Building Healthy Communities and Preventing Child Maltreatment:
A Shared Responsibility

Welcome

Justin Brown

Secretary of Human Services and Early Childhood Initiatives

OKLAHOMA Human Services

Justin Brown
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Director OKDHS

Recent Accomplishments

Over the last year, OKDHS has launched some of the following major initiatives.

Launched the Oklahoma Clearinghouse for Early Childhood Success
Targeting outcomes for children by creating and investing in an evolving definition of quality in early childhood.

Developed and Executed a Multi-channel Embedded Worker Strategy
As a larger effort to reimagine the distribution model of human services in the State of Oklahoma. As an effort to meet those that we serve where they are, OKDHS has built strategies including 'Service First,' Law Enforcement Social Work Support Teams, traditional embedded workers strategies and the Community Hope Center platform.

Agency Response to COVID19
Successfully executed an aggressive & proactive response to COVID19, transforming the state's largest workforce to remote work, partnering in meaningful ways for responsive service to customers, and prioritizing the safety of our workforce and customers first.

Launched the Community Hope Center Platform
To better serve the community during COVID19, OKDHS, utilizing CARES Forward funds, partnered with existing providers to provide more resources to children & families as systems closed in our communities.

True North – Executive Leadership

ELTN 1 - Become the a 'Hope Centered Organization,' recognizing the trauma that we all bring, and building hope and resiliency in ourselves, our customers and our communities

ELTN 2 – Removing systematic barriers that keep our customers from being successful by meeting our customers where they are to provide needed resources in a more effective way.

ELTN 3 – Become an 'Elite Employer,' by improving work/life balance, cultivating talent, improving retention rates and providing for the health and mental health needs of our team.

ELTN 4 – Become the model of efficiency, effectiveness and transparency, serving our community free from fraud, waste or abuse.

ELTN 5 – Innovation – Become a national thought leader and program innovator, embracing new ideas from internal and external sources.

ELTN 6 – Introducing ourOKDHS to the public and to our partners in the community through strategic engagement, effectively communicating our desire for deeper relationships and collaborative efforts.

ELTN 7 – Build a culture of equity, diversity, inclusion and belonging, evaluating our current systems and building new systems that embrace one another as equals.

ELTN 8 – Move the agency to a space of prevention, going 'upstream' to build a system that supports families with services and resources before they are in crisis;

True North ELTN8 – Executive Leadership

Move the agency to a space of prevention, going 'upstream' to build a system that supports families with services and resources before they are in crisis;
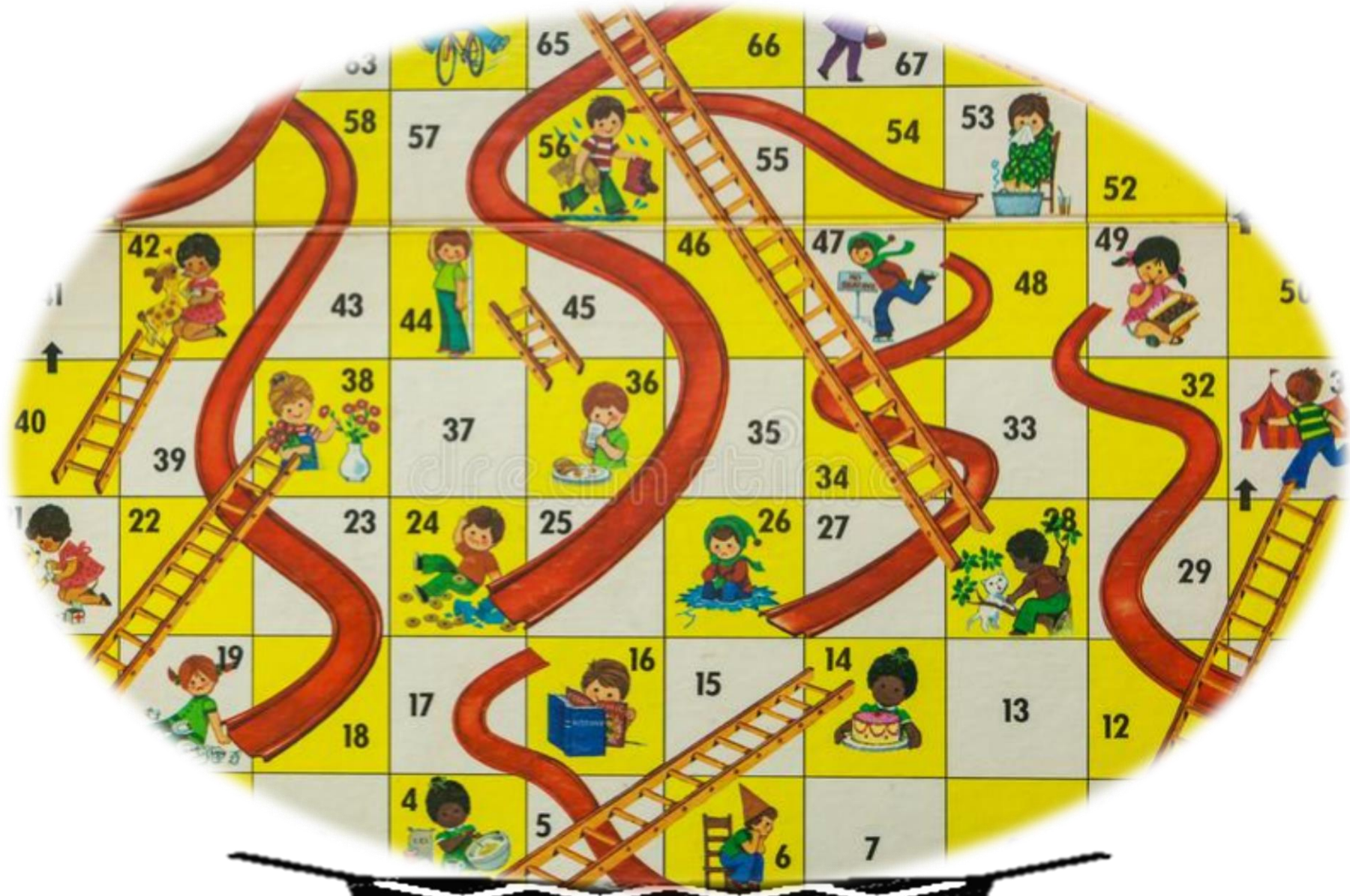
Rebuilding the distribution model for human services by meeting those that we serve where they are;

- *Community Hope Centers*
- *Homeless Shelters*
- *Schools*
- *Law Enforcement*

- *Front Porch*
- *Traditional Embedded Worker Strategy*
- *Specialty Embedded Workers*
- *Virtual Front Porch*

7

Person-Centered
Safety Net

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Human Services

Oklahoma State Department of Health

Beth Martin, MA, CCC

Director, Family Support & Prevention Services

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Primary Prevention

- Oklahoma State Plan for the Prevention of Child Abuse and Neglect (2019-2023)

- American Rescue Plan

- CAPTA Reauthorization

CBCAP Stakeholders Survey Year 3

- Survey launched: 7/31/2020

- Survey closed: 9/11/2020

- Duration: 4 to 5 weeks

- 34 questions in the survey.

Survey Details

Stakeholders survey outreach: **386** Professionals across Oklahoma.

Professionals who chose not to respond to the survey after accessing the survey using the link : **62 (16 %)**

Professionals who entered their responses to the survey questions :
324 (84 %)

Among those who completed;

245 (76 %) completed entire survey

79 (24 %) completed partial survey.

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Professionals' Education and Experience
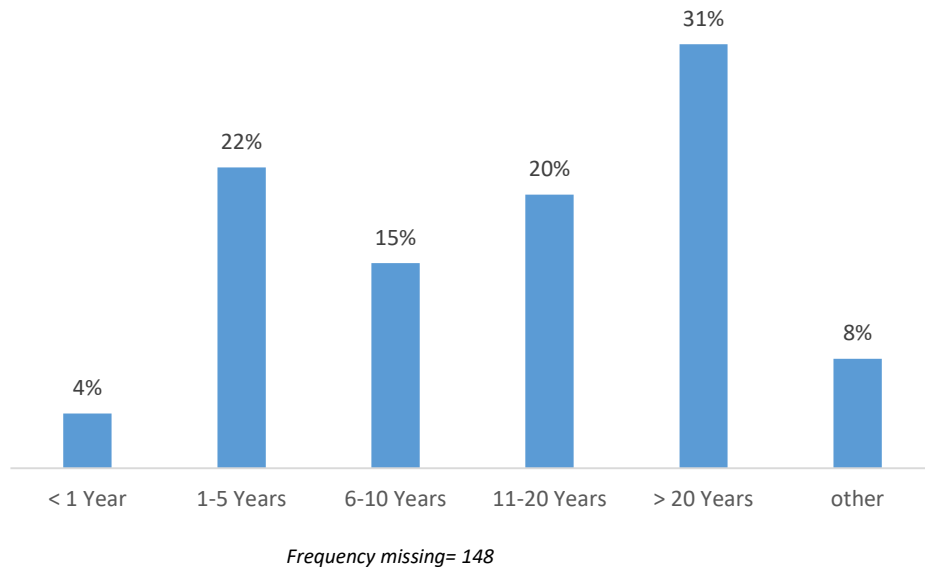
Figure : Years of Experience

Frequency missing= 148

Figure : Respondents' Education

Frequency missing= 148

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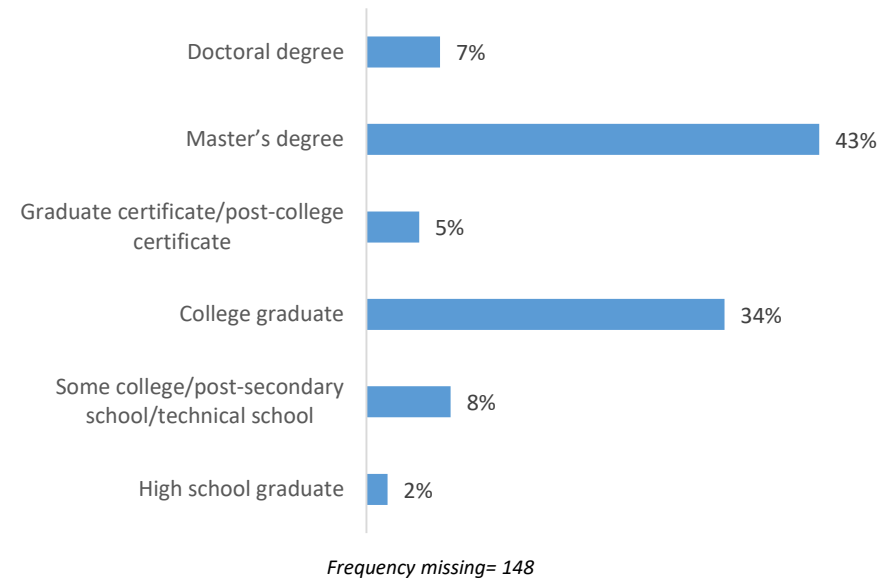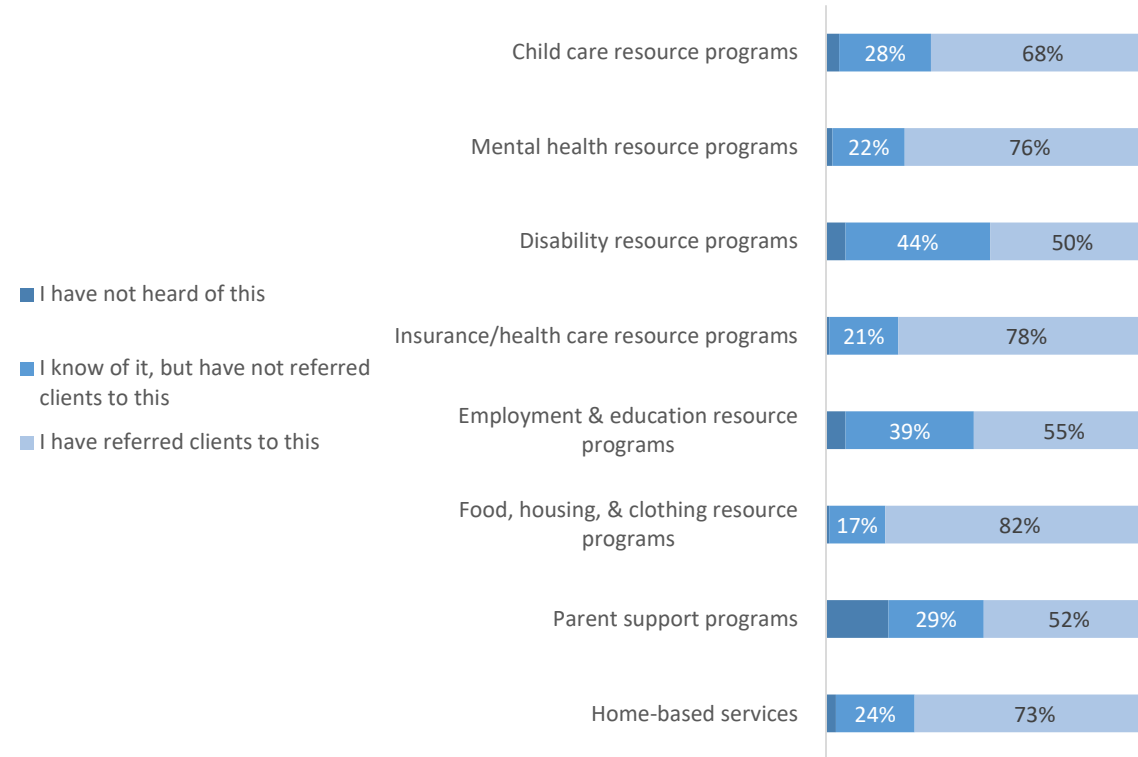
Awareness and Use of Community Resources
(Home-based services, Parent support programs, concrete resources, education etc.)

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Figure : Awareness and Use of Community Resources

Legend:
- I have not heard of this
- I know of it, but have not referred clients to this
- I have referred clients to this

Resource	I know of it, but have not referred clients to this	I have referred clients to this
Child care resource programs	28%	68%
Mental health resource programs	22%	76%
Disability resource programs	44%	50%
Insurance/health care resource programs	21%	78%
Employment & education resource programs	39%	55%
Food, housing, & clothing resource programs	17%	82%
Parent support programs	29%	52%
Home-based services	24%	73%

Use and Awareness of Resources 2018-2020

Percent Unaware of Parent support and home-based Programs

22%

20%

19%

5%

3%

3%

2018   2019   2020

— % Have not heard of parent support programs

— % Have not heard of home-based services
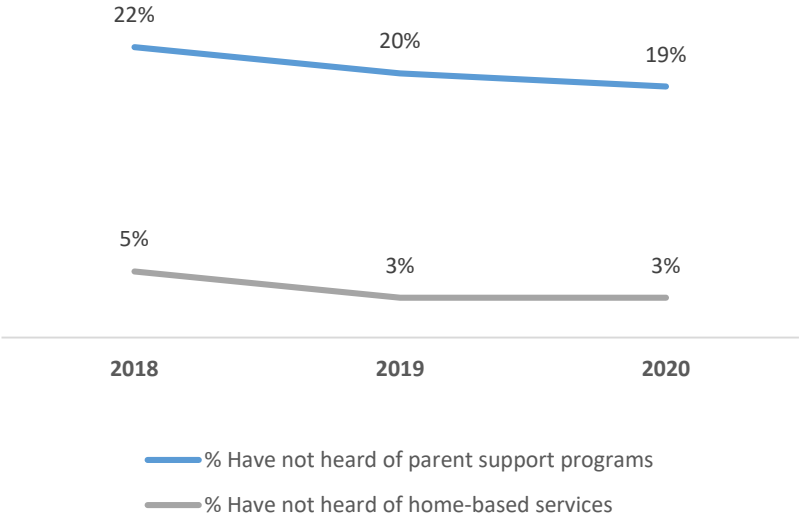
Percent Used Concrete Resources and Home-based services

83%

81%

82%

69%

73%

73%

2018   2019   2020

— % Have referred clients to concrete resources

— % Have referred clients to home-based services
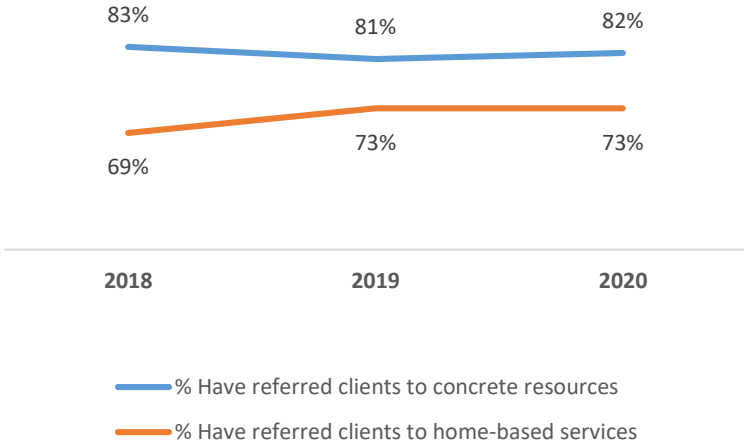
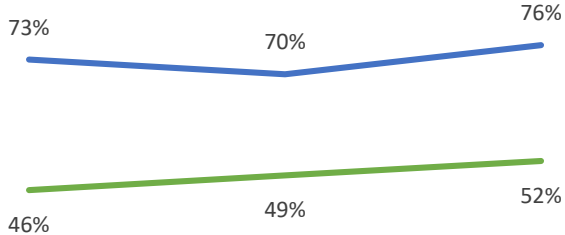# Use and Awareness of Resources 2018-2020

Percent Used Parent Support and Mental Health programs

73%
70%
76%

46%
49%
52%

2018   2019   2020

— % Have referred clients to parent support programs
— % Have referred clients to mental health programs

Very Confident in Ability to Refer Clients to Resources

63%
57%
65%

2018   2019   2020

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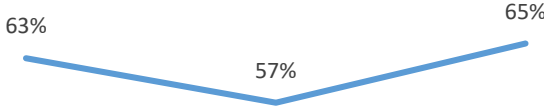
Child Abuse and Neglect Training

Figure : Child Abuse-related Training in Past 5 years

- Intimate partner violence — 55%
- Trauma-informed care — 81%
- Protective factors — 65%
- ACEs — 82%
- Risk factors for maltreatment — 62%
- Reporting procedures — 70%
- Detection — 48%
- Victimization — 50%

Frequency missing= 91

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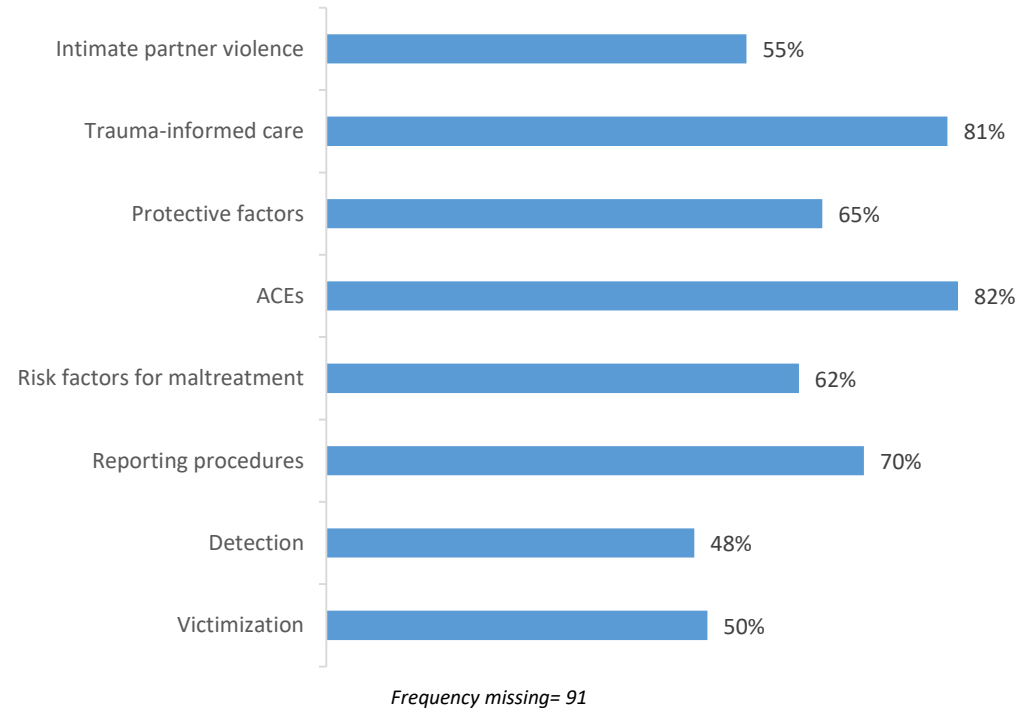
Child Abuse and Neglect Training 2018-2020

Have Received Training in Victimization, Detection, Reporting

57%
65%
70%
40%
46%
50%
42%
49%
48%

2018   2019   2020

—Victimization   —Detection   —Reporting procedures
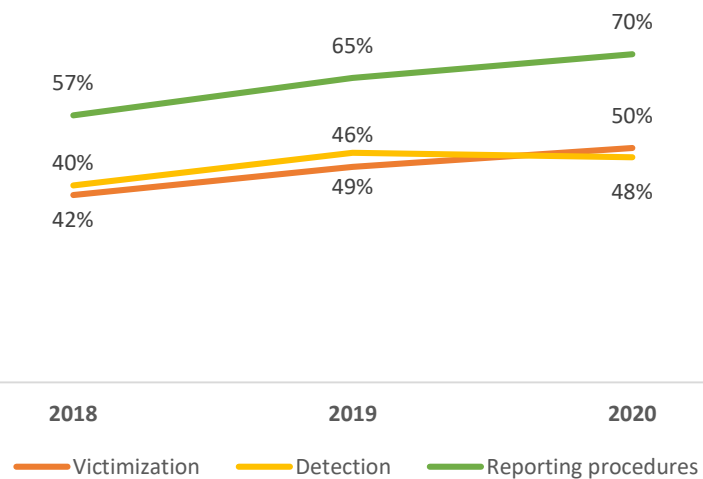
Have Received Training in Maltreatment, ACEs

62%
73%
82%
46%
53%
62%

2018   2019   2020

—Risk factors for maltreatment   —ACEs

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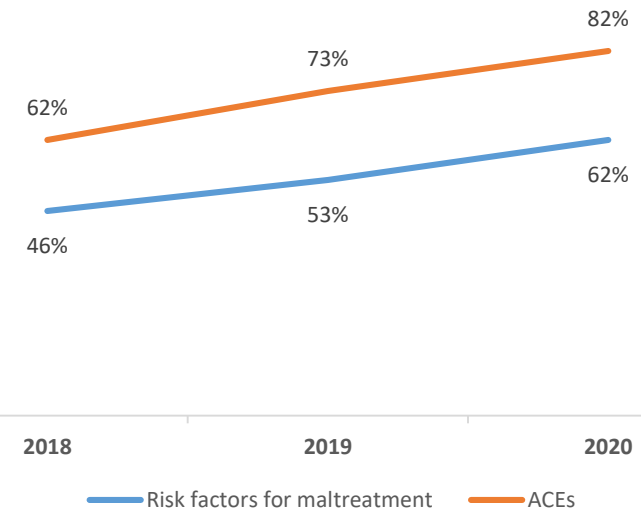
Child Abuse and Neglect Training 2018-2020

Have Received Training in Protective factors, Trauma-informed care, IPV

64% 71% 81%

49% 56% 65%

46% 52% 55%
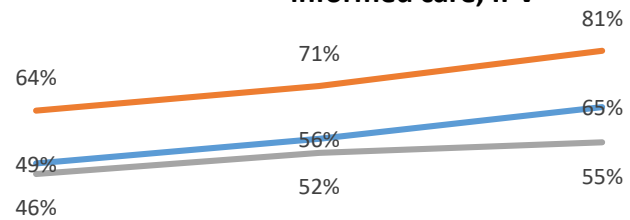
2018 2019 2020

— Protective factors — Trauma-informed care
— Intimate partner violence (IPV)

Agency provides Training
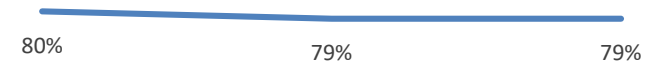
80% 79% 79%

2018 2019 2020

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Knowledge of CAN/ Laws

Figure : Confidence in Identifying and Reporting CAN

■ Not at all confident ■ Somewhat confident ■ Very confident

Category		
Refer clients to resources that best meet their needs	32%	65%
Quickly and successfully report suspected child abuse/neglect to the appropriate authorities	20%	78%
Accurately identify intimate partner violence	49%	45%
Accurately identify child abuse/neglect	35%	62%
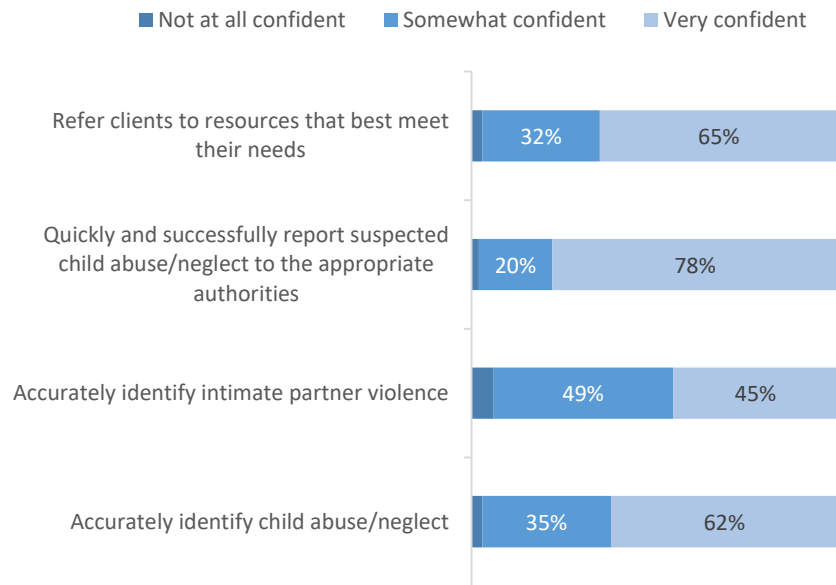
Percent Very Confident in Identifying CAN, IPV

	2018	2019	2020
Very confident quickly report CAN properly	82%	80%	78%
Very confident accurately identify CAN	61%	59%	62%
Very confident accurately identify IPV	43%	39%	45%

— Very confident accurately identify CAN
— Very confident accurately identify IPV
— Very confident quickly report CAN properly

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Knowledge of CAN/ Laws

Figure : Respondents' Knowledge of ACEs

- Not at all familiar
- I know a little
- I know a good amount
- I am well-informed

(4%, 12%, 24%, 60%)

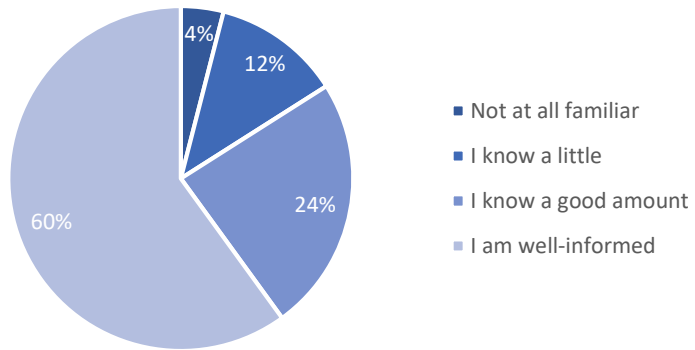**Figure : Respondents' Knowledge of Protective Factors**

- Not at all familiar
- I know a little
- I know a good amount
- I am well-informed

(9%, 19%, 30%, 42%)

Percent Well Informed

	2018	2019	2020
Well informed on ACEs	39%	47%	60%
Well informed on protective factors	32%	36%	42%

— Well informed on ACEs   — Well informed on protective factors
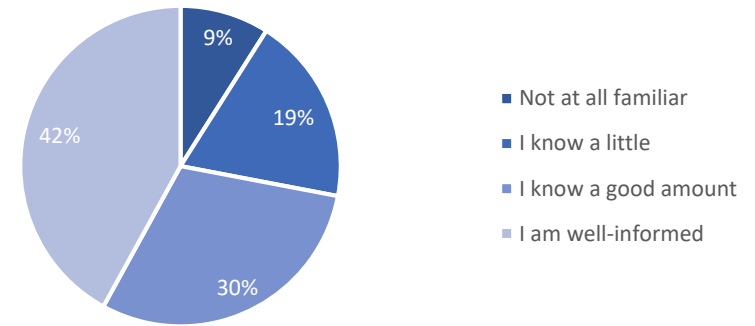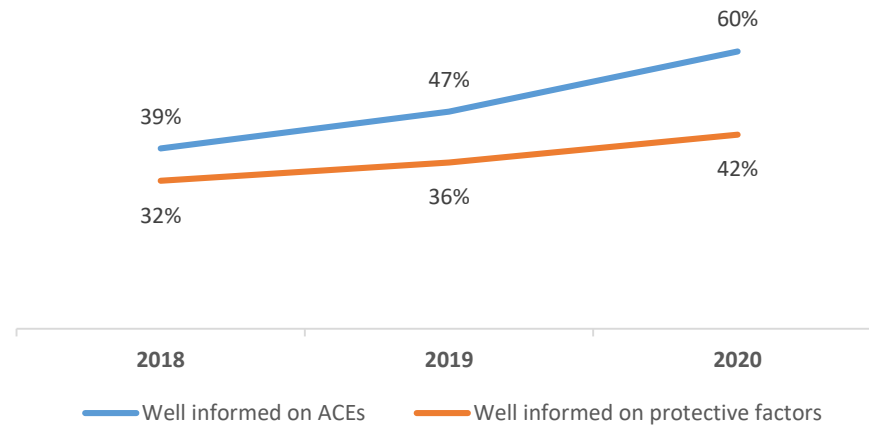
Perceived Ease/difficulty of Access to Services

Figure : Clients' Ease of Access to Services

■ Usually Easy   ■ Usually Difficult   ■ No Opinion

Service	Usually Easy	Usually Difficult	No Opinion
Services that are appropriate for culture & language	22%	46%	32%
Sports/recreational programs for children	39%	28%	33%
Sufficient food, housing, & clothing	40%	40%	20%
Affordable, quality adult education	41%	26%	33%
Affordable, quality child education	42%	26%	33%
Affordable, quality child care	23%	54%	23%
Services to address concerns for child's social, emotional, and/or behavioral development	52%	33%	15%
Mental health screening & treatment	47%	38%	15%
Prenatal health care	60%	16%	25%

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Perceived Ease/difficulty of Access to Services 2018-2020

Difficulty to Access Services

51%
70%
54%
31%
35%
26%
22%
26%
26%

2018
2019
2020

— Affordable, quality childcare
— Affordable, quality child education
— Affordable, quality adult education
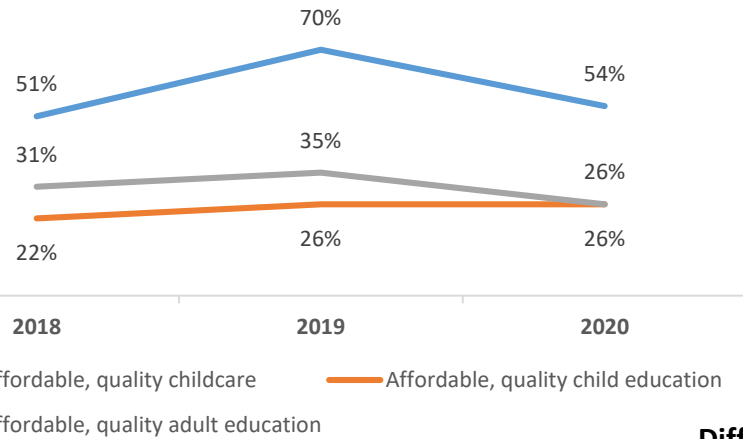
Difficult to Access Services

71%
42%
38%
36%
53%
33%
15%
17%
16%

2018
2019
2020

— Prenatal healthcare
— Mental health treatment
— Child development services

Difficulty to Access Services

43%
55%
46%
52%
45%
40%
36%
35%
28%

2018
2019
2020

— Concrete resources
— Sports/children's recreational programs
— Services for culture/language
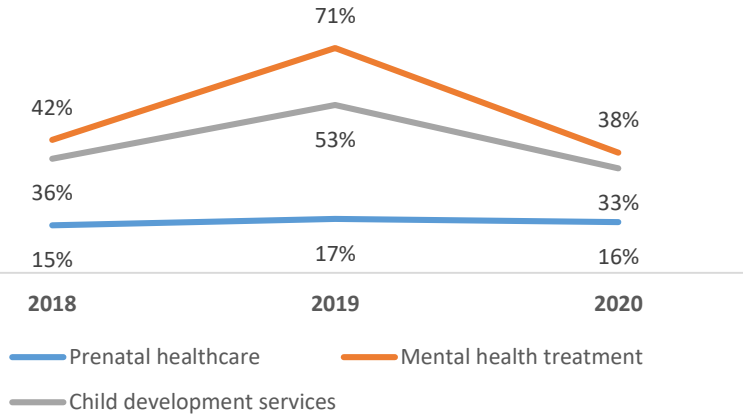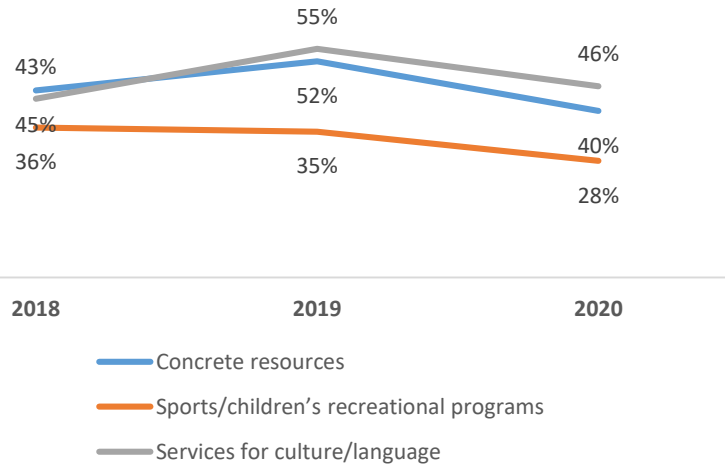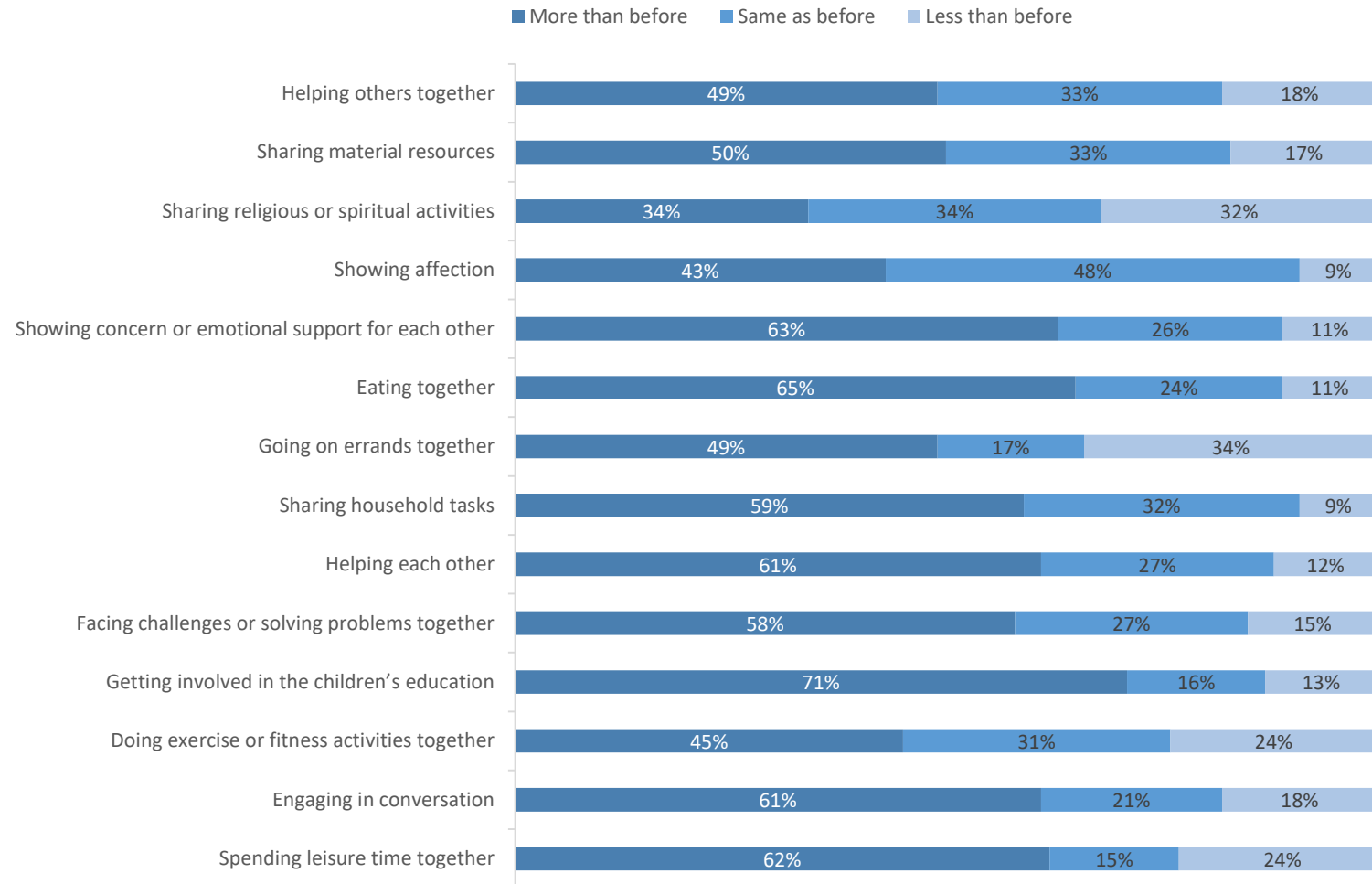
Positive Togetherness during COVID-19 compared to before COVID-19

Figure : Positive Togetherness During COVID-19 Pandemic

■ More than before　■ Same as before　■ Less than before

Activity	More than before	Same as before	Less than before
Helping others together	49%	33%	18%
Sharing material resources	50%	33%	17%
Sharing religious or spiritual activities	34%	34%	32%
Showing affection	43%	48%	9%
Showing concern or emotional support for each other	63%	26%	11%
Eating together	65%	24%	11%
Going on errands together	49%	17%	34%
Sharing household tasks	59%	32%	9%
Helping each other	61%	27%	12%
Facing challenges or solving problems together	58%	27%	15%
Getting involved in the children's education	71%	16%	13%
Doing exercise or fitness activities together	45%	31%	24%
Engaging in conversation	61%	21%	18%
Spending leisure time together	62%	15%	24%

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Summarized Open-ended Responses to COVID-related Positive Togetherness

Quality family time   (45)

- Immediate family Being together

- Eating together

- Board games / game nights

- Better communication and understanding each other

Parents involvement with Child's education   (14)

- Improved parent-child interaction

- Children who struggled at school have improved mental health and behaviors

- Parents desire to work on child's education

- Parents promoting their child's development

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Online Education   (10)

- Introvert people feel better with remote school

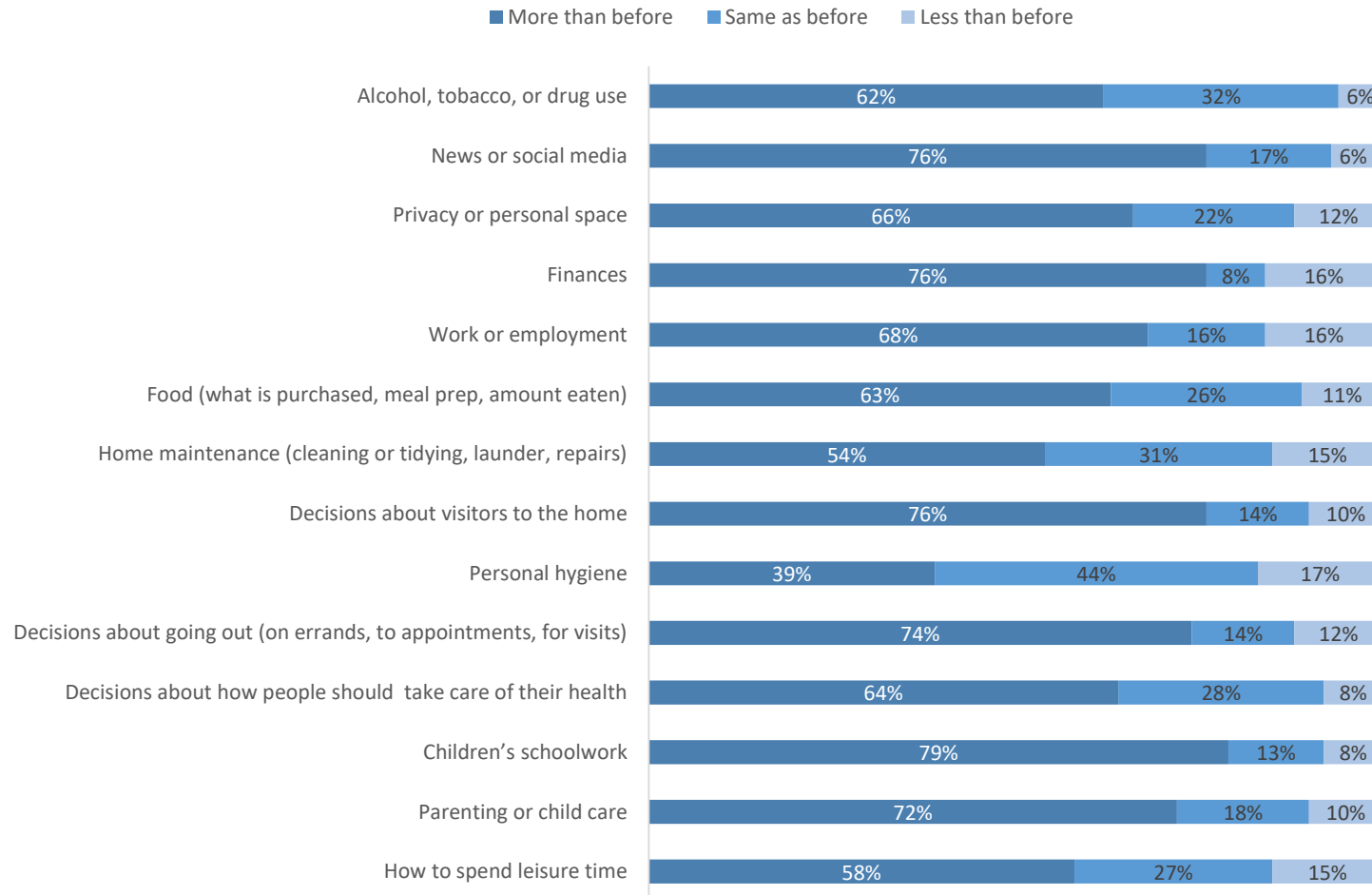- Positive effect on Mental health due to no school

Improved access to services due to Telehealth   (10)

- Improved access to Mental health services

More Creativity In clients.

Conflicts during COVID-19 Pandemic compared to Before

Figure : Conflicts During COVID-19 Pandemic

■ More than before ■ Same as before ■ Less than before

Category	More than before	Same as before	Less than before
Alcohol, tobacco, or drug use	62%	32%	6%
News or social media	76%	17%	6%
Privacy or personal space	66%	22%	12%
Finances	76%	8%	16%
Work or employment	68%	16%	16%
Food (what is purchased, meal prep, amount eaten)	63%	26%	11%
Home maintenance (cleaning or tidying, launder, repairs)	54%	31%	15%
Decisions about visitors to the home	76%	14%	10%
Personal hygiene	39%	44%	17%
Decisions about going out (on errands, to appointments, for visits)	74%	14%	12%
Decisions about how people should take care of their health	64%	28%	8%
Children's schoolwork	79%	13%	8%
Parenting or child care	72%	18%	10%
How to spend leisure time	58%	27%	15%

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Summarized Open-ended Responses to COVID-related Conflicts

Family conflicts (50)

- Differing opinions

- Conflicts regarding handling youth behaviors

- Conflicts on hygiene issues

Social Isolation (35)

- More distressing and worsening mental health

- Adults hiding medical issues from loved ones to avoid going to hospitals

Financial stress (20)

- Lost jobs

- Less resources, more sharing

- Less resources to support child care

Summarized Open-ended Responses to COVID-related Conflicts

Limited social freedom (10)

• Family members have to adjust work or school routine around each other

• Cannot talk freely with friends

Mental health issues (8)

• kids having more down times and less supervision

• Poor mental health

Family stress

• Parents have to struggle with work, child watch at home, and remote schooling

Less technological resources for virtual education /work

Summarized Perceived Community Strengths (Open-ended Question)

Evidence based home visitation services and child abuse prevention programs (parent PRO, PAT, C1) (50)

- Evidence based home visitation services (Parent Pro)

- Evidence based home visitation services (PAT)

- Home visitation programs

Education (24)

- For parents and care givers

- For students

- For providers

Schools as potential resource (22)

- Assessment and screening with in schools

- In-school abuse and neglect education for students

- Afterschool and summer programs to reduce parental stress

Summarized Perceived Community Strengths (Open-ended Question)

Resources, Support and Access (32)

- Concrete, abundant and free resources.

- Resources that are informed on trauma symptoms, abuse cycles

- Interagency resources

DHS and Red rock (20)

Law Enforcement (7)

Relationships (5)

- Teacher-student, teacher-parent, provider-family relationships

Faith-based organizations, Partnerships, Direct referrals from Providers to Services.

Summarized Perceived Community Weakness (Open-ended Question)

DHS	(25)

- Case load and burnout

- Lack of power or motivation

- Closing offices

- Hard to access via phone calls

- Child protective services come into play on serious incidents to children only

**Knowledge of Services	(15)**

- Families don't know many resources

- Providers lack early detection knowledge

Education and Training (18)

- Public education in identifying signs of trauma and abuse

- Parental education about child abuse

- Improper sex education in schools leading to teen/at risk pregnancies

- Lack of preventive education

- Stress management techniques

....

Summarized Perceived Community Weakness (Open-ended Question)

Pandemic

- Unwilling families and distanced further from interaction with provider
- No accountability of families due to home schooling.

Substance abuse support

- Substance abuse and Mental health support
- Treatment centers for under age substance abuse

Cost and transportation are barriers to access of services.

Questions

Any Questions or Comments?

aneeras@health.ok.gov

Awareness of Community Resources

❖ Most aware
 ❖ Insurance/Health Care Resources – 97%
 ❖ Child Care Resources – 89%
 ❖ Employment & Education Resources – 85%
 ❖ **-tie-** Disability Resources; Mental Health Resources – 78%
 ❖ Home-based Services – 72%

❖ Most unaware
 ❖ Parent Support Programs – 63%

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Awareness of Community Resources, by Demographic Groups

- ❖ Younger parents were more likely to be unaware of...
  - ❖ Employment and Education resources
  - ❖ Mental Health resources

- ❖ Parents with < college degree were more likely to be unaware of...
  - ❖ Mental Health resources
  - ❖ Home-based services

- ❖ Parents with income < $30,000 were more likely to be unaware of...
  - ❖ Disability resources
  - ❖ Home-based services
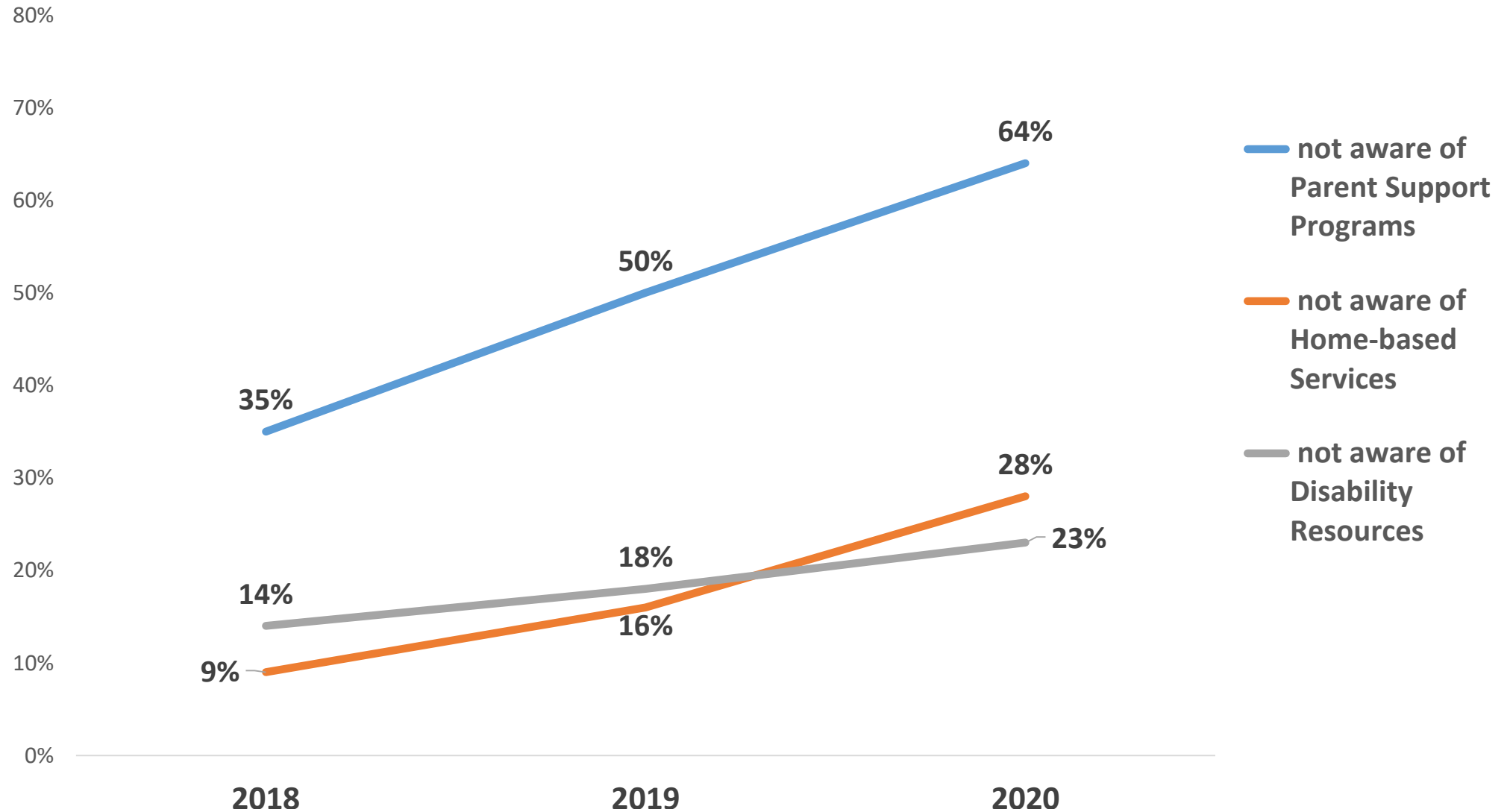
Use of Community Resources

- ❖ Most used
  - ❖ Insurance/Health Care Resources – 53%
  - ❖ Food, Housing, Clothing Resources – 45%
- ❖ Younger parents were more likely to have used…
  - ❖ Home-based services
  - ❖ Concrete resources (food, housing, clothing)
- ❖ Parents with < a college degree were more likely to have used…
  - ❖ Mostly all services (exception – Child Care resources)
- ❖ Parents with an income < $30,000 were more likely to have used…
  - ❖ Mostly all services (exception – Child Care resources)
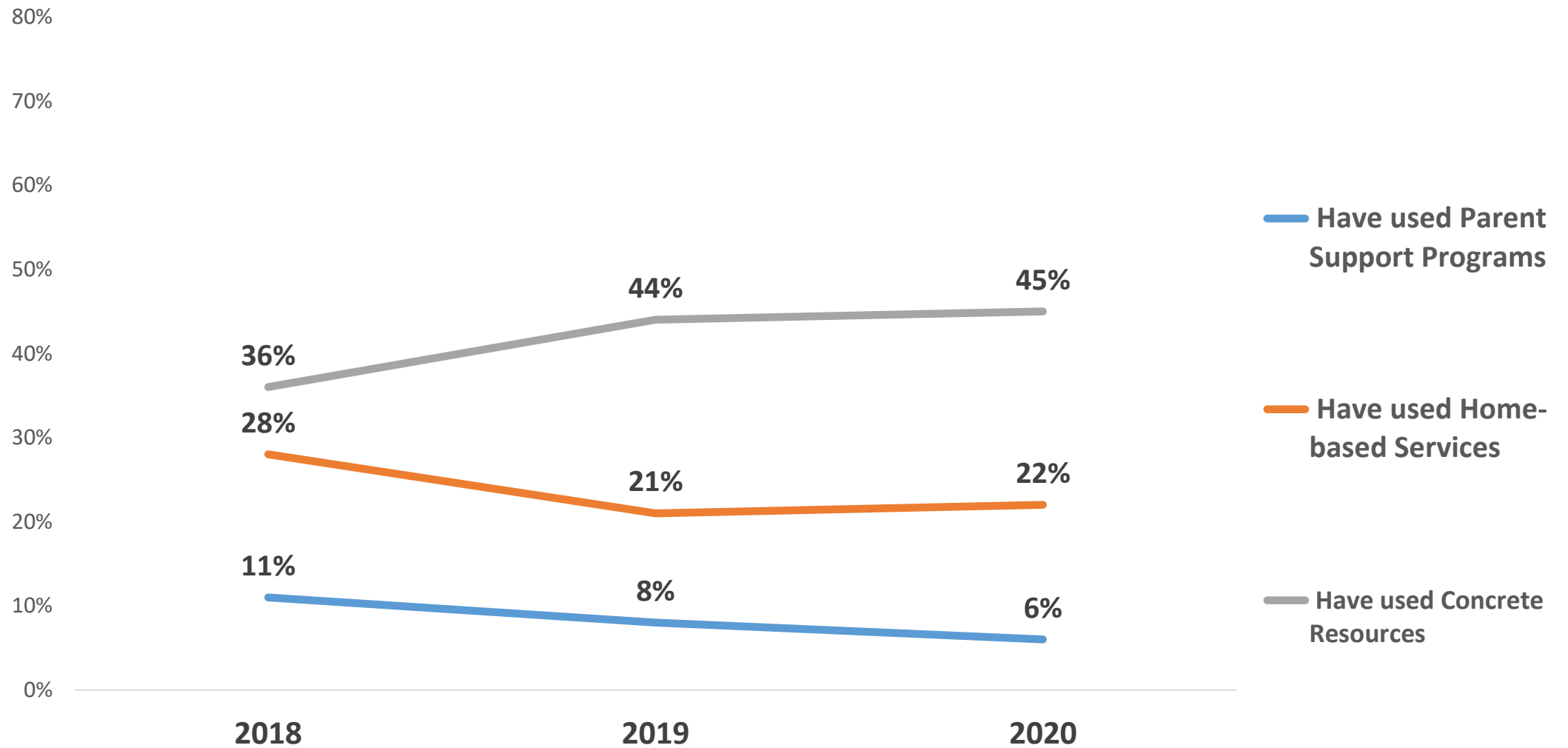
Ease of Access to Community Resources

- ❖ Easiest to Access
  - ❖ Prenatal Health Care – 76%
  - ❖ Services appropriate for culture and language – 61%
  - ❖ Affordable, quality child education – 60%

- ❖ Most Difficult to Access
  - ❖ Affordable, quality Child Care – 59%
  - ❖ Mental Health screening and treatment – 48%
  - ❖ Services to address child's social, emotional, behavioral development – 48%

Ease of Access to Community Resources According to Resource Users

❖ Easy to Access
 ❖ Parents using Parent Support Programs (64%) or Home-based Services (52%) found resources to address their child's social, emotional, or behavioral concerns were easy to access

❖ Most Difficult to Access
 ❖ Affordable, quality Child Care – 65%
 ❖ Food, clothing, housing resources – 64%
 ❖ Mental Health screening and treatment – 56%

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Difficulty with Access of Community Resources, by Survey Year
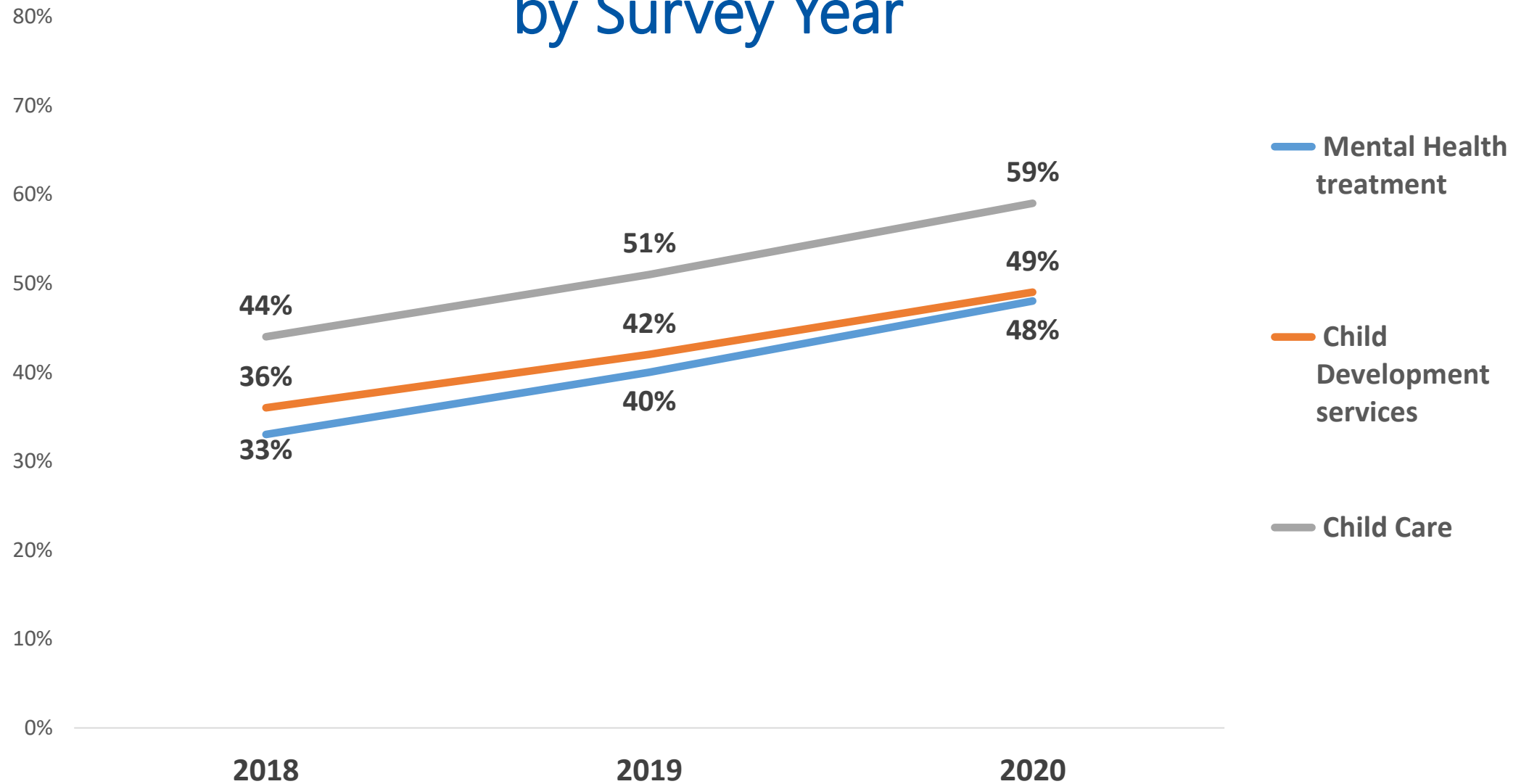
Knowledge of Where to Find Help
Basic Material Resources

❖ **Most Agree**
  ❖ Food – 72%
  ❖ Health Care – 63%
  ❖ Finding employment – 53%
  ❖ Clothing – 51%

❖ **Most Disagree**
  ❖ Housing – 53%

❖ **Close Agreement/Disagreement**
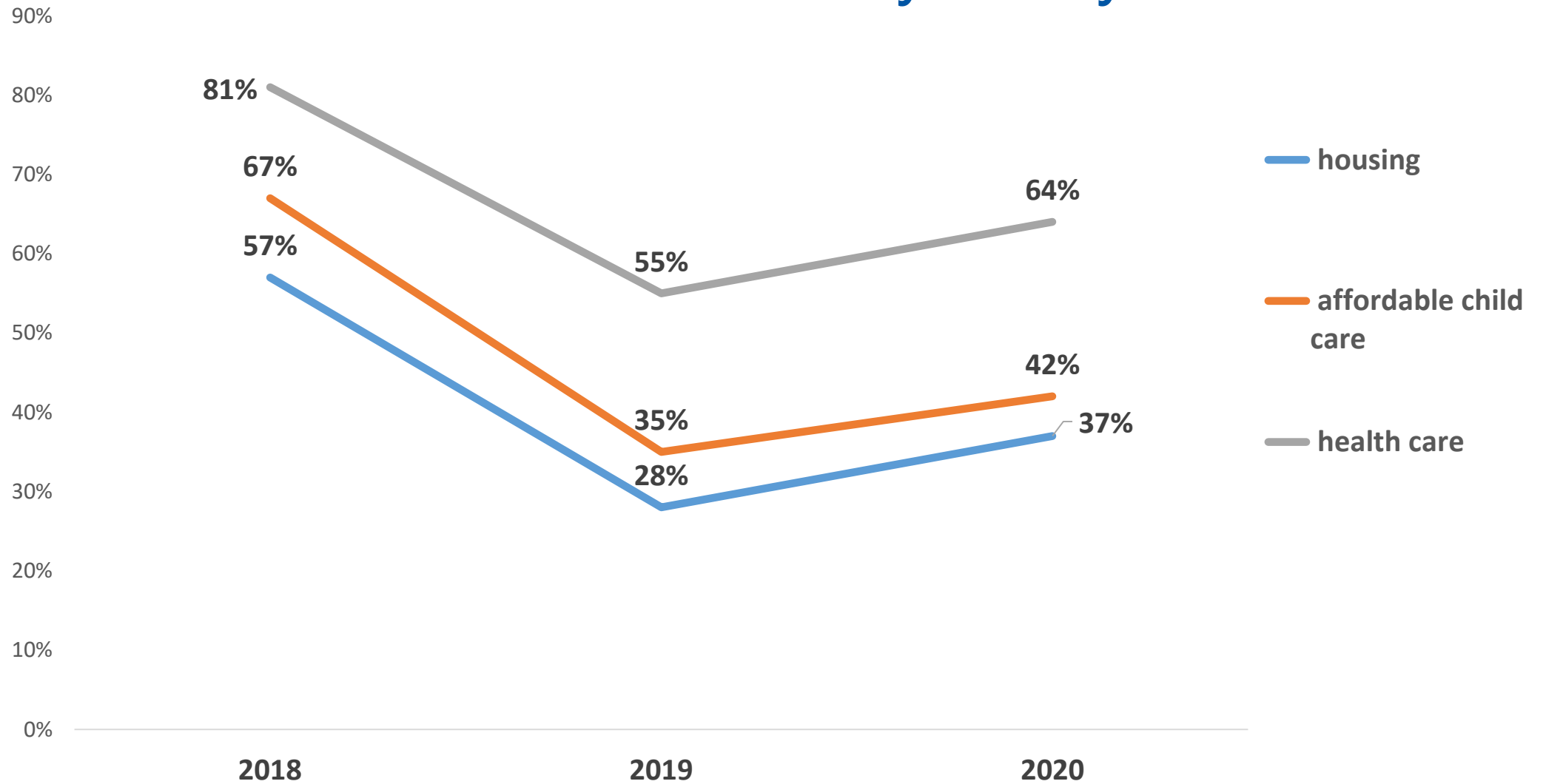 ❖ Affordable Child Care – 43% agree, 42% disagree

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Knowledge of Where to Find Help
Mental Health Resources

- ❖ Most Agree
  - ❖ Feeling depressed – 58%
  - ❖ Intimate partner violence – 54%
  - ❖ Using/abusing drugs or alcohol – 51%

- ❖ Close Agreement/Disagreement
  - ❖ Child's behavior – 44% agree, 47% disagree
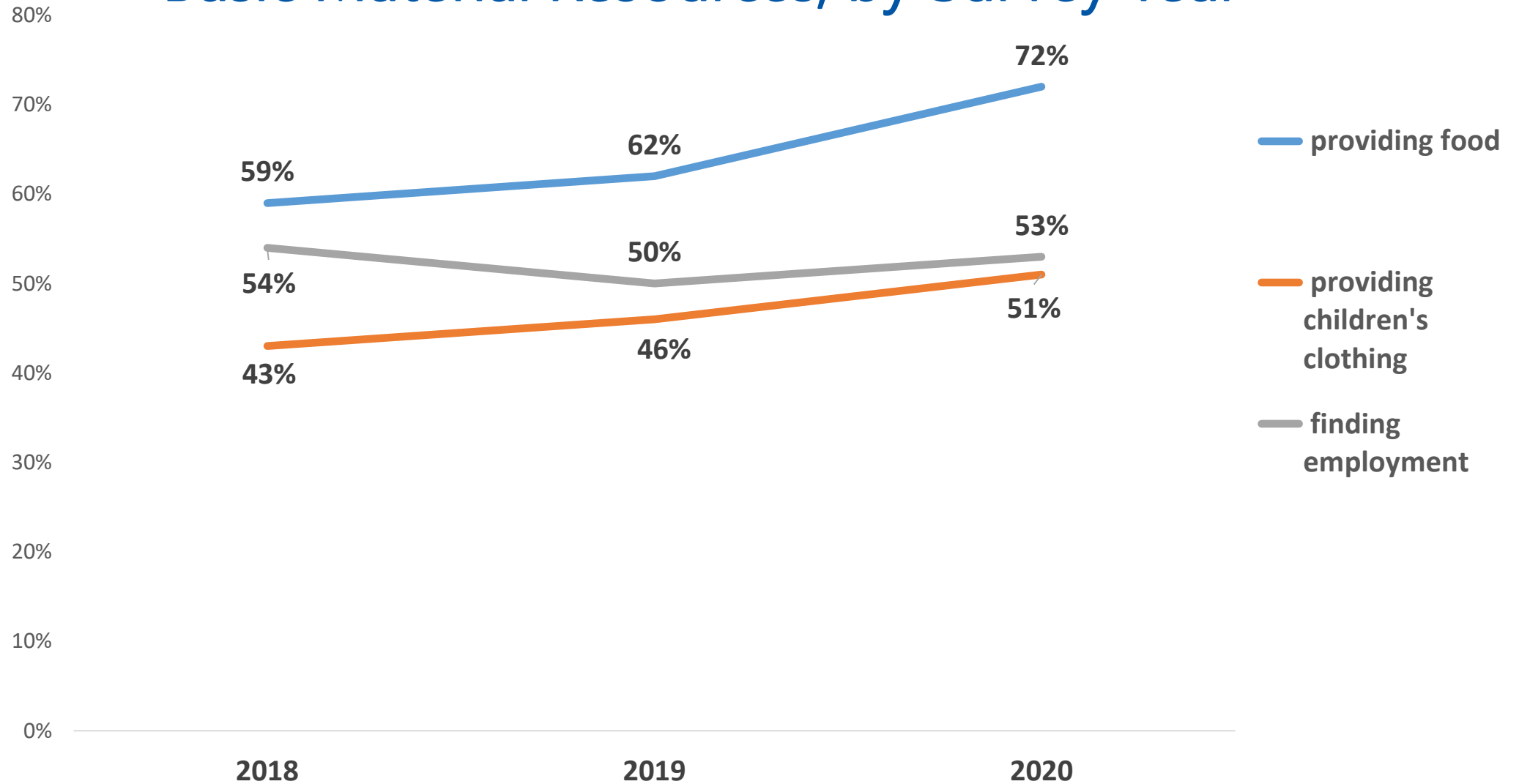 - ❖ Child abuse, by self or partner – 49% agree, 41% disagree

Knowledge of Where to Find Help Parenting Resources

- ❖ Most Agree
  - ❖ Child's development – 64%
  - ❖ Learn more about parenting – 57%

- ❖ Most Disagree
  - ❖ Home-based services – 50%

- ❖ Close Agreement/Disagreement
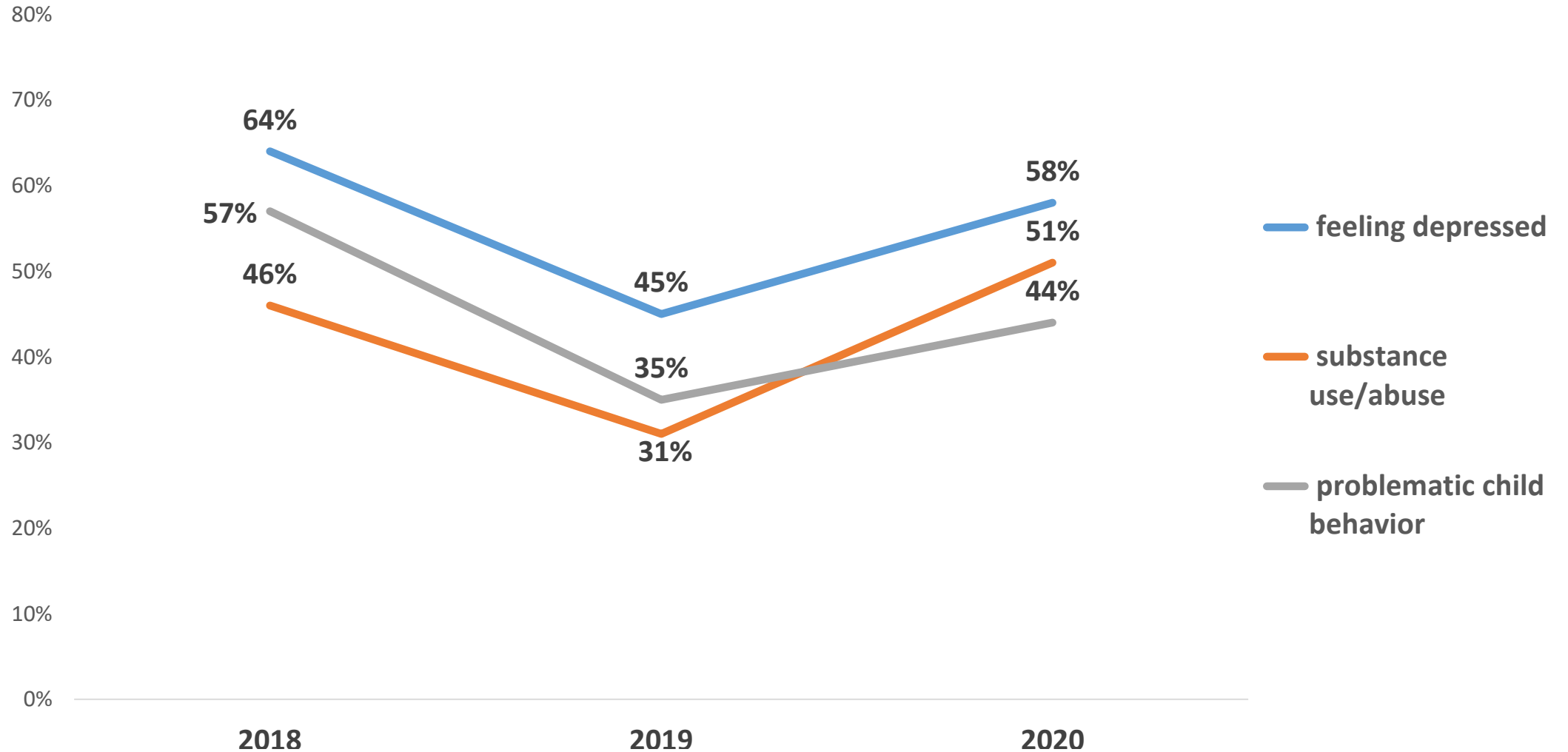 - ❖ Quality child care – 45% agree, 39% disagree

Agreement with Knowledge of Where to Find Help
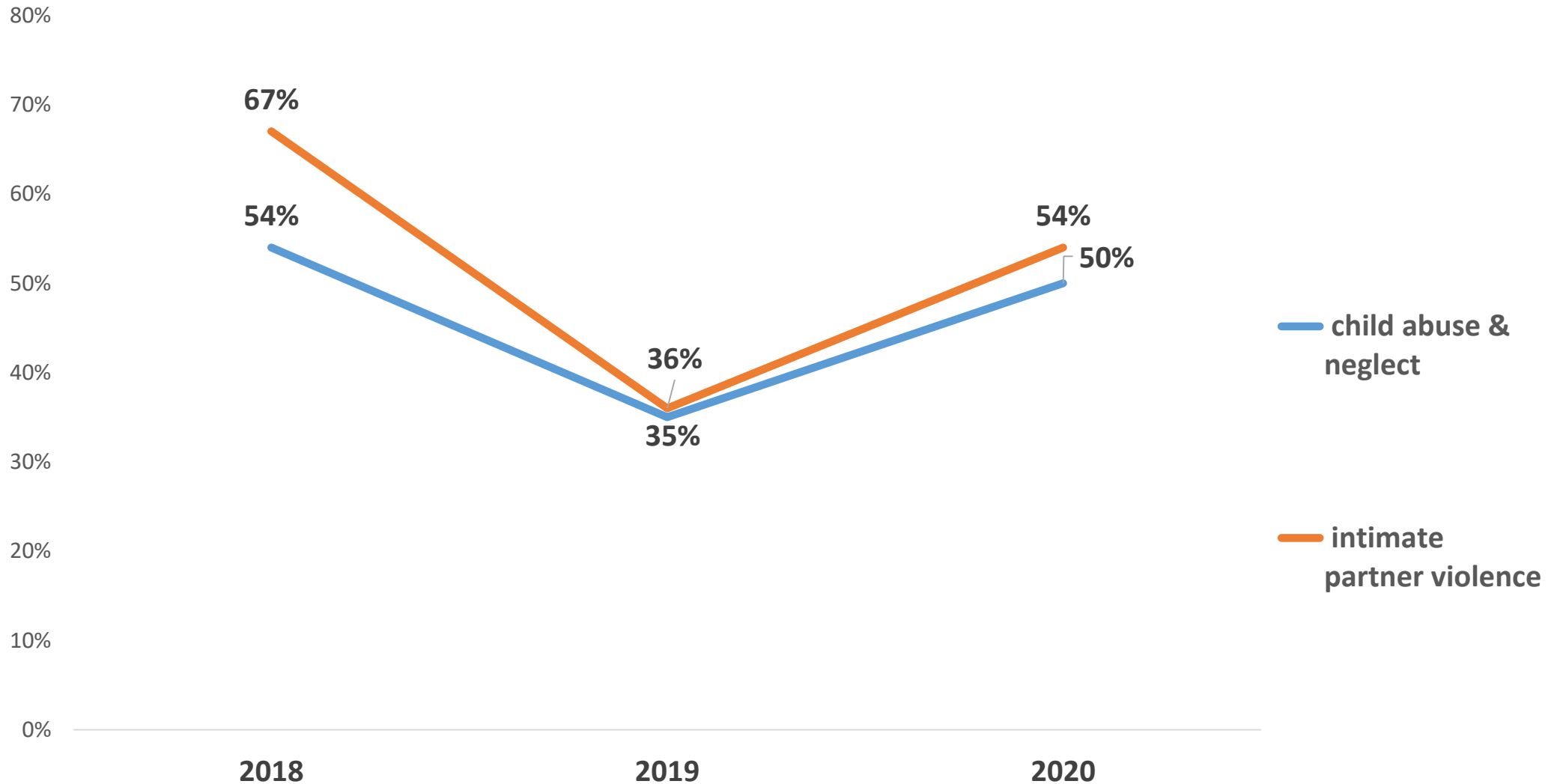## Basic Material Resources, by Survey Year

- providing food
- providing children's clothing
- finding employment

59% 62% 72%

54% 50% 53%

43% 46% 51%

2018 2019 2020

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PROMOTE HEALTH, SAFETY & WELL-BEING

Agreement with Knowledge of Where to Find Help Mental Health Resources, by Survey Year

PROMOTE HEALTH, SAFETY & WELL-BEING

Knowledge of Child Abuse & Neglect

- ❖ Most Respondents
  - ❖ Disagreed that it's necessary to hurt their partner – 97%
  - ❖ Agreed they know how to report CAN to the appropriate authorities – 87%

- ❖ When comparing by parent education level
  - ❖ Higher education were more likely to have reported CAN
  - ❖ Higher education more likely to be familiar with Oklahoma's CAN laws
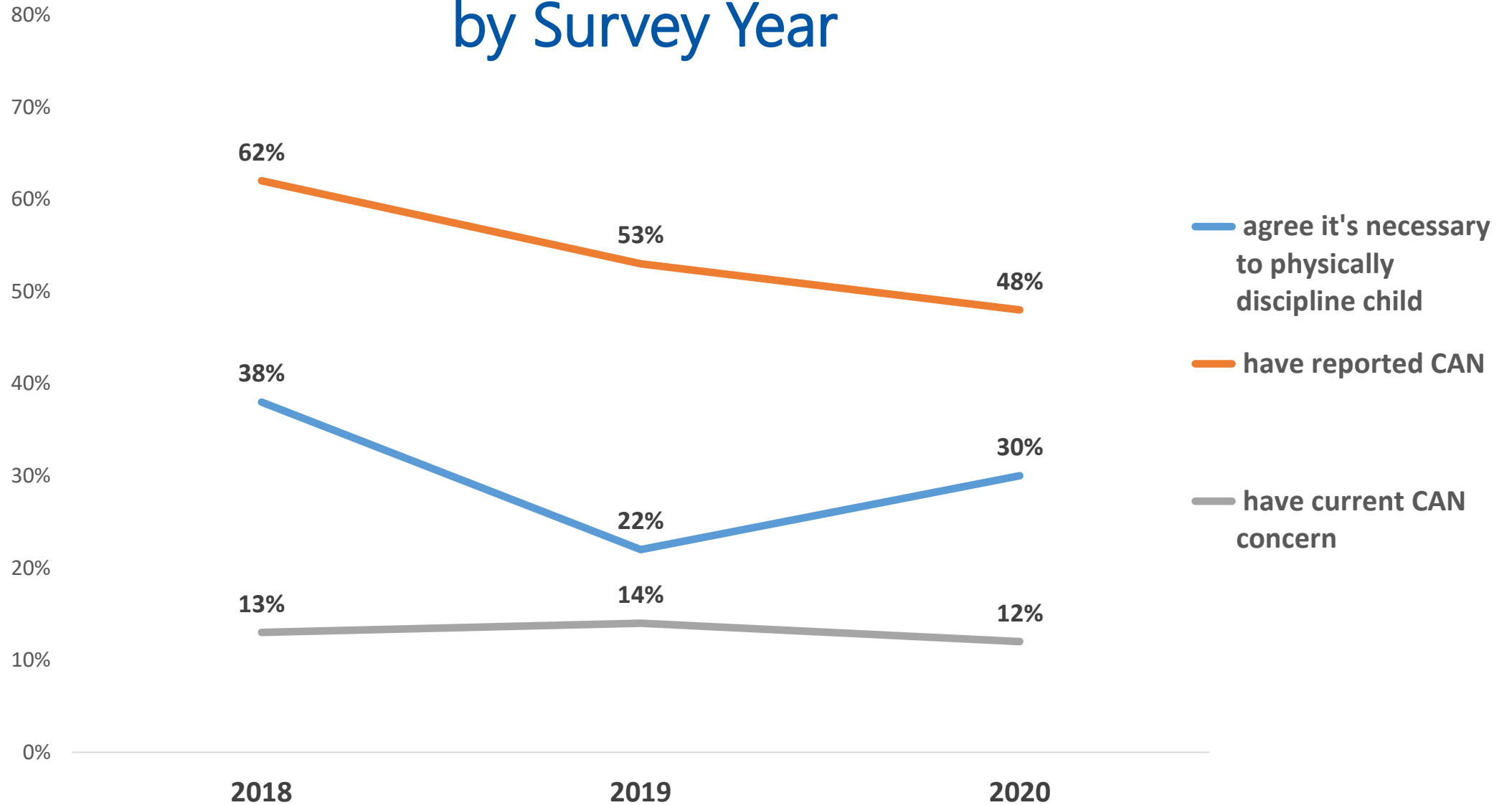
Family Life - Stress

❖ I feel overwhelmed by stress
  ❖ Rarely – 31%
  ❖ Sometimes – 53%
  ❖ Often – 16%
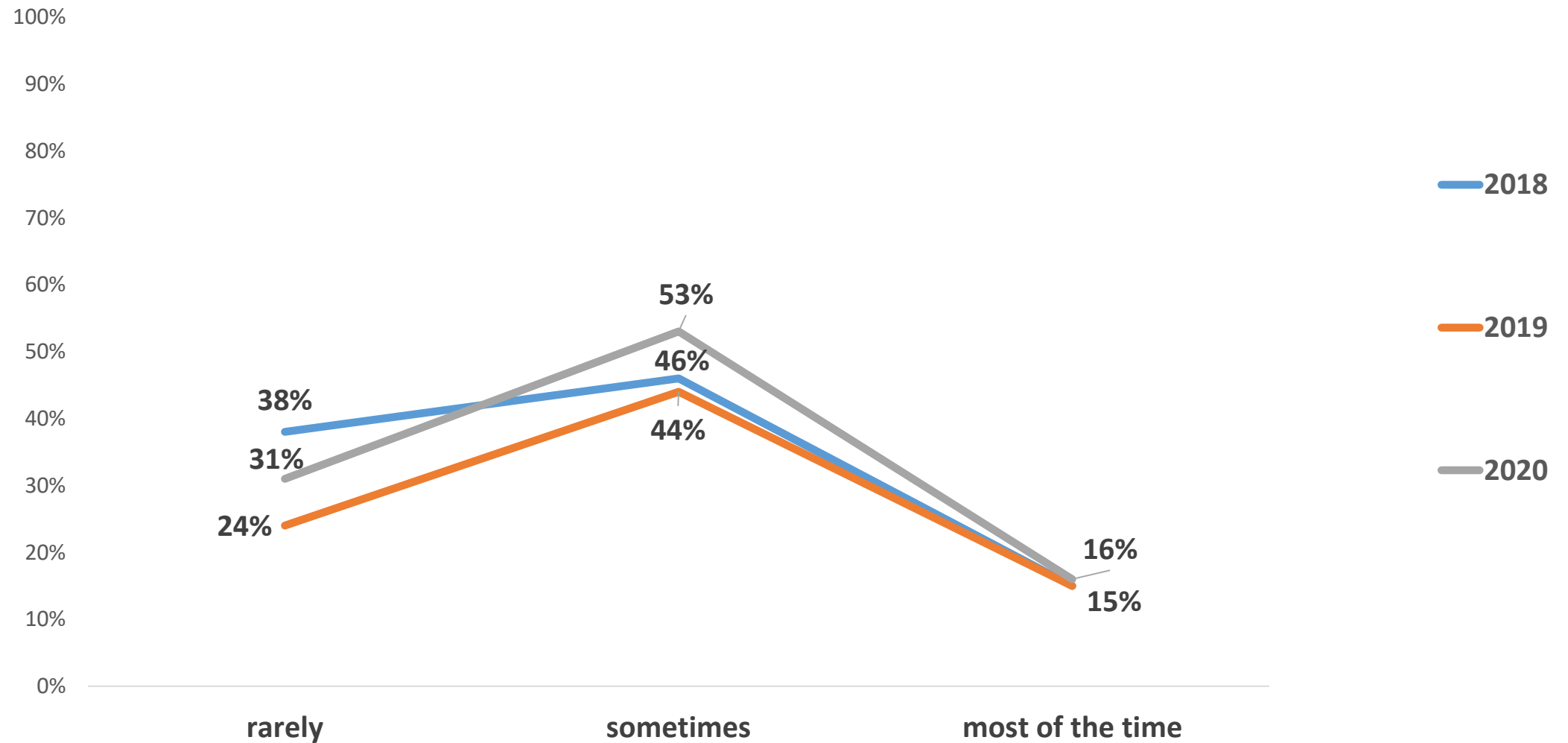
❖ When comparing by parent age
  ❖ Older parents were more likely to report 'rarely' being overwhelmed by stress when compared to younger parents

Positive Comments on Stay at Home Request

- ❖ More time together
- ❖ More time at home
- ❖ More outdoor time
- ❖ Education and learning
- ❖ Health
- ❖ Mental Health
- ❖ Related to Covid-19
- ❖ More discussions with family
- ❖ More playtime
- ❖ Less distractions

- ❖ Cooking/baking/eating meals together
- ❖ Awareness of effects we have on others
- ❖ Working from home
- ❖ Saved money from less driving and outings
- ❖ Less rushing to activities/ events/social obligations
- ❖ Using technology to stay connected
- ❖ Helping family/friends experiencing financial difficulties

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Comments on Challenges from Stay at Home Request

- ❖ Concerns for children
- ❖ Online learning concerns
- ❖ Mental Health concerns
- ❖ Physical health concerns
- ❖ Increased stress
- ❖ Family concerns
- ❖ Covid-19 concerns

- ❖ Financial concerns
- ❖ Unable to attend/host social functions
- ❖ Many activities/places were unavailable
- ❖ Shortages of certain items

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Survey Strengths and Challenges

- ❖ 2020 Community Survey Strengths
  - ❖ Large number of participants – 1,221
  - ❖ Almost every Oklahoma county represented – 88%
  - ❖ Larger percent of...
    - ❖ younger parents
    - ❖ parents with young children (birth to 2 years)

- ❖ 2020 Community Survey Challenges
  - ❖ Continue to have more older parents and parents with older children than young parents and parents with young children

Questions

Any Questions or Comments?

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Oklahoma Child Welfare Services

Deborah Shropshire, MD, MHA

Director, Child Welfare Services
Oklahoma Human Services

PROMOTE HEALTH, SAFETY & WELL-BEING

Promote Strong Oklahoma Families Together

Child Welfare Services True North Goals

❖ Equip and empower families to provide a safe home for their children

❖ If children enter foster care, understand and meet their specific needs. This includes their need for safety, connections with family, community and culture, and addressing health, behavioral health, developmental, and educational needs.

❖ Aggressively pursue the belief that every child and youth deserves a family and the supports they need to grow and develop into healthy adults

Financing Streams that Support Prevention for Children and Families

Title IV-E Prevention dollars — Specific services to meet the needs of **families involved with child welfare** where children are candidates for and at risk of placement in foster care.

Title IV-B Child Abuse Prevention and Treatment Act (CAPTA) — **Targeted** services to meet the additional needs of some families with children including **mitigating risk factors** associated with abuse and neglect.

Social Services Block Grant / TANF / SNAP / Medicaid — **Specific resources and services** that are available to **families with low-income** in order to help meet their **basic needs**.

Earned Income Tax Credit / Child Tax Credit / Maternal, Infant, and Early Childhood Home Visiting (MIECH-V) — Resources and services **available to many families** in the community, some of which are tied to income while others are not.

Public K-12 Education / Universal Pre-K / Public Health Programs / Public Recreation Programs — **Universal resources and services** that are available to all families in the community.

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Who is Eligible?

❖ A "child who is a candidate for foster care" (as defined in section 475(13) of the Act),

  –A child with a parent who is <u>at risk of imminent placement in foster care</u>, but can remain safely at home or in a kinship placement with prevention services

  –A child who exited foster care to adoption or legal guardianship, or who was reunified with his or her parents and are at risk of re-entering foster care

❖ Pregnant and parenting youth in foster care, and

❖ The parents/kin caregivers of those children and youth (sections 471(e), 474(a)(6), and 475(13) of the Act).

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Oklahoma Title IV-E Prevention Services

Factors to consider when selecting EBPs for FFPSA

- ❖ **Need**-match to target population
  - – Addresses service/system gaps
- ❖ **Fit**-match to value, culture, and state priorities
- ❖ **Capacity** to implement (or expand availability)
  - – Case-level decision-making to refer for EBPs
  - – Provider availability
  - – Administrative requirements
  - – Evidence-implications for required evaluation and CQI
- ❖ **Feasibility**
  - – Payer of last resort: If public or private providers (private health insurance or Medicaid) would pay for a allowable service under the Title IV-E prevention program, they have to pay for these services before the Title IV-E agency.

Oklahoma CWS Prevention Services

❖ There are 3 models of home visiting programs offered via CWS Prevention:

  – SafeCare (CHBS): 2 providers serve statewide
  – Intensive Safety Services (IV-E Waiver Project): 2 providers serve statewide (w/limitations due to capacity)
  – Youth Villages: 1 provider serves Oklahoma, Canadian, Logan, Cleveland, Pottawatomie and Lincoln, Tulsa, Creek, Rogers, Mayes, Washington, Okmulgee, and Muskogee counties

❖ These programs are offered through Family Centered Services (FCS) cases. CWS served 2012 families/6288 children in SFY19 through FCS.

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Oklahoma Primary Prevention Services

❖ There are 3 models of home visiting programs offered via Primary Prevention:
- Parents As Teachers (Start Right): 17 programs in 30 counties
- Nurse Family Partnership (Children First): 7 programs in 65 counties
- SafeCare (augmented): 3 programs in 5 counties (Oklahoma & Tulsa County) Cherokee Nation (Mayes, Cherokee, and Adair)

❖ These programs served 2,865 families/2,494 children in SFY19 (OK Home Visiting Annual Outcomes Report)
- NFP served 1,304 families/1,055 children (Children First Annual Report)
- PAT served 386 (OCAP Annual Report)
- SafeCare served 233 families in Oklahoma and Tulsa Counties (Dr. Silovsky)

❖ PAT & SafeCare are via contractors and NFP is through the health department

Thriving Families/Safer Children

- National "movement" around child abuse prevention and strengthening families
- Collaboration between Children's Bureau, Casey Family Programs, Annie E. Casey, and Prevent Child Abuse America
- State/county/Tribal jurisdictions included
- Specific focus areas include:
  - Co-design with those who have lived expertise
  - Addressing diversity and equity

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Thriving Families/Safer Children

- Oklahoma was accepted for round 2
- Vision: Oklahoma has a vision to reduce or eliminate the amount of trauma experienced by individuals, heal and strengthen families and communities, and build alternative supports so that foster care is no longer an intervention for child safety and well-being

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Thriving Families/Safer Children

- Strategies:
  - Shift financial resources to prioritize primary, secondary, and tertiary prevention at least as much as we do foster care and adoption
  - Create a child and family well-being network grounded in the science of hope
  - Create structures for leadership and co-design with "lived" experts using human centered design principles
  - Aggressively work to dismantle systemic racism and other barriers to equitable access

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PROMOTE HEALTH, SAFETY & WELL-BEING

Thriving Families/Safer Children

- Oklahoma's assets
  - Child welfare reform success
  - IV-E waiver/prevention of foster care success
  - SAT and CSAW
  - TIC task force work
  - Depth of academic engagement around ACES
  - OPSR and CAP strategic plans
  - IDTA around maternal substance use
  - Hope Centers
  - Cross agency collaboration

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Oklahoma Child Welfare Services

Jimmy Arias, MSW

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Continuous Quality Improvement

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Oklahoma Child Welfare Services

CHILD AND FAMILY SERVICES PLAN (CFSP)

❖ A strategic plan that sets forth a State's vision and goals to strengthen its child welfare system

ANNUAL PROGRESS AND SERVICES REPORT (APSR)

❖ An annual update on the progress made by states toward the goals and objectives in their CFSPs and outlines the planned activities for the upcoming fiscal year.

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OKDHS CWS CFSP: GOAL 1

Decrease the number of unnecessary family disruptions by increasing prevention efforts in order to strengthen families, prevent child maltreatment, and keep children safely in their own homes.

PROMOTE HEALTH, SAFETY & WELL-BEING

OKDHS CWS CFSP GOAL 1: Data Measures

MEASURE	BASELINE	PERFORMANCE	TARGET
Foster Care Entry Rate Per 1000	5.3	4.7 (FFY19)	4.0
Families who receive preventative/FCS services	2,024	2,024 (FFY19)	2500
Absence of maltreatment in care	99.08%	99.19% (ending Mar 2020)	99.68%
Services to protect children in home and prevent removal or re-entry into foster care	51.06%	69.79% (ending Mar 2020)	95%
Risk and safety assessment and management	18.46%	40.77% (ending Mar 2020)	95%

CFSP GOAL 1: OBJECTIVES

- ❖ Increase use of Intensive Safety Services and other well supported/promising services to keep children in their home.

- ❖ Increase access to evidence-based programs and services to support and prevent maltreatment and unnecessary family separation.

- ❖ Improve the quality of safety decisions through enhanced policy followed by training and support to the field.

- ❖ Complete qualitative MIC Reviews for a portion of unsubstantiated investigations and for all substantiated investigations. Compile, analyze, and share data of reviews to regional staff for practice improvement efforts

- ❖ Supervisor utilization of the the three key strategies of the Supervisory Framework to support staff in critical decision-making.

CFSP GOAL 1: OBJECTIVES CONTINUED

❖ CQI will partner with other CWS programs to compose combined reviews over statewide and regional practices, sharing data back to the regions to identify areas of focus

❖ Increase completion of Family Service Agreement (FSA) at time of Safety Plan creation ensuring services are timely, flexible, coordinated, accessible and are organized as a continuum, linked to a wide variety of supports

❖ Enhance family meeting continuum to improve the assessment of child safety and increase family involvement early on and throughout the life of the case through child safety meetings (CSMs), Initial Meetings (IMs), and ongoing family meetings.

❖ Increase community collaborative with OSDH, ODMHSAS, and the Court Improvement Project (CIP) utilizing mental health consultants as a liaison between local CWS district offices and community service providers to increase preventive and ongoing services.

OKDHS CWS CFSP: GOAL 2

Decrease trauma experienced by a child who enters the child welfare system by ensuring stability of placement, enhancing family engagement and decision-making, decrease maltreatment in care, and enhancing efforts to achieve timely permanency.

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OKDHS CWS CFSP GOAL 2: Data Measures

MEASURE	BASELINE	PERFORMANCE	TARGET
Two or fewer placement settings for children in care for less than 12 months	79.8%	79.2% (FFY20)	88%
Two or fewer placement settings for children in care for 12 to 24 months	61%	63.4% (FFY20)	68%
Two or fewer placement settings for children in care for 24+ months	33%	35.4% (FFY20)	42%
Initial placement as kinship	47.2%	52.3% July-Dec 2020	55%

OKDHS CWS CFSP GOAL 2: Data Measures Continued

MEASURE	BASELINE	PERFORMANCE	TARGET
Reunification in less than 12 months	55.5%	56.3% (Ending Mar 2020)	69.9%
Guardianship in less than 18 months	59.8%	63.5% (Ending Mar 2020)	65%
Adoption in less than 24 months	45.9%	47.8% (Ending Mar 2020)	54.5%
Absence of maltreatment in care	99.08%	99.19% (Ending Mar 2020)	99.68%

CFSP GOAL 2: OBJECTIVES

❖ Enhance focus on ensuring as many supports and connections are present during CSMs and IMs. Ensuring that not only are meetings scheduled within policy, but that they are of good quality.

❖ Ensure resource parent check-in calls and Child and Resource Support Plans are completed and of good quality.

❖ Implement strategies of CWS resource recruitment and retention goals.

❖ Continued focus on enhanced safety discussion and collaboration, and consistency of safety decisions made across all programs, including Foster Care and Adoptions

❖ Supervisor utilization of the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making.

❖ Monitor and enhance contracts of Systems of Care and mobile response to ensure that if a child in foster care is in crisis, appropriate services can be provided without disruption to the child's placement.

- ❖ Increase use of the Care Portal to access resources for resource homes to meet needs.

- ❖ Improve collaboration and communication with contracted RFP's, by including RFPs in CW training pertaining to safety, permanency, and well-being outcomes as well as include RFPs as key stakeholders to inform and support updates to safety practices.

- ❖ Use of CBHS for children in out-of-home care to assess child's educational, developmental, physical, and mental health in the resource home and to ensure service referrals are sent timely.

- ❖ Focus Actively Seeking KINnections (ASK) efforts within each region to enhance strategies in building permanent connections and locating family for the child in DHS custody.

- ❖ Develop a parent stakeholder group to gather and apply feedback from parents and relatives in improving ASK efforts.

CFSP GOAL 2: OBJECTIVES Continued

❖ Complete qualitative MIC Reviews for a portion of unsubstantiated investigations and all substantiated investigations. Compile, analyze, and share data of reviews to regions for practice improvement efforts.

❖ Enhance communication between programs involved with resource families in use of resource alerts, written plans of compliance, screen-out consultations, injury alerts, and ten-day staffings

❖ Provide ongoing training for staff surrounding quality worker visits with children and parents and use of qualitative reviews of quality worker visits to inform practice.

❖ Make changes within the KIDS system to reflect expectations of parent visitation.

❖ Use of Permanency Safety Consultations (PSCs) to assess safety in a team approach at key junctures of the case and throughout the life of the case while the case plan goal is reunification.

❖ Use qualitative reviews and ongoing training of outcomes of Initial Meetings and resource placement calls.

❖ Continue ongoing collaboration with CIP to engage staff in barriers with the court and improve relationships with court partners

OKDHS CWS CFSP: GOAL 3

Decrease trauma experienced by a child who enters the child welfare system by ensuring stability of placement, enhancing family engagement and decision-making, decrease maltreatment in care, and enhancing efforts to achieve timely permanency.

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OKDHS CWS CFSP GOAL 3: Data Measures

MEASURE	BASELINE	PERFORMANCE	TARGET
Families have enhanced capacity to provide for their children's needs, includes services of child, parents, and foster parents	21.54%	35.38% (Ending Mar 2020)	95%
Percent of children receiving a CBHS in accordance with policy	66.7%	60.2% (Ending Mar 2020)	98%
Improvement of children's social and emotional functioning as compared to their own baseline and throughout the duration of service provision	To be created		To be created
Percent of families who complete (FCS) and do not have a subsequent removal or unsafe finding within 12 months	95.08%	97.1% (Ending Mar 2020)	97%
Percent of children needing an intervention and served in FCS	25%	49.9% (Ending Mar 2020)	50%

CFSP GOAL 3: OBJECTIVES

❖ Enhance family-centered practices by utilizing services that are focused on the family as a whole and are developmentally and/or culturally appropriate. Utilize service providers that will work with families as partners in identifying and meeting needs and strengthening families.

❖ Evaluation of providers understanding of children, families, and resource parents needs and effectiveness of services provided through information gathered by community stakeholders during the annual stakeholder meetings in partnership with OSDH and CIP.

❖ Support and enhance a competent, skilled, and professional trauma-informed workforce to identify and meet the needs of children and families; determining the appropriateness of the services array and broader CW decision-making and case planning.

❖ Utilize outcomes from CFSR reviews to inform and enhance the quality and timeliness of the Child Behavioral Health Screener to better serve the needs of children.

CFSP GOAL 3: OBJECTIVES Continued

❖ Effectively use IMs to support family involvement in assessing needs of the child and resource family by identifying and providing appropriate services to support placement stability.

❖ Build community partnerships with the education system through school-based social workers to adequately identify appropriate prevention services for children and families in need.

❖ Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) to identify and link through referral for necessary medical and behavioral health treatment.

❖ Utilization of an evidence-based screener to determine appropriate treatment needs of children and families.

Next Steps

The Oklahoma State Department of Health and Oklahoma's Child Welfare Team will continue to work together on promoting health, safety, and well-being of children, youth, and their families through the prevention continuum aimed to increase protective factors and strengthen families.

We look forward to our continued collaboration with you!

SAVE THE DATE:

2021 Biannual Oklahoma State Plan for the Prevention of Child Abuse & Neglect & Oklahoma Human Services, CWS CFSP & Title IV-E Prevention Program Plan Review and Stakeholder Engagement

– Thursday, October 14, 2021 (Time & Format TBD)

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