COMMUNITIES OF CARE 2014 - 2018

eteam
University of Oklahoma OUTREACH

2014 - 2018

Prepared by:
Geneva Strech
John Vetter
Sheila Boswell
Milton Collier

University of Oklahoma
Department of Educational Training, Evaluation, Assessment, and Measurement
(E-TEAM)

June 2018

CoC has opened up specialized knowledge of mental health services that Child Welfare just doesn't have. Having the ECC to consult with and their level of mental health expertise and their knowledge of resources is just tremendous and a big help to our communities.
- OKDHS Staff

CoC allowed the community to get to know DHS and better understand what DHS was about. People are learning that DHS and OKSOC can help families get the services they need to stay together.
- OKSOC Staff

CoC has brought us all closer because we are leveraging each other's work and time and efforts.
- OSDH Staff

The Educational Training, Evaluation, Assessment, and Measurement (E-TEAM) at The University of Oklahoma is conducting an external evaluation of the Communities of Care (CoC), an initiative of the Department of Human Services (OKDHS) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Systems of Care (OKSOC) that builds upon OKSOC's core values of family-driven, youth-guided, and culturally and linguistically competent care to stabilize placement of youth in state custody. The following report discusses interim findings for the Communities of Care from its inception in the spring of 2014 to June 2018.

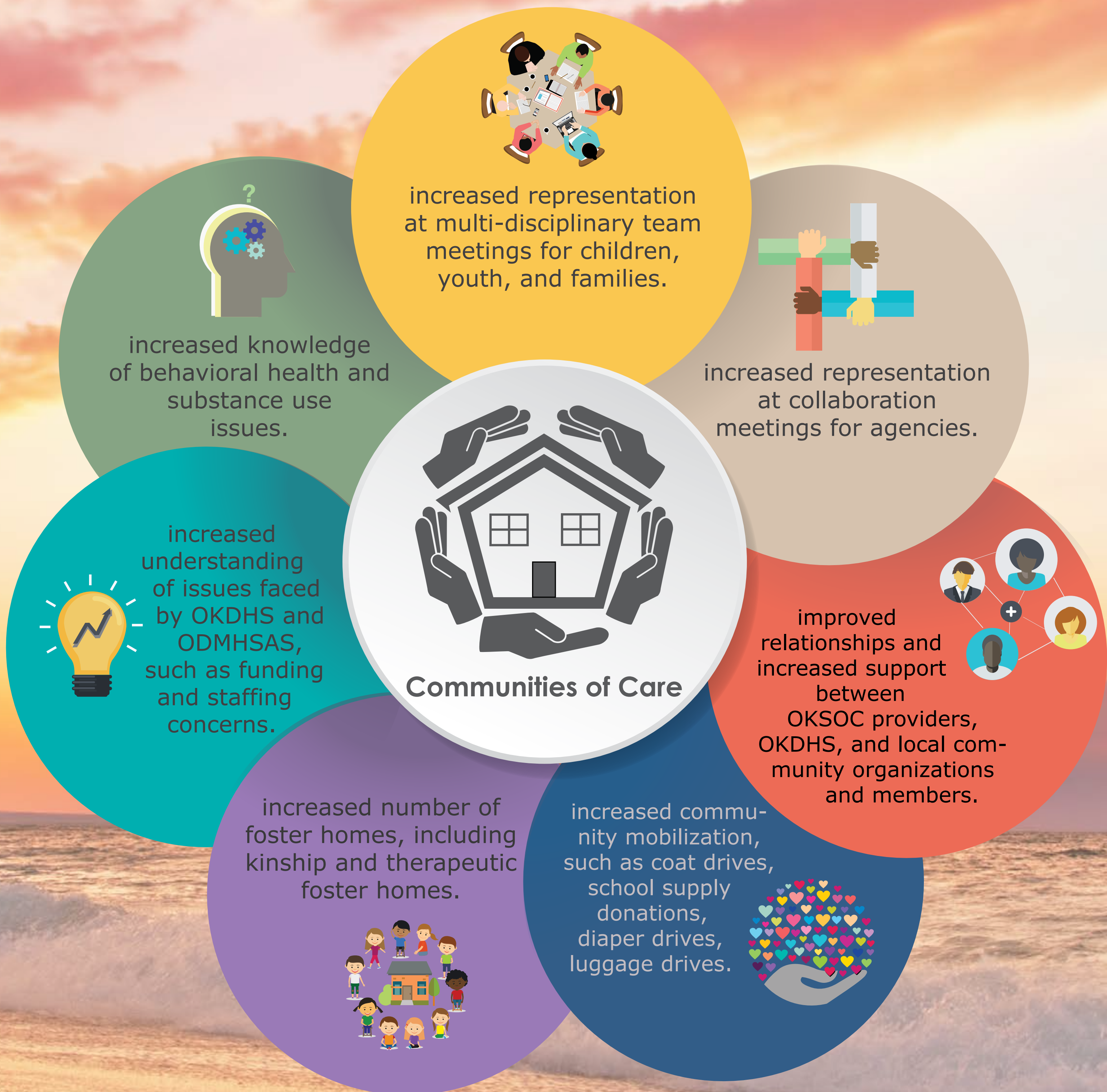
Background

In the spring of 2014, the Oklahoma Department of Human Services (OKDHS) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Oklahoma Systems of Care (OKSOC) began working together to promote a trauma-informed child- and family-serving system as a way to reduce the number of children going into state custody; to reduce the number of children with disrupted placements; and to provide safe, stable, and less restrictive placements. OKDHS and ODMHSAS collaborated with family advocacy organizations and community stakeholders to expand crisis and response capacity to improve outcomes and provide supports for children and youth. Enhanced community connections were deemed especially important to these efforts. "It takes a village to foster a child" became the rallying cry for Oklahoma Communities of Care (CoC) and a starting point for their vision and theory of change.

OKDHS Region 4

The decision was made to begin Communities of Care work in OKDHS Region 4, which encompasses most of the southeastern quadrant of the state and is the region with the highest percentage of youth in OKDHS custody. During Oklahoma State fiscal year 2013 (July 2012 through June 2013), 2,127 children were removed from parental custody in Region 4. This represented 21% of total statewide child

Communities of Care work has resulted in:



2,127

children were removed from parental custody in Region 4

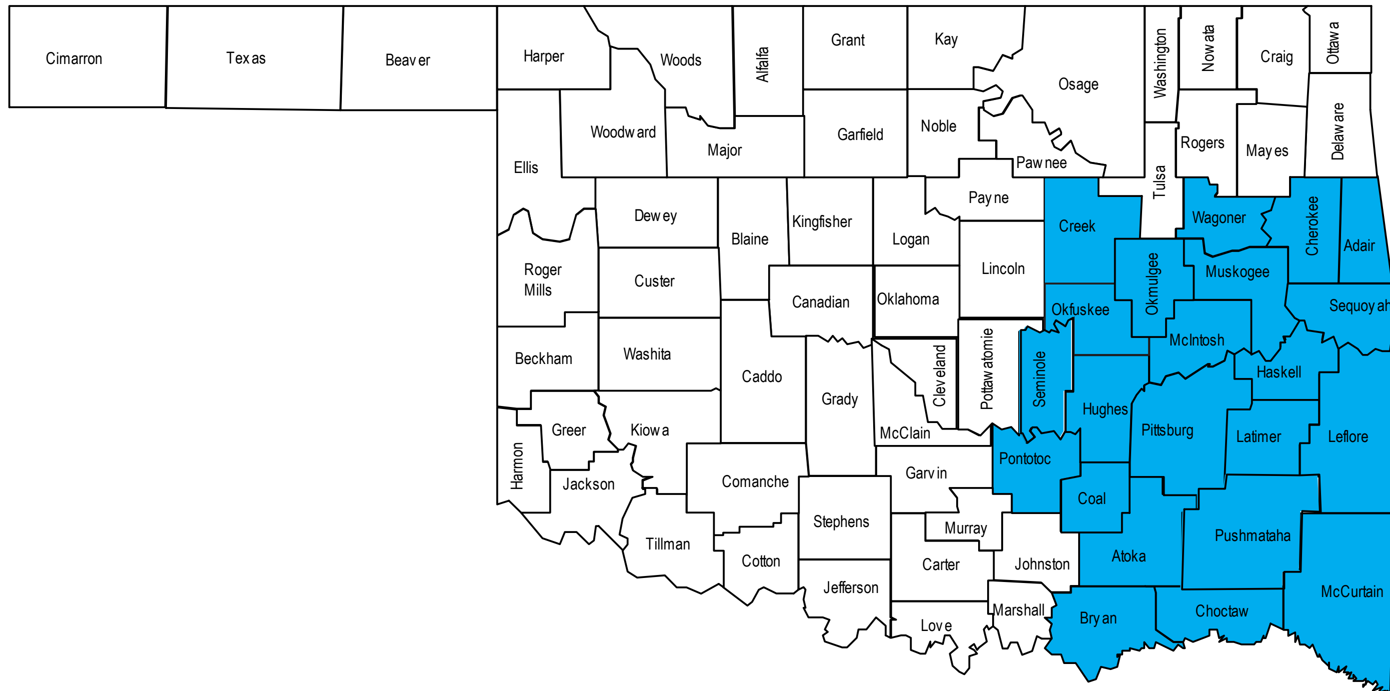
1,761

approved beds to accomodate 2,127 children

21%

of total statewide removals in an area constituting only 6% of the state's population

DHS Region 4 Counties



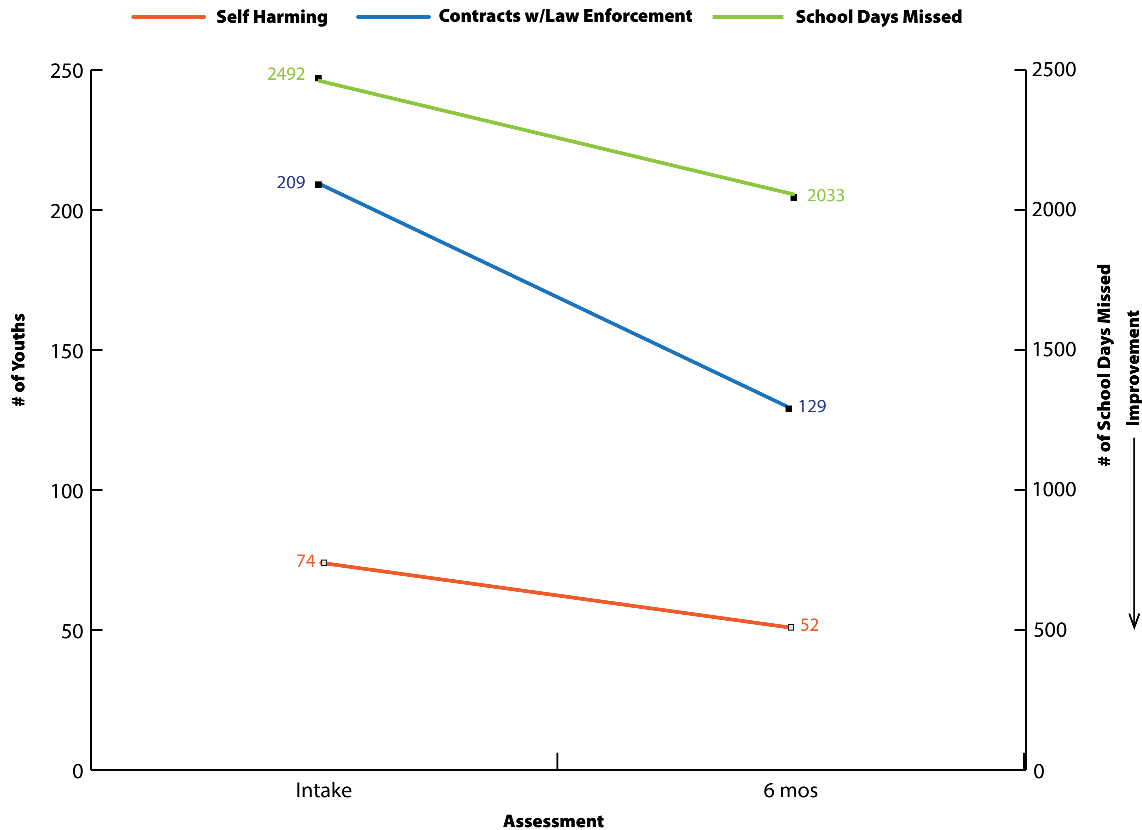
removals in an area constituting only 6% of the state's population. At the same time, Region 4 had only 1,761 approved beds with which to accommodate these 2,127 children.

Oklahoma Systems of Care

OKSOC provides services to children and youth experiencing serious emotional disturbance across Oklahoma. A significant amount of information is collected to evaluate change across time. Demographic and outcome data are collected at enrollment and at 6-month intervals thereafter during a youth's involvement with the program. These data are used to inform program design, to improve service delivery, and, ultimately, to contribute to better outcomes in the lives of youths and families. All OKSOC outcomes measures continue to show substantial positive program impacts. Youth in OKSOC show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning. The chart on page six illustrates OKSOC outcomes for DHS-involved youths enrolled in OKSOC programs across the state for fiscal years 2014-2016.

Communities of Care (CoC) Collaborations

Communities where child-serving agencies work in isolation can experience fragmented and duplicated services, narrow perspectives of both problems and solutions, and limited resources. (Kaiser, 2011). The CoC collaborations between ODMHSAS, OKDHS, state family advocacy organizations, local OKSOC providers, and community stakeholders address these issues head-on and continue to grow and develop. In community-wide efforts across Region 4, a range of stakeholders was identified in six counties to serve on community advisory



The specific event measures presented here also all track positively between assessment periods. The total percentage reductions overall for these measures are: 40% fewer (129 vs. 209) youths self-harming (cutting, pill-taking, other self-destructive behaviors) at the 6-month point; 30% fewer youths (52 vs. 74) being questioned by law enforcement; and 18% fewer overall days of school being missed (2033 vs. 2492).

boards to provide leadership and guidance, enhance networking and collaboration, monitor the roll-out and on-going process, and ensure accountability. Led by OKSOC project directors and OKDHS supervisors in each community, advisory boards bring together diverse members from the business community, faith-based organizations, tribes, community partners, and families to design their community's mobilization efforts around supporting families. Advisory boards build on local networks previously in place to augment support, commitment, and positive changes. In working to grow their capacity to plan for and provide behavioral health services to children, youth, and families, advisory boards commit to honest and frank discussions of their community's issues, strengths, challenges, and goals. These discussions allow the advisory boards to establish shared decision-making among participants and develop a vision for change in their respective communities. In collaboration with their advisory board, each community is ultimately responsible for creating the reality projected by their vision, for assuming ownership of solutions, and for attaining and sustaining outcomes.

Barriers to collaboration include differences in missions and strategies, values and cultures, capacities and resources, organizational and governance structures, and decision-making and administrative

> CoC has brought awareness of the need of foster homes and we've seen an increase in our district. Anything that helps us support our existing foster parents better, supports recruitment because our best recruitment comes from foster parents that feel appreciated and that they're making a difference, they'll encourage others to do it.
> - OKDHS Staff

processes. (Austin, 2010). To address these barriers in the first year of the Communities of Care project, the partners established mechanisms for ongoing coordination and communication between and among partnering agencies and community stakeholders. As the work has continued across CoC, partners have developed ongoing systems of support instrumental in garnering buy-in, participation, and shared decision-making. Issues of time, trust, and turf have been and continue to be worked through.

Additional reasons for forming collaboratives include creation or modification of service delivery; resource maximization; policy development; systems development and change; and social and community development (Taylor-Powell et. al., 1998). Communities of Care has seen significant systems change across all of these issues.

- OKDHS has set new policies in place for referrals to OKSOC. The Child Welfare (CW) specialist:
  - makes an SOC referral when a child's transition planning team recommends an SOC referral is needed:
    - following a child's discharge from an inpatient facility, a group home setting, or from therapeutic foster care; and
    - a child exhibits behavioral health needs that impact the stability of the child's placement;
  - completes the referral form at or contacts the local SOC site; and
  - attends all meetings conducted by SOC staff that impact children and families on their caseload.

- A plan for placement stability improvement was developed with collaborating partners to identify

CoC helps to raise awareness for the need of foster parents and support for foster parents—neighbors helping neighbors in need.
- OKDHS Staff

action steps and "who does what" if a potential or new removal from custody may occur. OKDHS Core Strategy 7 represents a systems change because—for the first time—collaborating agencies have endorsed one strategy for dealing with a complex and shared issue. The core strategy lists steps to be taken by OKDHS child welfare specialists, OKSOC providers, and local community partners.

- OKDHS District Director or Child Welfare staff designee participates as a member with the local community/ county SOC coalition. These OKDHS staff:
  - attend local steering committee meetings to develop and monitor the SOC program within the county;
  - participate on the committee that reviews all SOC referrals to determine if needs assessments and treatment plans for children and families are appropriate; and
  - attend meetings and training for wraparound services; and
  - provide referrals of clients to SOC.

- Monthly staffing meetings between OKDHS and OKSOC county staff—instituted as a result of CoC—have resulted in more referrals for behavioral health services for embedded OKSOC Care Coordinators and for OKSOC wraparound programs. OKSOC often attends child placement meetings and child safety meetings to help support families and offer referrals to:
  - assist in keeping a child in the home;
  - assist in keeping a child in a current placement;
  - assist in reducing a child's trauma when a change in placement must occur; and
  - assist in reducing a family's trauma around the possibility of having a child removed from their custody.

Placement Stability

Recognizing the importance of placement stability and working to increase stability for children involved in the child welfare system has been at the heart of the Communities of Care partnership. Children who are removed from their homes and then undergo placement disruption often suffer overwhelming distress and loss, confusion, disconnection, and a lack of belonging. Placement stability is crucial for children to develop secure attachments with caregivers and open, trusting relationships with others. These children are at increased risk for poor outcomes in academic achievement, socio-emotional health, developing insecure attachments with others, and distress due to the instability and uncertainty that comes with not having a stable family environment (Gauthier, Fortin, & Jeliu, 2004). Frequent changes in placement may also mean separation from siblings and social support networks, changes of school and teachers, and moving to a new geographical area. Frequent changes in placement further reduce the opportunity for children to develop permanent, secure attachments (Leathers, 2002).

Unfortunately, the last few years have seen fluctuating numbers of placement changes for children in state custody.

As noted in OKDHS' Co-Neutral Commentary Six report,

> *Since the start of DHS' reform efforts, performance outcomes related to placement stability have shown slight improvements every report period, with the average change in performance for*

I think when we tap into the partnership with OKSOC and the community resources, we've been able to reunify families that either may not have been before and definitely do it more quickly now. This reduces trauma to the family. - OKDHS Staff

each placement stability metric ranging from .7 to 1.7 percent. These changes, mostly positive, have been incremental. As such, a drop of 5.9 percent for Metric 4.1a raises concerns on a number of levels, and also moves DHS very close to its 2012 starting baseline for this measure. This decrease stems primarily from placement moves experienced between April and September 2015 for children within their first year of custody.

The impact of this negative spike in DHS' data will be lasting, as the children who crossed the threshold of instability (three or more placements) in 4.1a during this report period (again, mostly in the second half of the period) will continue on a rolling basis to be counted in the next three report periods in Metrics 4.1 a and b, and subsequently in Metric 4.1c until these children exit care. This is because once a child's total placement moves count as a negative outcome in 4.1a, they will count the same in 4.1 b and c even if the child becomes completely stable in one placement through both their second and third years in DHS' custody. It is for this reason that DHS and the Co-Neutrals established Metric 4.2, which serves as a reset button to assess placement stability for children after their twelfth month in DHS custody.

OKDHS has developed new placement stability protocols that permanency caseworkers, with the support of key provider agencies, follow to identify the specific needs of children who may be at risk for placement instability. The new protocol is designed to provide guidance for staff to support the needs of the child and their foster/resource family at the time of initial placement; to initiate services as soon as a caseworker learns of any new concerns or instability; and, in the event a child's placement disrupts, to provide services to stabilize their next placement. The protocol also details the process for gathering the supports necessary to stabilize placements when a child steps down from a higher level of care to a family-based placement. OKDHS has been piloting this new protocol in every district of Region 4, as well as four other districts including Oklahoma City and Tulsa. In these pilot districts, OKDHS has trained district directors, supervisors, caseworkers and community partners on the protocol (Co-Neutral Commentary Six).

Family Advocacy

The Evolution Foundation and the Oklahoma Family Network, which partner with ODMHSAS to work with OKSOC families, are providing leadership and technical assistance in engaging the OKDHS Region 4 communities. Both organizations were actively engaged in planning and implementing the community forums of spring 2014 and continue to act as liaisons between the OKSOC project directors and the various community coalitions throughout the region.

In February 2016, OKDHS implemented "Support is Everyone's Job" to provide training, learning opportunities and support to every OKDHS child welfare worker in creating an ongoing collaborative relationship with foster parents, also known as resource parents. The Evolution Foundation and the Oklahoma Family Network worked with OKDHS and ODMHSAS in developing presentations and panel discussions with foster/resource families to begin this work. Since then, the OKSOC Family Partners have continued working throughout Region 4 to meet the needs of individual children, youth, and families while creating the opportunity for youth and family members to grow into

leaders at all levels. Families participate as full partners at the individual treatment level, in local systems of care, and in state level policy groups. The OKSOC Family Partners have worked with foster/resource families, birth families, OKDHS leadership and staff, OKSOC leadership and staff, and community stakeholders throughout Region 4 in providing training and technical assistance around mental health issues, trauma-informed services, family advocacy, and reducing stigma.

Family partners have trained more than four thousand (4,000) participants—foster/resource families, birth families, DHS leadership and staff, and community members—throughout Region 4 since the project began. Family partners have also enhanced capacity in CoC counties in developing peer-led foster parent associations/support groups. As a group, participants complete OKDHS-required Continuing Education Units. Participants also provide respite care for each other.

Embedded Care Coordinators (ECC)

Oklahoma Systems of Care and its provider agencies have Embedded Care Coordinators (ECC) in CoC counties. ECCs provide behavioral health services for children, birth families, and foster/resource families and also provide on-site assistance to OKDHS caseworkers in the form of consultations and referrals to enhance access to services. The embed model enhances communication between OKDHS and OKSOC staff, facilitates referrals for services to children in custody and their foster/resource and birth families, and provides pooled resources for children with complex psychosocial needs. The embed model provides a key demonstration of the collaboration between OKSOC and OKDHS to front-line child welfare workers and provides them with crucial support. ECCs work with child welfare staff to provide technical assistance on behavioral health concerns; substance use concerns; access to services; treatment planning; stabilization and permanency; crisis management; and developing and maintaining family and community involvement and partnerships. In addition, ECCs are a key component of the team helping caseworkers implement the components of OKDHS's new placement stability protocol.

Mobile Stabilization Teams (MST)

OKDHS and OKSOC are also collaborating on the new Mobile Stabilization Teams (MST), behavioral health specialists from OKSOC provider agencies who respond immediately to foster children or foster/resource parents where disruption is imminent. MST services are designed to deescalate the crisis situation and placement disruption; prevent possible inpatient hospitalization, detention, and homelessness; and restore youth to a pre-crisis level of stabilization. Mobile crisis stabilization teams must be able to provide referral services for evaluation and assessment for mental health and substance abuse, mobile response/face to face, crisis intervention counseling, crisis intervention telephone support, individual therapy, family therapy, therapeutic behavioral services, family support and training, client advocacy, individual rehabilitative treatment, case management, treatment planning, pharmacological management, medical review, treatment plan review, intensive outreach to children, community outreach to children, and prevention activities. All contacts to the MST are also provided with an interim crisis plan to cover the time between the MST contact and the next service in the continuum of care. Following the immediate response by the MST to provide short-term stabilization support, the

Bringing OKSOC in has helped keep kids home with parents and send them home faster than we would have normally because they've built a safety net around the family. - OKDHS Staff

child and foster/resource family receive care coordination services to enhance long-term placement stability.

Crisis Intervention and Diversion

To address specific needs around stability of placement throughout OKDHS Region 4, Oklahoma Systems of Care (OKSOC) implemented Crisis Intervention and Diversion that is accessible 24 hours a day, seven days a week. Upon receiving a crisis call, OKSOC mental health professionals work with the family, group home, shelter, etc. to develop a written crisis assessment which includes:

- Presenting concerns
- Suicide risk
- Issues since last stabilization
- Current living situation
- Availability of supports
- Risk of harm
    - to self or others
    - from others
- Current medications and compliance
- Use of alcohol or drugs
- Medical conditions
- History of previous crises, including response and results

OKSOC mental health professionals conduct by-phone/in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and many of the interventions result in placement stabilization. Interventions are youth- and family-oriented and wellness and recovery centered to maximize the ability of the caregiver to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments.

Referrals to OKSOC from OKDHS

One of the goals of Communities of Care has been to increase referrals to OKSOC from OKDHS. Oklahoma Systems of Care has been active across Region 4 for almost a decade, and yet services have been underutilized by DHS. As all partners worked to improve their collaboration, front line staff—OKDHS child welfare workers and OKSOC care coordinators and family support providers—developed professional relationships and trust that allowed for

ECCs are helping the family to change behaviors. They're available, they answer their phones, they show that they've had great training and they're very professional in their demeanor and being able to staff cases and be focused on the issues they need to be focused on. I think the ECC has been very instrumental in providing the support and the education and resources needed to foster placements, to maintain placements for children who have mental health behaviors. They develop plans in working with the family—teaching the foster parents ways to cope or strategize on how to handle the behavior, as well as working with the children in setting goals for their behavior. When I hear of a placement being shaky, I ask first if the ECC is working with the family, if not we need to get them in there. They're such a support that we're not losing homes that we may have lost if we didn't have the ECC in that home. The retention of foster homes has been greatly impacted by this service. - OKDHS Staff

meaningful teamwork. As this spirit of teamwork increased across agencies and community partners, referrals also increased, not only across Region 4, but throughout the state.

Stakeholder Interviews

Stakeholder interviews with leadership and staff from OKDHS, ODMHSAS, OKSOC providers, family partner organizations, and with community stakeholders were conducted by phone in June and July, 2016. Thirty (30) participants across the targeted CoC counties provided in-depth responses in discussing their insights about the goals and accomplishments of the collaborative to date, the continuing work taking place within their respective communities, and the perceived changes in their communities around the outcomes and indicators identified by ODMHSAS and OKDHS.

Stakeholders in the CoC collaborative—from state level central management at partner agencies to local county/community agencies, behavioral healthcare providers, faith-based organizations, local Systems of Care, and OKDHS staff—were interviewed in late summer of 2016. ODMHSAS and OKDHS have been engaging these stakeholders in the collaborations occurring across CoC in a multitude of ways to address goals and objectives identified by the state-level leadership. Stakeholders in the local communities have customized those state level goals and objectives for implementation at the local, county level. This work has resulted in:

- increased representation at collaboration meetings for agencies;
- increased representation at individual, multi-disciplinary team meetings for a particular child, youth, and/or family;
- increased knowledge and understanding of behavioral health and substance use issues
- increased knowledge and understanding of issues faced by OKDHS and ODMHSAS, such as funding and staffing concerns;
- improved relationships and increased support between and among ODMHSAS and OKDHS staff;
- improved relationships and increased support between and among provider staff, OKDHS staff, and local community organizations and members;
- increased community involvement efforts, such as coat drives, school supply donations, diaper drives, luggage drives.;
- increased number of foster homes, including kinship foster homes and therapeutic foster homes;

Evaluation Findings

Evidence across multiple methods and sources converge to indicate that the Communities of Care project continues to make significant progress towards its goals and objectives. The findings confirm that:

- CoC infrastructure and foundation are in place and serving to facilitate the project's goals and objectives;
- Staff across all partnering agencies find the collaboration beneficial for their work with positive program impacts;
- Children and youth involved in Communities of Care are continuing to show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning.

Since July 1st, 2013 (the beginning of the 2014 state fiscal year) 2677 youths with open DHS cases – custody and non-custody – have been enrolled as clients of Oklahoma

Systems of Care (OKSOC). An important part of the standard service protocol at OKSOC providers is the regular administration of assessments to youths and their caregivers to create a data repository that can be used for purposes of quality improvement and outcomes monitoring. The data report that follows looks at a subset of youths for whom a substantial quantity of assessment data has been collected in order to present a general, aggregated picture of how these youths have fared according to the psychometric and other tools used to measure client progress in OKSOC.

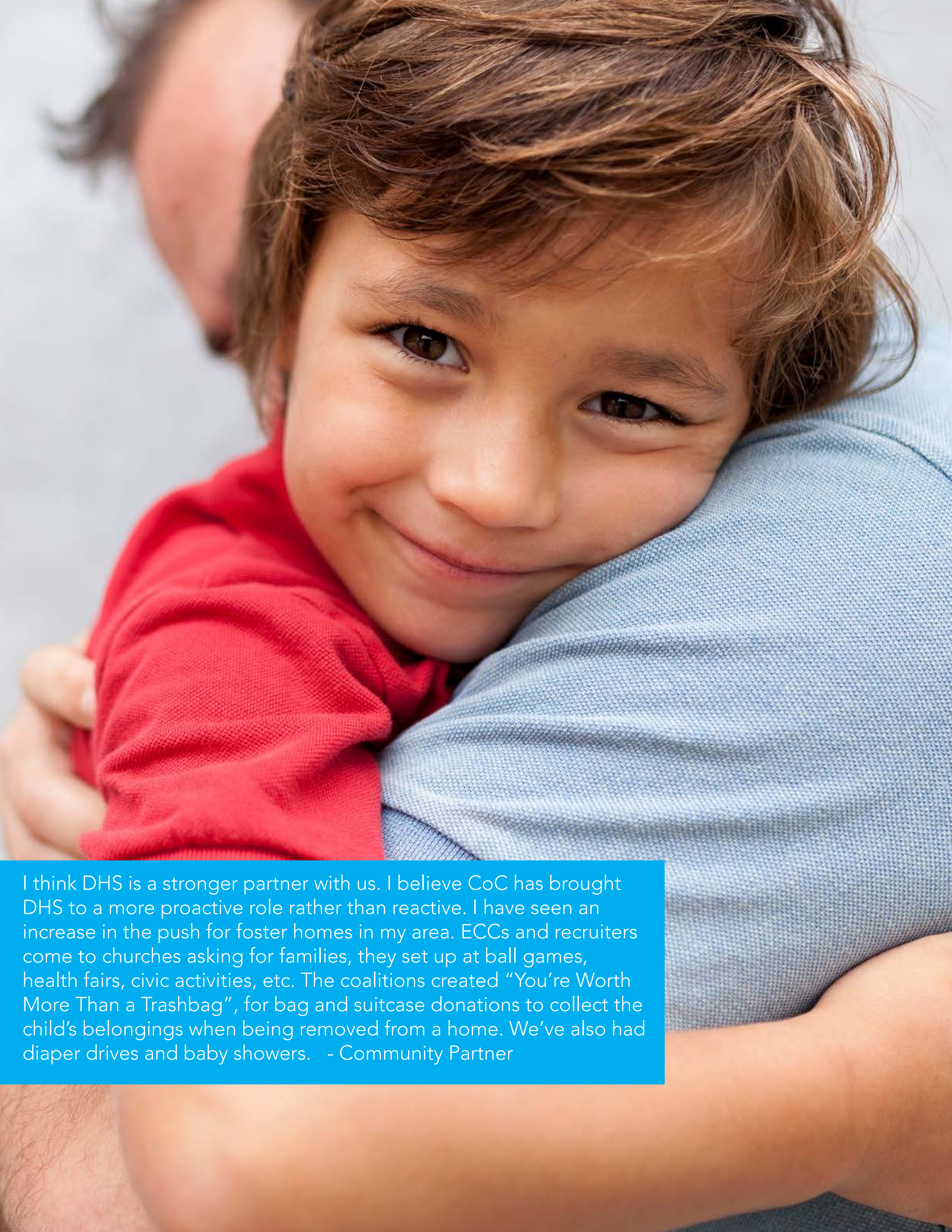
The primary psychometric tool used in the OKSOC assessment process is the Ohio Scales, developed in the 1990s by Dr. Ben Ogles, working with the Ohio Department of Mental Health. The instrument consists of two (2) Likert scales – one addressing behavioral problems confronting the youth, the other measuring the youth's ability to deal functionally with day-to-day challenges. These Problems and Functioning scales consist of 20 simple items each and generate separate scores. Research comparing the Ohio Scales with other behavioral measures, such as the Child Behavior Checklist (CBCL), has resulted in the definition of critical impairment levels for both the Problems and the Functioning scales. The same Ohio Scales items are collected at each assessment point from a caregiver, from the identified youth (if s/he is 9 years of age or older), and from a care coordinator or other case worker, so that we have comparative data reflecting these individuals' varying viewpoints.

In addition to the Ohio Scales, the OKSOC assessment process uses a Family Assessment designed in 2012 by a committee of family members, wraparound staff, and evaluation staff. This brief, 10-item scale is administered to the primary caregiver and to the youth during each assessment. The Family Assessment seeks to capture the respondent's feelings about the functional and emotive quality of her/his family life. Finally, the OKSOC assessment collects data related to a number of events considered of interest in assessing the degree of disruption and difficulty experienced by the youth in areas such as school life, relationships, encounters with the police, etc. These event measures are compared over time – individually and in aggregate – to provide insights into how the youth's behavior and experiences may be changing as her/his episode in OKSOC unfolds. Only a few of these measures are presented here.
The data for this report were drawn using the following criteria:

- the youth had to have enrolled in OKSOC after 6/30/2013;
- both an intake and a 6-month caregiver assessment had to be available for the youth to be selected (this effectively eliminated those youths enrolled after July or August of 2017);
- the youth had to have been between the ages of 6 and 16 at the time of enrollment (youths outside this age range have different assessment requirements);
- the youth had to have been identified by the OKSOC provider as having an open case with DHS at the time of enrollment.

After applying these criteria, 948 youths were selected, and some of their assessment results are charted below. While many of these youths had numerous assessments, this report compares only their assessments administered at intake – and covering roughly the 90 days prior to coming to OKSOC – and at the 6-month point in their service episode. The numbers presented are averages, and this masks considerable individual nuance and variation, but gives

In the past, DHS struggled to engage with the community. CoC gave DHS a platform to say, "This is what Child Welfare needs and what we are going through. This collaboration helped us to join forces with the community." OKSOC has helped DHS to become more family focused and with the overall concept of engaging families and peer to peer work. - OKDHS Staff



I think DHS is a stronger partner with us. I believe CoC has brought DHS to a more proactive role rather than reactive. I have seen an increase in the push for foster homes in my area. ECCs and recruiters come to churches asking for families, they set up at ball games, health fairs, civic activities, etc. The coalitions created "You're Worth More Than a Trashbag", for bag and suitcase donations to collect the child's belongings when being removed from a home. We've also had diaper drives and baby showers.   - Community Partner

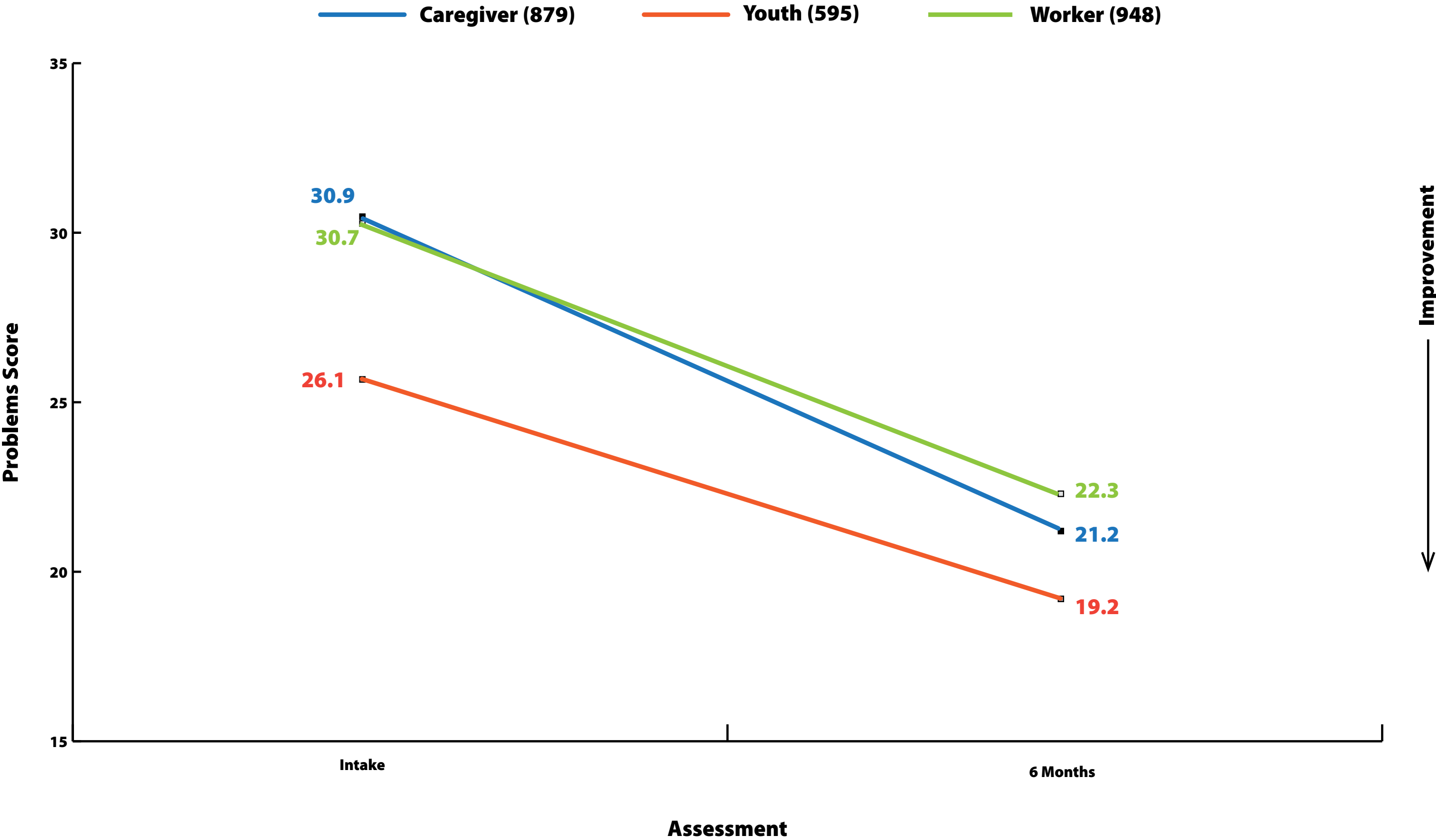
a generally accurate impression of overall trends. Each chart is marked to indicate the direction in which the scores should go to indicate positive movement. Since data collection is never perfect, the number of assessments of each type – Caregiver, Youth, Worker – varies, and the charts are annotated to indicate how many separate assessments contribute to each data point.

Ohio Problem and Function Scales

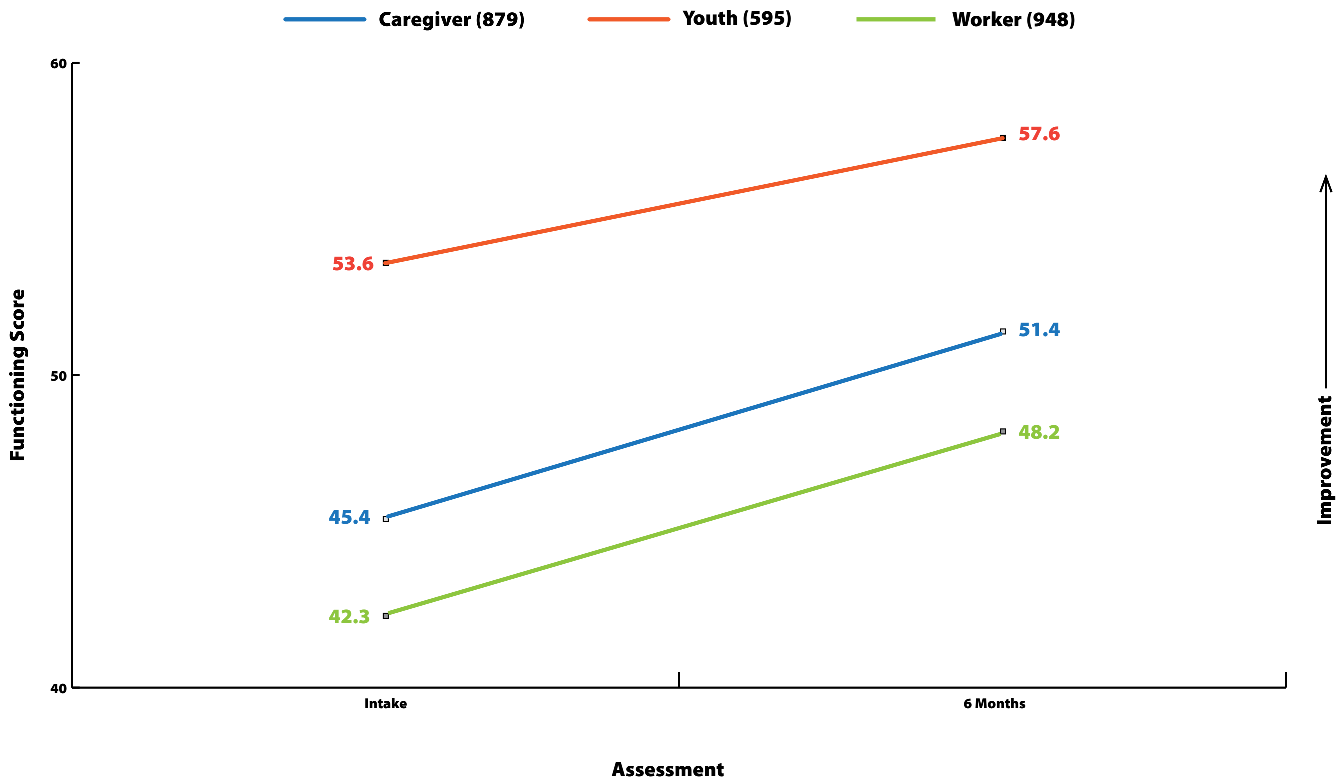
Movement on both these scales was substantial and in a positive direction for the youths selected.

On the Problems scale, the averages at intake for all three (3) of the assessment types were above the 'critically impaired' guideline score of 25, indicating that most of these youths encounter behavioral challenges on a regular basis. Unsurprisingly, youths evaluate themselves more favorably at intake, an average of 26.1 compared to over 30 for caregivers and workers, but they are by no means blind to the issues confronting them. Their average, 26.1, is still above the 'critically impaired' cutoff, and the gap between their own evaluations and those of the other respondents narrows at 6 months.

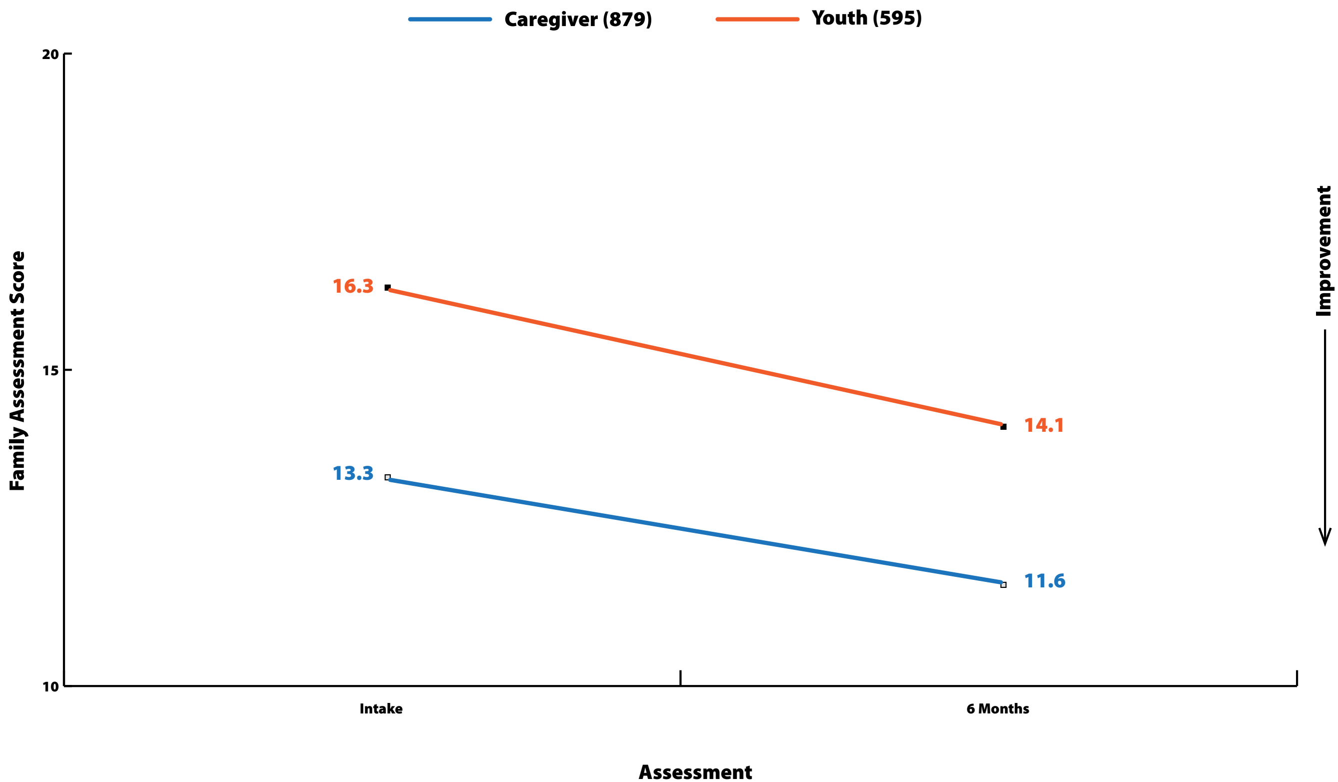
On the Functioning scale the progress is similar, though less dramatic, and is almost exactly parallel between the different respondents. Once again the youths' perception of their own functioning is generally more positive.



Ohio Functioning Scale Scores



CoC is all over the place doing events to recruit foster families and doing diaper drives, baby showers, etc. CoC is getting the word out there! - OSDH Staff



Family Assessment

The family assessment is only administered to the caregiver and youth. The scores are typically quite low – a low score is better – because generally family members are reluctant to judge their family harshly, but there is still room for improvement, as the graph here indicates. Youths consistently have a less positive opinion of their family functioning than caregivers, and that is the case here. But as with the Problems scale, the gap narrows at 6 months.

Discussion

The value and efficacy of the work happening throughout Region 4 is evident in the responses from OKDHS and ODMHSAS leadership and staff and the community partners working throughout the region. Significant progress has been made in mobilizing community members. Crisis Intervention and Diversion and Embedded Care Coordinators in OKDHS offices are both new innovations and collaborations. Collaborative, coordinated responses result in better communication between all child-serving agencies and better community health outcomes, such as children and youth in stable placements, less restrictive placements, fewer inpatient admissions and more outpatient services. The evaluation will continue to assess and monitor progress towards objectives for both. In addition, OKSOC and the evaluation team will assess individual outcomes for children and youth served by Crisis Intervention and Diversion staff and Embed staff.

Having the partnership with SOC has saved some placements, even one child is a huge thing. It also helps our workers feel supported and helps with retention (employment).
- OKDHS Staff

Initially, there was confusion on the child welfare end on how to utilize the ECC and what they can do. Now CW looks at it as a partnership. The ECC has really helped us in stabilizing placements which allows DHS to provide better services and resources and help move kids to permanency.
- OKDHS Staff

OKSOC is part of our strategy to retain foster parents. We are able to utilize SOC and the ECC to stabilize situations--we bring the ECCs together with foster parents to salvage and strengthen the placement and identify their needs. The willingness to provide the trauma training to the foster parents and to our staff and provide the debriefing to our staff--they're just very supportive of everything that we're doing. I think we're working really well together right now. That extra support is opening doors to other things we've just never had available to us before.
- OKDHS Staff

Resources

Co-Neutral Commentary Five – A Better Childhood. Oklahoma Department of Human Services. October 2015. Retrieved August 9, 2016 from: http://www.abetterchildhood.org/wp-content/uploads/2015/10/OK_151015_DG_CoNeutrals_5th_Report.pdf

Co-Neutral Commentary Six – A Better Childhood. Oklahoma Department of Human Services. April 2016. Retrieved August 9, 2016 from: http://www.abetterchildhood.org/wp-content/uploads/2016/04/OK_160429_DG_CoNeutrals_6th_Report.pdf

Gajda, R. (2004). Utilizing collaboration theory to evaluate strategic alliances. American Journal of Evaluation, 25(1), 65-77. Retrieved August 9, 2016 from: http://aje.sagepub.com/content/25/1/65.full.pdf+html.

Gauthier, Y; Fortin, G; Jéliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. Infant Mental Health Journal, Jul/Aug, 25 (4), 379-397. Retrieved August 9, 2016 from: http://onlinelibrary.wiley.com/doi/10.1002/imhj.20012/epdf.

Kaiser, F. M. (2011). Interagency collaborative arrangements and activities: Types, rationales, considerations (Congressional Research Service Report No. R41803). Retrieved August 9, 2016 from: http://www.fas.org/sgp/crs/misc/R41803.pdf

Leathers, S.J (2002). Foster Children's Behavioural Disturbance and Detachment from Caregivers and Community Institutions. Children and Youth Services Review, Vol. 24, No. 4, pp 239-268

Northern California Training Academy. (2008). A literature review of placement stability in child welfare services: Issues, concerns, outcomes and future directions. The Center for Human Services at UC Davis Extension. Retrieved on August 9, 2016 from: http://www.childsworld.ca.gov/res/pdf/PlacementStability.pdf.

Taylor-Powell, E., Rossing, B., & Geran, J. (1998). Evaluating collaboratives: Reaching the potential. Program Development and Evaluation, Madison, WI: University of Wisconsin Extension. Retrieved on August 9, 2016 from: http://learningstore.uwex.edu/assets/pdfs/G3658-8.PDF