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27 **701 Administrative Hearings**

28

29 Philosophy

30 The goal and purpose of the Administrative Hearing process is to provide an avenue for an
31 alleged perpetrator to challenge the conclusion of the Child and Family Services caseworker
32 who has made a supported finding of one of the non-severe types of child abuse or neglect.
33 This opportunity is provided through an informal hearing before an administrative law judge.
34 This process is distinct from that used when a finding of severe abuse or neglect is challenged.

35

36 **701.1 Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse
37 And Neglect**

38

39 Major objectives:

40 Child and Family Services will advise individuals of their hearing rights and assist them with the
41 administrative hearing process.

42

43 **Applicable Law**

44 Utah Code Ann. [§62A-4a-1009](#). Notice and opportunity to challenge supported finding in
45 Management Information System – Right of judicial review.

46

47 Practice Guidelines

48 A. Hearing opportunity: When a Child and Family Services caseworker makes a supported
49 finding of non-severe abuse or neglect, the alleged perpetrator will be informed of their
50 right to challenge that finding before an administrative law judge. The alleged
51 perpetrator has responsibility to request the hearing from the Department of Human
52 Services, Office of Administrative Hearings.

53

54 B. Request for and Review of Documents: An alleged perpetrator has the right to review
55 documents related to the finding made by Child and Family Services prior to a hearing.
56 The documents will be provided only when a proper request is made using processes
57 established under the Government Records Access and Management Act (GRAMA). All
58 documents relevant to the caseworker's finding, which can be released to the alleged
59 perpetrator under GRAMA, will be prepared and released sufficiently in advance of the
60 hearing to allow the alleged perpetrator to prepare for the hearing. The Child and
61 Family Services caseworker making the supported finding and his or her supervisor will
62 assist in the process of compiling and preparing the documents for release.

63

64 C. Internal Review of Findings: Upon receiving notice that a hearing has been requested,
65 the caseworker making the supported finding will review the case with his or her

- 66 supervisor or other person within their region designated to review such findings. If the
67 Child and Family Services caseworker believes upon reviewing the case that the
68 supported finding was reached in error, the caseworker will ask that the record be
69 changed prior to the hearing.
70
- 71 D. Caseworker participation and Administrative support: The Child and Family Services
72 caseworker who made the original finding will appear at a hearing to provide testimony
73 and information to the administrative law judge and the alleged perpetrator as
74 appropriate. A supervisor or administrator will appear with each caseworker at every
75 hearing.
76
- 77 E. Appeal of the administrative law judge decision: If after a hearing the Child and Family
78 Services caseworker believes the administrative law judge reached an incorrect
79 conclusion, the caseworker, through their supervisor will request an appeal to the
80 juvenile court. This request must be communicated to the Office of the Attorney
81 General, Child Protection Division within 10 days of the date the administrative law
82 judge signs the final order overturning the Child and Family Services caseworker's
83 finding.
84
- 85 F. Effect of court proceedings: If the same allegations that underlie the Child and Family
86 Services caseworker's conclusions have already been adjudicated in a juvenile, district,
87 or justice court, and the alleged perpetrator has been found to be responsible for acts
88 that constitute abuse, neglect, or dependency, Child and Family Services will not provide
89 a hearing to the alleged perpetrator. When these circumstances exist the Child and
90 Family Services caseworker and his or her supervisor, through an Assistant Attorney
91 General will request that the Office of Administrative Hearings dismiss the hearing
92 request. The Child and Family Services caseworker will nevertheless appear at a hearing
93 scheduled by the administrative law judge unless the case is dismissed by the Office of
94 Administrative Hearings.
95
- 96 G. Stay of Office of Administrative Hearings proceedings: When a district, juvenile, or
97 justice court is considering allegations relating to abuse, neglect, or dependency against
98 a person who is the subject of a supported finding, and that person has requested a
99 hearing before an administrative law judge, Child and Family Services may request a
100 "stay" in the Office of Administrative Hearings proceedings. This does not limit the
101 alleged perpetrator's rights and allows for the Office of Administrative Hearings to
102 consider the Child and Family Services caseworker's finding at a later time. Child and
103 Family Services will not ask for a stay in the Office of Administrative Hearings
104 proceeding unless there is a court case underway at the time the request for hearing is
105 made. Once a decision is made by a court, the Child and Family Services caseworker will
106 ask to have the stay lifted and to have the case move forward. Where appropriate,

- 107 Child and Family Services will use the findings made by the court to prove the accuracy
108 of the Child and Family Services caseworker's finding.
109
- 110 H. Standard for proving supported finding was appropriate: By statute, the standard to be
111 applied by the administrative law judge in reviewing the Child and Family Services
112 caseworker's conclusion is the same as that which is applied by the caseworker when
113 reaching a conclusion. That is, whether there is a reasonable basis to conclude that
114 abuse, neglect, or dependency occurred based on the evidence known to or available to
115 the Child and Family Services caseworker at the time of the original finding.
116
- 117 I. The administrative law judge is required to make a separate finding regarding every
118 allegation of non-severe abuse, neglect, or dependency that the alleged perpetrator
119 challenges. Allegations of severe abuse will not be heard before an administrative law
120 judge. Allegations of non-severe abuse or neglect may be heard together with
121 allegations of severe abuse in the juvenile court.
122
- 123 J. If the case is appealed to juvenile court, the court will apply the same standard as
124 applied by the administrative law judge.
125
- 126 K. Whenever a caseworker receives a decision from the Office of Administrative Hearings
127 they should determine whether it has also been sent to the Child and Family Services
128 Administrative Hearing Tracker. If it has not they must forward a copy to the tracker.
129 The tracker will ensure that the changes to the information system are made if the
130 decision has been overturned.
131
- 132 L. Once a decision is made the caseworker should enter the information into the SAFE
133 system under the Hearings tab. If the decision changes the finding originally entered in
134 SAFE the Administrative Hearing Tracker will be responsible for ensuring the change is
135 made.
136
- 137 M. Child and Family Services caseworkers should be aware that the Office of Administrative
138 Hearings might dismiss a hearing request on certain allegations but not on all
139 allegations. This might happen when some of the claims but not others have been
140 decided by a court.
141
- 142 N. A stay in administrative proceedings should only be asked for or agreed to when there is
143 a court proceeding underway at the time the request for a hearing or a stay of hearing is
144 made. Child and Family Services caseworkers should ask for a stay only when the court
145 proceeding that is underway involves Child and Family Services as a party. There is no
146 requirement for Child and Family Services to stay its proceedings while a criminal or
147 delinquency proceeding moves forward.

148 **702 Child And Family Services Employees As Out-Of-Home Caregivers**

149 Major objectives:

150 Child and Family Services employees may be licensed to provide out-of-home care for Child and
151 Family Services. Placement of a child with a Child and Family Services employee must be in the
152 best interest of the child. Child and Family Services staff will not receive preferential
153 consideration for placements.
154

155
156 **Applicable Law**

157 Administrative Rule [R501-12-6](#). Foster and Proctor Parent Requirements.
158

159 Practice Guidelines

- 160 A. A Child and Family Services employee wanting to apply to be an out-of-home caregiver
161 must:
- 162 1. Receive approval from the region director of the region in which the caseworker
163 is employed.
 - 164 2. Any conflict of interest matters must be addressed prior to approval of the
165 waiver.
 - 166 3. Submit a completed waiver request form to the Office of Licensing.
 - 167 4. The case will be staffed in another Child and Family Services region for approval
168 or denial of placement.
 - 169 5. If the Office of Licensing denies the waiver, an appeal process is available
170 through the Department of Human Services Deputy Director and/or the Office of
171 Administrative Hearings.
172

173 **703 Interstate Compact On Placement Of Children**

174 Major objectives:

175 Child and Family Services will adhere to the Interstate Compact on Placement of Children (ICPC).
176 Children/youth in state custody who are placed out of state will receive comparable quality of
177 services from Child and Family Services as a child/youth who is placed in state.
178
179

180
181 **Applicable Law**

- 182 Utah Code Ann. [§62-4a-701](#). Interstate Compact on Placement of Children -- Text.
183 Utah Code Ann. [§62-4a-702](#). Financial responsibility.
184 Utah Code Ann. [§62-4a-703](#). Division as public authority.
185 Utah Code Ann. [§62-4a-704](#). Director as authority.
186 Utah Code Ann. [§62-4a-705](#). Fulfillment of requirements.
187 Utah Code Ann. [§62-4a-706](#). Jurisdiction over delinquent children.
188 Utah Code Ann. [§62-4a-707](#). Executive -- Authority.
189 Utah Code Ann. [§62-4a-708](#). Existing authority for child placement continues.
190 Utah Code Ann. [§62-4a-709](#). Medical assistance identification.
191

192 **703.1 Placement Of Foster Child Outside Of Utah – Interstate Placement**

- 193 A. Practice Model applicability. Practice Model principles and case requirements for a
194 foster or prospective adoptive child placed out of state are the same as for a child
195 placed in Utah. Additional effort will be required to ensure that care and services
196 received out of state are satisfactory for the child and to help the child achieve timely
197 permanency. The Utah caseworker is responsible to maintain close contact with the
198 child and family throughout the ICPC placement to ensure well-being (court jurisdiction
199 maintained).
200
- 201 B. ICPC request for out-of-state placement. State law requires that the ICPC process must
202 be completed before a child may be placed out of state. These steps are located in SAFE
203 and are also listed in the ICPC state website at <http://www.hsddfs.utah.gov/icpc.htm>.
204 1. ICPC Forms – Available in SAFE or on the website at
205 <http://dcfs.utah.gov/services/icpc/>, or see the ICPC Guidebook for help in
206 completing forms.
207 a. 100A Interstate Compact Placement Request.
208 b. 100B Interstate Compact Report on Child's Placement Status.
209 c. Medical and Financial Plan.
210 d. Form 101 Sending State Priority Home Study Request.
211 e. Mandatory Court Language form ICPC3 (Regulation No. 7).

- 212 2. Financial responsibility will always be primarily Utah's responsibility until the
213 courts have terminated jurisdiction and the PSS/SCF case is closed, even if the
214 family is supporting the child's needs in the other state. The financial and
215 medical plan should be clearly outlined by the Utah caseworker on the
216 Financial/Medical Plan form found in SAFE (Form ICPC4).
- 217 3. Placement cannot be made in the Receiving State (RS) until the Utah ICPC has
218 received approval. All correspondence, prior to placement, must go through the
219 ICPC channels.
- 220
- 221 C. Approval of placement requires the following:
- 222 1. Receipt of the RS' home study with a recommendation of placement from the
223 Utah ICPC.
- 224 2. Form 100A that has been signed by the RS' ICPC approving placement.
- 225 3. Documented completion of background checks necessary for the requested
226 home study.
- 227 4. Approval must come from a designated ICPC person who has been given
228 authority to act in this role.
- 229
- 230 D. Regulation No. 7, Priority Placement of a child (often referred to as Expedited) requires
231 the RS to complete the home study within 30 days.
- 232 1. Regulation No 7 is appropriate when the following criteria are met:
- 233 a. A child is under the age of two years; or
234 b. A child is in an emergency shelter; or
235 c. A child has spent a substantial amount of time in the home of the parent
236 or relative who is being proposed for placement.
- 237 2. A judge must order a Regulation No. 7 to be conducted, a copy of an acceptable
238 order can be found in SAFE ICPC3. This order must be signed by the judge and
239 submitted to the ICPC office along with the Sending State Priority Home Study
240 Request Form 101, also found in SAFE.
- 241 3. The court will send its order to the Child and Family Services caseworker within
242 two business days. The Child and Family Services caseworker then has three
243 business days to send the ICPC packet to the designated ICPC person. The ICPC
244 person has two business days after receipt to forward the packet to the RS.
245 Overnight mail will be required to meet priority deadlines.
- 246 4. Priority Placement of a child, Regulation No. 7 will not apply to any case that is
247 for licensed or approved foster family care or adoption.
- 248 5. Priority Placement of a child, Regulation No. 7 will not apply if the child is already
249 in the RS in violation of ICPC.
- 250

- 251 E. Consideration of placement of a child, out of state, with a biological parent requires you
252 to follow ICPC process. The only time this would not be necessary is if the judge gives
253 custody directly to the parent and Child and Family Services jurisdiction is terminated.
254
- 255 F. A separate 100A must be submitted to the Utah ICPC office for each type of home study
256 or placement requested. For example:
- 257 1. A child is placed with a relative and they either want to become a licensed foster
258 home or adopt the child. In either of these cases a new 100A and ICPC request
259 must be made.
 - 260 2. A child is placed in a licensed foster home and they want to change to adoption,
261 so a new 100A and ICPC request must be made.
 - 262 3. A child must be legally free to make an adoption request, and TPRs must be
263 submitted with the request.
264
- 265 G. Providing a visit prior to placement could allow the child to build a relationship of trust
266 with potential caregivers, and give caregivers the opportunity to engage with the child.
267 If Child and Family Services wants to allow child visitation, prior to ICPC approval, the
268 following steps must be completed:
- 269 1. If an ICPC request is made during or prior to the visit, the caseworker must
270 clearly identify the duration of the visit including specific dates of arrival and
271 departure. If this is not done the visit will be considered a placement and not a
272 visit.
 - 273 2. A local background screening must be done on the proposed family where the
274 visit will be taking place. This includes local law enforcement and child abuse
275 registry. The family could obtain and send copies of this document.
 - 276 3. The caseworker must obtain court approval.
 - 277 4. The above steps must be documented prior to the visit taking place.
 - 278 5. A visit is outlined as follows in ICPC Regulation No. 9:
 - 279 a. The purpose is to provide the child with social/cultural experience for a
280 short duration,
 - 281 b. The visit can be no longer than 30 days,
 - 282 c. The child cannot be enrolled in school, and
 - 283 d. The intent cannot be to have the child at a visit until official ICPC approval
284 is received.
 - 285 6. If a visit extends longer than 30 days it is considered a placement and is a
286 violation of the ICPC guidelines.
287
- 288 H. If the child is an American Indian/Alaskan Native and thus covered by the Indian Child
289 Welfare Act (ICWA), the child's tribe must be notified of the ICPC request. The ICWA
290 law as outlined in Child and Family Services Practice Guidelines [Section 705](#) must be
291 adhered to when considering an ICPC placement. The Utah caseworker will clearly

- 292 indicate in the cover letter as well as the 100A that ICWA applies and what notification
293 has been provided to the tribes, along with any resulting correspondence.
294
- 295 I. Provider requirements when considering placing a child outside of Utah:
- 296 1. Prior to making any kind of home study request, the caseworker is responsible to
297 engage with potential caregivers to assess their ability, desire, and motivation to
298 have a home study completed that may result in a child being placed in their
299 care. A copy of suggested questions can be found in the ICPC Guidebook or in
300 the Kinship Limited Home Inspection/Safety Assessment Quick Reference as
301 outlined in Safety Questions for Kinship Caregivers.
- 302 2. Requirements for a Parent Home Study request:
- 303 a. The caseworker must submit the ICPC packet to the State Office. All
304 requirements for the ICPC packet are available in SAFE in the ICPC
305 document file named "The Seven Steps to ICPC".
- 306 b. The parent must pass a criminal and child abuse registry check in the
307 state they are living. Fingerprinting may be necessary if the parent has
308 lived outside the state of current residence within the past five years or if
309 there are indications of hits from other states found during the local
310 checks.
- 311 c. The parent is responsible for meeting the financial and medical needs of
312 the child. The parent does have the option of applying for TANF
313 assistance in the state in which they reside.
- 314 d. Custody of the child cannot be given to the parent until the ICPC is
315 approved and Child and Family Services has concurrence from the RS.
- 316 e. The Utah caseworker is responsible upon receipt of the approved home
317 study to:
- 318 (1) Review the home study, which includes information on criminal
319 history and any recommendations.
- 320 (2) Determine if the approved placement will be used.
- 321 (a) If the child will be placed in the RS, submit form 100B to
322 ICPC confirming the placement. Form 100B will initiate
323 courtesy supervision in the RS.
- 324 (b) If it is determined that the approved placement will not be
325 used, submit form 100B to ICPC, terminating the case.
- 326 3. Requirement for a Relative Home request:
- 327 a. The Utah caseworker must submit the ICPC packet to the State Office. All
328 requirements for the ICPC packet are available in SAFE in the ICPC
329 document file named "The Seven Steps to ICPC".
- 330 b. The relative must pass the Preliminary Placement Background Screening
331 or the RS' equivalent to the Utah Criminal Justice Information System
332 (UCJIS):

- 333 (1) UCJIS or equivalent is searched to determine if the applicant has
334 criminal convictions or patterns of arrests or convictions within
335 the RS that indicate a likely threat of harm to a child.
- 336 c. The relative must pass a Completed Background Screening – Fingerprint
337 Based Check:
- 338 (1) Fingerprint based FBI national criminal history records are
339 checked to determine if the applicant has criminal convictions or
340 patterns of convictions that indicate a likely threat of harm to a
341 child.
- 342 d. The RS will follow their state laws pertaining to Adam Walsh
343 requirements for relative placements. These laws may differ from the
344 laws currently established in Utah. The Utah caseworker is responsible,
345 upon receiving a home study, to determine if Adam Walsh requirements
346 were met.
- 347 e. The relative must pass the Preliminary Placement Background Screening
348 – RS' Child Abuse Registry: The Child Abuse Registry is searched for the
349 following:
- 350 (1) To determine if the applicant has findings of a severe type of child
351 abuse or neglect, or if other child welfare or domestic violence
352 case history or patterns of behavior may pose a threat of harm to
353 a child.
- 354 (2) To determine if the applicant has findings of adult abuse.
- 355 f. Any other requirements as expected by the RS.
- 356 g. The child may be placed with the relative as a Preliminary Placement if
357 the relative passes the above checks and placement is approved by the
358 RS. If the child is placed in a Preliminary Placement, the Utah caseworker
359 must move to license the relative as a foster placement or determine if
360 custody and guardianship will be given to the relative.
- 361 (1) If the child is placed in a Preliminary Placement, the Utah
362 caseworker will submit a new ICPC 100A request for a foster
363 home study 90 days after placement of child, or
- 364 (2) Indicate that custody and guardianship will be granted to the
365 relative; this can only be done with the permission and approval
366 of the RS, or
- 367 (3) Indicate that the relative is going to adopt the child and submit an
368 ICPC 100A request for an adoption home study 90 days after
369 placement of the child.
- 370 h. There is no payment made by Child and Family Services to a relative
371 home placement.
- 372 i. Utah is responsible for medical coverage of the child during placement.

- 373 j. The Child and Family Services caseworker is responsible upon receipt of
374 the approved home study to:
- 375 (1) Review the home study, to include recommendations and criminal
376 history.
- 377 (2) Determine if the approved placement will be used; approval by
378 the RS does not mean placement must be made.
- 379 (a) If the child will be placed in the RS, submit form 100B to
380 ICPC confirming the placement. Form 100B will initiate
381 courtesy supervision in the RS.
- 382 (b) If it is determined that the approved placement will not be
383 used, submit form 100B to ICPC, terminating the case.
- 384 4. Requirement for a Foster Care Home Study/licensure request:
- 385 a. The caseworker must submit the ICPC packet to the State Office. All
386 requirements for the ICPC packet are available in SAFE in the ICPC
387 document file named "The Seven Steps to ICPC".
- 388 b. The potential foster parent must pass the Adam Walsh requirements,
389 which include a full background screening with a fingerprint based
390 criminal background check, and a review of the Child Abuse Registry. If
391 the person has not resided in the same state for the past five years,
392 requests for a review of the Child Abuse Registry need to be made to
393 other states where the person has resided.
- 394 c. Any other requirements as expected/outlined by the RS.
- 395 d. The Utah caseworker is responsible to obtain a copy of the license (or the
396 equivalent) that has been issued, in accordance with the Adam Walsh
397 requirements.
- 398 e. The Utah caseworker will need to obtain written documentation that
399 Adam Walsh requirements have been met. This documentation is
400 generally found in the home study.
- 401 f. In order for persons to be added as providers and to receive a Utah foster
402 care reimbursement, the above documentation must to be given to the
403 region eligibility worker.
- 404 g. The foster care reimbursement to the out-of-state provider is based on
405 the need of the child starting with the basic foster care rate. Utah
406 caseworkers will follow Practice Guidelines [Section 301.6](#) in determining
407 the level of care and reimbursement rate. This also includes, but is not
408 limited to, Placement Committee Approval. The agreed upon amount
409 will be sent to the RS, who must indicate their agreement prior to the
410 child being placed.
- 411
- 412 J. Exploring an out-of-state adoptive placement identified through a national website
413 listing such as the Adoption Exchange:

- 414 1. Requirements of Adoptive Home Study Request: These are the basic steps for
415 the caseworker in Utah to complete the interstate placement process for a child
416 being sent to a RS. Information on prospective family in the other state:
- 417 a. A RS prospective adoptive family finds a child they may be interested in
418 adopting from a national website listing. The Adoption Exchange is the
419 Utah contracted provider that will accept calls from and give information
420 about children listed on the website.
 - 421 b. Contact information regarding a RS prospective adoptive family, who has
422 a current home study, will be given to the identified Utah child's
423 caseworker. The Utah caseworker can talk directly with the family about
424 general considerations for the child and specific qualities Utah's Child and
425 Family Services is looking for in a family.
 - 426 c. The Utah caseworker may request that a current home study be sent for
427 consideration.
 - 428 d. When a RS prospective adoptive family is chosen for a Utah child, the
429 Utah caseworker will confirm that the home study includes all
430 background clearances required, both local clearances as well as Adam
431 Walsh Act requirements (i.e., FBI fingerprint based background clearance
432 and out-of-state child abuse registry clearances).
 - 433 e. When the chosen RS prospective adoptive family has met required
434 background clearances, the family is contacted to convey detailed
435 information about the child and address questions from the RS
436 prospective adoptive family.
 - 437 f. If the RS prospective adoptive family wants to continue with the adoption
438 process after receiving detailed information about the child, services for
439 the child will be identified in the prospective adoptive family's area.
 - 440 g. The Utah caseworker will consult, verbally or through email, with the
441 Utah ICPC compact administrator, to learn about specific requirements in
442 the RS as each state's requirements vary.
 - 443 h. The Utah caseworker will consult with the Adoption Subsidy Committee
444 to determine possible medical and financial assistance including any
445 subsidy amounts that may be available for the prospective adoptive
446 family. This will help address the financial plan for the child in the ICPC
447 packet.
 - 448 i. As part of developing the financial and medical plan, consult with Utah
449 ICPC compact administrator to ensure medical assistance will be in place
450 for the child in the RS through the Interstate Compact on Adoption and
451 Medical Assistance (ICAMA).
 - 452 j. The Utah caseworker will begin a conversation with the chosen
453 prospective adoptive family to further determine their commitment to

- 454 the child, assess needed supports, and begin to negotiate Adoption
455 Assistance.
- 456 k. The Utah caseworker will fill out application forms with documentation
457 for Adoption Assistance to present to the Adoption Subsidy Committee.
- 458 l. The Adoption Assistance Agreement should remain in draft status and
459 NOT signed or implemented until the placement has been approved
460 through ICPC.
- 461 m. Formal ICPC process overview: In the ICPC request, both states'
462 requirements will be addressed. As part of ICPC, identified services will
463 be requested, and medical and financial supports for the child will be
464 determined.
- 465 (1) The Utah caseworker will prepare and send the completed ICPC
466 packet to the Utah ICPC compact administrator. If any documents
467 are missing, the Utah caseworker will be contacted.
- 468 (2) Form 100A is required for each child being placed – The Utah
469 caseworker will prepare the Form 100A to formally request the
470 placement of a child in the RS.
- 471 (3) Form 100A will define whether the adoption will be finalized in
472 Utah or in the RS. The Utah caseworker will consult with a Utah
473 Assistant Attorney General (AAG) to determine which state will
474 finalize the adoption.
- 475 (4) Required documentation to be assembled for ICPC packet (found
476 on "The Seven Easy Steps to ICPC" in SAFE as ICPC Form 2):
- 477 (a) Home study including BCI and Child Abuse/Neglect
478 clearances required by the prospective adoptive parents'
479 state of residence as well as the Adam Walsh Act.
- 480 (b) Documentation or statement regarding Native American
481 heritage and compliance with ICWA, if applicable.
- 482 (c) Proof of IV-E eligibility, if applicable.
- 483 (5) The Utah caseworker will pull (ask your support people to help
484 with this):
- 485 (a) Non-Identifying Background for both mother and father.
- 486 (b) Mental health assessment.
- 487 (c) Dental and medical forms.
- 488 (d) Most current Child and Family Plan.
- 489 (e) Two progress summaries.
- 490 (f) Child and Family Assessment.
- 491 (g) All educational information.
- 492 (h) Birth certificate.
- 493 (i) Social Security card.

-
- 494 (j) Signed court order verifying that Child and Family Services
495 has custody and jurisdiction or requesting the ICPC.
496 (k) Court Order Terminating Parental Rights.
497 (6) The Utah caseworker will complete the medical/financial plan
498 document found in SAFE. The Financial/Medical Plan should
499 include the adoption subsidy outline and ICAMA.
500 (7) The Utah caseworker will prepare a cover letter telling the other
501 state:
502 (a) Contact information: name, address, phone, fax, email.
503 (b) Reason for ICPC request.
504 (c) Why the child entered care in Utah and a brief summary of
505 the medical, psychological, and educational needs of the
506 child, specifically highlighting the child's special needs.
507 (d) Whether or not the child is IV-E eligible.
508 (e) Financial responsibility will be Utah's through Adoption
509 Assistance.
510 (f) Anything else that is pertinent to the successful placement
511 of the child.
512 (8) The Utah caseworker will make three complete copies of the ICPC
513 packet.
514 (9) The Utah caseworker will fill out Form 100A in its entirety,
515 including all required signatures for each child. Form 100A can be
516 found in SAFE. Five copies will be required.
517 (10) The Utah caseworker will submit the complete ICPC packet with
518 cover letter and form 100A to the Utah ICPC compact
519 administrator for processing and delivery to the RS ICPC compact
520 administrator.
521 (11) The Utah ICPC transmittal will request a response from the RS
522 ICPC upon receipt and ask to be notified if there is any missing
523 information.
524 (12) Most states will follow-up with the Utah ICPC compact
525 administrator within two weeks to determine if the packet is
526 complete and/or if further information is needed.
527 (13) Utah's ICPC compact administrator will check the status of ICPC
528 request if there is no response from the RS after a two-week time
529 period.
530 (14) The Utah ICPC compact administrator will notify the caseworker
531 of the RS' decision to approve or deny the placement.
532 n. If placement is denied, the child cannot be placed.
533 o. If placement is approved:

-
- 534 (1) The Utah caseworker will confirm with the Utah ICPC compact
535 administrator that the process for the ICAMA has been completed
536 by the RS to ensure receipt of Medicaid for the child, if
537 appropriate.
- 538 (2) The Utah caseworker will confirm with the prospective adoptive
539 family that they understand the financial and medical plan and
540 resources/supports, which may include IV-E or state-funded
541 Adoption Assistance or foster care payments, Medicaid, and/or
542 private insurance.
- 543 (3) The Utah caseworker will communicate with the prospective
544 adoptive family to ensure all special
545 medical/educational/psychological services are in place.
- 546 (4) The Utah caseworker will establish with the prospective adoptive
547 family how visits and other transition plans will be carried out to
548 maximize the child's adjustment to his/her new family and
549 environment.
- 550 (5) The Utah caseworker will arrange with prospective adoptive
551 parents how and when they will review the child's case file and
552 sign the Disclosure of Information form, sign the Adoption
553 Placement Agreement, and review and sign the Adoption
554 Assistance Agreement.
- 555 p. Placing the child with the family:
- 556 (1) The Utah caseworker will submit the completed Form 100B to the
557 Utah ICPC compact administrator to notify the RS ICPC compact
558 administrator of the child's placement and to initiate supervision
559 services.
- 560 (2) The RS ICPC compact administrator will arrange for the RS
561 caseworker to supervise the placement and submit the agreed
562 upon reports.
- 563 (3) The Utah caseworker will communicate with the RS caseworker
564 regarding required documentation about the child and family
565 adjustment, the child's safety, progress regarding health, mental
566 health education, and other services as needed to satisfy Utah.
567 ICPC requires monthly in-home visits and quarterly reports.
- 568 (4) The Utah caseworker will follow-up with the RS supervising
569 agency, as needed, to ensure that required ongoing supports and
570 services are appropriate and will be available after finalization.
- 571 (5) The Utah caseworker is responsible to provide information and
572 technical assistance to the prospective adoptive family and the RS
573 caseworker, as needed, to ensure that finalization occurs properly
574 and expeditiously.

- 575 (6) At the time the adoptive family finalizes the adoption, the Utah
576 caseworker will send form 100B, which will be forwarded to the
577 RS ICPC Compact Administrator terminating the ICPC case. The
578 Final Adoption Decree is required to close the ICPC case, thus the
579 Utah caseworker will send a copy, upon receipt, to the Utah ICPC
580 Compact Administrator.
581
- 582 K. Exploring an out-of-state adoptive placement:
- 583 1. The caseworker must submit the ICPC packet to the State Office. All
584 requirements for the ICPC packet are available in SAFE in the ICPC document file
585 named "The Seven Steps to ICPC".
- 586 2. Copy of the signed court orders, ordering Termination of Parental Rights or
587 Parental Relinquishments must be included.
- 588 3. Any other requirements as expected/required by the RS. These requirements
589 will need to be reviewed on a case-by-case basis as each state has its own
590 adoption laws. It will be beneficial to all team members if as much information
591 as possible is obtained prior to the ICPC request being made.
- 592 4. In most cases, if parental rights to a child have been terminated, Utah
593 recommends that the ICPC request be for a foster home study and licensure of
594 the proposed caretakers prior to the adoption request. Once the family has
595 become licensed a new 100A request for the adoption must be submitted.
596 (Note: This will allow any financial or medical issues, such as IV-E eligibility, to be
597 addressed prior to the finalization). Other financial/medical options include
598 TANF for relative support (such as Utah's specified relative grant) or an upfront
599 adoption subsidy (if approved by committee.)
- 600 5. See the adoptions checklist to ensure that all necessary documentation is
601 included, specifically the non-identifying background on biological parents, ICWA
602 statement, and a Termination of Parental Rights signed by the judge.
603
- 604 L. Deciding to make the out-of-state placement:
- 605 1. The RS will provide Utah with the results of the home study and background
606 screening and will indicate whether or not the placement is recommended. The
607 approved designated ICPC person will review the home study and assess that all
608 Utah requirements have been met. If there are questions or concerns regarding
609 the approval, the Utah caseworker must have approval from the supervisor and
610 the region director prior to placement being made.
- 611 2. The Utah caseworker is responsible for reviewing the home study and any
612 recommendations made by the RS as well as concerns or recommendations from
613 the Utah compact administrator to determine if the placement is in the best
614 interests of the child. The Utah caseworker has six months to make the
615 placement in the approved ICPC home as the home study expires after six

- 616 months if placement is not made. If the Utah caseworker still wants to consider
617 the proposed placement after six months, a new ICPC request is required.
- 618 3. According to the Safe and Timely Act, the Utah caseworker has 14 days to decide
619 if the placement is in the best interest of the child after receiving the completed
620 home study and approval from the RS. The Utah caseworker will submit an
621 intent to use the placement to the designated ICPC person within the 14-day
622 timeframe.
- 623 4. Form 100B in SAFE must be completed and submitted through the regional ICPC
624 coordinator when the decision is made to place the child out of state and to
625 request supervision of the child by the RS. This form serves as notification to the
626 RS of the action being taken to place the child and must be submitted at the time
627 of placement. If this form is not submitted, courtesy supervision will not take
628 place in the RS and it may be considered an illegal placement.
- 629 5. If a decision is made not to place the child in a state after making a request for a
630 home study, or after receiving the home study and approval from another state,
631 the Utah caseworker must submit form 100B from SAFE to the regional ICPC
632 coordinator to close the ICPC case.
- 633 6. Utah will retain jurisdiction over the child for a sufficient duration, generally
634 about six months, to determine all matters in relation to the custody,
635 supervision, care, treatment, and disposition of the child which it would have
636 had if the child had remained in a placement in Utah. Termination of jurisdiction
637 can be done only with concurrence of the appropriate authority in the RS. (See
638 state law on Retention of Jurisdiction for full details.)
- 639
- 640 M. Health Care Coverage/Medicaid:
- 641 1. Availability of Medicaid coverage for a child that is placed out of state is
642 contingent upon a child's Title IV-E eligibility status.
- 643 a. If a child is Title IV-E eligible and reimbursable and Utah is making a foster
644 care payment to the out-of-state provider, the state in which the child is
645 placed will issue a Medicaid card. The Utah caseworker will request this
646 Medicaid in the cover letter and in the Financial/Medical Plan.
- 647 b. If a child is not Title IV-E eligible and reimbursable, Utah is responsible for
648 the child's health care coverage. If Utah is making a foster care payment
649 to the out-of-state provider, then Utah Medicaid can remain open. An
650 out-of-state health care provider has the option to enroll as a Utah
651 Medicaid provider, if a willing provider can be located. If the child's
652 health care needs cannot be met with Utah Medicaid, the Utah
653 caseworker may work with the Fostering Healthy Children nurse to
654 explore coordinating with an out-of-state health provider to bill for
655 health care using the MI706 process.

- 656 c. The Utah caseworker will talk with the regional eligibility worker about
657 questions concerning Title IV-E or Medicaid eligibility for a child being
658 placed out of state.
- 659 d. If the intent is for the kinship/relative placement to obtain TANF or a
660 specified relative grant, it is the Utah caseworker's responsibility to
661 provide copies of the court order pertaining to the placement of the child
662 with this kin, a copy of the child's birth certificate, Social Security
663 Number, and any other documents as required by the other state. In
664 some cases, Medicaid is attached when TANF is approved for kinship
665 placement. The Utah caseworker may want to check with the RS'
666 Medicaid eligibility office to make this determination.
- 667 e. If the permanency goal is adoption, the placement may qualify for an
668 adoption subsidy. If placement is made and a subsidy is paid to the
669 placement, the child may qualify for ICAMA.
- 670
- 671 N. Courtesy Caseworker Visitation and Reporting: When Utah has decided to place a child
672 after approval and review, the Utah caseworker will need to arrange for supervision by
673 the RS by submitting form 100B to the appropriate region ICPC coordinator. If form
674 100B is not submitted, courtesy supervision will not be provided by the RS and will not
675 take place.
- 676 1. Utah will request that the RS make monthly face-to-face visits with the child and
677 send a written report of the contact to Utah on a quarterly basis. [See:
678 Purposeful Visits Practice Guidelines, [Section 302.2.](#)]
- 679 2. When submitting form 100B, the Utah caseworker will include any visitation
680 plans or limitations as it pertains to the biological parents or other parties that
681 the placement will be expected to adhere to. The Utah caseworker will also
682 provide court orders with any specific orders in regards to this, if appropriate.
- 683 3. The Utah caseworker will talk with the child (if verbal) and out-of-state provider
684 by phone on a monthly basis, in accordance with Purposeful Visitation Practice
685 Guidelines, [Section 302.2.](#)
- 686 4. The Utah caseworker will invite the courtesy supervision worker to participate in
687 any Child and Family Team meetings by phone and provide a copy of the Child
688 and Family Plan so that the courtesy supervision worker is aware of the
689 permanency goals and expectations. When changes are made to the plan or
690 when a new plan is developed, a copy should be sent to the courtesy supervision
691 worker.
- 692 5. Utah has both the authority and the responsibility to determine all matters in
693 relation to the custody, supervision, care, treatment, and disposition of the child,
694 the same as if the child had remained in a placement in the state of Utah.
- 695

696 **703.2 Child In Custody Of Another State To Be Placed In Utah – Interstate**
697 **Placement**

- 698
- 699 A. Before a child from another state may be placed in Utah, the sending state must
700 complete the ICPC requirements and request a study be done on a proposed placement.
701 The home will be assessed for safety and suitability by a designated Utah caseworker.
702 This request is made by the sending state's ICPC compact administrator and must come
703 through the Utah ICPC compact administrator for assignment. A child from another
704 state may be placed in a foster family, with a parent, or in a kinship placement that has
705 been approved for placement through a home study and criminal background screening
706 completed by Child and Family Services. A child may also be placed in a licensed
707 residential treatment center or group home; in this case a home study may not be
708 required.
- 709
- 710 B. Timeframe for home study. A home study requested by a sending state (both licensing
711 and kinship) should be completed and provided within 60 days of the date on the Utah
712 ICPC transmittal. If the report cannot be completed within this timeframe, the Utah
713 caseworker will notify the Utah ICPC compact administrator. The home study will be
714 sent to the region ICPC coordinator who will forward to the Utah ICPC compact
715 administrator, who will then forward it to the sending state.
- 716 1. Utah cannot grant final approval for the placement until the results of the
717 background screening has been completed and the results have been approved.
- 718 2. If the proposed caregiver has not responded within 60 days, the Utah
719 caseworker will contact the region ICPC coordinator or ICPC compact
720 administrator to staff case closure. If it is determined that the case will be
721 closed, the Utah caseworker will send a report documenting the attempts to
722 contact. This can be submitted through email or other correspondence.
- 723
- 724 C. Provider requirements when considering placing a child inside of Utah: The sending
725 state will specify what type of home study they are requesting be completed by the
726 Utah caseworker (the home study type will be indicated on the 100A and ICPC
727 transmittal). The Utah caseworker will follow all Utah kinship requirements when
728 conducting the home study.
- 729 1. Requirements for a Parent Home Study request:
- 730 a. The parent must pass criminal and child abuse registry checks in the state
731 of Utah. Fingerprinting may be necessary if concerns are found during
732 the local checks.
- 733 b. The parent is responsible for meeting the financial and medical needs of
734 the child. The parent does have the option of applying for TANF.

- 735 c. Custody of the child cannot be given to the parent until Utah gives
736 concurrence to the sending state.
- 737 d. The Child and Family Services caseworker is responsible upon completion
738 of the requested home study to submit all documents to the region ICPC
739 coordinator. The region ICPC coordinator will forward these to the Utah
740 ICPC compact administrator.
- 741 e. Include a copy of the home study along with the child-specific home
742 study form (SAFE KBS10), the background results, and all
743 recommendations and conditions of placement.
- 744 2. Requirement for a Relative Home request: The relative, and all persons 18 years
745 and older residing in the home, must pass the Preliminary Placement
746 Background Screening and the UCJIS, and must meet all Adam Walsh
747 Requirements:
- 748 a. UCJIS is searched to determine if the applicant has criminal convictions or
749 patterns of arrests or convictions within Utah that indicate a likely threat
750 of harm to a child.
- 751 b. The relative must pass a Completed Background Screening – Fingerprint
752 Based Check:
- 753 (1) Fingerprint based FBI national criminal history records are
754 checked to determine if the applicant has criminal convictions or
755 patterns of convictions that indicate a likely threat of harm to a
756 child.
- 757 c. The relative must pass the Preliminary Placement Background Screening
758 – Utah Child Abuse Registry (SAFE): The Child Abuse Registry is searched
759 for the following:
- 760 (1) To determine if the applicant has findings of a severe type of child
761 abuse or neglect, or if there are other child welfare or domestic
762 violence case histories that show patterns of behavior that may
763 pose a threat of harm to a child.
- 764 (2) To determine if the applicant has findings of adult abuse.
- 765 d. Any other requirements as requested by the sending state.
- 766 e. If the sending state requests a kinship home study without a foster care
767 license, the report can be completed and submitted to the sending state;
768 however, the Utah caseworker completing the home study should
769 indicate in the report to the sending state that this family would not
770 qualify for a Utah foster care maintenance payment based on Utah
771 policies and would not qualify for foster care Medicaid in Utah. If the
772 sending state is going to pay a foster care maintenance payment to the
773 kin, the home must meet licensing requirements. (Note: If the family will
774 be seeking a specified relative grant under TANF, the child may qualify for
775 Medicaid under that program.)

- 776 f. Under ICPC law the sending state retains legal and financial responsibility
777 for the child; however, the relative can apply for TANF to help with
778 financial and medical needs of the child.
- 779 g. The Utah caseworker is responsible, upon completion of the requested
780 home study, to submit all documents to the region ICPC coordinator. The
781 region ICPC coordinator will forward these to the Utah ICPC compact
782 administrator.
- 783 h. The Utah caseworker will include a copy of the home study along with
784 the child-specific home study form (SAFE KBS10), the background results
785 and all recommendations, conditions of placement, and indication that
786 the Adam Walsh requirements were met.
- 787 3. Requirement for a Foster Care Home Study/licensure request:
- 788 a. A home study for a family home that is going to be licensed as a foster
789 parent must meet the requirements of the Office of Licensing. A
790 probationary license can satisfy this requirement if training is still pending
791 for the family before a full licensure can be granted.
- 792 b. If a Foster Care Home Study is being requested, the Utah ICPC compact
793 administrator will verify if the sending state is planning to make a Title IV-
794 E foster care payment to the family for the child. The family must be
795 licensed for foster care by the Office of Licensing if a Title IV-E foster care
796 payment is planned. There may be cases when a child is not IV-E eligible,
797 but the family may be licensed and receive a foster care payment from
798 the sending state, and the child will not qualify for Utah foster care
799 Medicaid. The sending state will be responsible for all medical needs of
800 the child. If there is no response from the proposed caregiver to the
801 Office of Licensing within 60 days, the request should be denied.
- 802 c. The potential foster parent must pass the Adam Walsh requirements
803 including a full background screening and a Finger Print Based criminal
804 background check.
- 805 d. Review of Child Abuse Registry (SAFE), including any requests that need
806 to be made to other states if they have not resided in the same state for
807 five years.
- 808 e. The Utah caseworker will need to provide written documentation that
809 the Adam Walsh requirements have been met. This documentation is
810 generally found in the home study.
- 811 f. The Utah caseworker is responsible, upon completion of the requested
812 home study, to submit all documents to the region ICPC coordinator. The
813 region ICPC coordinator will forward these to the Utah ICPC compact
814 administrator.
- 815 4. Requirements of Adoption Home Study Request:

- 816 a. Copy of the signed court orders ordering the termination of parental
817 rights or parental relinquishments.
- 818 b. Any other requirements as requested by the sending state. These
819 requirements will need to be reviewed on a case-by-case basis as each
820 state has its own adoption laws.
- 821 c. If a foster home study has been completed, this study will fulfill the
822 requirement for an adoption home study. If a foster home study has not
823 been completed, an adoption home study will need to be done.
- 824 d. The Utah caseworker will review the adoption placement with the region
825 adoption committee; provide documentation of the results of that
826 review. This review will include consideration of the adoption subsidy
827 that will be provided by the sending state, as well as if the child will be
828 eligible for ICAMA.
- 829 e. The Utah caseworker is responsible, upon completion of the requested
830 home study, to submit all documents to the region ICPC coordinator. The
831 region ICPC coordinator will forward these to the Utah ICPC compact
832 administrator.
- 833
- 834 D. Courtesy supervision provided to children from other state.
- 835 1. Practice Model Applicability. A Utah caseworker designated as a courtesy
836 caseworker for a foster child placed in Utah from another state should follow
837 basic Practice Model principles and requirements to support the child's safety,
838 permanency, and well-being goals. The sending state will provide a copy of the
839 case plan and assessment information. The Utah caseworker should work with
840 the child and foster family to develop a Child and Family Team to support the
841 placement and coordinate with the sending state. The Child and Family Team
842 will address the need for respite care and other services and supports necessary
843 to provide for the child's safety and well-being and to help the child achieve
844 timely permanency.
- 845 2. Utah cannot provide courtesy supervision for children who have been placed in
846 an ICPC approved home unless the sending state has provided form 100B,
847 confirming that placement has been made. Form 100B will be sent from the
848 Utah ICPC compact administrator to the region ICPC coordinator and assigned as
849 determined by the region.
- 850
- 851 E. Caseworker visitation and reporting: Face-to-face visits will be provided monthly, and a
852 written report will be provided on a quarterly basis (refer to Purposeful Visitation
853 Practice Guidelines [Section 302.2](#)). These reports will be sent to the Utah ICPC to be
854 forwarded to the sending state. The Utah caseworker will submit a copy of the
855 quarterly report to the region ICPC coordinator, who will forward it to the Utah ICPC
856 compact administrator. The Utah caseworker may also provide a copy to the sending

857 state's local worker. It is important that all correspondence be routed through ICPC
858 compact administrators.

859

860 The sending state is required by ICPC guidelines to maintain jurisdiction throughout the
861 time the child is in the approved placement. Generally, supervision services will last
862 four to six months but may be longer depending on the permanency goals of child.

863 During this time, the sending state is responsible for the legal and financial support of
864 the child. The sending agency has the both the authority and the responsibility to
865 determine all matters in relationship to the "custody, supervision, care, treatment, and
866 disposition of the child", just as the sending agency would have "if the child had
867 remained in the sending agency state." (APHSA Guide to the Interstate Compact for
868 Placement of Children.)

- 869 1. Utah must provide courtesy supervision until the sending state's jurisdiction
870 terminates. The sending state must have the agreement of Utah in order to
871 close the ICPC case. Courtesy supervision ends when the child is returned to the
872 sending state, the adoption finalizes, or permanent custody/guardianship is
873 given to a relative or parent. In some cases the sending state may obtain court
874 jurisdiction (PSS) when temporary custody and guardianship of the child is given
875 to a relative or parent. In such instances, the case will remain open until the
876 sending state's jurisdiction terminates.
- 877 2. The Utah caseworker can recommend that the case be closed when it is felt that
878 the family is stable and is no longer in need of supervision services. This can be
879 done by submitting a written report to the region ICPC coordinator.
- 880 3. The Utah caseworker will adhere to the case plan provided by the sending state
881 as it pertains to the needs of the child. This may include visitation, obtaining
882 counseling, school enrollment, and other resources as outlined in the plan.

883

884 **704 Placement Of A Child In Protective Custody**

885

886 **Applicable Law**

887 Utah Code Ann. [§78A-6-307](#). Shelter hearing -- Placement with a noncustodial parent or relative
888 -- DCFS custody.

889

890 Practice Guidelines

891 A. When children are placed in protective custody, caseworkers will immediately work with
892 the staff designated by the region, such as resource family consultants and/or kinship
893 specialists, to find a placement for the child within 24 hours or removal. The
894 caseworker will also consult with the family and/or available or potential Child and
895 Family Team Members at removal regarding potential placement options. The
896 placement decision is subject to the best interest of the child.

897

898 B. The best interest of the child will be taken into account when considering preference for
899 placement. The child's needs should be considered, such as the following (these are in
900 no particular order, rather they should be considered in the context of each case and
901 situation):

- 902 1. Safety factors in regards to the potential placement, including the threats of
903 harm to the child, the protective capacity of the caregiver, and the child's
904 vulnerabilities.
- 905 2. Reasonable proximity to the child's home.
- 906 3. Potential benefit of placing siblings together.
- 907 4. Educational needs, including proximity to the child's school and child's need for
908 maintaining connections to school.
- 909 5. Needs specific to the child's age, including developmental progress.
- 910 6. Cultural factors, language, and religion specific to the child.
- 911 7. Existing relationship between a kinship caregiver and the child.
- 912 8. Health and mental health needs.
- 913 9. Potential for ongoing care or permanency with the kinship caregiver to prevent
914 unnecessary changes in placement.

915

916 C. The following order of preference applies to placement of a child in the custody of Child
917 and Family Services, and is subject to the child's best interest:

- 918 1. A noncustodial parent of the child.
- 919 2. A relative of the child.
- 920 3. A friend designated by the custodial parent or guardian of the child or an
921 extended family member of the child, if licensed as a foster parent or if the
922 friend obtains a child specific license. The custodial parent or guardian may only
923 designate one friend as a potential Preliminary Placement, unless Child and

- 924 Family Services otherwise agrees. A foster parent who has formerly adopted a
925 sibling of the child may be considered as a kinship placement.
- 926 4. A former foster placement if still licensed, and if applicable.
- 927 5. Other licensed family resource home.
- 928 6. "Crisis placements," such as Christmas Box House, Family Support Centers, or
929 resource families who will take the child on a temporary basis while another
930 placement is being explored. Using these facilities or crisis placements for longer
931 than 24 hours will be the last consideration, in order to reduce the trauma
932 experienced by the child as a result of multiple moves. (Please refer to Practice
933 Guidelines [Section 704.1](#) regarding Crisis placements.)
- 934 7. An eligible Indian child must be placed within the foster placement preferences
935 established by ICWA:
- 936 a. A noncustodial parent of the child.
- 937 b. Member of the child's extended family, according to the tribe's
938 customary definition of extended family (25 U.S.C. §1903(2)).
- 939 c. Foster home licensed, approved, or specified by the Indian child's tribe.
- 940 d. Indian foster home licensed or approved by an authorized non-Indian.
- 941 e. An institution for children approved by an Indian tribe or operated by an
942 Indian organization that has a program suitable to meet the child's needs.
- 943 f. If none of the above is possible, the child may be placed in a non-Indian
944 foster home or other appropriate out of home placement.
- 945
- 946 D. The caseworker will follow the protocol outlined in Practice Guidelines [Section 502](#),
947 Kinship services – Preliminary Placement in order to investigate if there is a non-
948 custodial parent or other relatives available that would be able to have the child placed
949 in the home.
- 950
- 951 E. If Child and Family Services is unable to locate a placement for the child with a non-
952 custodial parent or in a kinship home, then the child may be placed in a home with a
953 licensed resource family. If the child is not placed with a noncustodial parent, a relative,
954 or a designated friend, as defined in statute and guidelines, the caseworker will send an
955 email to his or her supervisor explaining why a different placement was in the child's
956 best interest, and will copy and paste this email into the activity logs.
- 957 F. Each region will implement a process that will allow caseworkers to match children who
958 have been removed with appropriate resource homes. Caseworkers should also refer
959 to Practice Guidelines [Section 301.4](#) for further considerations when selecting an out-of-
960 home caregiver.
- 961 1. If a child has been in foster care previously and reenters protective custody, the
962 child's former foster parents will be notified if still licensed. Child and Family
963 Services will make a determination of the former foster parent's willingness and
964 ability to safely and appropriately care for the child. If the former foster home is

- 965 determined by Child and Family Services to be appropriate, the former foster
966 parent will be given a preference over other foster parents for placement of the
967 child.
- 968 2. In order to minimize the number of placement moves for a child, Child and
969 Family Services should attempt to locate a resource family that is willing to have
970 the child remain with them while the case progresses and the permanency plan
971 for the child is being worked on. Permanency planning will continually be
972 assessed and explored by the caseworker and the Child and Family Team. Child
973 and Family Services will work with the resource family to provide them with
974 support and services in order to maintain the child in the placement and to
975 minimize the number of placement moves that the child experiences.
- 976 3. The resource family should not be pressured to make a decision on whether they
977 are willing to adopt the child when the child is first placed in the home.
- 978 4. Upon placement of the child in a resource home, the caseworker will include the
979 resource family in the Child and Family Team and ensure that they understand
980 the permanency goal and concurrent plan for the child. Child and Family
981 Services will keep the resource family informed of progress towards
982 reunification, other potential placement options for the child (including kinship),
983 and imminent changes in the long-term view and/or permanency goals.
- 984 5. Taking into account the permanency needs of the child, Child and Family Services
985 may give preference for the initial placement of the child to be in a resource
986 home of a family that has already expressed a desire to adopt a child. However,
987 if a home that has expressed a desire to adopt is unable to be located at the
988 initiation of a case, the child may be placed in a resource home that is willing to
989 keep the child while reunification is still in progress and/or until another
990 potential permanent placement can be located (kinship placement or another
991 adoptive family). The resource family will then assist with the transition of the
992 child to the permanent home.
- 993 6. The caseworker should use sensitivity when approaching the subject of adoption
994 with a kinship or resource family and should allow the family an opportunity to
995 get to know the child, understand the child's issues, and explore how adopting
996 the child would affect their family. Keeping in mind the urgent permanency
997 needs of the child, the caseworker will continually assess the resource family's
998 desire to provide permanency to the child and will have ongoing discussions with
999 the resource family to assess the situation. When a family that the child is
1000 placed with states that they will not adopt the child, the child does not have to
1001 be moved immediately; however, the caseworker will take immediate steps to
1002 initiate the process to locate another permanent placement for the child. In the
1003 event that reunification is not successful, no kinship placement options are
1004 located, and the resource family does not desire to adopt the child, the
1005 caseworker will maintain the child in the home of the resource family until

- 1006 another appropriate permanent family is located. The resource family will then
1007 assist with the transition of the child into the permanent home.
- 1008 7. If Child and Family Services is unable to immediately locate a resource family
1009 that is willing to provide care for the child, a “crisis placement” may be used for
1010 the child. Crises placements are a last resort and should be use sparingly and
1011 only after all other placement options have been explored. (Refer to Practice
1012 Guidelines [Section 704.1](#) for definitions and guidelines related to crisis
1013 placements.)
1014
- 1015 **G.** The Child and Family Services caseworker will make reasonable efforts to obtain
1016 information essential to the safety and well being of the child and provide the
1017 information to the out-of-home caregivers within 24 hours of placement. Either the
1018 regional resource family consultant or the caseworker may provide the information so
1019 the out-of-home caregiver can make an informed decision regarding the care of the
1020 child. Form CPS23 is used for removals as a result of a CPS case (see Practice Guidelines
1021 [Section 205.2](#)), and may be used to gather the information and provide it to the
1022 caregiver for children who come into protective custody through other means.
- 1023 1. The Child and Family Services staff that provided the information to the
1024 caregiver will document that the information has been provided to the caregiver
1025 in the SAFE activity logs and will add the policy attachment “Placement – Child
1026 info Given to caregiver prior to placement”.
- 1027 2. Caseworkers should refer to Practice Guidelines [Section 301.4](#) for further
1028 guidance on the type of information that should be provided to the out-of-home
1029 caregiver as well as information on allowing the out-of-home caregiver to review
1030 the child’s case file.
1031
- 1032 **H.** The Child and Family Services caseworker will visit the child in the placement by
1033 midnight of the second day after the date of removal from the child’s parents/guardians
1034 to assess the child’s adjustment to the placement and the child’s well-being. Following
1035 the visit, a Child and Family Services caseworker will continue to visit the child in the
1036 placement once per week for the first four weeks that the child is in care.
1037
- 1038 **I.** Once the ongoing caseworker has been assigned, that caseworker will be responsible to
1039 complete the weekly visits for the first four weeks that the child is in care. After the first
1040 four weeks, the caseworker will follow Practice Guidelines [Section 302.2](#) regarding
1041 “Purposeful visiting with a child, out-of-home caregivers, and parents” while the child is
1042 still in care.
1043
- 1044 **J.** The Child and Family Services caseworker will offer the parents a visit with the child
1045 within three working days of removal, if appropriate.
1046

- 1047 K. The caseworker will ensure that any immediate medical needs for a child brought into
1048 protective custody are addressed. A physical, dental, and mental health evaluation will
1049 each be completed within 30 working days from the time the child is placed in
1050 protective custody.
1051
- 1052 L. The ongoing case will be opened in accordance with the timelines outlined in Practice
1053 Guideline [Section 301.01](#) "Opening a Foster Care Case".
1054
- 1055 M. The placement information for each child will be documented in SAFE by midnight of
1056 the second business day after the removal or change in placement.
1057

1058 704.1 Crisis Placements

1060 Major objectives:

1061 When a child enters protective custody, Child and Family Services will minimize the use of "crisis
1062 placements" while other placement options are explored. Using any crisis placement for longer
1063 than 24 hours will be the last consideration, in order to reduce the trauma experienced by the
1064 child as a result of multiple moves. Placing a child in a crisis placement in a "congregate care"
1065 setting is a placement of last resort, when all other placement options have been exhausted or
1066 when there are extenuating circumstances.

1068 Practice Guidelines

1069 Using a crisis placement is acceptable for less than 24 hours while the caseworker explores
1070 placement options. The caseworker should take measures to explain to the child in an age
1071 appropriate manner (if the child's mental capacity permits) that the placement is temporary.
1072

- 1073 A. A "crisis placement" is a placement that is willing to keep the child for a temporary,
1074 short term basis, and there is an understanding that Child and Family Services is actively
1075 working towards moving the child to a kinship placement, another resource family, or
1076 another type of placement appropriate for the child's needs. It does not include group
1077 or therapeutic settings whose purpose is to provide assessment and/or treatment for
1078 mental health or delinquency issues. A child placed in a crisis placement will have at
1079 least one unavoidable placement move. Examples of crisis placements include
1080 Christmas Box House, Family Support Centers, or resource families who will take the
1081 child on a temporary, short term basis while other placements options are sought.
- 1082 1. A "congregate care" setting is a facility that provides temporary, 24 hour care to
1083 a child by trained, rotating staff. A congregate care facility generally combines
1084 living quarters with centralized dining services, shared living spaces, and access
1085 to social and recreational activities.

- 1086 2. Children aged zero to five will be placed directly into a family home setting
1087 unless:
1088 a. There are extenuating circumstances, such as they are part of a sibling
1089 group, and it is determined by the caseworker or regionally designated
1090 personnel that keeping them together outweighs the benefit of single
1091 caregiver placement. Extenuating circumstances will be documented in
1092 activity logs and approved by regionally designated personnel.
1093 3. The caseworker should make every effort so that the child will not remain in a
1094 crisis placement for more than 14 days. The Child and Family Services
1095 caseworker will coordinate with staff designated by the region, such as resource
1096 family consultants, to locate a placement appropriate for the child's needs if the
1097 child is placed in a crisis placement.
1098 4. If a placement has not been found within 14 days, the Child and Family Services
1099 caseworker will review the child's case weekly with the designated regional
1100 Placement Screening Committee.
1101 5. For children that are initially placed in congregate care settings, there will be
1102 daily efforts made to find a placement for the child. Child and Family Services
1103 will implement a specific high-level administrative review process in each region
1104 for children placed in congregate care that includes review of all children placed
1105 in congregate care at placement and weekly thereafter.
1106 6. Efforts to find a placement for the child will be documented in the SAFE activity
1107 logs.
1108

704.2 Voluntary Placements

Major objectives:

The parents or guardian of a child may request that Child and Family Services place their child in a voluntary temporary out-of-home placement, or a Child and Family Services caseworker may offer a voluntary temporary out-of-home placement. A voluntary out-of-home placement will only be used when the parents or guardian can have unrestricted access to the child without presenting a risk to the health, safety, or well-being of the child.

All voluntary foster care placements will be reviewed every 45 days with the Shelter Placement Screening Committee. A child needing to remain in a voluntary out-of-home placement beyond 180 days may only do so through a court order that finds that continued placement is in the best interest of the child.

Applicable Law

Utah Code Ann. [§62A-4a-106](#). Services provided by division.

1126 Practice Guidelines

- 1127 A. Ensure that the parent or guardian has explored all possible options for placement of
1128 the child with relatives, friends, neighbors, etc. prior to initiating a placement through
1129 Child and Family Services.
1130
- 1131 B. Before a child is accepted for foster care placement on a voluntary basis, the parents or
1132 guardians must express a willingness to involve themselves in a time-limited child and
1133 family plan. The parents, child, and caseworker will develop a plan (typically 45 days) to
1134 resolve the crisis and return the child home within that time period.
1135
- 1136 C. Parents will be notified prior to the placement that they are required to pay child
1137 support to the Office of Recovery Services while the child is in the voluntary out-of-
1138 home placement to help defray costs of the child's care.
1139
- 1140 D. A written voluntary placement agreement must be in place at the time a child enters
1141 care and specifies, at a minimum, the legal status of the child and the rights and
1142 obligations of the parents, the child, and Child and Family Services while the child is in
1143 placement. The time period that the agreement is in effect for 45 days.
1144
- 1145 E. The family must provide documentation of medical coverage and understand that they
1146 are responsible for the medical costs. The parents must also provide all information
1147 necessary to make a Title IV-E and Medicaid eligibility determination for the child while
1148 in the voluntary out-of-home placement.
1149
- 1150 F. The family must provide the child's current medical provider of the child's current health
1151 and immunization status, or arrange for the child to have a CHEC screen to insure the
1152 child's health needs are current while in the voluntary out-of-home placement.
1153
- 1154 G. At any time, parents may terminate the voluntary placement and have their child return
1155 home.
1156
- 1157 H. Payment for initial clothing or other special items will be based upon the parents' ability
1158 to pay. These items may be paid by Child and Family Services at the discretion of the
1159 supervisor and region director (or designee) and based on the needs of the child.
1160
- 1161 I. In situations where the crisis is not resolved and it appears the child will require ongoing
1162 foster care, the caseworker will petition the court for temporary custody. If the child
1163 needs to remain in out-of-home care for longer than 180 days, the caseworker may
1164 petition the court for custody prior to the end of the voluntary placement period.
1165

1166 **704.3 Domestic Violence Shelters**

1167 Major objectives:

1168 Shelter services are offered to all persons meeting the definition of co-habitant who either
1169 voluntarily or through a court order seek domestic violence services.

1170
1171 The Child and Family Services caseworker may coordinate and link domestic violence victims
1172 with emergency shelter placements and services.
1173

1174 **Applicable Law**

1175 Utah Code Ann. [§62A-4a-106](#). Services provided by division.
1176

1177 Practice Guidelines

1178 Victim and Dependent Services:

- 1179
- 1180 A. Emergency Shelter: A 24-hour shelter care facility that provides supervision for families.
 - 1181
 - 1182 B. Crisis Counseling Services will be made available to a domestic violence victim and
1183 dependents upon request
1184
 - 1185 C. Alternate Crisis Housing: May be in motels, community shelters, or other comparable
1186 facilities. *Refer to Domestic Violence Principles 600 Guidelines for victim and
1187 dependant services and alternative crisis housing.
1188
 - 1189 D. If the placement in a domestic violence shelter is made by the Child and Family Services
1190 caseworker as an alternative to removing the children from the parent or guardian's
1191 custody, a child and family team meeting will be coordinated within three working days.
1192 (This meeting will include domestic violence shelter staff.)
1193
 - 1194 E. Shelter staff will provide information to the Child and Family Services caseworker when
1195 the family plans to leave the shelter facility.
1196

1197 **704.4 Emergency Foster Care Placements**

1198 Major objectives:

1199 When a child is removed from a foster care placement, the Child and Family Services
1200 caseworker may place a child in a temporary emergency foster placement. Shelter homes or
1201 facilities may be utilized.
1202

1203 Emergency Foster Care Placements must be staffed with supervisors.
1204
1205

1206 **Applicable Law**

1207 Utah Code Ann. [§62A-4a-106](#). Services provided by division.

1208

1209 Practice Guidelines

1210 A. Emergency foster care placements may be used:

1211 1. When the Child and Family Services caseworker has made the determination
1212 that the child's out-of-home placement may be unsafe and removal is necessary.

1213 2. When a more permanent placement cannot be identified.

1214 3. When determined to be in the best interest of the child.

1215

1216 B. When emergency foster care placements are initiated, notification needs to be provided
1217 to:

1218 1. The parents.

1219 2. The Assistant Attorney General.

1220 3. The Guardian ad Litem.

1221 4. To Juvenile Court.

1222

1223 C. Following an emergency foster care placement, a child and family team meeting will be
1224 convened within three working days.

1225

1226 D. The Child and Family Services caseworker will visit the child in the temporary placement
1227 within 48 hours.

1228

1229 **705** (NOT USED DUE TO NUMBERING CONFLICT)
1230

1231 **706 Drug Testing Protocol**

1232 Major objectives:

1233 The purpose of this protocol is to provide guidance for caseworkers who need to drug test their
1234 clients. It covers the purpose of drug tests, the referral process, talking to clients about drug
1235 testing, choosing test types and frequency, how to address no-shows, positive and diluted tests;
1236 it also addresses testing of youth, collaboration with other agencies, and obtaining DOPL
1237 reports on clients. Drug testing can be a helpful monitoring tool when used sensibly, but cannot
1238 be used alone to determine whether children are safe.
1239

1240
1241 Practice Guidelines

1242 The following protocol may differ depending on the client's participation in drug court. If a
1243 client is participating in a drug court program, the protocol of that program must be followed.
1244 Otherwise, the following applies.

1245 A. Purpose.

- 1246 1. Drug testing in child welfare is used to help facilitate decision making with
1247 families. It can be used to detect substance use during an investigation, monitor
1248 treatment compliance, or as a deterrent.
1249
1250 2. Drug testing should not be the only means used to determine the existence or
1251 absence of a substance abuse disorder or to monitor treatment compliance. In
1252 addition, drug tests do not provide sufficient information for substantiating
1253 allegations of child abuse or neglect or making decisions about the disposition of
1254 a case. Drug tests alone shall not be used to determine whether children are
1255 safe.

1256 3.

1257 B. Evaluation for Drug Testing.

- 1258 1. In order to decide if and what drug tests are needed for a client, a good
1259 assessment of the client's current and past substance abuse is necessary. This
1260 may include:
- 1261 a. A formal substance abuse assessment performed by a qualified
1262 outside provider.
 - 1263 b. A review of the CPS investigation including any initial drug tests
1264 performed by CPS.
 - 1265 c. Third party reports.
 - 1266 d. Caseworker's direct observations and conversations with the
1267 client.
 - 1268 e. Caseworker's continuous efforts in engaging the client and
1269 building a trusting relationship with the client to obtain more
1270 accurate information about the client's drug use (though some
1271 people initially are in denial of their drug use and guarded against

- 1272 government intervention). Completing a time-line with a client
1273 can be a way for them to open up about their drug history.
1274
- 1275 C. Discussing Drug Testing with Clients.
- 1276 1. The caseworker advises the client of the purpose of the drug testing before
1277 testing begins, which is to assist in case planning and to monitor progress if
1278 substance abuse treatment services are warranted. The client needs to
1279 understand the consequences of positive and negative drug test results, as well
1280 as the consequences of the client's refusal to undergo testing or failing to call in
1281 to the drug testing provider.
- 1282 2. If the children are living at home (in-home case/trial home placement), the
1283 caseworker should discuss a relapse plan with the parent that addresses the
1284 children's safety and care.
- 1285 3. The caseworker needs to discuss the client's use of medications, including
1286 prescribed and over-the-counter medications they are currently using and for
1287 what condition, and explain that some medications will show up positive in drug
1288 tests. The caseworker shall make a copy of the client's prescriptions and ask
1289 them to sign a release so that they can talk to their prescribing doctor. If the
1290 client is participating in drug court, the caseworker needs to go over the drug
1291 court requirements, in particular when the court forbids the use of any
1292 medications.
- 1293 4. Prior to sending clients to drug test, the caseworker will review with the client
1294 the Drug Testing Agreement for DCFS Client form, which explains client rights
1295 and responsibilities, drug testing requirements and potential consequences of
1296 test results. The caseworker will go over the drug testing procedure, including
1297 call-in number and other check-in methods, testing locations, and hours of
1298 operation, along with the need to bring identification to every test. The client
1299 and the caseworker will both sign the form. The client will get a copy of the
1300 form, and the original will be kept in the case file. If the client refuses, the
1301 caseworker will document the refusal in SAFE. CPS caseworkers are advised to
1302 keep blank forms (SAFE Form DCFS44) with them when visiting clients, in order
1303 to have it available when requesting a client to drug test.
- 1304 5. In addition, the caseworker will ask the client to sign a release so that Child and
1305 Family Services can share the drug testing results with partner agencies
1306 (probation, treatment, courts).
1307
- 1308 D. Referral Process.
- 1309 1. The caseworker will complete a SAFE drug test referral form, which is
1310 automatically sent to their regional drug testing coordinator. Within 24 hours
1311 (during a workweek), the regional drug testing coordinator will review the form,
1312 obtain any additional information if necessary, enter the referral on the

- 1313 contracted drug testing provider's website, and inform the caseworker that their
1314 client is setup to start drug testing. Drug tests are subject to regional approval
1315 and must be re-approved at a specified interval.
- 1316 2. If the client needs to drug test before the required 24 hours, the caseworker
1317 shall call their regional drug testing coordinator immediately. The regional drug
1318 testing coordinator will then process the request as soon as possible.
- 1319 3. Caseworkers shall not enter any referrals directly into the drug testing provider's
1320 website.
- 1321 4. The regional drug testing coordinator shall help guide the caseworker's decision
1322 on the type of drug tests to perform and the frequency of tests (see Determining
1323 Frequency below). The regional drug testing coordinator shall also serve as the
1324 point of contact in each region/office for the contracted drug testing provider
1325 and for any drug testing related questions.
- 1326
- 1327 E. Child Protective Services – Initial Drug Test.
- 1328 1. One-time drug testing may be needed to determine if someone is abusing
1329 substances. The preferred test types are:
- 1330 a. Broad-panel, which is a test that can detect a wide range of
1331 substances.
- 1332 b. ETG, spice, bath salts, and oxycodone tests are single substance
1333 tests that can be added to a 5- or broad-panel test, when
1334 indicated.
- 1335 c. Hair testing, which is a 5-panel test (does not include
1336 benzodiazepines and oxycodone) can provide information
1337 regarding past drug use (up to three months). There are,
1338 however, a number of limitations that need to be taken into
1339 consideration when using hair testing (see section G. Determining
1340 Which Drugs to Test For). The federal government has not
1341 developed testing standards for hair testing, which is why hair is
1342 not a preferred testing specimen.
- 1343
- 1344 F. Determining Frequency.
- 1345 1. After initial drug testing occurs, a randomized ongoing drug testing schedule may
1346 be indicated to provide evidence of success for parents, monitor compliance,
1347 and evaluate progress of treatment.
- 1348 2. Testing frequency should be based on the individual's circumstances and the
1349 purpose of the test. When determining the testing frequency, caseworkers need
1350 to consider the following:
- 1351 a. The treatment provider's recommendations, if client is in
1352 treatment.

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- b. The substance(s) the client is known to have abused or is suspected of abusing. Some substances have a longer detection window, such as THC (Marijuana): 1-7 days for light use, 10 days to 6 weeks for heavy use; or Benzodiazepines (Sedative Hypnotics, for example: Xanax): 3 days to 6 weeks. This means that a lower frequency can be used. Some substances, such as amphetamines (2-4 days) have a shorter detection window and may require a higher frequency.
 - c. The purpose of the test: Investigatory/Assessment: One-time or occasional testing (not on a schedule); Compliance / Court-ordered testing / Treatment Progress: Random testing (no more than 3 times per week) with decreasing frequency, based on client status; Deterrent: Random testing, 1-2 times per month.
 - d. Whether children reside with the person being tested or have unsupervised visits with that person: During In-Home Services cases, use the findings of the SDM risk assessment and reassessments as a guide. For example, if the family is assessed at a “very high risk level” and the risks are related to the parent’s substance abuse problem, then a higher frequency is indicated.
 - e. Special circumstances and transitions: For example, if a partner/spouse is moving in with the client being tested, if children move back home, if the client is changing jobs, etc., it may be indicated to increase the frequency for a while or increase other forms of monitoring.
 - f. If reports from treatment providers or third parties indicate a possible relapse, or the client misses several appointments in a row, then increasing the frequency may be necessary.
 - g. Regional drug testing guidelines also need to be considered.
3. The Department of Human Services does not support random drug testing more than three times a week.
 4. Frequency must be reassessed when the referral expires (every 90 days). Factors to consider include client’s everyday functioning; ability to hold a job, attend visits, maintain a household, and attend treatment/therapy; client’s test results and calling compliance, etc. If the client has been testing free of illicit substances during this time, the testing frequency should be decreased, unless the above-mentioned circumstances/transitions require otherwise.
 5. Caseworkers who suspect that a client is under the influence of drugs or seems to smell of alcohol during a visit can request the client to go test the same day or by the next morning, in order to assess whether the client is or is not using drugs/alcohol. In that case, the caseworker needs to move the online random testing schedule to the desired day.

- 1394
1395 G. Determining Which Drugs to Test For.
1396 1. Based on the client's substance abuse assessment and/or their initial drug test
1397 results, the caseworker shall determine which substances the client may be
1398 prone to use. The caseworker then selects the drug test(s) depending on the
1399 client's choice of substances, in compliance with regional approval process.
1400 2. Child and Family Services prefers the testing methodology for which the federal
1401 government (SAMHSA and Department of Transportation) has developed
1402 standards. For this reason, urine and saliva are the preferred testing specimens.
1403 The limitations of testing hair, sweat, meconium, or other specimens shall be
1404 communicated along with the results.
1405 3. Hair testing can provide information regarding past drug use (up to three
1406 months). There are, however, a number of limitations that need to be taken into
1407 consideration when using hair testing. These include:
1408 a. Cannot detect recent drug use (7–10 days).
1409 b. Difficult to detect low-level use (e.g., single-use episode).
1410 c. Difficult to interpret results (inability to determine the quantity
1411 used, the time frame of usage, etc.).
1412 d. It is a 5-panel test (does not include benzodiazepines and
1413 oxycodone).
1414 e. Possibility of environmental contamination.
1415 f. Can be impacted by hair treatment and hair length.
1416 g. May be biased with hair color (dark hair contains more of some
1417 basic drugs [cocaine, methamphetamine, opioids] due to
1418 enhanced binding to melanin in hair).
1419 h. Costly.
1420 Furthermore, the federal government has not developed testing standards for
1421 hair testing, which is why hair is not a preferred testing specimen.
1422
1423 H. Confirmation of Positive Test Results.
1424 1. All positive drug tests will be confirmed by a SAMHSA certified laboratory using
1425 gas chromatography-mass spectrometry (GC/MS) technology. (This is currently
1426 done automatically by the contracted testing provider.)
1427
1428 I. Obtaining Results/Reporting to the Court.
1429 1. It is the caseworker's responsibility to access the contracted drug testing
1430 provider's website frequently to check their clients' test results and call-in
1431 compliance (at least weekly). If the final results are not yet posted, the
1432 caseworker needs to go back to the website.

- 1433 2. Caseworkers need to print out the clients' test results and calling compliance
1434 before court hearings to submit to the attorneys. Attorneys need to see the
1435 actual printout, not a summary of the results in the court report.
- 1436 3. If the client requests their drug test results and the client is involved in a juvenile
1437 court case, the caseworker shall check with the assigned Assistant Attorney
1438 General before releasing a copy of the test results to the client.
1439
- 1440 J. Test Results.
- 1441 1. Dilute test results, as well as no-shows, should trigger fact-finding. They alone
1442 should not result in the removal of children from their home. Actions/sanctions
1443 may be indicated before considering the removal of the child/children. Children
1444 should only be removed on the basis of a safety assessment. If the client has a
1445 medical reason for the dilute test result, like being diabetic or prediabetic, and
1446 the medical reason is verified by a doctor, the dilute may be acceptable (need to
1447 look at the creatinine levels and the specific gravity to determine if the dilution is
1448 caused by this. The contracted drug testing provider can help with this). If the
1449 fact-finding indicates that the dilutes and no-shows are the results of a relapse
1450 AND the safety assessment indicates that the children are unsafe at home, a
1451 removal may be indicated.
- 1452 2. When a client receives a positive drug test result, the caseworker shall:
- 1453 a. Discuss the results in a timely manner with the client, giving the
1454 client the opportunity to explain the results:
- 1455 (1) Is the substance found in the sample the result of a valid
1456 prescription? (-> check the prescription.)
- 1457 (2) Is it part of the client's medication-assisted drug
1458 treatment, such as methadone or suboxone?
- 1459 (3) Is the client admitting to the drug use? If not, do they have
1460 a possible explanation for the result?
- 1461 b. Contact the drug treatment provider and get a report if the client
1462 is in drug treatment.
- 1463 c. Share the test result together with the caseworker's findings with
1464 the court.
- 1465 d. Request an Order to Show Cause with the court, if the
1466 positive/dilute test results or no-show pattern do not have a valid
1467 reason.
- 1468 e. If the client has custody of the children or unsupervised visits, the
1469 caseworker must assess the children's safety and take necessary
1470 actions to protect them. As mentioned above, children are not
1471 removed based on a positive test, but on the basis of a safety
1472 assessment and staffing the situation with other key team
1473 members. THE REMOVAL OF A CHILD OR SUSPENSION OF VISITS

- 1474 TO PUNISH A PARENT FOR A POSITIVE TEST RESULT IS NOT
1475 ACCEPTABLE.
- 1476 3. It is important that caseworkers (and the court) understand that relapse is part
1477 of a drug addict's recovery process. A relapse does not necessarily mean that the
1478 client is failing their recovery; it may be a hiccup in their road to recovery. It is
1479 important for caseworkers to work closely with the client and the treatment
1480 providers to figure out how to help the client get back on track. If the client is
1481 unable or unwilling to resume their treatment or cooperate with Child and
1482 Family Services on a recovery plan, the team needs to re-evaluate the goals set
1483 for this case.
- 1484
- 1485 K. Drug Testing Children/Youth.
- 1486 1. Children receiving services from Child and Family Services may be asked to
1487 submit to drug tests, if deemed necessary. As with adults, it is important to
1488 consider the impact of drug testing on children before deciding to refer them to
1489 test. Is drug testing necessary or are there other ways to obtain evidence, to
1490 monitor, or to deter?
- 1491 2. There are two main purposes for drug testing children:
- 1492 a. When a child is suspected of using drugs themselves; and
1493 b. When a child may have been exposed to drugs by a third party
1494 (usually their parents). For this latter purpose, a hair test is usually
1495 performed, which provides a longer detection window.
- 1496 3. As with adults, it is important for the caseworker to discuss the purpose and
1497 consequences of drug testing with children and explain the collection process.
1498 The child's age and cognitive abilities need to be taken into consideration when
1499 deciding what to say. Children often have questions they need to ask. This may
1500 help reduce anxiety that children feel in anticipation of these tests.
- 1501 4. While the urinalysis sample collection for adults is by default observed by a third
1502 party, the collection will NOT be observed for children under 18 years of age,
1503 unless requested by the caseworker. Many children receiving services from
1504 Child and Family Services have been victims of abuse; being observed by a
1505 stranger while having to produce a urine sample can be traumatizing. Therefore,
1506 it was decided to leave out the observation when testing children. However, if
1507 caseworkers suspect that the youth could be tampering with the sample, they
1508 can specify that this youth must be observed during the collection on the Drug
1509 Testing Referral form (comment section).
- 1510 5. Children must show a valid ID when going to test. A school ID is accepted. If no
1511 ID is available, the caseworker or caregiver can vouch for the identity of the
1512 child.
- 1513 6. Children in the custody of Child and Family Services do not need the parents'
1514 consent to be tested. The parents, however, must be informed of the drug

- 1515 testing results. If there are valid reasons to not share the results with the
1516 parents, the caseworker shall discuss the reasons with the supervisor and
1517 document them in the file.
- 1518 7. Drug testing shall not be used as a punishment by out-of-home caregivers or
1519 caseworkers. Drug testing should not be the foster parent's decision and
1520 requires caseworker approval.
1521
- 1522 L. Coordination and Collaboration.
- 1523 1. If clients are testing for other agencies or programs, the caseworker needs to
1524 coordinate with these agencies/programs to try to avoid duplicate testing. These
1525 agencies may include probation, drug court (juvenile or felony drug court), and
1526 drug treatment providers. It is a waste of tax dollars and a burden on the client
1527 to perform duplicative drug tests.
- 1528 2. The caseworker shall request the client to sign a release in advance to allow
1529 agencies to share drug test results and avoid duplicate testing. The caseworker
1530 needs to contact these agencies and service providers to discuss how to best
1531 manage drug testing and sharing of results. It is in everyone's best interest to
1532 collaborate closely among agencies to help a client's recovery from addiction.
1533
- 1534 M. Obtaining a Utah Controlled Substance Database Report from DOPL.
- 1535 1. Caseworkers who suspect their client of misusing prescription medications can
1536 request a Utah Controlled Substance Database report from DOPL, which shows
1537 this person's prescription history and can help identify potential cases of drug
1538 over-utilization and misuse of controlled substances. DOPL reports are an
1539 effective tool to help determine whether this person is "doctor shopping" and
1540 going to more than one pharmacy, which would be a sign of prescription
1541 medication abuse and possible addiction.
- 1542 2. The caseworker shall ask the client to sign the form "AUTHORIZATION TO
1543 RELEASE INFORMATION FROM UTAH'S CONTROLLED SUBSTANCE DATABASE
1544 PROGRAM", have it notarized, and mail it to DOPL. If the client refuses to sign
1545 the release discuss options with the Attorney General's office. Utah Code Ann.
1546 [§58-37f-302\(2\)](#) prohibits database information from being accessed by
1547 "discovery, subpoena, or similar compulsory process", which means that a client
1548 cannot be forced or ordered to release this data.
- 1549 3. The caseworker may also want to accompany the client to the DOPL office to
1550 obtain a report (the DOPL office located in Salt Lake City).
- 1551 4. Confidentiality is critical. The client's DOPL report cannot be shared with
1552 anybody, except with the AAG and GAL if their names are included on the
1553 release. DOPL reports and copies of it cannot be given to therapists, treatment
1554 providers, or other attorneys, and it cannot be attached to court reports, given
1555 to the court, given to the parents, used in mental health or substance abuse

1556 assessments, distributed in discovery or GRAMA requests, or used as an exhibit
1557 at a hearing or trial.

1558

1559 N. Medication-Assisted Drug Treatment.

1560 1. The Department of Human Services supports the use of medication-assisted drug
1561 treatment (such as Methadone, Suboxone, and Vivitrol). The Department of
1562 Human Services does not approve blanket bans on medication-assisted drug
1563 treatments.

1564

707 (NOT USED DUE TO NUMBERING CONFLICT)

1565

1566 **708[707] Suicide Screening**

1567
1568 Major objectives:
1569 To appropriately determine children or youth who are at risk for suicide and connect them and
1570 their family to needed resources.
1571

1572 Practice Guidelines

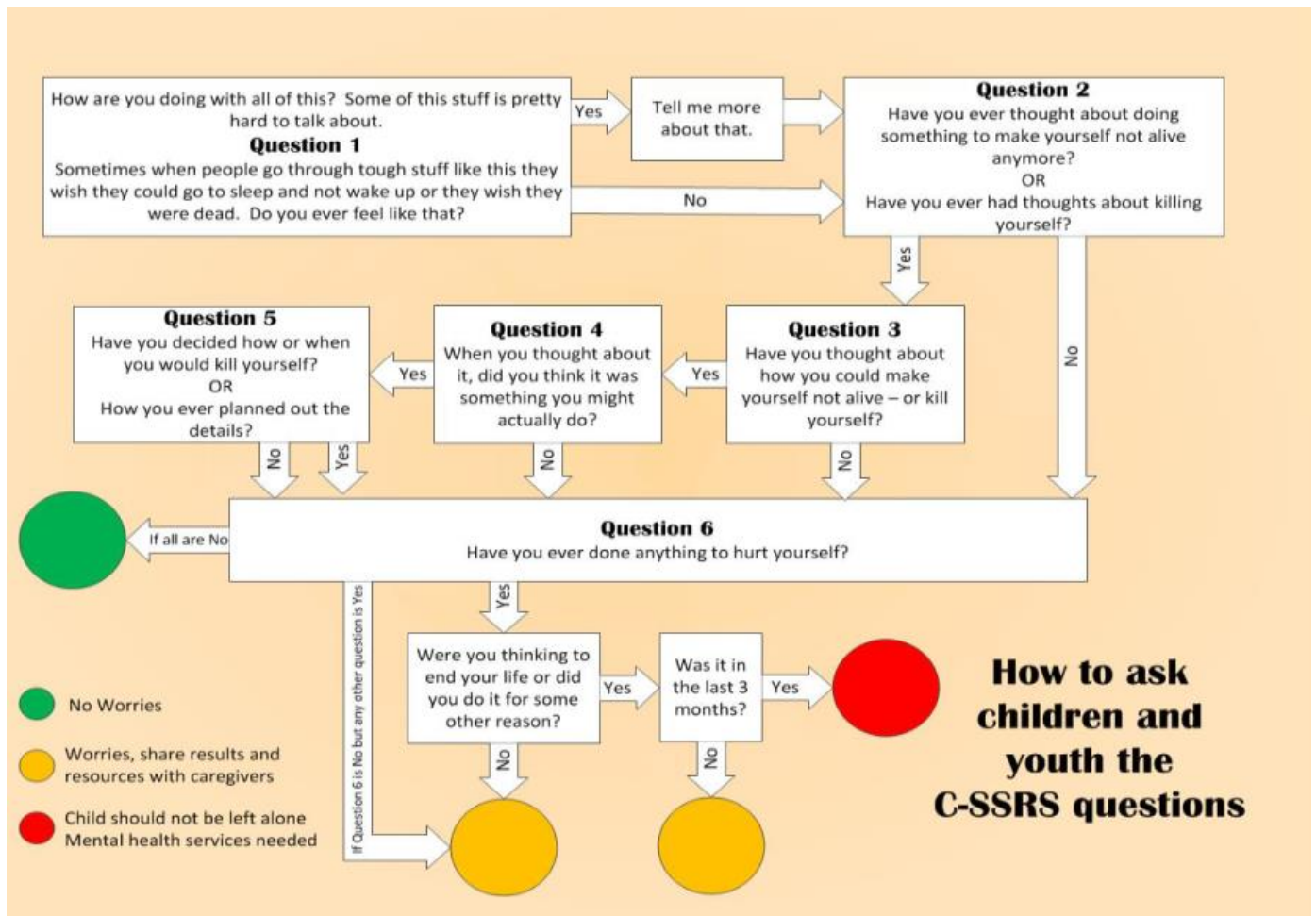
1573 A. Child Protective Services

- 1574 **1. A CPS caseworker will use the Columbia Suicide Severity Rating Scale (C-SSRS)**
1575 **during the initial contact with a victim when concerns regarding suicide have**
1576 **been identified in the referral, are indicated by any person associated with the**
1577 **victim, or the victim expresses thoughts of suicide or has suicidal ideations.**
1578 **2. The CPS caseworker will use the C-SSRS at any point during a case if there is any**
1579 **new information or circumstances that would suggest a screener is needed.**
1580 **3. The CPS caseworker may use the C-SSRS whenever the circumstances may**
1581 **indicate it is appropriate, such as the child has a history of depression or has**
1582 **experienced a recent loss or other traumatic event.**
1583 **4. If the C-SSRS screener is used, the CPS caseworker will inform the parents of the**
1584 **results and action needed. If upon completion of the C-SSRS the CPS caseworker**
1585 **determines the child cannot be left alone, further action is warranted.**
1586 ~~1. A caseworker will use the Columbia Suicide Severity Rating Scale (C-SSRS)~~
1587 ~~anytime suicidal ideation is included or mentioned in the referral or brought up~~
1588 ~~as a concern at any point in the interviews or throughout the case.~~
1589 ~~2. The caseworker will use the C-SSRS at any point during the case if there is any~~
1590 ~~new information or circumstances that would suggest use of the screener is~~
1591 ~~necessary.~~
1592 ~~3. The C-SSRS may also be used if the youth has a history of depression, has~~
1593 ~~experienced the death of a loved one or friend, is testifying in court against a~~
1594 ~~perpetrator, or endured a traumatic event, etc. In these situations, the~~
1595 ~~caseworker can express concerns to a parent and get their permission to use the~~
1596 ~~screener.~~
1597 ~~4. It is also important to educate parents about suicide prevention. Caseworkers~~
1598 ~~may use the C-SSRS at any time they feel it is appropriate.]~~

1600 B. In-Home Services

- 1601 1. If there are known concerns about suicidal ideation or other indications of
1602 concern, the caseworker will talk with the parents. If the caseworker believes it
1603 is needed, the caseworker will complete the screener and engage the parents
1604 regarding the results and action needed. The information from a completed C-
1605 SSRS will be included in the UFACET.
1606

- 1607 C. Foster Care
1608 1. If there are known concerns about suicidal ideation or other indications of
1609 concern, the caseworker will complete the C-SSRS screener. The C-SSRS will be
1610 used if the mental health assessment will not be completed within 30 days of
1611 entry into foster care. Information from the C-SSRS will be included in the
1612 UFACET and updated as part of the UFACET updates. The C-SSRS can be
1613 administered anytime the caseworker deems it appropriate.
1614
- 1615 D. Documentation
1616 1. The completed C-SSRS will be imported into SAFE and saved in Content Manager
1617 in the child's case record.
1618 2. The caseworker will save the C-SSRS with the label "Suicide Screener" available
1619 in the drop down menu in Content Manager.
1620
- 1621 E. Resources and Intervention
1622 1. The caseworker will use the flow chart to determine the level of intervention
1623 needed to assure safety of the child following the use of the C-SSRS. The
1624 caseworker will make referrals and discuss results with caregivers as necessary.



1625