. The caseworker will arrange counseling for the child as appropriate.

306.5 Death And Burial Of A Child In Out-Of-Home Care

**Major objectives:**

Child and Family Services staff will take the necessary steps to ensure the death of a child in out-of-home care is handled in an appropriate manner and will be sensitive to the feelings of the family members and out-of-home caregivers of the child.

### Applicable Law


### Practice Guidelines

A. Notify the supervisor, regional and state administration, Assistant Attorney General, Constituent Services representative, juvenile court judge, and the Guardian ad Litem.

B. Immediately notify the parents/guardian in person.

C. The parents/guardians will be contacted and requested to arrange the funeral and, if possible, to pay the burial expenses. If the parents’ whereabouts are unknown, parental rights have been terminated, or parents are unable to financially provide for the burial,
then other resources will be contacted (i.e., relatives, church, insurance, community, or county). The county their parents reside in may provide cremation or burial free of charge if the parents are indigent.

D. If funds are not available from resources as listed above, the burial expense will come from the regional foster care budget. Consult with the supervisor and regional administrators regarding expenses.

E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The burial expenses may be paid for from the State of Utah Office of Crime Reparation. A police report will have been filed within seven days of the occurrence. Claim forms can be obtained at the Office of Crime Victims Reparation.

F. Child and Family Services staff will attend the funeral whenever possible.

G. Notify the Fatality Review Coordinator within three days of the death. Complete the Deceased Client Report form and send it to the Fatality Review Coordinator.

H. Contact the physician to determine the cause of death.

I. Notify police to investigate the foster care home/facility if the cause of death seems suspicious or other factors such as the child’s age, health, and mental conditions played a role in the child’s death, or the circumstances surrounding the death are suspicious.

J. Notify the Office of Recovery Services using the appropriate form.

K. Notify Social Security Administration, Veterans’ Administration, or other source of entitlement benefits.

L. Obtain a copy of the death certificate and place in the child’s case record and close the case. The case must have a QA form completed prior to closure.

M. Acknowledge the need for ongoing support to the family, out-of-home caregivers, and caseworkers. Seek assistance from other resources as needed. Child and Family Services employees may seek assistance from the following: region administration, clinical consultants, resource family consultants, and the Employee Assistance Program.


Utah’s Division of Child and Family Services
Out-of-Home Services
Practice Guidelines

Revised June 2016

306.6 Children In Out-Of-Home Care On Runaway Status

**Major objectives:**
As soon as Child and Family Services staff become aware that a child in out-of-home care has run away from their placement, they will make diligent efforts to locate the child. Every effort will be made to help the child “problem-solve” to remedy solutions that contributed to the run.

**Applicable Law**

**Practice Guidelines**

A. When a child in out-of-home care runs away from their placement, the caseworker will notify the parents/legal guardian and Guardian ad Litem as well as other members of the Child and Family Team who may need to know.

B. Contact the Assistant Attorney General to have a pickup order filed with the juvenile court.

C. Contact local police departments and file an “attempt to locate and runaway report.” Inform the police that there is a pickup order on file.

D. Inform the child’s school and request they contact Child and Family Services if the child contacts or arrives at school.

E. Diligently follow-up on any possible leads regarding the child’s whereabouts.

F. Offer support to the family and out-of-home caregivers.

G. When a runaway is located and picked up, a Child and Family Team Meeting needs to be held. If it is determined to be in the best interest of the child to return to their prior out-of-home placement, the caseworker will place the child back with their former out-of-home caregiver. If the child is unable to return to the former out-of-home caregiver, emergency foster care placement or another appropriate facility may be used.

H. A runaway child may be placed in detention in accordance with the Detention Admission Practice Guidelines or by order of the court.

I. Every effort will be made to help the child “problem-solve” to remedy solutions that contributed to the run.
J. Based on the type of search conducted, Child and Family Services staff, with regional administrative approval, will develop a working agreement with the out-of-home caregivers to determine how many days the out-of-home care provider will be paid—not to exceed 10 days.

K. After the child has been on the run for approximately three months, the caseworker will facilitate a Child and Family Team Meeting. Members of the Child and Family Team will make decisions as to what is in the best interest of the child, such as petitioning the court to terminate Child and Family Services custody and guardianship or to reconvene again at a later time.

L. All the reasonable efforts of Child and Family Services to locate the child will be documented in the child’s case record.

306.7 Law Enforcement Interviews Of Children In State Custody

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<thead>
<tr>
<th>Major objectives:</th>
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<tbody>
<tr>
<td>Requests for interviews by law enforcement of children in the custody of Child and Family Services will be referred to the Guardian ad Litem (GAL) assigned to the child. If there is no GAL appointed for the child, the caseworker will refer the request to region administration.</td>
</tr>
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Applicable Law

Practice Guidelines
A. The caseworker or other Child and Family Services staff is prohibited by Utah statute from providing consent when law enforcement identifies the need to interview a child in the custody of Child and Family Services.

1. If a GAL is appointed for the child, the caseworker will contact the GAL and notify him or her that law enforcement has requested an interview with the child. The GAL will ask for the following information:

a. Name of the child.

b. Brief reason why the interview is being requested. It is important to explain if the client is being viewed as a victim or a perpetrator. If a victim, be prepared to give information on the alleged perpetrator including if they are an adult or child.

d. How soon the anticipated interview is to take place.
2. Once the GAL is notified, he or she will be the point of contact for law enforcement.

B. If there is no GAL appointed for the child, the caseworker will contact region administration for instructions.

C. Region administration must keep the child’s best interest a priority. If there is concern that the interview is not in the child’s best interest, the request should be denied. The following information is important to remember:

1. If the child is believed to be the perpetrator, a public defender must be secured as quickly as possible. Until the public defender can be appointed and meet with the child, the request for the interview should be denied.

2. If the child is believed to be the victim of an adult perpetrator and law enforcement is attempting to set up a CJC interview, this type of request can normally be granted.

3. If there are both victim and perpetrator issues, or more than one child is involved (whether or not both they are in state’s custody), the request for an interview should be denied and a public defender requested.

4. A limited consent for an interview may also be given by region administration, and law enforcement will be instructed that if the victim interview turns into a perpetrator interview, the consent for the interview is withdrawn and the interview must be stopped.

306.8 Dually Involved Youth

**Major objectives:**
A dually involved youth is a minor in the custody of Child and Family Services who has also been charged with a delinquent offense. This requires communication and collaboration between the Child and Family Services caseworker and a probation officer employed with the Juvenile Court.

Child and Family Services staff will assist the child in navigating through the juvenile justice system by assuring that the child completes dispositional requirements in the time frame allotted. This will be accomplished through collaboration with the probation officer in an effort to address the youth’s risk to re-offend and to access programs that will decrease recidivism.

**Practice Guidelines**

A. When the youth in custody has been cited for delinquency, a Juvenile Court probation officer will contact the Child and Family Services caseworker.
B. A “preliminary inquiry” (PI) will be set. The PI is a meeting set by the probation officer to explain the court process and assess the risk of the youth to re-offend. The Child and Family Services caseworker and youth are required to attend. The biological parents should be encouraged to attend. Anyone from the Child and Family Team may be invited to attend including, but not limited to foster parents, Guardian ad Litem, or anyone else deemed appropriate by the Child and Family Services caseworker. The PI will result in the decision to either handle the charge non-judicially or to have the youth appear before the judge for an arraignment.

1. Diversion (Non Judicial):
   a. If the delinquency offense is diverted and not sent directly to court, the Child and Family Services caseworker and probation officer will outline sanctions such as classes, community service hours, etc. for the youth to complete in a non-judicial diversion agreement. This is called Diversion. If a caseworker is not offered Diversion for the youth, the caseworker can contact the probation worker to ask about this option. Diversion is offered in every court district. The probation officer will determine if the youth qualifies for Diversion.
   b. The Child and Family Services caseworker is responsible for ensuring the youth’s compliance with the non-judicial diversion agreement.
   c. At the next child welfare review hearing, the Child and Family Services caseworker will report that the youth received a delinquency offense, what decisions were made regarding the youth, and progress made on the diversion agreement.
   d. If the youth completes the diversion process, the delinquency offense will not be reflected as an adjudication on the youth’s juvenile record.
   e. If the youth fails to follow through with the non-judicial diversion agreement, the Child and Family Services caseworker will communicate with the probation officer about the non-compliance. The probation officer may file a petition with the youth’s judge, causing the delinquent offense to be heard by the court.
   f. Examples of delinquency offenses that could be eligible for Diversion depending on prior charges may be smoking, a first alcohol ticket, simple assault, disorderly conduct, shoplifting, etc.

2. Appearance Before the Judge (Judicial):
   a. If the youth must appear before the judge on a delinquent offense, the Child and Family Services caseworker and probation officer will collaborate on recommendations to the court regarding community service hours, restitution, placement of youth, etc.
   b. If the judge finds the allegation to be true, it will appear as an adjudication on the child’s juvenile record. The child will not be eligible for Diversion.
c. The Child and Family Services caseworker will continue to be responsible to address abuse, neglect, and safety issues.
d. The probation officer will make recommendations regarding accountability for the juvenile’s delinquent offense.
e. The Child and Family Services caseworker and probation officer will follow progress of compliance with court orders and both will report progress to the judge at each review hearing.

C. Child and Family Services caseworkers should ensure that the probation officer is part of the Child and Family Team.

D. Child and Family Services’ involvement can be terminated once child welfare issues have been resolved and prior to completion of delinquency sanctions. The probation/intake officer will follow through with compliance on delinquency matters once Child and Family Services has terminated their case.

E. The delinquency portion of the case can be terminated once all delinquency sanctions have been completed and prior to resolution of child welfare issues. The Child and Family Services caseworker will continue to follow compliance with the child welfare service plan and court orders once the delinquency case has been closed.

F. Court jurisdiction is only terminated when all delinquency and child welfare matters are concluded.

306.9 Notification Related To Student Safety

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<th>Major objectives:</th>
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<tr>
<td>Pursuant to Utah Code Ann. §53A-11a-203, a school must notify a parent or guardian when a student threatens to commit suicide and/or a student is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.</td>
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Applicable Law

Practice Guidelines
Caseworkers will refer to Section 303.4 Educational Services when the caseworker is notified by a school or foster parent that a child they are working with has threatened to commit suicide and/or the child is involved in an incident of bullying, cyber-bullying, harassment, hazing, or retaliation.
Court And Case Reviews

Major objectives:
Child and Family Services will seek to ensure that each child in out-of-home care has timely and effective case reviews and that the case review process:

A. Expedites permanency for children placed in out-of-home care.

B. Assures that the permanency goal, Child and Family Plan, and services are appropriate.

C. Promotes accountability of the parties involved in the treatment planning process.

D. Monitors the care for children in out-of-home care.

Applicable Law
[See also: CPS Major objectives Section 205.6.]

Practice Guidelines

A. Reunification timeframes and services will incorporate the requirements of the court order and be documented in the family services plan.

B. Child and Family Services Responsibilities for Case Reviews:
   1. Court Reviews: The caseworker will ensure that a court review has been scheduled. If a court review has not been scheduled, contact the Assistant Attorney General.
   2. Seek input from Child and Family Team members prior to preparation for every review.
   3. The caseworker will develop a court report, outlining the current situation, progress towards the permanency goal, and recommendations in regards to the future direction of the case. The court report will be signed by both the caseworker and supervisor and will be provided to the Assistant Attorney General 10 working days prior to the court review. It is then the responsibility of the Assistant Attorney General to review the court report and distribute it to all legal parties.
4. Keep the court updated with the names and addresses of members of the Child and Family Team who need to be in attendance.

5. Encourage members of the Child and Family Team to attend the review. If a team member cannot attend, he/she may participate by written correspondence or by telephone.

6. Child and Family Services will be responsible for ensuring that the orders from court reviews are implemented and the Child and Family Team is updated.

307.1 Voluntary Relinquishment

**Major objectives:**
When it is determined to not be in the child’s best interest to be reunified with his/her parents, Child and Family Services will explore with the parents the option of voluntary relinquishment.

**Applicable Law**

**Practice Guidelines**
A. Voluntary Relinquishment

1. The caseworker should provide information to the parents regarding the voluntary relinquishment process. However, the parents should be referred to their attorney for legal questions regarding the petition.

2. If the child is Native American, refer to General Major objectives and the Indian Child Welfare Act.

3. An adoption cannot take place unless both parents’ rights have been terminated.

4. If one parent decides to relinquish his/her parental rights, the caseworker must notify the other parent and discuss permanency options for the child with that parent before any relinquishment can be done. If the whereabouts of the other parent is unknown, the caseworker will contact the Assistant Attorney General to arrange to publish a notification for the missing parent.

5. If the parent relinquishing her parental rights is an unmarried woman, the caseworker must contact the following agencies to attempt to locate the father of the child:
   a. Bureau of Health Statistics and Vital Records to find out if the father has registered and has claimed paternity rights;
   b. The Office of Recovery Services to find out if there is a record of a father paying child support and claiming paternity through the Office of Recovery Services;
   c. Federal Parent Locator Service to search for the absent parent;
d. The Assistant Attorney General to consult on termination of parental rights of the missing parent.

B. Preparing for the court hearing for voluntary relinquishments:

1. A petition must be filed with the court to initiate termination proceedings. The caseworker, Assistant Attorney General, Guardian ad Litem, or other legal counsel may assist in the preparation of the petition. The caseworker should discuss the relinquishment with the Assistant Attorney General and request that a petition be filed with the court and a hearing be scheduled in a timely manner.

2. Under Utah Code Ann. §78A-6-514, voluntary relinquishments or consent for termination of parental rights will be signed or confirmed under oath before a judge of any court that has jurisdiction over proceedings for termination of parental rights.

3. The court will certify that the person executing the consent or relinquishment has read and understands the consent or relinquishment and has signed it freely and voluntarily.

4. A voluntary relinquishment or consent for termination of parental rights is effective when it is signed by the parent and approved by the court and may not be revoked.

5. Before the court can grant a voluntary relinquishment of parental rights, the court must find that the termination is in the best interest of the child.

C. Child and Family Services will ensure that the rights of the father to a child born outside of marriage are considered prior to the relinquishment of all parental rights.

1. A person who is the father or claims to be the father of a child born outside of marriage must file a notice of his claim of paternity and of his willingness and intent to support the child with the state registrar of vital statistics at the Department of Health. This notice must be filed prior to the time the child is relinquished to a licensed child placing agency or prior to the filing of a petition by a person with whom the mother has placed the child for adoption.

2. Any putative father who fails to file his notice of paternity is barred from thereafter bringing or maintaining any action to assert any interest in the child unless he proves by clear and convincing evidence that: it was not possible for him to file a notice of paternity within the period of time specified above, his failure to file a notice was through no fault of his own, and he filed a notice of paternity within 10 days after it became possible for him to file a notice.

3. Except as provided above, failure to file a timely notice of paternity will be deemed to be a waiver and surrender of any right to notice of any hearing in any judicial proceeding for adoption of the child and the consent of that person to the adoption of the child is not required.

4. If there is no showing that a putative father has consented to or waived his rights regarding the proposed adoption, it will be necessary to file a certificate from
the Department of Health, signed by the state registrar of vital statistics, stating
that a diligent search has been made of the registry of notices from putative
fathers and that no filing has been found pertaining to the father of the child in
question. This certificate must be filed prior to the entering of a final decree of
adoption.

5. When a child is conceived or born during a marriage, termination of the parental
rights of the married woman’s husband must be obtained even if he is not the
biological father of the child, before the child is legally available for adoption.
This can be accomplished by the voluntary relinquishment of his parental rights
or by court action that results in the court terminating his parental rights.

6. If the putative father cannot be located, the caseworker will contact the
Assistant Attorney General and discuss further
attempts to locate the father,
which can include publishing in the local newspaper.

307.2 Termination Of Parental Rights

Major objectives:
A petition for termination of parental rights will be filed when the parameters of state statute
are met, when compelling reasons exist that the child may not be safely returned home, when a
child is not being cared for by kin, and when reunification services have been adequately
provided.

Applicable Law
Utah Code Ann. §78A-6-507. Grounds for termination of parental rights -- Findings regarding
reasonable efforts.

Practice Guidelines
A. In calculating when to file a petition for the termination of parental rights, the
caseworker will:
1. Calculate the 15 out of the most recent 22-month period from the date the child
was removed.
2. Include periods of time in care if there have been multiple entrances and exits
into out-of-home care.
3. Will not include trial home visits or runaway episodes in calculating the 15
months in out-of-home care.

B. This requirement only applies once for a specific child if Child and Family Services does
not file a petition because an exception to this requirement applies.

C. The caseworker will discuss termination of parental rights with the Assistant Attorney
General and request a petition be filed with the court and a hearing date be set. The
petition will include all necessary legal information related to the case along with the reasons for termination of parental rights, which are:

1. The child has been abandoned by the parent or parents.
2. The parent or parents have neglected or abused the child.
3. The parent or parents are unfit or incompetent.
4. The child is being cared for in an out-of-home placement under the supervision of the court and/or Child and Family Services and Child and Family Services or another responsible agency has made diligent efforts to provide appropriate services and the parent has substantially neglected, willfully refused, or has been unable or unwilling to remedy the circumstances that caused the child to be in an out-of-home placement, and there is a substantial likelihood that the parent will not be capable of exercising proper and effective parental care in the near future.
5. Failure of parental adjustment as defined in Utah Code Ann. §78A-6-502, that parent or parents are unable or unwilling within a reasonable time to substantially correct the circumstances, conduct, or conditions that led to placement of their child outside the home, notwithstanding reasonable and appropriate efforts made by Child and Family Services to return the child to that home.
6. That only token efforts have been made by the parent or parents to support or communicate with the child, prevent neglect of the child, to eliminate the risk of serious physical, mental, or emotional abuse of the child, or to avoid being an unfit parent.
7. The parent or parents have voluntarily relinquished their parental rights to the child and the court finds that relinquishment is in the child’s best interest.
8. The parent or parents, after a period of trial during which the child was returned to live in his/her own home, substantially and continuously or repeatedly refused or failed to give the child proper parental care or protection.
9. The terms and conditions of safe relinquishment of a newborn child have been complied with pursuant to Utah Code Ann. §62A-4a-802, safe relinquishment of a newborn child.
10. As referenced in Utah Code Ann. §78A-6-504, any interested party including an out-of-home caregiver may file a petition of the parent-child relationship with regard to a child. The Assistant Attorney General will file a petition for termination of parental rights under this part on behalf of Child and Family Services.

D. In order to be appropriately prepare for the court hearing to terminate parental rights, the caseworker should:

1. Determine that permanent termination of parental rights is in the child’s best interest and that there is evidence on which to file the petition. The caseworker
should facilitate a Child and Family Team Meeting to assist in the decision-making process and permanency planning.

2. The caseworker will review the case with the Assistant Attorney General to determine if the case meets the legal grounds for termination.

3. If it is determined that there are sufficient grounds under the law for terminating parental rights and it is in the child’s best interest, the caseworker will request that the Assistant Attorney General prepare a petition to terminate the parental rights and file the petition with the court.

4. The caseworker will assist the Assistant Attorney General’s office in collecting and presenting the evidence to the juvenile court judge as defined in above.

5. The caseworker will collect the names and addresses of witnesses and the allegations to which the witnesses can and will testify to. This may include therapists, out-of-home caregivers, medical providers, school personnel, etc. This information will be given to the Assistant Attorney General. Examples of needed information include: medical and/or psychological information regarding the parents and/or child, police reports, documentation of efforts and services to rehabilitate the parents and to facilitate a reunion with the child, the physical, mental, or emotional condition of the child and his or her desires regarding termination of parental rights, the effort the parents have made to adjust their circumstances, conduct, or conditions to make it in the child’s best interest to return the child home, contact/visits between parents and child, emotional ties between the child and parents, the child’s ties with the out-of-home care provider, etc.

E. Termination of parental rights may be ordered by the court only after a hearing is held specifically on the question of terminating the rights of the parents. The grounds for termination of parental rights include (see: Utah Code Ann. §78A-6-508):

1. In determining whether a parent or parents have abandoned a child there must be evidence that:

   a. The parent or parents had legal custody of the child but surrendered physical custody and for a period of six months have not manifested a firm intention to resume physical custody or to make arrangements for the care of the child.

   b. The parent or parents failed to communicate with the child by mail, telephone, or otherwise for six months.

   c. The parent or parents have failed to show the normal interest of a natural parent without just cause.

   d. The parent or parents have abandoned an infant, as described in Utah Code Ann. §78A-6-316.

2. Determining whether a parent or parents are unfit or have neglected a child, the court will consider but is not limited to the following,
a. Emotional illness, mental illness, or mental deficiency of the parent that renders him/her unable to care for the immediate and continuing physical or emotional needs of the child for extended periods of time.
b. Conduct toward a child of a physically, emotionally, or sexually cruel or abuse nature.
c. Habitual or excessive use of intoxicating liquors, controlled substances, or dangerous drugs that render the parents unable to care for the child.
d. Repeated or continuous failure to provide the child with adequate food, clothing, shelter, education, or other care necessary for his/her physical, mental, and emotional health and development by parents who are capable of providing that care. However, a parent who is legitimately practicing his/her religious beliefs does not provide specified medical treatment for child is not for that reason alone a negligent or unfit parent.
e. With regard to a child who is in the custody of Child and Family Services, if the parent is incarcerated as a result of conviction of a felony and the sentence is of such length that the child will be deprived of a normal home for more than one year.
f. Evidence of a conviction of a felony, if the facts of the crime are of such a nature as to indicate the unfitness of the parents to provide adequate care to the extent necessary for the child’s physical, mental, or emotional health and development.
g. Evidence of a history of violent behavior.
h. The parent intentionally, knowingly, or recklessly causes the death of another parent of the child, without legal justification. [See: Utah Code Ann. §78A-6-508.]

3. If a child has been placed in the custody of Child and Family Services and the parent or parents fail to comply substantially with the terms and conditions of a plan within six months after the date the child was placed or the plan was commenced, whichever occurs later. That failure to comply is evidence of failure of parental adjustment.

4. The following circumstances constitute evidence of unfitness:
   a. Sexual abuse, injury, or death of a sibling of the child, or of any child, due to known or substantiated abuse or neglect by the parent or parents.
   b. Conviction of a crime, if the facts surrounding the crime are of such a nature as to indicate the unfitness of the parent to provide adequate care to the extent necessary for the child’s physical, emotional, mental, health, and development.
   c. A single incident of life threatening or gravely disabling injury to or disfigurement of the child.
d. The parent has committed, aided, abetted, attempted, conspired, or solicited to commit murder or manslaughter of a child or child abuse homicide.

F. At the conclusion of the hearing in which the court orders termination of the parent/child relationship, the court will order that a review hearing be held within 90 days following the date of termination if the child has not been placed in a permanent adoptive home. At that review hearing, Child and Family Services or the individual vested with custody of the child will report to the court regarding the plan for permanent placement for the child. The Guardian ad Litem will also submit to the court a written report with recommendations, based on an independent investigation, for disposition meeting the best interest of the child. The court may order Child and Family Services or individual vested with custody of the child to report, at appropriate intervals, on the status of the child until the plan for a permanent placement of the child has been accomplished. [See: Utah Code Ann. §78A-6-512.]

307.2a Exceptions And Compelling Reasons Not To Terminate Parental Rights

**Major objectives:**
When a child has been placed in out-of-home care for 15 of the most recent 22 months, the Child and Family Team will determine whether or not it is in the child’s best interest for parental rights to be terminated. If it is not in the best interest of the child, the team will determine the exception or “compelling reason” that makes termination of parental rights contrary to the best interests of the child. The caseworker must document in the case plan the exact nature of the circumstances that make termination of parental rights not in the child’s best interest.

**Applicable Law**
Utah Code Ann. §78A-6-316. Mandatory petition for termination of parental rights.

**Practice Guidelines**
A. In calculating when to file a motion not to terminate parental rights, the caseworker will:
   1. Calculate 15 months out of the most recent 22-month period from the date the child was removed.
   2. Include periods of time in care if there have been multiple entrances and exits into out-of-home care.
3. Not include trial home visits or runaway episodes in calculating the 15 months in out-of-home care.

B. Upon calculating the 15 months out of the most recent 22 months, the caseworker will coordinate with the Child and Family Team to determine whether or not it is in the child’s best interest for parental rights to be terminated. If the team determines that it is contrary to the child’s best interest, the team will identify the exception or “compelling reason” to justify not terminating parental rights.

C. Once the Child and Family Team identifies the exception or “compelling reason,” the caseworker will discuss not terminating parental rights with the Assistant Attorney General. The Assistant Attorney General will follow through with notifying the court as well as addressing all necessary legal proceedings related to the case.

D. According to §62A-4a-203.5 and §78A-6-316, Child and Family Services is not required to file a petition for termination of parental rights if:

1. The child is being cared for by a relative.
2. The court has previously determined that Child and Family Services has not provided, within the time period specified in the Child and Family Plan, services that had been determined to be necessary for the safe return home of the child.
3. Documented in the Child and Family Plan is a “compelling reason” for determining that filing a motion for termination of parental rights is not in the child’s best interest; and the Child and Family Plan is made available for the court to review. The “compelling reason” may be one of the following, but is not limited to:
   a. Adoption is not the appropriate permanency goal for the child, Child is 12 or older and objects to being adopted,
   b. An older adolescent who has requested staying in the system and participating in the Transition to Adult Living Services Program.
   c. The child has severe emotional or behavioral problems or a serious medical condition, and reunification remains an appropriate goal.
   d. The parent is terminally ill, does not want parental rights terminated, and has designated the child’s present caregiver, with the caregiver’s agreement, as the child’s permanent caregiver.
   e. The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11, which is a child who is not yet 18 years of age who entered the United States unaccompanied by and not destined to a parent or a close adult relative who is willing and able to care for the child or an adult with a clear and court-verifiable claim to custody of the child and who has no parents in the United States.
   f. Insufficient grounds exist for termination of parental rights.
f. There are international legal obligations or compelling foreign policy reasons that would preclude termination of parental rights, such as the foreign country in which the parents are citizens does not support termination of parental rights.

g. If the child is an Indian child under the Indian Child Welfare Act (ICWA), and the child’s tribe is opposed to adoption and has another permanency plan for the child (in accordance with ICWA).

h. Other compelling reasons documented for determining that filing for termination of parental rights is not in the child’s best interest.

E. Since the child is not able to safely return home and adoption is not a permanency option at this time due to the fact that parental rights are not being terminated, the Child and Family Team will determine the next best permanency and concurrent plan for the child, such as guardianship with a relative, guardianship with a non-relative, or individualized permanency. Even though parental rights have not been terminated, continue to explore and support positive connections for the child that will endure, and continue to keep them connected to their past, present, and future.

F. In order to appropriately prepare for the court hearing to not terminate parental rights, the caseworker should:

1. Determine that terminating parental rights is not in the child’s best interest and that there is evidence on which to file the motion.

2. Facilitate a Child and Family Team Meeting to assist in the decision-making process and permanency planning.

3. Review the case with the Assistant Attorney General to determine if the case meets the legal grounds to not terminate parental rights. The caseworker will also inform the Assistant Attorney General of the child’s permanency and concurrent plan. If it is determined that there are sufficient grounds under the law for not terminating parental rights and it is in the child’s best interest, the caseworker will request that the Assistant Attorney General prepare a motion and file it with the court to not terminate parental rights as well as to change the child’s permanency and concurrent plan.

4. Assist the Assistant Attorney General in collecting and presenting the evidence to the juvenile court judge as defined in above.

G. After the court has ordered that termination of parental rights is not in the child’s best interest, the caseworker must document in the Child and Family Plan the exception or “compelling reason” as well as the exact nature of the circumstances that make termination of parental rights not in the child’s best interest
H. Once the court has approved the child’s new permanency and concurrent plan, the caseworker will update the Child and Family Plan in SAFE to reflect the new goals and permanency planning.

307.3 Appeal For Termination Of Parental Rights

Major objectives:
Child and Family Services will not give approval to finalize an adoption until the period to appeal the termination of parental rights has expired.

Applicable Law
Parents have 15 days from the date of final judgment and order to file an appeal to the termination of their parental rights. (Rule [4] 52, Rules of Appellate Procedure.)

Practice Guidelines
A. During the appeal period, the child may be placed in a foster/adoptive placement and remain in that placement.

B. The appeal process can take over one year. Parents do not retain residual parental rights while the case is on appeal unless the juvenile court stays the decision terminating parental rights.

C. Child and Family Services, through the Assistant Attorney General or the Guardian ad Litem, has the authority to petition the juvenile court to restrict parents’ residual rights during the time the termination decision is being appealed. The residual rights includes visitation.

307.4 Request For A New Hearing

Major objectives:
A caseworker or some other person may request a new hearing as specified in Utah Code Ann. §78A-6-1108.

Applicable Law

Practice Guidelines
A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter, or any adult affected by a decree in a child’s proceeding under this chapter may at any time petition the court for a new hearing on the grounds that new evidence that
was not known and could not, with due diligence, have been made available at the original hearing and which might affect the decree, has been discovered.

B. This request will be made by a Child and Family Services caseworker only after consultation with an Assistant Attorney General.

**307.5 Petition To Restore Parental Rights**

**Major objectives:**

A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of Child and Family Services or the Department of Human Services by court order for whom restoration of parental rights is a viable option.

B. To create or recreate an enduring and self-sustaining relationship for the child with their biological family, when safe and appropriate.

C. To normalize and stabilize family life for the child.

D. To transfer legal responsibility for the child from Child and Family Services to the child’s former parent(s) when it is safe and in the best interests of the child.

E. To provide for a thorough assessment of the viability of restoration of parental rights.

**Applicable Law**


**Guiding Principles**

A parent may have their parental rights restored in one of two ways: Either by the child who is 12 years of age or older, or an authorized representative acting on behalf of a child of any age; or by the request of the former parent.

A. A child’s need for a normal family life in a permanent home, and for positive, nurturing family relationships is usually best met by the child’s natural parents.

B. If, 24 months after termination of parental rights, a child is still in out-of-home care and there is no prospective adoptive placement; or, if an adoption fails and the child returns to out-of-home care, the child or a representative for the child may file for restoration of parental rights.
Practice Guidelines

A. Utah statute states that a child who is 12 years of age or older, or an authorized representative acting on behalf of a child of any age, may file a petition to restore parental rights if:

1. Twenty-four months have passed since the court ordered termination of the parent-child legal relationship; and
2. The child has not been adopted and is not in an adoptive placement, or is unlikely to be adopted before the child is 18 years of age.
3. The child was previously adopted following a termination of a parent-child legal relationship, but the adoption failed and the child was returned to the custody of Child and Family Services.

B. When any child in the custody of Child and Family Services fits the criteria above, the caseworker will notify and inform the child that they are eligible to petition the court for restoration of parental rights.

1. The caseworker will work with the Child and Family Team to decide how and when to discuss the option of restoring parental rights with the child. If the parent’s whereabouts are known and the parent can be located, the parent will be invited to participate in the discussion with the Child and Family Team.

2. The Child and Family Team will assess the following:
   a. Can the former parent be located through the kinship locator process?
   b. What significant changes have occurred in the former parent’s circumstances and/or behavior since the termination of parental rights?
   c. What is the willingness of the former parent to resume contact with the child and have parental rights restored?
   d. What is the former parent’s ability to be involved in the life of the child and accept physical custody of and responsibility for the child?
   e. What are the child’s feelings and thoughts about restoration of parental rights?
   f. Any other information the caseworker or Child and Family Team considers appropriate and determinative, such as the extended family support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

C. A former parent who remedies the circumstances that resulted in the termination of the former parent’s rights and who is capable of exercising proper and effective parental care will notify the region director or designee. The region director or designee will staff the case with the current caseworker to determine if the current caseworker should be the person to assess whether or not the parent has met the criteria for the restoration
of parental rights. Once the decision has been made regarding who will complete the assessment, the caseworker will assess the following information:

1. Twenty-four months have passed since the court-ordered termination of the parent-child legal relationship.
2. The child has not been adopted and is not in an adoptive placement, or is unlikely to be adopted before the child is 18 years of age.
3. The child was previously adopted following a termination of a parent-child legal relationship, but the adoption failed and the child was returned to the custody of Child and Family Services.

If the above criteria have been met, the caseworker will open an IHS case and assess the following information:

1. What significant changes have occurred in the former parent’s circumstances and/or behavior since the termination of parental rights?
2. What is the willingness of the former parent to resume contact with the child and have parental rights restored?
3. Does the former parent have the ability to be involved in the life of the child and accept physical custody of and responsibility for the child?
4. What are the child’s feelings and thoughts about restoration of parental rights?
5. Any other information the caseworker or Child and Family Team considers appropriate and determinative, such as the extended family support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

After the assessment, the caseworker will staff the case with the region director or designee, as well as the Child and Family Team, to determine if filing for a petition for a restoration of parental rights is in the best interest of the child. Once that determination is made, a full home study will be completed on the parent who desires to have their parental rights restored. Once the home study is completed, the caseworker will consult with the Assistant Attorney General (AAG) to file the petition for the restoration of parental rights.

D. After Child and Family Services receives or is served with a petition to restore parental rights, filed by a child or an authorized representative, or when the Child and Family Team have determined that filing a petition for the restoration of parental rights is in the best interest of the child, the caseworker will consult with the AAG to file the petition.

E. After Child and Family Services receives or is served with a petition to restore parental rights, filed by a child or an authorized representative, the caseworker will:
1. Contact the Assistant Attorney General (AAG) assigned to the case to notify them that Child and Family Services has received a petition to restore parental rights.

2. Use existing processes to locate the former parent if the former parent’s whereabouts are not known. This will include web searches, social media, former contact information, and asking other known family members for the contact information of the parent. The effort to locate the parent must constitute a diligent effort.

3. If the former parent is found, notify the former parent of the legal effects of restoration of parental rights and the time and date of the hearing on the petition.

F. The court will set a hearing on the petition at least 30 days but no more than 60 days after the day on which the petition was filed with the court.

1. Before the hearing, the caseworker may submit a confidential report to the court containing the following information:
   a. Material changes in circumstances since the termination of parental rights;
   b. Summary of the reasons why parental rights were terminated;
   c. The date on which parental rights were terminated;
   d. The willingness of the former parent to resume contact with the child and have parental rights restored;
   e. The ability of the former parent to be involved in the life of the child and accept physical custody of, and responsibility for, the child; and
   f. Any other information the caseworker or Child and Family Team considers appropriate and determinative such as the extended family support for the former parent and the extent to which the former parent has rehabilitated from the behavior that resulted in the termination of parental rights.

G. The hearing for the restoration of parental rights may have one or more of the following results:

1. Continue status quo.
   a. The caseworker will continue to search for other permanency options for the child.

2. Allow contact between the former parent and the child and describe conditions under which contact may take place.
   a. The caseworker will facilitate the contact pursuant to the court order and monitor the effect of contact between the child and the former parent. The caseworker, in consultation with the Child and Family Team, will provide a report to the court with recommendations as to whether
the contact should continue and increase in frequency and duration, or whether the contact should discontinue.

3. Order that the child be placed with the former parent in a temporary custody and guardianship relationship to be reevaluated six months from the day on which the child is placed.
   a. The caseworker will open a PSS case and provide services to the family to assist in achieving permanency and will provide court reports evaluating the family’s progress.

4. Restore parental rights to the parent.
   a. The caseworker will close the out-of-home care case.
Transitions From Child and Family Services Custody

**Major objectives:**
The Child and Family Team will determine what plan for transition is in the child’s best interest. The transition from Child and Family Services custody will seek to ensure that:

A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.

B. The child and his/her caregivers will have access to services and resources that will sustain permanency.

C. The child has connections to their past, present, and future.

**308.01 Temporary Medicaid Eligibility For Children Living In A Home Where A Foster Child Is Returning To Live**

**Major objectives:**

A. When a foster child is leaving foster care to the home of a parent, relative or guardian and other children reside in the home, the caseworker will notify the parent or guardian of the opportunity to apply for presumptive (temporary) Medicaid or CHIP for the other children and will provide required application materials.

B. The parent or guardian may apply for temporary Medicaid or CHIP coverage if children in their home do not have health care coverage through private insurance or are not already covered under Medicaid or CHIP.

C. Presumptive Eligibility (PE) allows low income children to receive immediate, temporary medical assistance using simplified criteria while the Department of Workforce Services (DWS) determines their eligibility for ongoing Medicaid or CHIP.

**Practice Guidelines**

A. As part of the transition planning process when a child is leaving foster care, the Child and Family Services caseworker will notify the family with whom the foster child is going to reside of the opportunity to apply for Presumptive (temporary) Medicaid/CHIP for other children residing in the home who do not have health insurance coverage through private insurance, Medicaid, or CHIP.

1. The caseworker or senior assistant caseworker will provide the family with application materials that include:
a. DCFS Cover Letter,
b. Presumptive Medicaid Application (61MED-PE), and
c. Return envelope addressed to the eligibility worker for the foster child.

2. The application materials will be provided to the family prior to the foster child’s placement in the home for a trial home placement or when state custody ends, whichever occurs first.
   a. Ideally, the application materials would be provided to the family at the time of a Child and Family Team Meeting during which planning for transition home is being discussed.
   b. The application materials may also be provided during a home visit or by mail.

3. If the home the foster child is returning to has more than one family unit living in the home (e.g., two unmarried adults with children that are not related to both adults), application materials should be provided for each family unit residing in the home in order for presumptive eligibility to be considered for every child living in the home.

4. Families are not required to accept the application or to apply for presumptive eligibility.

5. Actions will be documented in the foster child’s activity log.
   a. The caseworker (or senior assistant caseworker, if applicable) will enter an activity log in SAFE when the application is given to the family, specifying the following policy attachment: “Transition Home – Temp Medicaid application given to family.”
   b. If the application is offered and not accepted, the caseworker (or senior assistant caseworker, if applicable) will document this in an activity log.

B. The family may return the completed application to Child and Family Services in the envelope provided or may return it in person to the local Child and Family Services office.
   1. The completed application will be forwarded to the eligibility worker within one business day.
   2. If the eligibility worker is not located in the local office, the application may be scanned and emailed to the eligibility worker or sent by mail to the eligibility worker.

C. Once the application has been given to the Child and Family Services eligibility worker, all questions regarding Medicaid or CHIP eligibility should be referred to DWS helpline at 1-866-435-7414.
308.1 Trial Home Placement And Return Of The Child Home

**Major objectives:**
When a child and family’s safety needs have been met in that the original reasons and risks have been reduced or eliminated, the child can return home.

**Applicable Law**

**Practice Guidelines**

A. Facilitate a Child and Family Team Meeting to review the Child and Family Plan to ensure that the child and family’s safety needs have been successfully met in that the original placement reasons and risks have been reduced or eliminated in order for the child to be safely returned home.

B. Consider the recommendations of the Child and Family Team. The objection of any one person should not automatically prevent the child from being returned home.

C. Complete a risk assessment to help determine if the child can be safely returned home. A risk assessment is required only if the child is being returned to the same home removed from.

D. Update the functional assessment.

E. Give consideration to the child’s feelings and desires.

F. Contact the Assistant Attorney General and determine whether a review hearing is needed prior to the child’s return home. If a review hearing is needed, request that the Assistant Attorney General contact the juvenile court for a date. If a review hearing is not needed, request the Assistant Attorney General to notify the juvenile in accordance with the original court order that the child is returning home.

G. Based on the determinations of the court, facilitate a Child and Family Team Meeting to discuss the transitions, return home plan, and the recommendations prior to the child being returned home.

H. Provide reasonable notice, at least two weeks (unless otherwise ordered by the court), of the date child will be returning home to all pertinent parties such as child, parents, Guardian ad Litem, foster care provider, school staff, and therapists so all parties can be adequately prepared for the return home. Also inform the Department of Workforce Services and the Office of Recovery Services.
I. Notify the regional eligibility caseworker of the plan to return the child home at least two weeks prior to the return home. Provide the eligibility caseworker with information from the parents required to determine if the child can continue Medicaid coverage after the return home and in time for case transfer to BES or DWS.

J. Prior to and when the child is returned home, the Child and Family Services caseworker will provide services directed at assisting the child and family with the transition back into the home. During this time, the caseworker should contact school personnel, therapists, day care providers, etc. who have knowledge and/or contact with the child to ensure no further abuse or neglect is occurring.

1. If it is determined that the child and family require more intensive services to ensure successful reunification, intensive family reunification services (PFR) may be utilized.

2. Once the child is returned home and it is determined that the child and family is still in need of services and supervision, in-home services will be provided based on the needs of the family. The services may be either by court order (PSS) or on a voluntary basis (PSC). The caseworker will either provide these services him/herself or refer the family to the in-home program to arrange for follow-up services.

3. Refer to In-Home Services Major objectives, Section 102.

K. A child may be returned home for a trial home visit for up to 90 days. Within 90 days of the child’s return home and if the child is safe in the home, the caseworker will file a motion with the juvenile court to terminate the agency’s legal custody of the child.
308.2 Guardianship And Legal Custody With A Relative And Non-Relative

(This section was previously numbered 301.15.)

Guiding principles:
A. Protection and safety of a child are always the first priorities. Services are provided in the context of the practice model, Child and Family Team, and are child centered and family focused.

B. Child and Family Services seeks this permanency option only if other permanency goals, including a return to the parents or adoption, are determined not to be in the child’s best interest.

C. Child and Family Services supports permanency for children and recognizes that sometimes neither family reunification nor termination of parental rights and adoption best serve the permanency needs of the child.

Major objectives:
A. To provide a permanent, safe living arrangement for a child who has been placed in the custody of Child and Family Services or the Department of Human Services by court order and for whom return home or adoption is not appropriate, and discontinuation of agency custody is in the child’s best interest.

B. To create an enduring and self-sustaining relationship for the child.

C. To normalize and stabilize family life for the child.

D. To transfer legal responsibility for the child from the State to a licensed resource parent who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed resource parent, empowering the caregiver in assuming the complete parenting role and in making important decisions on the child’s behalf.

E. To minimize the level of involvement with Child and Family Services for the child and caregiver.

Applicable Law
A. Section 475(5)(C) of the Social Security Act identifies legal guardianship and placement with a fit and willing relative among appropriate permanency options for foster children who are unable to be reunified with their families.
B. Utah Code Ann. §78A-6-105 defines guardianship and legal custody and associated authority and responsibility.

C. Utah Code Ann. §62A-4a-105 authorizes Child and Family Services to make expenditures necessary for the care and protection of children who are abused, neglected, dependent, runaway, or ungovernable.

Practice Guidelines

A. Guardianship and Legal Custody.

1. Guardianship is the transfer of legal responsibility for a minor child from the State to a licensed resource parent who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed resource parent.

2. Guardianship involves the legal assumption of authority for another individual to consent to marriage, to enlist in the armed forces, and to consent and authorize major medical, surgical, or psychiatric treatment; and to legal custody, if legal custody is not vested in another person, agency, or institution [Utah Code Ann. §78A-6-105].

3. Legal custody means a relationship embodying the following rights and duties:
   a. The right to physical custody of the minor;
   b. The right and duty to protect, train, and discipline the minor;
   c. The duty to provide the minor with food, clothing, shelter, education, and ordinary medical care;
   d. The right to determine where and with whom the minor will live; and
   e. The right, in an emergency, to authorize surgery or other extraordinary care [Utah Code Ann. §78A-6-105].

4. The guardian is responsible for ensuring that parents have an opportunity to visit their children in accordance with the court order.

B. Residual Rights of Natural Parents. The residual rights of the natural parents remain in effect unless restricted by the court when guardianship and legal custody is granted to a licensed resource parent who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed resource parent. Residual parental rights include:

1. Responsibility for support.
2. The right to consent to adoption.
3. The right to determine the child’s religious affiliation.
4. The right to reasonable visitation.

C. Guardianship and Legal Custody as a Permanency Option.

1. There are two types of guardianship permanency goals:
   a. Guardianship with a Non-Relative;
   b. Guardianship with a Relative.
These permanency options may be selected as concurrent permanency goals or primary permanency goals. [See: Section 301.2, Identifying Permanency Goals And Concurrent Planning.]

If it is determined by the Child and Family Team that it is in the child’s best interest to remain in the legal custody of Child and Family Services but have guardianship rights granted to a licensed resource parent who is a non-relative caregiver or to a relative caregiver who may or may not be a licensed resource parent, this is NOT considered a Guardianship with a Non-Relative or Guardianship with a Relative permanency goal. This is considered an Individualized Permanency goal.

D. Guardianship Qualifying Factors.

1. General Qualifying Factors.

   General qualifying factors apply for both relative and non-relative guardianship.

   a. The child cannot safely return home. This requirement is met if the court determines that reunification with the child’s parents is not possible or appropriate and the Child and Family Team and regional screening committee agree that adoption is not an appropriate plan for the child.

   b. The parent and child have a significant bond but the parent is unable to provide ongoing care for the child (such as but not limited to an emotional, mental or physical disability) and the child’s current caregiver has committed to raising the child to the age of majority and to facilitate visitation with the parent.

   c. The prospective guardian must:

      (1) Be able to maintain a stable relationship with the child.

      (2) Have a strong commitment to providing a safe and stable home for the child on a long-term basis.

      (3) Have a means of financial support and connections to community resources.

      (4) Be able to care for the child without Division supervision.

         (a) The child has no ongoing care or financial needs, beyond basic maintenance and does not require the services of a case manager.

         (b) There are compelling reasons why the child cannot be adopted such as when the child's tribe has exclusive jurisdiction or the tribe has chosen to intervene in the adoption proceedings. Under ICWA, a tribe has the right to determine the child's permanency, for this reason the tribe has the authority to approve guardianship with the current caregiver.

2. Non-Relative Qualifying Factors. In addition to general qualifying factors, the following apply to non-relative guardianship.
The child is in Child and Family Services’ legal custody and has been in custody for at least 12 consecutive months. If this is a sibling group, at least one child must have been in custody for twelve consecutive months.

b. The prospective guardian is a licensed resource parent.

c. The child has lived for at least six months in the home of the prospective guardian. The region director or designee may waive the six-month placement requirement for sibling groups if at least one sibling has been in the home for six months and meets all other eligibility criteria.

d. A Child and Family Team has formally assessed the placement and found that continuation with the caregiver is in the child’s best interest and supports the safety, permanency, and well-being of the child.

e. Child and Family Services has no concerns with the care the child has received in the home.

f. The child has a stable and positive relationship with the prospective guardian.

g. The child has reached the age of 12. The region director or designee may waive the age requirement for members of a sibling group placed with a non-relative if at least one sibling is 12 years of age or older and meets all other guardianship criteria and adoption is not the best permanency option for the younger children.

3. Relative Qualifying Factors. In addition to general qualifying factors, the following apply for relative guardianship:

a. The child’s prospective guardian is a relative who meets the relationship requirements of the Department of Workforce Services Policy 223 Household Composition -Specified Relative Program, effective June 1, 2005, which currently includes:

(1) Grandfather or grandmother;
(2) Brother or sister;
(3) Uncle or aunt;
(4) First cousin;
(5) First cousin once removed (a first cousin’s child);
(6) Nephew or niece;
(7) Persons of preceding generations as designated by prefixes of grand-, great-, great-great, or great-great-great;
(8) Spouses of any relative mentioned above even if the marriage has been terminated;
(9) Persons that meet any of the above mentioned relationships by means of a step relationship such as stepbrothers and stepsisters;
(10) Brothers and sisters by legal adoption;
(11) Individuals who can prove that they met one of the above mentioned relationships via a blood relationship even though the legal relationship has been terminated.
b. If not licensed as a resource parent, the relative has completed kinship screening, including a home study and background checks, in accordance with kinship Practice Guidelines, [Section 500].
c. The child’s needs may be met without continued Child and Services funding.
d. In order to be considered for a guardianship subsidy, the prospective relative guardian must be a licensed resource parent and demonstrate that they cannot qualify for a Specified Relative Grant. The caseworker must be provided with a copy of a denial letter from the Department of Workforce Services or written proof that the relationship requirements do not apply (such as through relevant birth certificates).

(1) Approval from the regional guardianship screening committee and regional administration is required in making this determination.
(2) If a relative guardian is found to be receiving both a Specified Relative Grant and guardianship subsidy for the same child, the caseworker will notify the Department of Workforce Services and appropriate actions may be taken for repayment.

E. Guardianship as a Concurrent Goal. The following steps should be completed by the permanency caseworker during the selection process while choosing guardianship as a concurrent goal for a child in foster care:

1. Discuss guardianship as a concurrent goal in the context of a Child and Family Team Meeting.
   a. Assess the child’s physical, emotional, social, and educational needs and how these needs may be met if under the care of a guardian.
   b. Consider the appropriateness of the child maintaining a relationship with parents if reunification efforts are discontinued.
   c. Assess the appropriateness of adoption as a concurrent goal. If adoption is ruled out, document compelling or justifiable reasons not to terminate parental rights and pursue adoption.
   d. Determine if guardianship is the next best permanency goal to the primary goal.
   e. Identify prospective guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child. Prospective guardians can be either relatives or non-relatives. If the prospective guardian is a non-relative, the child must be currently placed in their home or be a sibling of a child placed in the home.
   f. Discuss with prospective guardians the long-term view for the child and ability and willingness to be an ongoing caregiver if the current primary permanency goal is discontinued.
g. Provide full disclosure of requirements and responsibilities of guardianship to the prospective guardians and child’s parent(s) including continuation of parental visitation and residual parental rights.

h. Identify factors that must be considered for transition planning if the concurrent goal becomes the primary goal.

F. Guardianship as a Primary Goal. The following steps should be completed by the permanency caseworker during the selection process while choosing guardianship as a primary goal for a child in foster care:

1. Discuss guardianship as a primary goal in the context of a Child and Family Team Meeting. If available, include the regional guardianship subsidy caseworker as a participant in the planning process.

2. Assess the child’s physical, emotional, social, and educational needs and how these needs may be met if under the care of a guardian, including specific sources of support such as:

   a. Availability of financial support for the child (such as Supplemental Security Income, Social Security benefits, or other benefits), as well as the prospective guardian resources, specified relative payment (if a qualifying relative), or guardianship subsidy for non-relatives;

   b. Ability to address health care needs through health care coverage such as the guardian’s insurance or Medicaid, if the child qualifies;

   c. Need for ongoing services from Child and Family Services or the Department of Human Services.

   d. Child’s citizenship and legal residency status, and if an undocumented alien, how the child’s medical needs can be met without Medicaid coverage.

   e. Identify prospective guardians who are fit and willing to be ongoing caregivers for the child, and who will support the safety, permanency, and well-being of the child. Prospective guardians may be either relatives or non-relatives. If the prospective guardian is a non-relative, the child must be currently placed in their home or be a sibling of a child placed in the home. For relative placement, Kinship Practice Guidelines (Section 500) must be followed prior to selecting guardianship as a primary goal.

   f. Ensure that the identified licensed caregiver or relative meets the qualifying factors to become a guardian (see Section C, Guardianship Qualifying Factors) and that long-term placement with the caregiver or relative is in the child’s best interest.

   g. Obtain commitment of the prospective caregiver to become guardian of the child and provide for the child’s long-term needs.

   h. Discuss the appropriateness of the child maintaining a relationship with parents despite discontinuation of reunification efforts, including continuing visitation and residual parental rights.
i. Document that adoption has been ruled out as an appropriate permanency option for the child and identify compelling or justifiable reasons not to terminate parental rights and pursue adoption.

j. Discuss with the prospective guardian the long-term view for the child.

k. Provide full disclosure of requirements and responsibilities of guardianship to the prospective guardian and child’s parent(s).

l. Arrange for an orientation to be provided to the guardian prior to the transfer of custody. The orientation will include full disclosure of the benefits and responsibilities of guardianship as well as ensure that they understand the guardianship agreement.

m. Notify the regional eligibility caseworker of the pending foster care case closure and if a guardianship subsidy is planned.

(1) If a subsidy is planned, obtain a Medicaid review form (61MR) from the eligibility caseworker. Have the prospective guardian complete the form 30 days prior to custody and guardianship being transferred to the guardian. Give the completed form to the eligibility caseworker.

(2) If no subsidy is planned and the prospective relative guardian will be seeking a specified relative payment, refer them to the local Department of Workforce Services office to apply for the specified relative payment and Medicaid.

n. Select a concurrent goal by identifying the next best permanency goal for the child. Collaborate with the Assistant Attorney General and Guardian ad Litem to request that the court change the primary goal to guardianship and update the concurrent goal in SAFE, the functional assessment and Child and Family Plan.

o. Prepare a transition plan with the Child and Family Team, including parental visitation, safety planning and identification of community resources available to support the needs of the child and guardian. Ensure that the regional guardianship subsidy caseworker is invited to participate in the team planning process.

p. Request that the court grant custody and guardianship to the prospective guardian, when transition planning is complete.

G. Full Disclosure to the Child’s Parents. Full disclosure will:

1. Occur prior to the court granting custody and guardianship to the prospective guardian, preferably in the context of a Child and Family Team Meeting.

2. Include notification to the parents of their residual parental rights. (See Section A, Guardianship and Legal Custody.)

3. Will include notification of the legal rights and responsibilities of the guardian. (See Section A, Guardianship and Legal Custody.)
4. Include an explanation to parents of their responsibility to continue payment for the child’s care until the child reaches age 18. The Office of Recovery Services will continue to collect these child support payments until all obligations are met.

5. Notify the parents that for tax purposes, their child is considered a dependent of the guardian.

H. Orientation and Full Disclosure to Prospective Guardian.

1. Prior to custody and guardianship being granted to the prospective guardian, the permanency caseworker must provide an orientation to fully disclose the responsibilities, benefits, and implications of becoming a child’s legal guardian. Where available, a regional guardianship subsidy caseworker should be included.

2. The orientation and full disclosure will occur in the context of a Child and Family Team Meeting prior to court. The following individuals must be included:
   a. Prospective guardian(s);
   b. Parents, particularly when the prospective guardian is a relative and when intra and inter-familial tensions between the birth parent and caregivers affect the child and family’s well-being;
   c. Guardianship subsidy caseworker, where available;
   d. Permanency caseworker;
   e. Child, if age appropriate;
   f. Other Child and Family Team members.

3. The orientation includes:
   a. Legal rights and responsibilities of a guardian (see Section A, Guardianship and Legal Custody);
   b. Residual parental rights (see Section A, Guardianship and Legal Custody);
   c. Expectation for continuation of guardianship until age 18;
   d. Financial resources (relative and non-relative);
      (1) Guardianship subsidy for non-relatives;
      (2) Monthly guardianship subsidy payments may be lower than current foster care payment.
      (3) Specified Relative grant for relatives through the Department of Workforce Services, if eligible;
      (4) Impact on Supplemental Security Income or Social Security funding;
   e. Medicaid:
      (1) Qualifying criteria;
      (2) Application process;
      (3) Change in mental health coverage under Medicaid;
      (4) Interstate Medicaid eligibility.
   f. Adoption after guardianship (non-relative):
(1) Loss of Federal subsidy if guardian later decides to adopt (if child would have qualified for Federal funding while in care);

(2) No guarantee for adoption assistance (state funded).

g. Provisions of guardianship agreements, renewals and annual re-certifications.

h. Community resources to support guardianship.

i. Child and Family Services support resources and contact information for follow-up and changes.

j. Child support requirements and assignment of support.

k. Resource parent licensure implications (i.e., the child will be considered one of the out-of-home caregiver’s children after the guardianship has been granted with regard to the out-of-home caregiver taking additional foster children into the home).

l. Child counts as a dependent for tax purposes (relative and non-relatives).

I. Court Orders. Once approved by the regional guardianship subsidy screening committee, the permanency caseworker will request an Assistant Attorney General to file a petition with the juvenile court to:

1. Terminate Child and Family Services custody.

2. Grant permanent custody and guardianship to the new guardian.

3. Address the child’s visitation with parents.

J. Post Guardianship Placement Social Supports and Services.

1. Each region will designate a caseworker who will respond to requests for information, assistance and provide crisis intervention for guardians.

2. Child and Family Services may provide voluntary home-based or youth advocate services to help maintain the guardianship placement, within available region resources designated for this purpose.

3. Child and Family Services may work with the Assistant Attorney General to request a petition for court-ordered services when appropriate.

K. Medicaid Coverage.

1. The permanency caseworker is responsible to notify the eligibility caseworker that guardianship is the child’s permanency plan and the approximate date for custody to be terminated. This will help ensure that Medicaid coverage can continue without interruption for an eligible child. The permanency caseworker will also let the eligibility caseworker know if a guardianship subsidy is planned for the child.

2. The eligibility caseworker will provide the permanency caseworker with a Medicaid review form (61MR) to be completed prior to termination of Child and Family Services custody.
3. The permanency caseworker will work with the prospective guardian to complete the review form within 30 days prior to guardianship being granted by the court. The guardian’s name and address must be specified on the form. Income and asset information of the child will be reported on the form. (Guardian income and assets are not required.)

4. The permanency caseworker is responsible to provide the eligibility caseworker with the following information soon after the court has granted custody and guardianship but before the SCF case is closed in SAFE:

   a. Completed Medicaid review form.
   b. Copy of Guardianship Subsidy Agreement (if applicable).
   c. Copy of court order terminating DHS/DCFS custody.

5. The eligibility caseworker will review the child’s Medicaid eligibility and take the appropriate action based on the instruction received by the State IV-E Medicaid Eligibility Specialist.

L. Unearned Income and Guardianship Subsidies.

1. Unearned Income and Guardianship: Unearned income sources must be considered when determining if a guardianship subsidy is appropriate for a child and in determining the amount of the subsidy. The most common types of Federal unearned income received by children in out-of-home care are Supplemental Security Income and Social Security Dependent Benefits. The Social Security Administration administers both of these income sources.

2. Supplemental Security Income Benefits for Children (SSI): SSI benefits are payable to blind or disabled children under age 18 who have limited or no income and assets/resources or who come from homes with limited or no income and assets/resources. The Social Security Administration conducts a review when an individual reaches age 18 to determine if benefits may continue into adulthood. SSI will generally continue for a child when in the care of a guardian. However, SSI income will be reduced if other income becomes available to the child, including a guardianship subsidy. A guardianship subsidy is not recommended for an SSI recipient because the subsidy will result in the reduction or loss of SSI income (which might have continued to be available when the child reaches adulthood).

3. Social Security Dependents Benefits (SSDB – may also be referred to as SSA): Social Security benefits may be paid to a dependent child under age 18 through the Retirement, Survivors and Disability Insurance Program based upon the work record of a child’s parent. For example, a child may receive these dependent benefits as a result of a parent’s disability or death. Benefits may be extended beyond age 18 for full-time students. Social Security benefits will generally continue for a child when in the care of a guardian and will not be reduced by other earnings, including a guardianship subsidy. The amount of Social Security
benefits must be taken into account when determining the amount of a guardianship subsidy.

4. **Other Sources:** Children in out-of-home care may also receive other sources of unearned income, such as Veteran’s benefits, Railroad Retirement benefits, Tribal benefits, or insurance settlement funds. The caseworker should contact the benefit source prior to termination of State custody to determine the impact on receipt and amount of the benefit if the child enters into custody and guardianship of a caregiver. Any benefits that will continue in guardianship should be taken into account when determining the amount of a guardianship subsidy.

**M. Guardianship Subsidy**

1. **Availability/Scope/Duration:**
   a. Guardianship subsidies are available to meet the care and maintenance needs for children in out-of-home care:
      (1) For whom guardianship has been determined as the most appropriate primary goal;
      (2) Who do not otherwise have adequate resources available for their care and maintenance;
      (3) Who meet the qualifying factors described in Section 3B, Non-Relative Qualifying Factors; and
      (4) Who cannot qualify to receive a Specified Relative grant from the Department of Workforce Services as described in Section 3C-4, Relative Qualifying Factors.
   b. Guardianship subsidies are available through the month in which the child reaches age 18.
   c. Each region may establish a limit to the number of eligible children who may receive guardianship subsidies.
   d. Guardianship subsidies are subject to the availability of state funds designated for this purpose.

2. **Regional Guardianship Subsidy Screening Committee:**
   a. Each region will establish at least one regional guardianship subsidy screening committee. This committee may be combined with another appropriate committee such as the adoption subsidy committee or placement committee.
   b. The regional guardianship subsidy screening committee will be comprised of at least five members, and a minimum of three members must be present for making decisions regarding a guardianship subsidy. Decisions will be made by consensus.
   c. Members of the committee may include the following:
      (1) Chairperson;
      (2) Clinical consultant or casework supervisor;
Regional budget officer or fiscal representative;

Resource Family Consultant;

Allied agency representative from agencies such as a community mental health center, fostering healthy children nurse, or other agencies within the department;

Regional administrator or other staff with relevant responsibilities;

Adoptive or resource parent or guardian.

d. The regional guardianship subsidy screening committee is responsible to:

Verify that a child qualifies for a guardianship subsidy;

Approve level of need and amount of monthly subsidy for initial requests, changes, and renewals;

Document committee decisions;

Coordinate supportive services to prevent disruptions and preserve permanency.

N. Determining Guardianship Subsidy Amounts.

1. The regional screening committee will determine the subsidy amount by considering the special needs of the child and the circumstances of the guardian family. The caseworker presents to the committee information regarding the special needs of the child, the guardian family income and expenses, and/or the guardian family’s special circumstances (Forms OH60 and OH61).

2. The following factors must be considered when determining the amount of the monthly subsidy to be granted: All sources of financial support for the child including Supplemental Security Income, Social Security benefits, and other benefits. (The subsidy committee may require verification of financial support.) If a child is receiving benefit income and the income can continue after guardianship is granted, this amount will be deducted from the guardianship subsidy amount. The guardianship subsidy should not replace other available income (such as Supplemental Security Income).

3. The guardianship subsidy will not exceed the levels indicated below, and may be less based on the ongoing needs of the child and the needs of the guardians.

a. **Guardianship Level I (Basic):** Guardianship Level I is for a child who may have mild to moderate medical needs or medically needy, psychological, emotional, or behavioral problems, and who requires parental supervision and care. The amount of guardianship subsidy for a child whose needs are within Level I may be any amount up to the lowest basic foster care rate.

b. **Guardianship Level II (Specialized):** Guardianship Level II is for a child who may be physically disabled, developmentally delayed, medically needy or medically fragile, or have a serious emotional disorder (SED).
The amount of the guardianship subsidy may range from the lowest basic foster care rate to the lowest specialized foster care rate.

c. Children who are receiving the structured foster care rate in foster care or who are in a group or residential setting are considered for the Guardianship Level II rate.

d. Guardianship subsidies may not exceed the Guardianship Level II rate.

e. Guardianship subsidies are funded with state general funds within regional foster care budgets. A region has the discretion to limit the number of guardianship subsidies or reduce guardianship subsidy rates based on the availability of funds.

O. Changing the Amount of the Guardianship Subsidy.

1. The amount of a guardianship subsidy does not automatically increase when there is a foster care rate change or as the child ages.

2. A guardian may request a guardianship subsidy review when seeking an increase in the guardianship subsidy amount, not to exceed the maximum amount allowable for the child’s level of need. The guardian must complete the Request for Subsidy Increase Form to provide documentation to justify the request (Form OH66).

3. The request must be reviewed and approved by the Regional Guardianship Subsidy Screening Committee. If approved, a new guardian subsidy agreement will be completed.

4. Child and Family Services must provide written notice of agency action by certified mail at least 30 days in advance if a guardianship subsidy rate is going to be reduced.

P. Guardianship Subsidy Agreement.

1. A Guardianship Subsidy Agreement specifies the terms for financial support for the child’s basic needs.

2. A guardianship subsidy caseworker will complete the Guardianship Subsidy Agreement (OH62).

3. The effective date of the initial agreement is the date of the court order granting guardianship.

4. A Guardianship Subsidy Agreement must:

   a. Be signed by the guardian and Child and Family Services prior to any payments being made.

   b. Identify the reason a subsidy is needed.

   c. List the amount of the monthly payment.

   d. Identify dates agreement is in effect.

   e. Identify responsibilities of the guardian.

   f. Identify under what circumstances the agreement may be amended or terminated and time period for agreement reviews.
g. Include a provision for a reduction or termination in the amount of the guardianship subsidy in the event a legislative or executive branch action affects the Child and Family Services’ budget or expenditure authority, making it necessary for Child and Family Services to reduce or terminate Guardianship Subsidies or if a regional office determines that reduction is necessary due to regional budget constraints.

h. Include a provision for assignment of benefits to the Office of Recovery Services in accordance with ORS requirements.

i. Include a provision for re-payment of any financial entitlement made by DHS/Child and Family Services to the guardian, which were incorrectly paid.

Q. Notification Regarding Changes.

1. The guardian must notify Child and Family Services if:
   a. There is no longer a need for a guardianship subsidy.
   b. The guardian is no longer legally responsible for the support of the child.
   c. The guardian is no longer providing any financial support to the child or, is providing reduced financial support for the child.
   d. The child no longer resides with the guardian.
   e. The guardian has a change in address.
   f. The child has run away.
   g. The guardian is planning to move out-of-state.

R. Reviews.

1. A guardianship subsidy caseworker will review each guardianship subsidy agreement annually. The family situation, child’s needs, and amount of the guardianship subsidy payment may be considered.

2. The guardian must complete the Guardianship Subsidy Re-certification form provided by Child and Family Services to verify that the guardian continues to support the child. If the re-certification is not received after adequate notice, the guardianship subsidy may be delayed or face possible termination.

3. Renewals and Re-certifications:
   a. Renewals: In order for guardianship assistance payments to continue, this Agreement will be renewed at intervals of up to three years until the child’s 18th birthday.
   b. Renewal Procedure: DHS/Child and Family Services will provide written notification to the guardians before the next renewal date and will supply the guardian with the appropriate forms.
   c. Amendment Prior to Next Renewal Date: The parties (DHS/Child and Family Services and the guardian) may negotiate the terms of a new agreement at any time. In order to be effective, all new agreements will be in writing, on a form approved by DHS/Child and Family Services, and
signed by the parties. Oral modifications or agreements will bind neither
DHS/Child and Family Services nor the guardian.

d. Re-certification: In order for guardianship assistance payments to continue, the guardian must re-certify annually by completing and submitting the Annual Guardianship Subsidy Re-certification form to DHS/Child and Family Services.

Appeals/Fair Hearings.

1. The guardian may appeal a DHS/Child and Family Services decision to deny, reduce, or terminate a child’s guardianship subsidy awarded through the guardianship subsidy agreement by filing a written request for an Administrative Hearing with the DHS Office of Administrative Hearings (OAH). The hearing request must be filed within 10 working days of receiving the DHS/Child and Family Services decision in writing. For further instructions regarding Administrative Hearings, contact OAH. (See Utah Administrative Rule 497-100, Adjudicative Proceedings.)

2. Child and Family Services will send by certified mail a written Notice of Agency Action when a decision is made to deny, reduce, or terminate a guardianship subsidy. The notice will also include information about how to request a fair hearing.

3. A fair hearings officer from OAH may overturn a Child and Family Services decision to deny, reduce, or terminate a child’s guardianship subsidy when the following apply:
   a. Child and Family Services incorrectly determined that the qualifying factors were not met;
   b. Child and Family Services incorrectly determined the appropriate guardianship subsidy level for the child;
   c. Child and Family Services terminated the subsidy without an applicable termination reason existing.

Termination.

1. A guardianship subsidy agreement will be terminated if any of the following circumstances occur:
   a. The terms of the agreement are concluded.
   b. The guardian requests termination.
   c. The child reaches age 18.
   d. The child dies.
   e. The guardian parent dies (in a two-parent family if both guardian parents die).
   f. The guardian parent’s legal responsibility for the child ceases.
   g. DHS/Child and Family Services determines that the child is no longer receiving financial support from the guardian parent.
h. The child marries.
i. The child enters the military.
j. The child is adopted.
k. The child is placed in foster care.
l. DHS/Child and Family Services determines that funding restrictions prevent continuation of subsidies for all guardians.

2. A guardianship subsidy payment may be terminated or suspended, as appropriate, if any of the following occur. The decision to terminate or suspend must be made by the regional guardianship subsidy screening committee.
a. The child is incarcerated for more than 30 days.
b. The child is out of the home for more than a 30-day period or is no longer living in the home.
c. The guardian fails to return the annual certification or to complete the renewed guardianship subsidy agreement within five working days of the renewal date.
d. There is a supported finding of child abuse or neglect against the guardian.

U. Closure of the Foster Care (SCF) Case When Termination is for Guardianship Without a Guardianship Subsidy. The caseworker will close the SCF case following normal SAFE procedures using the closure wizard.

V. Foster Care Case Record Transition and Process for Guardianship (With Guardianship Subsidy Case).

1. Guardianship Subsidy Screening Committee
   a. Schedule Guardianship Subsidy Screening Committee
   b. Complete Form OH60—Guardianship Subsidy Program Application
   c. Prepare Form OH61—Guardianship Subsidy Screening/Approval Form
   d. Attend Guardianship Subsidy Screening Committee
   e. Complete form OH61—Guardianship Subsidy Screening/ Approval Form

2. Attend Court Hearing granting custody to Foster Parents
   a. Enter an Activity Record in SAFE detailing the outcome of the hearing;
   b. Navigate to the child’s current placement record (Placement Window); select the Permanency Tab and enter the Guardianship Date.

3. Open GAM Case in SAFE.
   a. Create GAM Case through the Case Creation module (Utilize the SCF case number as the prior case id). Designate a caseworker or technician to track the case, make the monthly payments to the guardian, and keep the information updated on the case.
   b. Complete the GAM Setup Wizard by navigating to the General Tab of the Case Window, and selecting the Case Setup Wizard button.
   c. Create the Guardianship Agreement Form—Form OH62, in the GAM case.
d. Mail/Deliver agreement for signatures.

4. Close Foster Care Case (SCF).
   a. Navigate to the General Tab of the SCF Case Window; Select the Case Closure Wizard button.
   b. Enter Closure Reason = Custody/Guardianship to Foster Parent,
   c. Enter Case End Date = [Date Custody granted to Foster Parent]
   d. Complete Closure Wizard.

5. Create Provider Record/Provider Approval in USSDS.
   a. Most providers will already be opened as a licensed provider in USSDS. If they are not, the following steps must be done:
   b. Fax a “Request for 9-character Provider Record Creation” to BCM along with a copy of the provider’s social security card.
   c. Once BCM creates the provider record in USSDS, they will notify office to create provider approvals.
   d. USSDS Provider tech will need to go to PR07 and open the provider approval. Form OH62, attachment A will have the start/end dates along with the rate that the provider needs to be open. If there is more than one child, with more than one rate, open the approval for the highest rate.
   e. The provider information will download nightly into SAFE. PSA’s can be open in the GAM case the following day.

6. Create Purchase Service Authorization in SAFE.
   a. Navigate to the Purchase Service Authorization Window in SAFE (GAM case context).
   b. Enter the following information:
      (1) Provider ID;
      (2) Start Date;
      (3) Service = GAR;
      (4) Kind=Month;
      (5) Units = 1;
      (6) Rate = [amount determined in agreement]

7. Payment Process
   a. Once the provider approval has been open in USSDS and the PSA open in SAFE, the direct checks for the GAR payment will start the following month.
   b. A handwritten 520 will need to be filled out for the first month, if the start date was after the 1st. The rate for the first month will need to be pro-rated (i.e., if the foster care payment ends on the 20th, the GAR payment will start the 21st).
   c. Take the provider monthly approval rate and divide by number of days in that particular month. Then times this rate by the number of days that need to be paid for remainder of the month. (Providers do not have to
sign these handwritten 520’s for GAR payments for the first month of service).

d. The automatic check run for GAR will be on the 1ST of each month. Exceptions to this rule will be if the 1ST is a Wednesday (day of regular check run), or a Saturday/Sunday. If the 1ST falls on a Wednesday, the check run will be the next day. If it falls on a weekend, the check run will be on the following Monday. If there are any check runs that fall on a holiday Monday, they will run on Tuesday.
e. If a provider approval has ended and the client authorization is still open, a direct check will not be issued to the provider. The agreement/approval needs to be updated before any payments can be issued.

8. Create Guardianship Subsidy File in the Child’s Name.
   a. Create new file using approved subsidy tabs. If provider is getting custody and guardianship of a sibling group, all names can be added and maintained in the same guardianship file.
   b. Copies of OH60 (Guardianship Program Application), and OH61 (Guardianship Screening/Approval Form) will be placed in both the foster care file and the guardianship file. If copies of the birth certificate and social security card are available from the family file, copies should be placed in the Guardianship Subsidy file also.
   c. Forms OH62 (Guardianship Subsidy Agreement) and OH64 (Annual Recertification Letter), along with any other correspondence, will be maintained in the guardianship subsidy file.

   a. Mail Form OH64—Annual Guardianship Subsidy Re-certification Letter, 60 days or more prior to the end date of the agreement.
   b. Request that the GAR provider complete and return the recertification letter 30 days prior to the end date of the agreement.
   c. Upon receipt of the recertification letter, enter Activity Record in SAFE.
   d. Extend GAR provider approval in USSDS (do not create a new GAR line unless the rate is changing).
   e. If provider fails to return recertification letter 30 days prior to the end date of the agreement, mail out a final 30-day notice. This notice will notify them that their case will be closed in 30 days if the recertification letter is not received. If after the final 30-day notice the recertification letter is not received, close PSA to stop the GAR direct checks from running.

W. Closure of a Guardianship Subsidy Case.
   1. Navigate to the General Tab of the GAM Case Window; Select the Case Closure Wizard Button.
a. Enter appropriate Closure Reason based on the child's situation. Select the closure reason value that most closely applies.

2. Complete Closure Wizard.

3. At closure of GAM case, the hardcopy of the Guardianship Subsidy file will be closed and archived according to the retention for Guardianship Subsidies.

### 308.3 Transition To Adoptions And Adoption Finalization

**Major objectives:**
If the child’s permanency goal is adoption and the child is not already in the adoptive home, Child and Family Services will make intensive efforts to place the child with an adoptive family. [See: Section 400, Adoption, subsections 401.3 through 401.9.]

**Applicable Law**

### 308.3a Contact Between Adopted Child And Birth Family Members

**Philosophy:**
Help children stay connected with birth family members after adoption to help relieve loss, cultivate a pride in their heritage, and answer questions about family histories of medical and mental health conditions.

**Major objectives:**
Child and Family Services will help children who are adopted benefit from contact with birth family members when all parties agree it is safe and appropriate. Contact with birth family members may help a child:

A. Relieve grief and loss. Children have often lost connections with birth family members through being in out-of-home care and further lose connections after they are adopted.

B. Cultivate pride in their biological heritage to develop self-worth and good self-esteem. Contact with appropriate birth family members can help an adopted child understand their biological heritage.

C. Explain things like their genetic traits and possible inherited medical and mental health conditions.

**Applicable Laws**
Utah Code Ann. §78B-6-146. Post Adoption Contact Agreement.

Practice Guidelines
[See: Practice Guidelines Section 401.8a.]

308.4 Transition To Independent Living

(This section has been replaced by Section 303.7.)

308.5 Transfer To Other Agencies

Major objectives:
Child and Family Services will team with other agencies to ensure each foster child receives appropriate services from other agencies as needed.

Applicable Law

Practice Guidelines
A. The caseworker should screen the case with the appropriate agency to determine if the child is eligible for services from another agency such as Youth Corrections, DSPD, or Division of Aging and Adult Services.

B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not assume full responsibility for the case until the child is age 18 years or in some cases age 21 years. Therefore, Child and Family Services must work in conjunction with DSPD. However, once a child reaches age 18 or 21 years, the case may be transferred to DSPD.

C. Once it is determined a child is eligible for service from another agency and the case has been accepted for services by the agency, the caseworker will meet with the child and necessary family members and explain the transfer of services to the new agency. The caseworker will assist the child and new caseworker in making a smooth transition.

D. Once the transition is complete, Child and Family Services may close the foster care case.
Termination Of Out-Of-Home Services

Major objectives:
When a child’s permanency goal is achieved, Child and Family Services out-of-home services will be terminated.

Applicable Law

Practice Guidelines
No later than 30 days after the issuance of the court order to terminate Child and Family Services custody and guardianship of a child, the caseworker will:

A. Complete the risk assessment, which shows the child will be safe in the permanent placement.

B. Update the Functional Assessment.

C. If parental rights have not been terminated, notify the parents, in writing, that the case is being closed. A copy of the letter should be sent to the Guardian ad Litem.

D. Notify the Office of Recovery Services with a closure date.

E. Notify the regional eligibility caseworker for reassessment or referral of Medicaid eligibility.

F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social Security Administration or other entitlement source in writing of the change in payee and notify the business office at the regional office to close out the child’s trust fund.

G. Write a termination summary addressing the original risk factors, achievement of the service plan goals and the reason for closing the case, etc.

H. Complete the closure wizard on SAFE.

I. The case must have a copy of the court order terminating Child and Family Services custody and involvement in the record before the case can be closed.

J. The case should be reviewed by the caseworker’s supervisor and a QA review completed and put in the record to ensure all documentation is complete on the case before it is closed.
K. If the child is from another state, refer to Section 703 Interstate Compact On The Placement Of Children.

308.7 Foster Youth Petitioning The Court For Release From Child and Family Services Custody

**Major objectives:**
Minors over the age of 18 who are in the custody of Child and Family Services may petition the court to be released from the custody of Child and Family Services if the minor came into custody based on abuse, neglect, or dependency.

**Applicable Laws**

**Practice Guidelines**
A. If a minor over the age of 18 years requests to be released from the custody of Child and Family Services, the caseworker will inform the minor of the process.
   1. The minor may petition the juvenile court to be released from the custody of Child and Family Services if the minor came into custody based on grounds of abuse, neglect, or dependency.
   2. The minor is responsible to file the petition, which must include:
      a. A statement from the parent or guardian if rights are not terminated agreeing that a release from custody should occur, and
      b. Both the child and the parents’ signature on the petition.

B. Prior to the review of the minor’s petition by the court, the caseworker will provide the following information, if applicable, to the court to assist the court in determining if it is appropriate to grant the release from custody:
   1. That the minor does not pose an imminent threat to self or others. This includes, but is not limited to:
      a. Substance abuse issues.
      b. Threat of homelessness or human trafficking.
      c. Mental health impairment.
      d. Ability to live independently as an adult, including work and education.
      e. Disability.
      f. Threat of exploitation due to disability.

C. If the court grants the petition, the minor may petition the court to re-enter Child and Family Services custody within 90 days of the original petition being granted. If the
court does grant the petition to have the minor re-enter Child and Family Services custody, the caseworker will:

1. An SCF case will be opened on the date the court granted the petition to re-enter Child and Family Services custody.

2. Determine if the minor should be considered for an Independent Living Placement (ILP) (see: Section 303.7). If it is determined the minor should be placed in an ILP, the caseworker will follow Section 303.7.

3. If the minor is assessed to need a higher level of care, the caseworker will staff the case with the regional contract manager to determine if there are placements available that can serve a minor over the age of 18.

4. The caseworker will assess for possible kinship connections, as well as other permanent connections following Section 301.2 to determine appropriate permanency goals for the minor.
Peer Parent Services

Major objectives:
Peer Parent services may be appropriate for families who have parenting or household management challenges. Peer Parent services are also appropriate for families who are at risk of having their children removed (as a preventative measure) or whose children have been removed. Families will be assigned a peer parent who is a specially trained individual, who may be a licensed out-of-home caregiver or an individual from the community, to work intensively with the parents to provide information; to teach and provide an opportunity to practice positive parenting and household management skills; and to model the skills.

Peer Parent services are not designed to ensure safety of the children in the home or to monitor the family’s compliance with court orders or Child and Family Services requirements.

Applicable Law

Practice Guidelines
A. Eligibility requirements for families to be referred by a caseworker to Peer Parent services are:
   1. Families or caregivers in need of extra help or support in order to maintain the child in the home.
   2. Families whose child has been removed from the home due to insufficient parenting skills.

B. The role and responsibilities of the peer parent is:
   1. To teach parenting skills by engaging the parent and the child in interactive experiences.
   2. To teach and model household management skills needed by the parent.
   3. To fully document all sessions as they work with the family.
   4. To submit documentation to both the peer parent area coordinator and the caseworker on a monthly basis.

C. All peer parents will use a skills-based curriculum approved by Child and Family Services as a basis for working with the family. The peer parent may supplement the curriculum, when needed, with other materials approved by the peer parent area coordinator.

D. A manual, and/or other materials used by the peer parent when working with the family, will remain with the family as a resource when peer parenting has ended.
E. Accessing, Initiating, and Terminating Peer Parent services:

1. The caseworker will staff all referrals to Peer Parent services with the peer parent area coordinator, who will determine if the referral is appropriate for Peer Parent services.

2. Peer Parent services will not be provided simultaneously with homemaker, family preservation, or parent advocate services.

3. The caseworker will include Peer Parent services in the Child and Family Plan.

4. Peer Parent services will begin with an initial meeting between the peer parent, caseworker, and parent to clarify expectations and the skills to be addressed, and to formally include Peer Parent services in the Child and Family Plan.

5. The caseworker will ensure that correct service codes are entered into SAFE in order to provide the requisite compensation to the peer parent.

6. The caseworker will assist the potential peer parent and/or the peer parent area coordinator in completing other forms required in order to initiate services.

7. The caseworker will ensure that the service codes are closed in a timely manner upon completion or termination of Peer Parent services.

F. Time Requirements and Limitations: Peer parents will engage the parent in hands-on, practical parenting opportunities for a minimum of 20 hours per month with a maximum or 40 hours per month. Peer Parent services are not to exceed 120 days unless staffed for an exception. Exceptions to this time frame include court orders or approval from the region director.

G. Payment code:

1. The payment code of PPO will be used when Peer Parent services are initiated on a case where the child is currently in state custody. The PPI code is utilized when the child remains in the custody of the parent or guardian and Peer Parent services are being offered.

2. Peer Parent services will be opened with the parent or guardian identified as the primary client (not the child). In most cases only one parent may be opened for the service.

3. The peer parent will receive a standard reimbursement rate. In order for the payment to be processed, Child and Family Services must receive completed documentation for total hours billed and a signed form 520 from the peer parent who is providing the services. Documentation must be received prior to the payment being issued.

H. Peer Parent Program Staff:

1. Peer parents are specially trained individuals, who may be licensed out-of-home caregivers or an individual from the community, who work intensively with the
parents to provide information, to teach and provide an opportunity to practice positive parenting and household management skills, and to model the skills.

2. Peer parent area coordinators administer the Peer Parent services in the regions. The peer parent area coordinators recruit, train, supervise, and assist individual peer parents.

3. A program administrator from the State Office is assigned to manage Peer Parent services statewide and inform the peer parent area coordinators of Practice Guidelines and procedures of Child and Family Services pertaining to Peer Parent services.

I. Requirements for being a peer parent:

1. Peer parents will be certified by Child and Family Services to provide Peer Parent services.

2. Peer parents will have completed basic peer parent training delivered by the peer parent area coordinator and maintain a working knowledge of the competencies outlined in the current Peer Parenting Manual.

3. Peer parents will be current with their required advanced training hours delivered by the peer parent area coordinator.

4. Peer parents must show an understanding of the major objectives and procedures of Child and Family Services.

J. Peer Parents Certification:

1. Peer parents may be licensed Child and Family Services out-of-home caregivers who have received training and certification specific to providing Peer Parent services.

2. Peer parents may also be individuals from the community that are not licensed out-of-home caregivers, but who have gone through the peer parent training and certification process and are approved to provide Peer Parent services by the region director.

3. The peer parent area coordinator will facilitate the certification process by documenting that the prospective peer parent has:
   a. Passed the background screening process,
   b. Completed the necessary training, and
   c. Gained an understanding of Child and Family Services processes.

4. The peer parent area coordinator will notify the region of all certified peer parents and their status as either licensed out-of-home care providers or certified peer parents.

K. Role of the Peer Parent Area Coordinators: The peer parent area coordinator will:

1. Recruit and train peer parents throughout the region as needed.
2. Receive referrals from caseworkers for Peer Parent services, make a determination of the appropriateness of the family for services, and assign a peer parent to the family.

3. Meet quarterly with Child and Family Services staff, throughout the region they serve, to assess the needs of the region in regards to Peer Parent services and to educate staff regarding the Peer Parent services.

4. Assess the Peer Parent services in the region they serve and make needed improvements and changes.

5. Attend statewide meetings in regards to the Peer Parent services, coordinate with the program administrator assigned to Peer Parent services, and prepare program utilization reports as requested by Child and Family Services.

L. Role of the program administrator assigned to Peer Parent services:

1. The program administrator will manage and evaluate the Peer Parent services. The program administrator works to improve the Peer Parent services and ensure that the program is being implemented effectively in the regions.

2. The program administrator manages Peer Parent services statewide and informs the peer parent area coordinators of Practice Guidelines and procedures in regards to Peer Parent Services.

3. The program administrator will assist the peer parent area coordinators, region directors, and Child and Family Services staff as needed.
310 Levels Of Care Evaluation Model

Major objectives:
A child will be placed in a placement consistent with the child’s needs, first taking into consideration preference of placement found in Practice Guidelines Section 700. The type of out-of-home placement for the child, either the initial placement or change in placement, will be determined within the context of the Child and Family Team. Placement level decisions will be made based upon the needs, strengths, and best interests of the child according to the following criteria (these are in no particular order, rather they should be considered in the context of each case and situation):

A. Safety factors in regards to the potential placement, including the threats of harm to the child or that the child poses to others, the protective capacities of the caregiver, and the child’s vulnerabilities.

B. Reasonable proximity to the child’s home.

C. Placing siblings together unless there is a safety concern.

D. Educational needs, including proximity to the child’s school and child’s need for maintaining connections to school.

E. Needs specific to the child’s age, including developmental level.

F. Cultural factors, language, and religion specific to the child.

G. Existing relationships between the child and a caregiver or other significant individuals in the child’s life.

H. Health and mental health needs.

I. Potential for ongoing care or permanency with the caregiver to prevent unnecessary changes in placement.

Applicable Law
Practice Guidelines

General Philosophy:

Child and Family Services has the responsibility to determine the least restrictive and most appropriate placement based on the child’s needs. The placement provides for the safety of the child and others, as well as assists in maintaining the child’s connections with their family. For children who are unable to return home, the placement will have the capacity to prepare a child for another planned permanent relationship and/or provide for connections to relationships that will endure through adulthood.

A. The Levels of Care Evaluation Model promotes the belief that children should live in family settings, not in a treatment program.

B. The Levels of Care Evaluation Model is designed to allow flexibility in meeting the needs of children while keeping safety, permanency, and well-being at the forefront throughout the decision-making processes used by the Child and Family Team.

C. The Levels of Care Evaluation Model is designed to identify the level of care, supervision, and services that a child requires and NOT identify a specific placement.

D. Services will be outcome driven and provided in the most cost effective manner within available resources.

Levels of Care - General Description:

A. The Levels of Care Evaluation Model is based on a continuum of care with seven levels of care. As the levels of care progress, each level is designed to provide more intensive services and supervision than the prior level of care.

B. The first three levels (Level I, Level II, and Level III) are most frequently provided in foster family homes licensed by the Department of Human Services (DHS), Office of Licensing (OL). Occasionally these services are provided to children in proctor homes, such as when foster family homes are not available or when siblings of a child in proctor care are placed together.

1. Level I is family-based care that provides safe, adequate, standard parental supervision and care. Children in this level of care may have mild to moderate medical or mental health treatment needs and mild behavioral problems.

2. Level II is family-based care that provides a safe environment with adequate parental supervision that may be slightly or moderately more intense than that of a child in Level I care. Children at this level may be physically disabled, developmentally delayed, medically needy or medically fragile, or have a serious emotional disorder (SED), and may require outpatient treatment services more frequently than once a week, such as day treatment and/or special education services.
3. **Level III** is family-based care that provides intensive treatment services and constant supervision in a family living environment by a well-trained, experienced out-of-home care provider. Children at this level may have severe behavioral, emotional, or medical problems that can still be managed in a foster home. Level III care is for children who are unable to be successful in placements with a lower level of services and supervision. Children in Level III care have behaviors, medical concerns, or other needs that could generally be improved by working with skilled, experienced out-of-home care providers that have completed advanced training through the Utah Foster Care and have demonstrated skills in working with the issues. A Level III placement is a safe intervention phase to help stabilize and improve the behavior of a child ages eight to 18 years and to teach them skills to help them form healthy relationships and achieve goals congruent with their age and developmental level.

   a. Level III care is based on the needs of the child, not the level of training the out-of-home care provider has received.

   b. The out-of-home care provider may be required to participate in supplemental training to learn how to deal with the specific needs and behaviors of a child assessed for Level III placement. Level III placement may also include a specific, individualized plan (which may be incorporated into the Child and Family Plan) tailored to improving problematic behaviors of the child and/or meeting the child’s specific needs.

   c. **Screening for placement in Level III:**

      (1) A child who is recommended for a Level III placement will be screened by the Placement Screening Committee or equivalent committee in the region to determine if a Level III placement is the most appropriate placement for meeting the child’s needs.

      (a) The region director or designee is required to approve placing a child under the age of eight years in a Level III placement.

      (2) Level III is to assist in preparing the child for transition into a permanent family setting, such as returning the child home; adoption; custody and guardianship to kin or with an out-of-home care provider; or another planned, permanent living arrangement.

   d. **Requirements for prospective Level III out-of-home care providers:** Out-of-home care providers must meet the following requirements before they can be approved to provide Level III care:

      (1) A minimum of six months experience as an out-of-home care provider OR the Resource Family Consultant (RFC) or other designated regional staff determines that the family has the skills
and abilities to successfully parent a child placed in their care that would qualify as a child that requires a Level III placement;

(2) One parent available in the home full-time when the child is present;

(3) Complete the training designated by Child and Family Services through the Utah Foster Care for Level III out-of-home care providers;

(4) Successful demonstration of the skills taught in the training;

(5) Successful completion of an evaluation by the RFC or other staff designated by the region at the end of a six-month probationary period;

(6) Completion of any additional requirements as outlined by the region.

e. The RFC or other staff designated by the region will monitor the out-of-home care provider to assess their ability to provide Level III care. A formal, written evaluation of the out-of-home care provider’s abilities will be completed annually and documented in SAFE or in the out-of-home care provider’s file in order to determine that they are able to provide care and structure at an appropriate level for the child placed in their home.

g. If needed, the RFC or other designated regional staff will identify or provide additional training and/or assistance to the family to help the out-of-home care provider in meeting the specific needs of the child placed in their home.

C. Children with severe emotional or behavioral difficulties that cannot be managed in traditional family settings because of a need for more intensive supervision and treatment may be placed in higher levels of care through contracts with licensed providers.

1. **Level IV** is proctor family care through a private licensed child-placing agency. The proctor agency generally has access to highly skilled caregivers as well as a variety of wraparound services needed for the higher, intensive needs of the child. It also includes Transition to Adult Living services in a supervised apartment setting.

2. **Level V** is residential support or residential treatment, generally for children with moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.

3. **Level VI** is residential treatment for children with high level treatment and supervision needs, generally requiring 1:4 staff to client ratio with awake night staff. This is the highest level of care before institutional care at a psychiatric or acute care hospital.
4. **Level VII** is institutional care at a psychiatric or acute care hospital, such as the Utah State Hospital.

D. **Categories of primary treatment needs for Levels IV, V, and VI**: Children entering a higher level of care provided by a contract provider (Levels IV, V, or VI) will have behavioral concerns. These levels are based on the intensity of supervision required by direct care staff and/or proctor parents. It is what is behind the behaviors that will indicate primary treatment needs of the child.

Within the Levels of Care Evaluation Model, Levels IV, V, and VI contain five categories of service that are designed to address specific treatment needs of a child. For children entering higher levels of care, an assessment and determination must be made regarding which treatment category is appropriate for the child.

1. **Sexual Behaviors**: Children who have sexual behaviors that have not been managed while living with their families or while living in lower levels of care.

2. **Mental Health**: Children whose negative behaviors are a result of a mental illness (such as seriously emotionally disturbed, bipolar disorder, major depression, PTSD, etc.).

3. **Substance Dependent**: Children who have been diagnosed as being substance dependent through a psychological or substance abuse assessment.

4. **Behavioral Disorders**: Children whose presenting problems are behavioral in nature such as non-compliance, acts of physical aggression, property offending, or substance abuse. Children placed in this category have been ruled out of the sexual behavior, mental health, and substance dependant treatment categories.

5. **Individual Residential Treatment for Severe Needs (IRTS)**: Children with a combination of cognitive impairments or other significant physical disabilities AND severe emotional or behavioral disorders that cannot be served in the other treatment categories due to their intensive needs. Children placed in the IRTS category require a more intensive staff to client ratio from 1:1 to a maximum of 1:3 client ratio and other intensive services, which are based on the individual needs of the child. The treatment plan for a child placed in this category is highly individualized and based on the child’s needs.

   a. The IRTS category is a 24-hour individual residential program. Highly trained staff provide an intensely structured environment, general guidance, supervision, behavior management, and other rehabilitation services designed to improve the child’s condition or prevent further regression so that services of this intensity will no longer be needed. The program has the capacity to significantly increase or decrease the intensity of services and supervision for the child, depending on their needs, without a change in the placement setting. There are two types of IRTS placements:
(1) **Community living residential support:** This service is available to those persons who live alone or with roommates in an apartment-like setting based on an individualized staff to client ratio ranging from 1:1 to 1:3. This is a residential service designed to assist the child to gain and/or maintain skills to live as independently as possible and fully participate in a community setting. The type, frequency, and amount of required support in these settings are based on the individual client’s needs.

(2) **Professional parent home:** A family home-like setting for one child with IRTS qualifying needs. This service provides individualized habilitation, supervision, training, and assistance in a certified private home for no more than one child client at a time. This service includes daily supports to maintain individual health and safety, and assistance with activities of daily life.

b. **Requirements for IRTS professional parent homes:**

(1) The provider will place no more than one child client in the home of a professional parent.

(2) The provider will ensure there is no more than one child client in the professional parent home who is unrelated to the professional parents, including the child client who is being served.

(3) One professional parent will be in the home at all times when the child client is in the home, or the caseworker will need to approve other agency staff to provide supervision. A professional parent will be available for immediate contact when the child client is not in the home.

E. **General Requirements for all treatment providers in Levels IV, V, and VI:**

1. **No Mixing of Treatment Populations:** Child populations in different treatment categories may not be mixed in the same residential facility or proctor home. Providers will have residential programs that specifically target the population they are working with. In addition, low supervision need children generally should not mix with moderate to high-risk children, unless they are stepping down and the caseworker and Child and Family Team make a determination that placement of the children together is safe and appropriate.

2. **Gender Considerations:** Male and female children need to be housed and treated separately. There may be an exception granted in family-based placements for siblings or for a child in custody who has a child of their own. It is also expected that any program working with female clients, even where there is a mixed gender population in the program, will implement gender-responsive best practices. Training and guidance will be given to providers regarding gender responsive practices.
3. **Multiple Diagnoses:** For children with multiple diagnoses, the diagnosis of greatest concern will dictate the treatment needs and, ultimately, the placement (though the provider will still be required to address all of the treatment needs).

4. **Changes in Placement:** Before a provider requests to change a child’s placement, the provider must first attempt to stabilize the placement through adjusting treatment and wrap services based on the child’s variable needs.

5. **Requirement for Written Authorization:** The provider must obtain written authorization from the caseworker prior to providing services or increasing services for a child.

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**Process for Making Placement Decisions:**

A. **Child and Family Assessment (CFA):** Caseworkers will complete a CFA on each child in order to assist in making an appropriate determination for the level of care the child will be placed in. The CFA will include a Levels of Care Evaluation.

   1. **CFA:** The CFA is developed through a process of teaming and assessing each child in Child and Family Services custody. Information available from formal assessments (health, mental health, psychiatric, school, etc.) and informal assessments (client interviews, family history, etc.) is brought together and synthesized into the CFA. Through the Child and Family Team process, the caseworker completes the CFA by gathering information about the child in the following areas:

      a. Threats of harm that can affect the safety of the child;
      b. Placement and treatment history;
      c. Child’s family history, including the family’s strengths, concerns, and protective capacities;
      d. Child’s strengths, motivations, and interests;
      e. Health issues/concerns, including medication history;
      f. Developmental and educational levels;
      g. Behavioral/emotional concerns about the child, including those that pose a risk to self and others;
      h. Mental health issues and history, including psychotropic medication;
      i. History of delinquent behavior;
      j. Permanency goal, including enduring relationships that can provide safety and permanence.

B. **Levels of Care Evaluation tool:** Caseworkers will use input and information from the Child and Family Team and from other known assessments to complete a Levels of Care Evaluation on every child to determine the appropriate level of care and services needed to promote stabilization for the child. The Levels of Care Evaluation will inform the CFA. Children will be placed in the level and category of treatment and supervision that is best suited to meet individualized needs based on the conclusions drawn in the CFA and the Levels of Care Evaluation tool.
1. The Child and Adolescent Needs and Strengths (CANS) assessment will serve as the Levels of Care Evaluation tool for children in the custody of Child and Family Services. The CANS assessment is meant to be completed using information that is contributed by the members of the Child and Family Team. The result of the CANS assessment is a recommendation for a level of care, as well as a recommended treatment category for Levels IV, V, and VI.

2. The CANS assessment results may be superseded by recommendations of other assessments (such as a NOJOS assessment or Mental Health Assessment) or by the decision of the Child and Family Team or the Placement Screening Committee when determining the appropriate level of care for the child.

3. When a decision is made to place a child at a level of care that differs from the recommendation of the CANS assessment, the rationale for the placement decision will be documented in the SAFE database in the CFA.

C. When the placement recommendation indicates the need for a Level III placement and above, the caseworker will take the completed CANS assessment and the CFA, and will present the information to the region Placement Screening Committee. The Placement Screening Committee will ask clarifying questions and assist the caseworker in refining the evaluation in order to determine an appropriate recommendation for a level of care for the child. The placement will be within the least restrictive environment for the shortest, appropriate duration to help the child achieve the outcomes defined for that child and to help the child progress towards enduring safety and permanency in a family setting.

Ongoing Assessment of Progress:
In order to assess for progress, the caseworker will hold regular reviews to determine whether the child is making progress and/or needs to remain at the current level of care. The review should include the completion of a new CANS assessment, review of other assessments that have been completed since the last review, input from the Child and Family Team, and any other relevant case information.

A. For placements at Level I, II, and III, reviews will be conducted a minimum of every six months or more frequently as needed.

B. For each child placed at a Level IV or higher, reviews will be conducted a minimum of every three months or more frequently as needed.

C. For children in Level III placements and above, these reviews must be done with the region Placement Screening Committee.

1. Review of Level III placement: The review process of a Level III placement will follow the region protocol, but at a minimum will be staffed with the supervisor and the caseworker.
2. For all placements, the review will include input from the Child and Family Team members regarding the effectiveness and appropriateness of the placement, and should address the child’s underlying needs, strengths, behaviors, progress toward goals, permanency, long-term view, and barriers to progress. A new Level of Care Evaluation tool (the CANS) should also be completed as a part of the review.

3. If the child has been in a Level III or higher placement for 12 months or longer without making significant progress, the Child and Family Team will determine:
   a. Whether the child may need to be screened by the Placement Screening Committee or equivalent placement committee in the region for a higher level of care;
   b. Whether the child may be in need of additional supports or wrap-around services, or their behavior goals may need to be re-defined.

4. If after 12 months it is determined that the child would benefit from continuation in their current placement, the caseworker will document this information on the CFA and forward the information to the Placement Screening Committee.

D. Stepping a child down will be based on the stabilization and improvement of the child’s behaviors and conditions as based upon the CANS. This decision will be a collaborative decision by the Child and Family Team and/or the Placement Screening Committee.

E. Children who are placed in Level III and Level IV family-based care may be stepped down in intensity of wrap services provided while remaining in the same family placement to allow for stability.

F. If at all possible, children who are assessed for needing a higher level of care will remain in their current placement with increased intensity of services.
311 Research Involving Children In Child And Family Services

Custody

Major objectives:
Child and Family Services will cooperate with bona fide research by providing information on or allowing recruitment of children in the custody of Child and Family Services as long as the research is approved in accordance with the standards and procedures of the Department of Human Services Institutional Review Board, which may be found on their website at http://www.hs.utah.gov/irb/index.htm.

Applicable Law
Utah Code Ann. §52-4 et seq. Open and Public Meetings.
Utah Code Ann. §63G-2 et seq. GRAMA.
Utah Code Ann. §62A-3-302. Purpose of Adult Protective Services Program.

Practice Guidelines
A. When a researcher proposes a research study that involves children in Child and Family Services custody, the following steps must be taken to grant informed consent prior to the researcher being given any confidential information or having contact with clients or their private data. Federal regulations define “research” as “a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.” This may include, but is not limited to, accessing individual client records, interviewing the child or others about the child, observing the child, or treating a child as part of the research study.

1. The Child and Family Services research representative to the Department of Human Services Institutional Review Board (DHS IRB) must review and approve the research. The Child and Family Services research representative will consult with the division director and/or region directors when the research impacts regional workload or is of greater than minimal risk. Risk level is determined by the DHS IRB or the research representative. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. The review will consist of evaluating whether or not the research is in the best interests of Child and Family Services and its clients (including the children), the researcher has made adequate provision for obtaining all required informed consents and informed assents, the research protocols and procedures are
designed to ensure confidentiality, respect, and ethical treatment during the
researcher’s gathering of the data, storage, retrieval of the data, and publication
of the data, the research study involves no more than minimal risk to subjects or
the direct benefits to the subjects outweigh the risks, the research methodology
is sufficiently sound to yield results that offer a potential benefit to the
Department or Child and Family Services, and the research protocol protects
individual privacy rights and complies with the Department’s Vision and Mission
Statements, the Department Code of Ethics, and any applicable rules or statutes,
including Utah Code Annotated §63G-2-202. Approval will be documented on
the Division Level Approval of Research Form (see Section 311--Foster Children
Research Involvement - Caseworker Consent Form).

2. The DHS IRB must review and approve the research in accordance with
Department of Human Services policy “Protecting the Rights of Human Research
Subjects Policy and Procedures”, FDA 21 CFR 50, FDA 21 CFR 56; DHHS 45 CFR
46; Utah Code Annotated §52-4 et seq Open and Public Meetings; Utah Code
Annotated §53A-13-301 Application of State and Federal Law to the
Administration and Operation of Public Schools; Utah Code Annotated §63G-2 et
seq GRAMA; Utah Code Annotated Utah Code Annotated §62A-3-302 Purpose of
Adult Protective Services Program; Utah Code Annotated §62A-4a-403 Reporting
Requirements.

3. Informed consent for children in Child and Family Services custody (unless
written consent has been waived by the DHS IRB):

a. The Child and Family Services caseworker for the child will consult with
the foster parents (adoptive parents in research with adoptive children)
and may contact therapists, school personnel, and others who work
closely with the child to determine if the child will be available and ready
to participate in the proposed research, and to consider if there are any
concerns about the child participating in the research. If it is decided that
the child can participate, the caseworker must sign the informed consent
and document on the “Foster Children Research Involvement –
Caseworker Consent Form” who they consulted prior to deciding to give
consent.

b. If the research is greater than minimal risk and the child is under 18 years
of age and the goal of the child is ‘Return Home’ or ‘Custody to Relative
Guardian’ or if parental rights have not been terminated, the parents or
relatives must be consulted and give their permission for the child to
participate. If they give their permission they must also sign the
informed consent form. If they do not give their consent the child cannot
participate in the research.

c. If the child has the maturity to understand the implications of
participating in research, they must be consulted about their potential
participation. It must be explained that participation is voluntary, if they
do not assent it will not in any way affect services they or their families receive from Child and Family Services, and if they do assent they can withdraw from the research project at any time without penalty.

Evaluation of the child’s level of maturity is done by the Child and Family Services caseworker after consultation with foster or adoptive parents and other appropriate collateral contacts (i.e., education representatives, a therapist, caretaker, etc.). If the child (younger than 18 years of age) agrees to participate, he or she must sign an informed assent form. If the child is 18 years or older they must sign the informed consent form. If the child does not agree they cannot participate in the research.

d. If the research is greater than minimal risk, the office of the Guardian ad Litem (GAL) must be contacted. The GAL representing the child must be given a description of the research project. If the GAL expresses concerns regarding the child’s participation in the research, the child cannot participate. The GAL may be contacted via phone or certified mail. They need to be provided the anticipated start date for the research. They also need to be provided a date by which response is required so that they can express any concerns they have prior to then. The GAL must be given at least 10 days to review and respond to the research proposal.

Contact with the GAL must be documented for each child.

e. Copies of consent forms, assent forms, and the “Foster Children Research Involvement – Caseworker Consent Form” will then be sent to the Child and Family Services research representative to be stored with the research proposal.

B. Once these steps have been completed and if proper consent and assent have been given, the Child and Family Services research representative may release information to the researcher or the caseworkers may allow participation of foster children and the researcher may proceed with their research project.