SUMMARY OF THE

Strengthening Utah Families Project

A Community Needs Assessment

Social Research Institute
College of Social Work
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Overview

The Utah Division of Child and Family Services (DCFS) partnered with the University of Utah Social Research Institute (SRI) to conduct a comprehensive needs assessment to guide strategic planning, resource allocation, and service improvements aimed at preventing child maltreatment and supporting vulnerable families. Conducted from October 2022 through March 2024, this mixed-methods evaluation included a quantitative analysis of DCFS administrative data on over 429,000 children from 2015–2023 and qualitative feedback from 289 Utahns gathered through provider surveys, stakeholder interviews, and community engagement sessions. The findings were synthesized into a strategic planning framework, identifying priority needs, service gaps, and actionable strategies to enhance prevention and intervention services statewide.

Key Findings

DEMOGRAPHICS OF CHILD WELFARE INVOLVEMENT

Although White and Hispanic children represented the largest proportion of DCFS cases, data revealed that children of color—especially Black/African American (AA), American Indian/Alaska Native (AI/AN), and Multiracial youth—faced disproportionately higher rates of subsequent maltreatment, supported allegations, and removal from their home. Moreover, AI/AN and Black/AA children experienced higher odds of unfavorable placement outcomes, indicating systemic disparities in child welfare experiences.

The Salt Lake Valley region had the highest volume of Child Protective Services (CPS) and out-of-home services cases, while Eastern and Western regions saw the highest rates of removal and subsequent maltreatment. Additionally, workforce demographics showed that caseworkers were predominantly White, especially in rural areas, where representation of staff of color often did not reflect the populations served.

RISK FACTORS AND PREDICTORS

Logistic regression modeling revealed that younger age, female gender, and prior DCFS involvement were associated with significantly higher odds of subsequent maltreatment and removal. Supported allegations related to neglect, domestic violence-related child abuse, and fetal substance exposure were particularly strong predictors. Household-level challenges—including limited childcare access, financial instability, conflict resolution, and lack of informal supports—contributed to heightened risk. Cultural stress, often stemming from language barriers, also elevated risk, pointing to a critical need for culturally responsive prevention and intervention strategies.

SYSTEM OUTCOMES AND PLACEMENT DISPARITIES

Despite high permanency and favorable placement rates overall (above 80%), children of color—particularly AI/AN and Black/AA—were less likely to experience favorable or family-like placements from out-of-home services compared to White children. Children with documented needs around cultural identity, informal supports, or their physical home environment were more likely to experience negative outcomes, suggesting that unmet household and cultural needs are key drivers of system involvement and instability.

Community Strengths and Needs

The qualitative component of the needs assessment was rooted in community engagement and thematic analysis. Eight community engagement sessions, five stakeholder interviews, and widespread service provider surveys were held across Black/AA, Urban AI/AN, and Hispanic or Latino communities, as well as Utah community service providers, Substance Use Pregnancy Recovery Addiction Dependency Clinic (SUPeRAD) participants, and residents from San Juan, Piute, Garfield, Wayne, Carbon, Duchesne, and Uintah counties. Four domains emerged across these engagement sessions, interviews, and surveys: Strengths, Barriers, Needs, and Considerations. These domains were used to organize key themes and subthemes derived from participant experiences and feedback.

STRENGTHS IDENTIFIED

Participants consistently highlighted strong community bonds, local leadership, schools, and faith institutions as vital strengths that help families navigate challenges. These trusted community anchors were seen as essential for sharing information, supporting youth and parents, and fostering collaboration—especially in rural and under-resourced areas where informal networks often filled gaps left by limited formal services. A strong sense of unity was especially evident in rural communities, where mutual aid and inter-organizational collaboration—among schools, churches, tribal entities, and local advocates—served as a foundation for resilience, with schools widely recognized as key access points for families. Concrete supports frequently named included church-based financial aid, workplace benefits, public health departments, telehealth, multicultural mental health services, home-visiting programs, and peer-led Substance Use Disorder (SUD) supports.

BARRIERS IDENTIFIED

Barriers to service access were consistently identified across regions and racial groups, with financial instability, poverty, and mental health concerns emerging as major contributors to child maltreatment risk. Participants described how structural and cultural obstacles—such as language barriers, stigma, fear of deportation, and intergenerational trauma—further complicated access, particularly for AI/AN, SUPeRAD, Hispanic, and Black/AA communities. Widespread shortages of counselors, social workers, and culturally competent legal advocates were especially challenging in rural areas, where long waitlists, rigid eligibility criteria, and limited technological access further hindered families from obtaining critical services like mental health care, crisis nurseries, and legal support.

NEEDS IDENTIFIED

Families expressed a pressing need for more accessible, affordable, and culturally affirming services. Key themes included improving awareness and communication around available resources, providing multilingual and culturally competent outreach, and increasing availability of basic supports such as healthcare, legal aid, and transportation. Participants also called for a more diverse and trauma-informed workforce and emphasized that current services often failed to reflect or respond to the realities of marginalized communities. Improved cross-sector collaboration and ongoing community engagement were cited as essential to identifying and addressing evolving family needs.

CONSIDERATIONS IDENTIFIED

Participants offered a range of concrete ideas to improve outreach, engagement, and service delivery, emphasizing the importance of trust, cultural responsiveness, and accessibility. Recommended strategies included Spanish-language and community-based media campaigns, school communications, and social media—especially relevant for Hispanic and rural communities. Engagement efforts such as provider open houses, youth-led initiatives, and family connection campaigns were highlighted as effective tools for building rapport. Community health workers were identified as key bridges between families and systems, and immigrant families expressed a strong need for education on United States legal and parenting norms. Overall, these suggestions reinforce the need for equity-driven, culturally grounded strategies to effectively support families and prevent child maltreatment across Utah.

Strategic Planning Framework

Based on the findings from data analysis and community feedback, SRI developed a strategic planning framework composed of three goals. Together, they form the foundation for future prevention planning and resource allocation.

GOAL 1. EXPAND ACCESS TO SERVICES AND PROGRAMS

> This goal focuses on improving access to essential services through three key objectives: expanding telehealth and mobile service delivery to reach rural and underserved areas; increasing the availability of in-person supports such as childcare, crisis nurseries, parenting programs, and behavioral health services; and enhancing language access and translation services to meet the cultural and linguistic needs of diverse communities. Together, these efforts aim to reduce barriers, promote early intervention, and ensure families can access the supports they need to thrive and prevent child maltreatment.

GOAL 2. STRENGTHEN COMMUNITY PARTNERSHIPS AND OUTREACH

> This goal aims to enhance how families connect with resources and support networks by expanding culturally inclusive outreach strategies, increasing awareness of available services, and fostering collaboration across community partners. Key objectives include using multilingual media and community events to engage families, creating centralized resource registries to improve service navigation, and strengthening partnerships among schools, churches, health departments, and tribal entities. Together, these efforts support early intervention, coordinated care, and broader community involvement in preventing child maltreatment.

GOAL 3. ENHANCE SUPPORT FOR FAMILIES AND CHILDREN

> This goal focuses on building family stability and resilience through comprehensive support systems. It includes expanding wraparound services to address basic needs like housing, food, legal aid, and healthcare; providing family-focused education and peer support to promote positive parenting and financial literacy; and increasing

staffing levels and diversity across service sectors to ensure timely, trauma-informed, and culturally responsive care. Together, these efforts aim to reduce family stress, strengthen protective factors, and create safer, more supportive environments for children.

Priority Strategies and Actions

Five primary strategies were identified from community feedback and data analysis, providing a road map for achieving the above goals. Each strategy contains different recommended activities to guide next steps and areas of focus for DCFS prevention efforts. The first activity within each strategy is the highest priority for implementation.

STRATEGY 1: IMPLEMENT TELEHEALTH AND MOBILE SERVICES

- **Partner with healthcare and social service providers utilizing telehealth platforms to deliver mental health, SUD support, social services, and parenting services remotely to rural and under-resourced communities.**
- Deploy mobile clinics and food banks to rural areas to increase access to healthcare and nutrition services.

STRATEGY 2: EXPAND SOCIAL SERVICES AND PROGRAMS

- **Expand affordable housing, childcare, food, and transportation assistance programs and initiatives, including subsidies and voucher programs for low-income families statewide.**
- Expand affordable mental health care services statewide, including marriage and family counseling, youth counseling, and specialized psychiatric care throughout rural and under-resourced areas.
- Expand affordable and accessible healthcare services statewide, with a focus on low-cost dental health, immunization services, and maternal and reproductive care.
- Expand SUD treatment programs and support for individuals struggling with substance abuse or addiction, including detoxification, rehabilitation, counseling, sober living facilities, and recovery support services.
- Expand family support programs that offer comprehensive education and supportive services for parents, including in-home programs, access to peer support groups, parenting classes, and parenting education.
- Expand emergency support services statewide, including respite care, crisis nurseries, emergency shelters, and other crisis intervention services.

STRATEGY 3: EXPAND COMMUNITY-BASED PROGRAMS

- **Expand recreation centers, family engagement centers, and family resource centers in underserved communities to promote recreational activity, strengthen family resilience, enhance parenting skills, foster supportive social connections, and provide safe spaces for family engagement.**
- Expand extracurricular programming, such as afterschool programs, to promote child well-being, strengthen community partnerships, and enhance support for families and children throughout the Wasatch Front, especially among marginalized or minority communities.
- Expand early childhood education and school readiness programs statewide to support the healthy development of low-income children and families, especially for marginalized or minority communities.

STRATEGY 4: IMPROVE PROGRAM EFFICIENCY AND SUPPORT FOR FAMILIES

- **Increase staffing of mental health providers, social service providers, DCFS caseworkers, and school-based support staff statewide. Support initiatives to increase diversity among staff and enhance their ability to serve diverse populations effectively.**
- Strengthen programs offering financial assistance or cost reduction programming for housing, childcare, food, mental health, and transportation to promote accessibility and alleviate financial burdens on families.
- Enhance training and education for service providers, educators, and mandatory reporters to improve response to community needs and increase cultural sensitivity.
- Enhance programs that are culturally relevant and responsive to the specific needs of different cultural groups, promote cultural education and practices, and offer culturally diverse social activities.
- Strengthen legal services and advocacy for individuals and families who cannot afford legal representation, are involved with child welfare services, are undocumented or non-English speaking, or are living in under-resourced, marginalized communities.
- Enhance case planning, placements, and adequate transition plans for DCFS-involved children and families.

STRATEGY 5: STRENGTHEN OUTREACH AND ENGAGEMENT

- **Coordinate with schools, churches, health departments, coalitions, community health workers, tribes, and culturally relevant community organizations for outreach and resource dissemination.**
- Develop a centralized resource registry that is continually maintained, updated, and shareable with communities and resource providers.
- Conduct targeted outreach campaigns using flyers, social media, and community events to raise awareness of available resources.
- Enhance community education efforts, providing culturally sensitive programming and awareness campaigns on SUD prevention, mental health awareness, legal rights, reducing stigma, and healthy family communication.
- Increase awareness of available grants, simplify the application and reporting processes, and provide flexibility in grant funding usage to address diverse community needs effectively.

Conclusion and Next Steps

The Strengthening Utah Families Community Needs Assessment provides a comprehensive overview of the factors contributing to child maltreatment in Utah. Administrative data revealed that children who are younger, have prior DCFS involvement, or live in households facing stressors such as inadequate childcare and unstable housing are at increased risk of subsequent maltreatment or removal. Notably, outcomes varied by region and child race and ethnicity, with some groups experiencing disproportionately higher rates of system involvement and less favorable placement outcomes.

Community input echoed these findings, highlighting gaps in service availability and access—particularly in rural areas—and calling for improvements in affordability, outreach, and cultural responsiveness. The strategic framework developed through this process offers a strong foundation, but meaningful progress will require sustained collaboration across state agencies, community partners, and families. Key priorities moving forward include expanding access to services in under-resourced areas, strengthening community engagement, and ensuring that prevention efforts are supported by adequate leadership, funding, and cross-sector coordination.

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