

Co-Neutral Ninth Commentary

Issued January 2018

Compromise and Settlement Agreement

(D.G. vs. Yarborough, Case No. 08-CV-074)

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I. Introduction

The Oklahoma Department of Human Services (“DHS”) has made discernible progress to improve its child welfare system during the course of this reform. The advancements made to date are fragile, and not yet fully rooted, particularly with respect to manageable caseloads and an adequate array of placements for children. Budget pressures loom large presently, and threaten the pace and progress of the overall reform effort at a critical time. DHS leadership’s efforts to maximize available resources will continue to be vitally important to ensure the gains made during this reform are not lost. These efforts include supporting and retaining caseworkers, while also providing clear guidance and support to staff so they can implement the changes in case practice that are described in DHS’ core strategies, many of which are interdependent, and designed to improve outcomes for children and families.

The Co-Neutrals urge Oklahoma’s leaders to stay the course in funding DHS’ core strategies to achieve substantial and sustained progress on behalf of the state’s most vulnerable children. This includes the commitments to ensure that DHS has a sufficient number of well-trained and well supported foster homes and an adequate number of caseworkers and other key staff to achieve better outcomes for children. A material reversal in support is likely to compromise the still tenuous foundation upon which DHS has sought to build this reform, and undermine the years of public investment.

II. Background

On January 4, 2012, DHS and Plaintiffs reached agreement in a long-standing federal class action lawsuit against the state of Oklahoma on behalf of children in the custody of DHS due to abuse and neglect by a parent or resource caregiver. That matter, *D.G. vs. Yarborough*, Case No. 08-CV-074, resulted in the Compromise and Settlement Agreement (CSA), which was approved by the United States District Court for the Northern District of Oklahoma on February 29, 2012. The CSA requires (Section 2.10 (a)) that DHS develop a plan setting forth “specific strategies to improve the child welfare system.” Under the CSA, the parties identified and the court approved Eileen Crummy, Kathleen Noonan, and Kevin Ryan as “Co-Neutrals,” and charged them to evaluate and render judgment about the ongoing performance of DHS to strengthen its child welfare system to better meet the needs of vulnerable children, youth, and families. The CSA states specifically (Section 2.10 (i)) that, “Twice annually, the Co-Neutrals shall provide commentary regarding the Department’s overall progress as reflected by the [data] reports and shall provide commentary as to whether the Department is making good faith efforts pursuant to Section 2.15 of the Settlement Agreement.”

DHS, with the assistance of state leaders, advocates, and other stakeholders, developed the Pinnacle Plan, which contains significant commitments to be implemented beginning in State Fiscal Year (SFY) 2013. The Co-Neutrals approved the Pinnacle Plan on July 25, 2012.

The CSA charged DHS with identifying baselines and Target Outcomes to measure and report the state's progress in core performance areas, which are grouped in the following seven performance categories:

- Maltreatment (abuse and neglect) of children in the state's legal custody (MIC);
- Development of foster homes and therapeutic foster homes (TFC);
- Regular and consistent visitation of caseworkers with children in the state's legal custody;
- Reduction in the number of children in shelters;
- Placement stability, reducing the number of moves a child experiences while in the state's legal custody;
- Child permanency, through reunification, adoption or guardianship; and,
- Manageable caseloads for child welfare staff.

As required by the CSA, the Co-Neutrals and DHS established the Metrics, Baselines, and Targets Plan (the "Metrics Plan") on March 7, 2013. For each of the seven performance categories, the Metrics Plan establishes: the methodology for the performance metrics and measuring progress; parameters for setting baselines; interim and final performance targets and outcomes; and the frequency by which DHS must report data and information to the Co-Neutrals and the public. Appendix A provides a summary chart of the metrics for the seven performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and updated through September 2015.¹

The CSA further requires the Co-Neutrals to provide commentary and issue a determination as to whether DHS' data submissions provide sufficient information to measure accurately the department's progress. The Co-Neutrals have previously found data sufficiency for all the CSA performance areas and data metrics. Pursuant to the CSA, the Co-Neutrals may revise any determination of data sufficiency based on subsequent or ongoing data submissions as deemed appropriate. It is important to highlight that DHS' data management team has made significant progress during this reform, particularly in strengthening its ability and practice to manage and

¹ Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals.

evaluate its data to support data-driven management decisions and case practice improvements.

Under Section 2.15 of the CSA, the parties established that the Co-Neutrals would issue a Final Report on December 15, 2016 that determines whether DHS has made, for a continuous period of at least two years prior to December 15, 2016, good faith efforts to achieve substantial and sustained progress towards the Target Outcomes. On September 2, 2016, DHS and the Plaintiffs jointly agreed by amendment to the CSA, with the Co-Neutrals' approval, to suspend the Co-Neutrals' issuance of the Final Report. The amendment gives DHS the opportunity to request the Final Report from the Co-Neutrals at any time and maintains the requirement that the Co-Neutrals determine as part of that report whether DHS has, for a period of at least two years, made good faith efforts to achieve substantial and sustained progress toward each Target Outcome.

This document serves as the Co-Neutrals' Ninth Commentary under the CSA and reflects DHS' performance, data, and information available through June 30, 2017. In numerous instances, as described in this report, data and information are only available through March 31, 2017 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In addition, in some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the reform.

Good Faith Efforts to Achieve Substantial and Sustained Progress

The CSA requires the Co-Neutrals to determine whether DHS has "made good faith efforts to achieve substantial and sustained progress" toward a Target Outcome. This standard requires more than an assessment of DHS' intentions but necessarily requires a conclusion by the Co-Neutrals that is based on an analysis of the activities undertaken and decisions made by DHS or, as the Co-Neutrals have stated, the inactions or failures to make decisions and the impact of those decisions and activities on achieving substantial and sustained progress toward a Target Outcome. For example, the Co-Neutrals have focused their review and assessment of DHS' timeliness and thoroughness to implement, evaluate and, when needed, adjust core strategies to inform their judgment of whether the department has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes.

The CSA requires the Co-Neutrals to report on those Target Outcomes that DHS has met, those for which the department has achieved sustained, positive trending toward the Target Outcomes, and those Target Outcomes for which DHS has not achieved sustained, positive trending. The following Table summarizes the Co-Neutrals' findings of DHS' progress toward

the Target Outcomes and, separately, the Co-Neutrals' assessment of DHS' efforts for each of the performance metrics assessed during this report period.

Table 1: Summary of Target Outcomes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
I. MALTREATMENT IN CARE (MIC)				
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12 month period.	No	No	Yes	64
1.B: Of all children in legal custody of DHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	No	No	Yes	80
II. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES				
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	No	No	Yes	19
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	No	No	Yes	21

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	No	No	Reserve Judgment	30
Net gain/loss in TFC homes for the reporting period.	No	No	Reserve Judgment	31
III. CASEWORKER VISITS				
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes	Yes	Yes	82
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes	Yes	Yes	83

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
3.3b: The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge.	No	Yes	Yes	85
IV. PLACEMENT STABILITY				
4.1a: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	No	Yes	Reserve Judgment	89

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
4.1b: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 12 months but less than 24 months, the percentage that had two or fewer placements.	No	No	Reserve Judgment	89
4.1c: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	No	No	Reserve Judgment	89
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	No	No	Reserve Judgment	89

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
V. SHELTER USE				
5.1: The number of child-nights during the past six months involving children under age 2 years.	Yes	Yes	Yes	54
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	No	No	Yes	54
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No	No	Reserve Judgment	55
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No	No	Yes	56
1.17: Percent of children 13 and older in a shelter who stayed less than 30 days and no more than one time in a 12-month period.	No	No	Yes	56
VI. PERMANENCY				
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014, the number	No	Yes – for children ages 12 and under	Yes – for children ages 12 and under	113

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
of children who have achieved permanency.		Yes – for children ages 13 and older	Yes – for children ages 13 and older	113
6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	No	No	Yes	99
6.2b: The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No	No	Yes	100
6.2c: The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No	Yes	Yes	101

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
6.2d: The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Yes	Yes	Yes	102
6.3: Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Yes	Yes	Yes	105
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	No	No	Yes	114

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome	Page in Report
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	No	Yes	Yes	106
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	Yes	Yes	Yes	110
6.7: The percent of children whose adoption was finalized over a 24 month period who did not experience dissolution within 24 months of finalization.	Yes	Yes	Yes	110
VII. CASELOADS				
Caseworkers	No	Yes	Yes	45
Supervisors	No	No	Yes	50

As reflected in the above summary Table, DHS is on a path to achieve enduring progress and has evidenced good faith efforts in most of the performance areas evaluated by the Co-Neutrals. For this period, the Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome in 24 of the 31 distinct performance areas previously identified as representing significant problem areas confronting the Oklahoma child welfare system. In three performance areas, therapeutic foster care, placement stability, and shelter metric 5.3 (children ages 6 to 12 years old) the Co-Neutrals reserve judgment on whether DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome.

Methodology

The Co-Neutrals conducted a series of verification activities to evaluate DHS' progress and implementation of its commitments. These activities included meetings with DHS leadership and staff across the state, private agency leadership, and child welfare stakeholders. The Co-Neutrals also reviewed and analyzed a wide range of aggregate and detailed data produced by DHS, and child and foster home records, policies, memos, and other internal information relevant to DHS' work during the period.

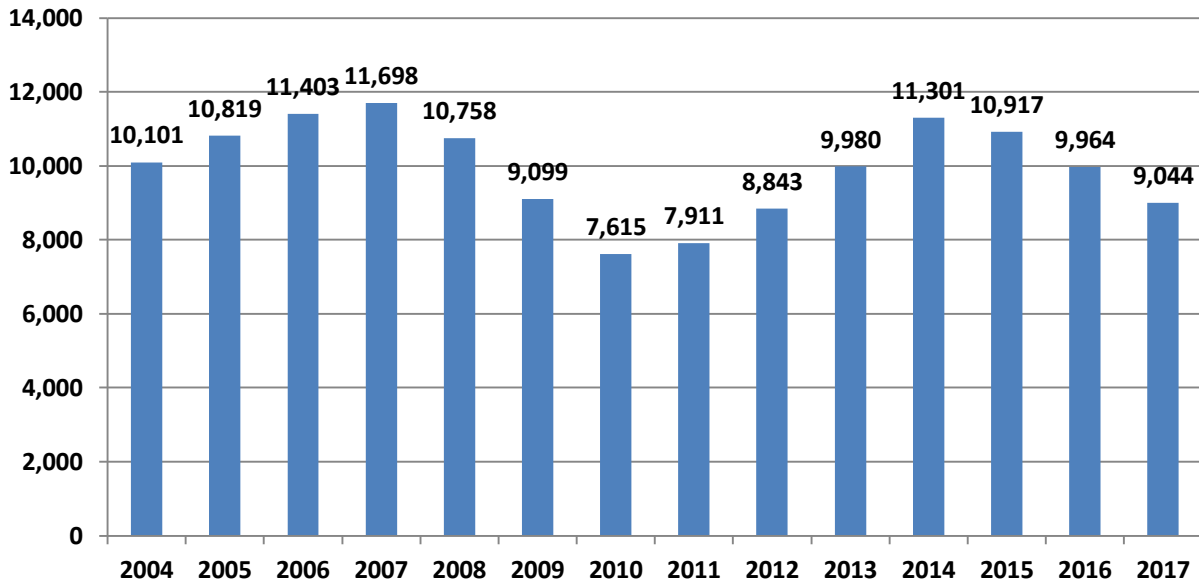
The remainder of this report includes:

- Context Data of Children in DHS Custody (Section III);
- Seven Performance Categories: Assessment of Progress and Good Faith Efforts (Section IV);
- Appendices; and,
- Glossary of Acronyms.

III. Context Data of Children in DHS Custody

Following the dramatic rise in the number of children in care during the first years of this reform (2012-2014), DHS has experienced a steady decline in the number of children in care over the last three years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Three years later, on June 30, 2017, there were 9,044 children in care, a 20 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.

Figure 1: Number of Children in DHS Custody at the End of SFY - 2004 to 2017²



Source: DHS Data

Demographics

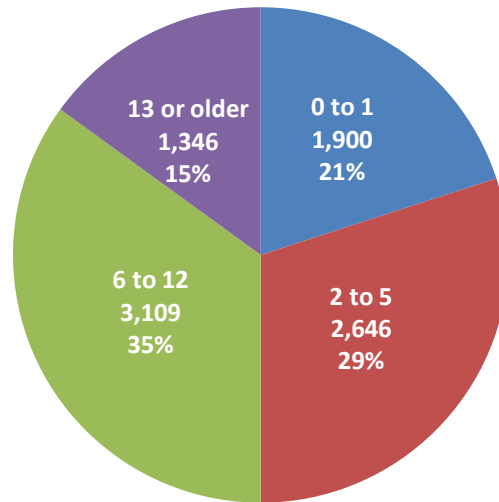
DHS reported there were 9,001 children in custody as of June 30, 2017, and there were 9,344 children in custody on December 31, 2016.³ During the reporting period from January 1, 2017 to June 30, 2017, 2,607 children entered care and 2,950 children exited care.

Young children aged zero to five years make up the largest portion (4,546 or 51 percent) of children in care. Children aged six to 12 years comprise 35 percent (3,109) of the population in care and 15 percent (1,346) are 13 years or older, as detailed in Figure 2 below:

² As described in the prior Co-Neutral Commentary, the data source used for this Figure only includes children in DHS custody each year, and does not include any children in tribal custody in any year. The data noted in the demographics section, which shows 9,001 children in care as of June 30, 2017, reflects data lag adjustments not included in the data of Figure 1.

³ In the prior Commentary, the Co-Neutrals' reported that there were 9,354 children in care on December 31, 2016. Due to data entry lag and the merge of duplicate identification numbers for the same child, DHS data now indicates that 9,344 children were in care on December 31, 2016.

Figure 2: Children in Care on June 30, 2017 by Age Group (Total = 9,001)



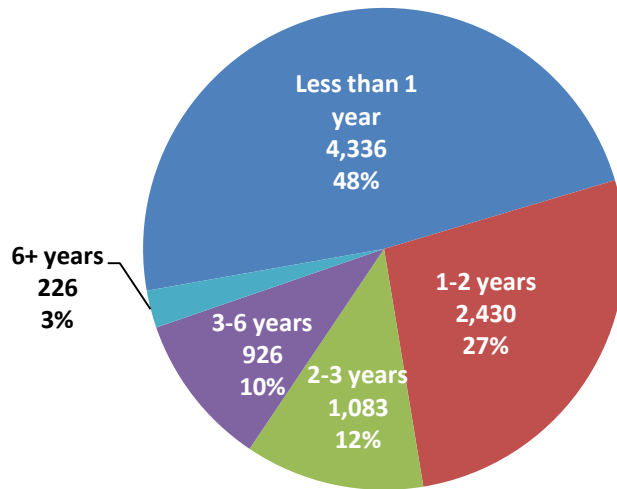
Source: DHS Data

With regard to gender, the population is split almost equally — 52 percent male and 48 percent female. With regard to race, the population of children is 35 percent White, nine percent African-American, and seven percent Native American. In addition, 19 percent of children identified with Hispanic ethnicity (and can be of any race). Thirty percent identified with multiple race and ethnicity categories, of which 73 percent identified as Native American.⁴

As presented in Figure 3 below, DHS' data shows that of the children in care on June 30, 2017, 48 percent (4,336) were in care for less than one year; 27 percent (2,430) between one and two years; 12 percent (1,083) between two and three years; 10 percent (926) between three and six years; and three percent (226) for more than six years.

⁴ Overall, 34 percent of children identified as Native American, including those children who identified with more than one race and ethnicity category and those identified as Hispanic.

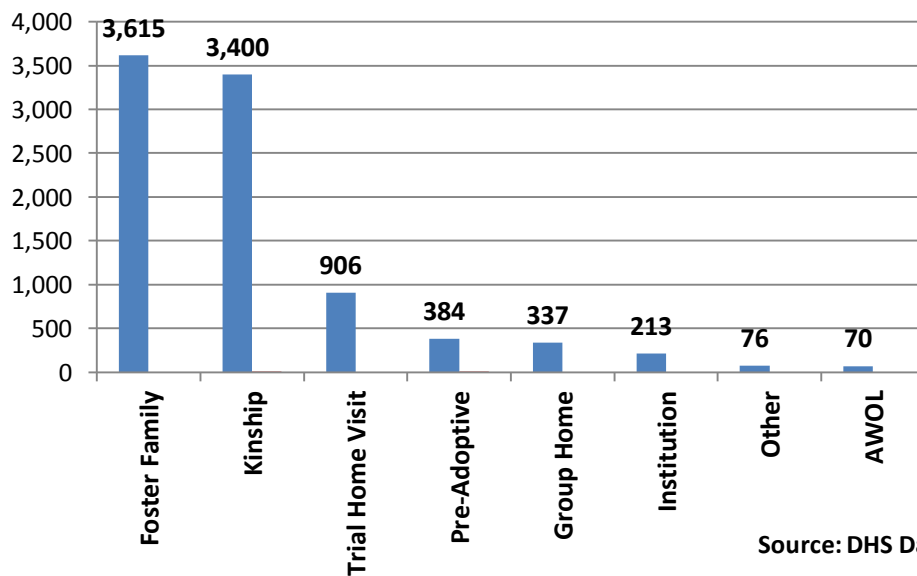
Figure 3 : Children in Care on June 30, 2017 by Length of Stay (Total = 9,001)



Source: DHS Data

As the following Figure demonstrates, 92 percent of children (8,305) in DHS custody on June 30, 2017 live in family settings, including in relative and non-relative kinship homes (38 percent), with foster families (40 percent), with their own parents (ten percent), and in homes that intend to adopt (four percent). Of children in custody, 550 (six percent) live in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining two percent reside in unidentified placements (listed as other in Figure 4 below) or are AWOL (runaway).⁵

Figure 4 : Children in Care on June 30, 2017 by Placement Type



Source: DHS Data

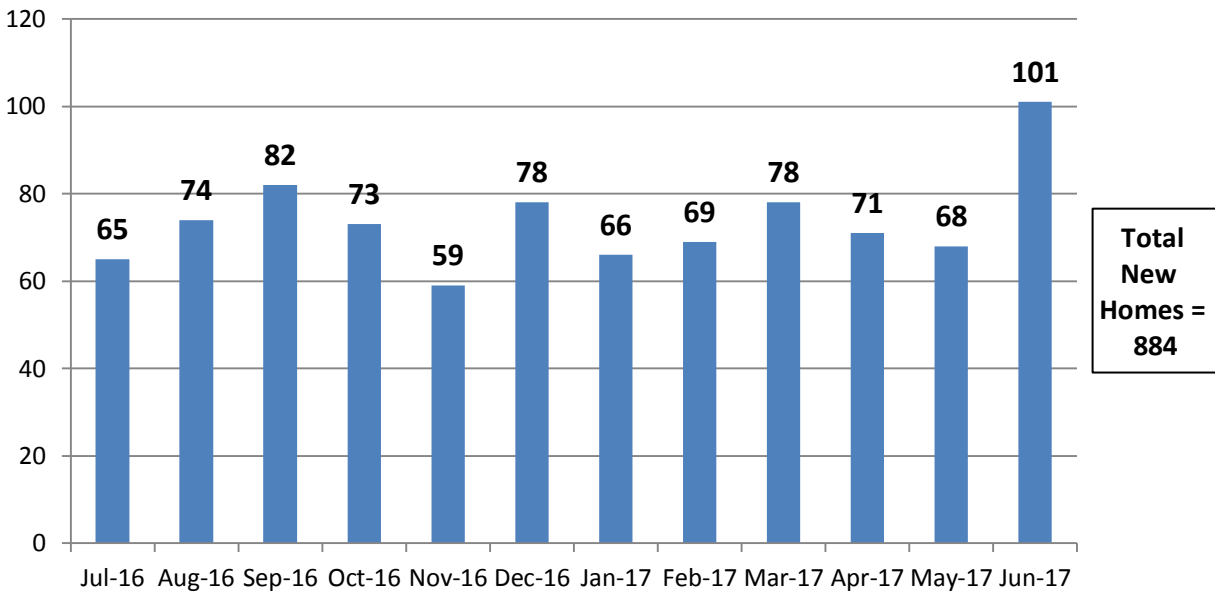
⁵ Percentages in this paragraph may not add up to totals due to rounding.

Of the 8,305 children living in family settings, 1,880 (23 percent) are less than two years old, 2,624 (32 percent) are two to five years old, 2,902 (35 percent) are six to 12 years old, and 899 (11 percent) are 13 years or older. Of the 550 children living in institutional settings, nine (two percent) are less than two years old, ten (two percent) are two to five years old, 174 (32 percent) are six to 12 years old, and 357 (65 percent) are 13 years or older.⁶

A. Foster Care

For the full 12-months of SFY17, DHS committed to a Target Outcome of 1,080 new traditional, non-kinship foster homes. During this performance period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for new foster home development. These efforts resulted in DHS, along with its private agency partners, approving 884 new traditional foster homes during SFY17, 82 percent of its new home target.

Figure 5: New Foster Care Homes Developed by Month, July 2016-June 2017



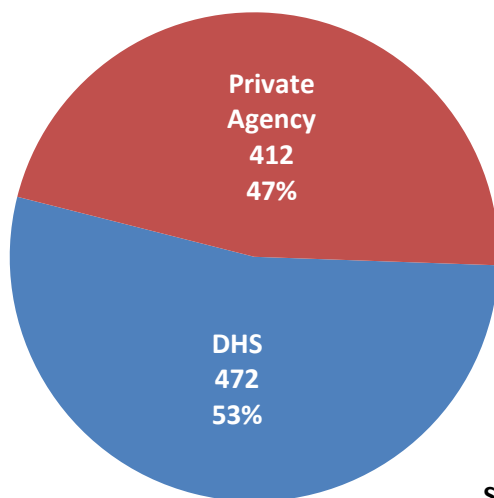
Source: DHS Data

⁶ Percentages in this paragraph may not add up to totals due to rounding.

During the first half of the fiscal year, DHS approved 470 new foster homes, the highest number of new homes DHS has approved during the first half of any fiscal year during this reform effort.⁷ During the second half of SFY17, DHS approved 414 new foster homes.

Of the 884 new foster homes approved during SFY17, DHS developed 53 percent of the homes (472) and its 18 partner agencies (all combined) developed the other 47 percent (412).⁸

Figure 6: New Foster Homes Developed by Agency, July 2016-June 2017 (N=884)



Source: DHS Data

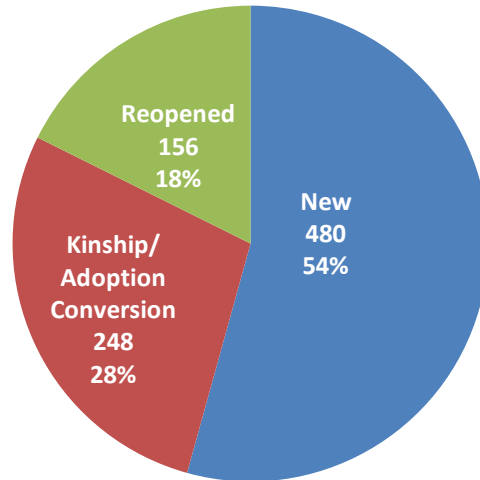
Of the 884 foster homes approved during SFY17, 480 families (54 percent) were newly recruited by DHS and the private agencies, 248 homes (28 percent) were already approved by DHS as adoption or kinship homes and were then converted to traditional foster homes to serve non-kin children, and 156 (18 percent) were DHS resource homes⁹ that were closed for more than a year and reopened during this 12-month period.

⁷ DHS reports that while 470 homes were initially approved during the first half of the fiscal year, DHS adjusted this number to 431 homes after accounting for new homes that closed without taking a placement or transitioning to respite-only placements.

⁸ As of October 2017, DHS had 15 private agency partners recruiting traditional foster homes.

⁹ DHS resource homes that are reopened could have been previously approved as a number of different types of DHS resources, including traditional, kinship, emergency foster care, TFC and DDS homes.

Figure 7: New Foster Homes by Type, July 2016-June 2017 (N=884)



Source: DHS Data

SFY17 – Net Gain Target and Performance

While DHS made positive strides in developing 82 percent of its SFY17 new home target, it did not report a net gain in its foster home pool, largely as a result of closures this report period of foster homes that were opened during previous fiscal years. The net gain target for SFY17 was set at 325. On July 1, 2016, DHS began the fiscal year with a starting baseline of 2,349¹⁰ foster homes and on July 1, 2017, DHS ended the fiscal year with 2,142 open homes, which represents a net loss of 207 foster homes. Of the 2,349 foster homes open on July 1, 2016, 1,005 were no longer open on July 1, 2017. Of the 884 new foster homes DHS approved between July 1, 2016 and June 30, 2017, 129 closed by July 1, 2017.

The closure of 1,005 foster homes within one fiscal year is markedly high. DHS points to two prominent reasons for the high number of closures during SFY17: 1) a surge in adoptions among foster families including many families who decided not to continue to foster children after finalizing the adoption¹¹; and 2) during the period, DHS contacted families who had not taken a

¹⁰ The Co-Neutral’s November 2016 Commentary noted that DHS had a total of 2,373 open foster homes on July 1, 2016. This total number of open foster homes at the beginning of SFY17 has been updated in this report and reduced to 2,349 due to 10 homes that now show as having closed prior to July 1, 2016, but appeared open at the writing of the last Commentary due to a data lag. The remaining adjustments were due to homes that either moved out of state or were correctly recoded as respite-only homes.

¹¹ DHS reported that 260 of the foster homes that closed during SFY17 had finalized an adoption within 90 days of closure.

placement into their foster homes in more than 150 days and closed homes that did not confirm their continued interest to serve as foster parents. DHS shared with these foster families information about the children who needed a foster home so that they could determine if these foster families were truly willing to have a child placed in their home. DHS reported that this effort led to a significant number of foster homes closing.

DHS acknowledged, during this period, that the agency had not previously established a systematic process or guidance for staff to identify and document the reason for a foster home closure. As a result, DHS developed during the report period a process to identify and document in KIDS the reasons for home closures. The agency now reports it will be able to track and assess general trends and develop retention efforts accordingly. DHS also developed a detailed menu of home closure reasons and updated KIDS to make the menu available in every resource home record. DHS further provided guidance to staff on how to use the menu and the importance of documenting foster home closures in greater detail. DHS will need to ensure that staff have clarity on this new requirement and are appropriately documenting closure reasons. (See Appendix B, list of home closure reasons.)

Vacant Foster Homes – Rates and Duration

DHS' efforts during SFY17 to contact foster homes that remained vacant for extended periods was, in part, a response to previously reported data that persistently showed a significant percentage of homes that were reported vacant for six or more consecutive months, a particular concern to the Plaintiffs' counsel and the Co-Neutrals. For this period, DHS reported a substantially lower vacancy rate among the pool of foster homes open at the end of the period, with 23 percent of the 2,142 foster homes open on July 1, 2017 showing as vacant, down from 31 percent of the 2,379 foster homes open on December 31, 2016.

Of the 884 new homes approved during SFY17, DHS' records show 99 percent (871) of the homes had accepted a placement. Among these 884 new homes, 16 percent (138) were vacant on July 1, 2017 but all of these homes had fostered a child during the period and since being approved as a new foster home. An additional 65 of the SFY17 new homes showed as vacant on July 1, 2017 and did not show as having accepted a placement since the new home was approved. However, the majority (56) of these 65 homes had only recently been approved during the months of May and June 2017. For these 56 homes, DHS' records showed, when reviewed by the Co-Neutrals after the end of the period, that 50 homes had children placed in them and only six had not accepted a placement since opening.

DHS Strategies to Build Capacity and Expand Available Foster Homes

During this report period, DHS continued to work in partnership with 18 private agencies to recruit new foster homes, with a particular focus on approving and tracking families that will serve teens, sibling groups and medically fragile children.¹² DHS also maintained a team of DHS foster home recruiters in every region of the state.

Through this report period, DHS continued its collaboration with its consultants to complete recruitment training for all 18 agencies and DHS recruiters. The training focused on a number of key strategies, including community-based recruitment and implementing targeted recruitment plans. DHS also reported that the Oklahoma Fosters initiative expanded its efforts to create a larger recruitment presence with 90 individual recruitment events held across the state. During this report period, a specialized unit of five staff and a supervisor was established to advance the Oklahoma Fosters initiative, help coordinate ongoing events statewide and engage the support of business leaders and the media to amplify the message of the need for more foster homes. DHS reported that this unit also will focus on targeted recruitment outreach in rural communities where DHS has found it to be more difficult to develop new homes and a marketing campaign to recruit specialized homes that can care for children with developmental disabilities and other special needs.

To support those families that have applied to be foster parents and are moving through the new home approval process, DHS recruitment staff conducts weekly calls with the families to identify any barriers or concerns the individuals may have so that they can be remedied as quickly as possible. DHS is also continuing its bi-weekly calls with its private agency partners to discuss and collaborate on recruitment efforts and address any emerging issues, concerns or barriers.

Given the ongoing need to provide family-based placements for children in DHS custody, DHS must remain focused on recruiting new foster homes to its child welfare system and continuously explore any areas of current practice or core strategies that need to be enhanced to allow DHS to achieve its Target Outcome in this area.

Foster Homes for Children with Developmental Disabilities

DHS reported that it has expanded from three to five the number of staff, along with a supervisor, who are dedicated to conducting specialized foster home recruitment efforts for

¹² By the close of the report period, DHS contracted with 17 private agencies due to the loss of one agency during the period.

children with developmental disabilities. DHS further reported that although some children with developmental disabilities are not eligible under certain federal requirements for funding and services reserved only for children with developmental disabilities and higher level needs, some foster families would be willing and able to care for a child with developmental challenges with less intense supports, such as regularly scheduled respite care. DHS is also working to coordinate the efforts of DHS' programs, including its foster home recruitment hotline, to more readily identify and build supports for those families prepared to care for children who have varying degrees of developmental challenges and promote stability for the special needs children placed in their homes.

As discussed in greater detail below, DHS has increasingly placed at its Laura Dester (LD) shelter children with developmental disabilities as a result of not having a sufficient number of homes readily available and prepared to accept the placement of a child with developmental challenges. As such, much of the focus of the DHS staff dedicated to recruiting "DDS" (developmental disabilities services) foster homes is directed to providing family based placements for children living at Laura Dester. DHS also reports that the JD McCarty Center remains a key partner in its efforts to train and prepare both its staff (the DDS foster home recruiters and Laura Dester direct care staff) and foster families on how to provide therapeutic care for children with developmental disabilities.

Integration of Foster and Adoption Home Programs

As continues to be the case in Oklahoma and other child welfare jurisdictions across the nation, the majority of children adopted from the child welfare system are adopted by their foster families. Throughout this review period and the full 12 months of SFY17, DHS dedicated a substantial amount of focus and time to integrate its foster and adoption staff into one program. The goal of the integration has been to develop a unified Resource Family Model that streamlines DHS' processes and maximizes staff and family resources to better serve children in DHS' custody. The integration, long supported by the Co-Neutrals, allows resource families to move seamlessly between either the foster or adoptive home programs rather than having to complete two separate resource home approval processes. DHS reports that the transition has progressed well; however, it has consumed substantial management and staff time to build a cohesive program.

Supporting and Retaining Foster Parents

During this report period, DHS also began piloting an on-line foster parent training to further support families who require greater flexibility – in both time and distance – to schedule and complete their required 27 hours of pre-service training. The University of Oklahoma's National Resource Center for Youth Services (NRCYS) adapted for online learning the standard pre-

service foster parent training curriculum DHS uses for new families, which is known as Guiding Principles. Before initiating the pilot in January 2017 in Region 1, DHS foster care managers completed the training to ensure that it effectively presented the right content to help prepare new foster families. The Co-Neutrals and team also reviewed the training and found it to be interactively engaging and well-presented.

As DHS determined its Region 1 pilot was a success, it expanded availability of the training to Regions 2, 4 and 5. As the staff in each of DHS' private agency partners are trained, the partner agencies are expected to provide the training to the families they recruit. Between January and June 2017, 299 individuals enrolled in the training, of which 117 completed the curriculum, 63 withdrew and 119 are still in the process of completing the courses.

The training requires direct interaction with a trainer who is assigned to each individual completing the training. After every three training modules the trainer conducts an interview with the trainee before they proceed to the next level. At the end of each module, the trainee must take and pass a test before the next module is unlocked and available for review. NRCYS reports that the tests are designed to capture the trainee's authentic review of the material and avert passing to the next level anyone who may not have completed a training module.

NRCYS and DHS are monitoring for any barriers that trainees may encounter in completing the curriculum. One of the primary reasons foster parents withdraw from on-line training and switch to the traditional delivery of the courses is they find that they are not as comfortable, as anticipated, using a computer. The number of people who withdrew from the on-line training also reflects those individuals for whom DHS ended the application review process because DHS found that they could not be approved as a foster home for reasons unrelated to the training.

In an effort to support and retain more foster homes, DHS has made it a priority to have more regular communication with foster parents. Every resource family worker who is assigned the management and support of foster homes is required to make contact every month with their foster parents to inquire if the family or any child placed in their home are in need of any services or have any issues or concerns that need to be addressed. Resource family caseworkers are required at least every three months to conduct a face-to-face visit with their foster families in their homes.

For additional quality assessments of DHS' foster parent support practices, DHS continued to require that all front line supervisors and field managers in the resource family program call two randomly selected foster families from their area every month to conduct a customer service survey. The survey asks foster parents about the quality of the communication between the families and DHS caseworkers, about DHS' follow through on providing services offered and overall support for the families. DHS reported that between January and June 2017, supervisors

and field managers completed 570 surveys with foster families and the results showed that each month between 84 and 93 percent of the families surveyed responded favorably, indicating that their experience with DHS was excellent or good. (See Appendix C for the summary of the survey results for the most recent month of June 2017.) As shown in the survey results provided by DHS, the survey gathered from foster families a number of suggested topics that would be helpful to review in ongoing foster parent trainings. These topics include how to work with birth parents and better understand their perspective; how to therapeutically discipline – not punish – a child with developmental or other special needs; and the stages and court proceedings of a child welfare case.¹³

While DHS' own customer service surveys show significant positive feedback from foster parents, questions and concerns remain with respect to the high number of foster home closures DHS has experienced, in particular, over the last year and what additional efforts DHS should employ to improve foster parent retention.

In addition to the changes DHS made to its KIDS system, along with guidance to caseworkers, to record and track the reasons foster homes close, DHS committed to shifting the purpose of its monthly foster parent surveys to contact traditional foster homes that closed in the prior month to obtain more in depth qualitative feedback on the reason(s) they closed their homes. DHS will begin making these calls in November 2017 and the Co-Neutrals will report on DHS' preliminary findings from these calls in their next Commentary.

Citing the statewide revenue failures that have been widely reported in Oklahoma, DHS reported its decision to reduce the monthly board rate payment provided to resource families by approximately one dollar per day for each child they foster or have adopted. The reduction went into effect on the first day following the close of this report period, July 1, 2017. As DHS has highlighted, the daily rate for foster and adoptive parents remains approximately four dollars per child above the rate provided prior to 2012 when the reform effort began. Through the new focus of DHS' monthly foster parent survey calls, the resource family program can assess if the new reduction in the monthly board rates is having any impact on retention.

Improving DHS' New Foster Home Review and Approval Process

During this report period, DHS began developing new protocols and tools to improve the quality of reviews completed and decisions made as part of the new foster home approval

¹³ The Co-Neutrals have found that some of these topics are addressed, in part, in some of the in-service training modules that are available on-line. DHS should in their regular communications with foster parents ensure that they are aware of the numerous topics that are addressed in the in-service trainings they offer and review these trainings to assess where additional trainings and guidance should be developed or updated for foster families.

process. Both DHS and the Co-Neutrals surfaced in their independent reviews of certain resource homes involved in maltreatment in care investigations concerns that the review and approval process for new foster homes was too fragmented to consistently provide reviewers a cohesive assessment of prospective foster families' capacity to care for foster children. As a result, during this period, DHS developed a plan to change the organizational responsibilities and work flow for the review of new home applications and assessments and began to pilot these changes in five counties in Region 2.

DHS intends as part of the plan to make its resource family supervisors responsible for reviewing and providing the primary approval of all resource family assessments (RFA) completed for the prospective homes DHS is developing within their respective management areas. The RFA is a compilation of information that includes the background of each foster parent, all household members and closest family members of the applicant as well as information about the family's physical home, finances and medical histories. The RFAs for DHS' traditional and kinship foster homes are developed by five contract agencies charged with objectively compiling all the relevant information so that DHS can assess the quality of each home and determine if there are any concerns that DHS may need to review and consider in greater depth. The Co-Neutrals have found through numerous case record reviews over the last four years that the RFAs appear to be thorough and well organized.

Supervisors have always been required to document their decision to approve a home. However, standing practice had been that the primary approval of RFAs was completed by a team of five DHS readers whose sole responsibility was to review and approve RFAs completed statewide. Shifting the responsibility for RFA approvals to the supervisors who could eventually carry the responsibility for managing the approved home within their unit establishes more direct accountability. This change in the review process also advances DHS' goal for supervisors to have greater knowledge about the individual homes under their managerial purview and to support their assigned caseworkers to forge stronger relationships with their families and understand upfront where families may require more supports or attention given any challenges identified through the home approval process.

DHS is developing a plan to implement this change statewide, beyond the five pilot counties in Region 2. DHS is also developing a statewide process to provide ongoing qualitative assessments of approved homes. DHS is training its five readers to conduct these audit reviews of recently approved homes of all types (traditional homes developed by DHS and private agencies, therapeutic and kinship).

Toward the end of the report period, DHS also developed the following new tools to help staff and supervisors in the new home assessment and approval process: a *Records Check Guide* to assist staff in obtaining and assessing complete child welfare and criminal records for resource

applicants and approving or denying applicants based on the information gathered; an *Initial Kinship Checklist* to assist resource staff in ensuring all initial kinship requirements are met and supervisor approval is obtained before DHS places a child in a kinship home; and a *Resource Approval Checklist*, which is completed by the assigned supervisor to ensure all requirements are met by applicants for full resource approval. The Co-Neutrals will pay close attention to DHS' efforts to utilize these new tools to strengthen its practice prospectively.

B. Therapeutic Foster Care

Since the beginning of the reform, DHS has faced a number of challenges within the TFC program, which the Co-Neutrals have documented in previous reports. These challenges led DHS to undertake during SFY17 a comprehensive evaluation, both internally and externally, to determine what system changes were needed to enhance the quality of the TFC program, and to ensure TFCs are a reliable and supportive placement option for children with intensive behavioral health needs. Through its quality assessment completed last period, the agency learned a great deal, including the fact that its previous representations that all the children on the TFC waitlist were pre-approved for services by the Oklahoma Healthcare Authority was not correct. DHS also identified, and began implementing system-wide changes to improve outcomes for children placed in TFC homes in response to the findings from its focused evaluation.

The ongoing challenges in the TFC program include recurring net losses every year in DHS' total pool of TFC homes. In addition, every year DHS reported high vacancies in open TFC homes despite a long list of children who were awaiting TFC placement. DHS data also indicated that a disproportionate percentage of children were victims of maltreatment while in a TFC home, and that children in TFCs had high placement instability.

Through its qualitative review completed this year, DHS further identified a pattern of concerns related to the quality of therapeutic diagnoses and a lack of individualized treatment plans and necessary interventions and services for children in TFCs. In a concentrated effort to reverse these negative trends and findings, DHS developed new core strategies in December 2016, which focus, in part, on: supporting more effective and targeted recruitment through its partner agencies of high quality TFC homes; improving safety and reducing the incidence of maltreatment in TFC homes; making more effective matches between children on the TFC waitlist and available TFC placements; and, improving the individualized therapeutic services provided to children. During this report period, DHS focused on establishing operational processes and practices to implement these new strategies and improve the quality of homes and services offered to children approved for placement in a TFC home. However, DHS was

unable to report at the conclusion of this period any substantial progress toward the established SFY17 Target Outcomes for new TFC homes and net gains in TFCs.

While DHS, with the support of its national consultants, offered recruitment training support and guidance to its TFC partner agencies, the department did not, during this period, directly focus on assessing and adjusting, as necessary, the TFC agencies' recruitment efforts. Instead DHS remained more focused on rebuilding the operational structure of its overall TFC program in order to improve the quality of TFC homes and more timely match and place children approved for TFC level care. In fact, DHS' intensified focus on home quality and improving safety in TFC homes led to the closure of certain homes and contributed, in part, to DHS reporting a substantial net loss of TFC homes during SFY17.

One critically important strategy that DHS was not able to implement this period due to insufficient program resources was the commitment to address previous findings that the quality of the treatment services and plans provided to children in TFC homes were not of a high quality nor developed to meet the individual needs of children in TFC placements. During this period, DHS experienced unexpected staffing losses in an already under-resourced TFC unit. As a result, the department was only able to begin a pilot effort in Region 2 to address these concerns regarding the quality of TFC treatment services.

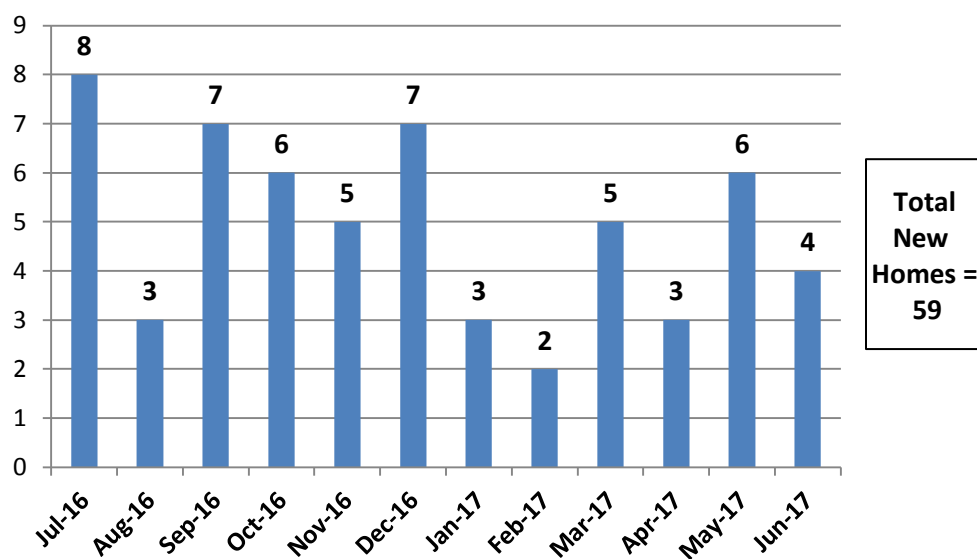
The entire twelve months of SFY17 represented a long overdue period of intensive evaluation, planning and new adjustments to address some longstanding deficiencies in Oklahoma's TFC program. The Co-Neutrals applaud DHS' efforts to undertake this critical assessment and set a course for DHS to establish a pool of safe TFC homes that are supported with quality, individualized therapeutic services to meet the needs of children with behavioral and mental health challenges. However, work is just beginning for DHS to collaborate more intensively and strategically with its TFC partner agencies to recruit and retain stable TFC homes and ensure that children placed in TFC homes receive effective treatment services to support their overall well-being, stability and permanency. As a result, for this report period, the Co-Neutrals reserve judgment on DHS' good faith efforts to achieve substantial and sustained progress on the new and net gain TFC home Target Outcomes.

Moving forward, DHS must prioritize making sure children placed in TFC homes receive safe, high quality, individualized care. Given the longstanding struggle to recruit or achieve net gains in new TFC homes, DHS must critically assess not only the recruitment capacity of the TFC agencies but also additional approaches to ensure that children in need of family-based behavioral and mental health services receive quality therapeutic services. Finally, as the Co-Neutrals have urged before, DHS must allocate sufficient staffing resources to help achieve these objectives and the full spectrum of core strategies DHS established to improve the TFC program.

TFC New Home Development and Net Gain/Loss

During this report period, DHS contracted with 10 private agencies to recruit, manage and support its TFC homes.¹⁴ Unlike traditional foster homes, DHS does not recruit and manage its own TFC homes. The Co-Neutrals established the Target Outcome for new TFC home development for SFY17 in discussions with DHS and set it at 176. During SFY17, DHS reported that its private agency partners developed 59 new TFC homes that met the established criteria for counting new TFC homes.

Figure 8: New Therapeutic Foster Homes by Month, July 2016-June 2017



Source: DHS Data

Of the new TFC homes, 34 (58 percent) were brand-new homes, 11 (19 percent) were adoption/kinship home conversions, and 14 (24 percent) were reopened homes.

¹⁴ At the time of report writing, DHS contracted with eight TFC private agencies.

TFC Net Gain/Loss

On July 1, 2016, DHS began the fiscal year with a starting baseline of 366 TFC homes and ended SFY17 with 278 open TFC homes on July 1, 2017, which represents a net loss of 88 TFC homes. The SFY17 net gain target was established at 55 TFC homes. Of the 366 TFC homes open on July 1, 2016, 153 were no longer open on July 1, 2017, resulting in a TFC home closure rate of 42 percent. Of the 59 new TFC homes DHS' partner agencies developed from July 1, 2016 to June 30, 2017, 13 homes closed by June 30, 2017.

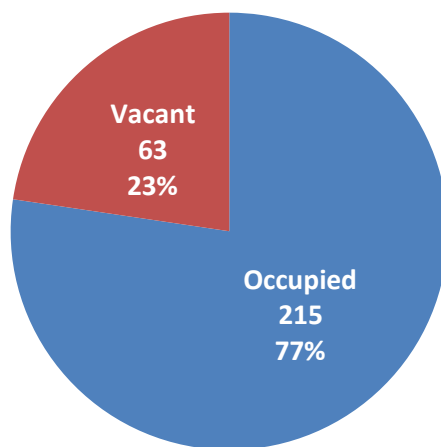
During the period, the number of children placed in a TFC home declined substantially, from 413 children on December 31, 2016 to 307 children on June 30, 2017, a 25.6 percent decline that far outpaced the decline in the number of children in care during the period. As noted above, DHS has reported net TFC home losses in every report period under this reform. DHS reported a total of 615 open TFC homes as of June 30, 2012. Five years later, DHS' partner agencies report a total of 278 homes, a reduction of more than half of its reported TFC homes, despite having secured 483 new TFC homes over the same time period.

TFC Vacancies

Each report period, DHS' small TFC program unit expends time and resources trying to match children on the TFC waitlist to scores of homes, some of which were not prepared or willing to care for children with higher level behavioral or mental health needs. Over the five years of this reform effort, and particularly due to the efforts of the new TFC program field manager in SFY17, DHS has increasingly focused on closing TFC homes that were not accepting placements and remained vacant for long periods of time. During this period, DHS initiated its most aggressive push yet to identify and maintain a pool of open TFC homes that are willing and able to safely care for children with behavioral or mental health challenges. To this end, DHS decided to close any TFC home that had not accepted a placement for more than 90 days. As DHS reported, "The decision to engage in this reconciliation effort seriously impacted the overall net gain for the TFC program during SFY17, but it needed to occur in order to better understand how many TFC resources at any given time are truly available and willing to accept a TFC eligible child into their home."

Of the 278 TFC homes open on July 1, 2017, 215 (77 percent) were occupied as TFC resources, while 63 (23 percent) homes were vacant. Eighty-three percent (52) of the 63 homes showing as vacant of a TFC placement on July 1, 2017 had a TFC-authorized child placed in their home within the previous three months.

Figure 9: Vacant TFC Homes - July 1, 2017



Source: DHS Data

Implementation of TFC Core Strategies

Based on DHS' review of its TFC program, the department finalized at the end of the last period (December 2016) an enhanced set of core strategies for the TFC program that focused on four key areas: safety, increased utilization, quality of care and services, and recruitment and retention.

Reducing the Incidents of Maltreatment of Children in TFC Placements

In the last 12-month report period, October 2015 through September 2016, DHS' child maltreatment and placement data showed that maltreatment in TFC homes was disproportionately high.¹⁵ Further, the Co-Neutrals' analysis of the same data for that period showed that TFC homes had the highest rate of substantiated abuse and neglect (9.51) when compared to other family-based placements: traditional foster care had a rate of 4.5 percent and the kinship foster care rate was 6.87 percent.¹⁶ Based on this outcomes data and the fact

¹⁵ This was evidenced by the percentage of placement days that all children in DHS custody spent in a TFC home (5.4 percent) in the last period was lower than the percentage of children (7.3 percent) who were found to be victims of maltreatment by a TFC caregiver.

¹⁶ The method that the U.S. Department of Health and Human Services' Children's Bureau uses to measure the prevalence of maltreatment in care (MIC) calculates a rate of maltreatment per 100,000 days in foster care. The

that DHS recognizes that children authorized for a TFC placement are “at an increased risk for MIC due to their heightened mental and behavioral health needs” the imperative for DHS to focus on improving safety for children placed in TFC homes was clear and DHS deserves credit for tackling child safety in TFC homes aggressively.

During SFY17, DHS undertook a number of efforts to heighten its monitoring of potential safety concerns to reduce maltreatment in TFC homes, including having TFC program staff participate in the same MIC core strategies and activities established for traditional and kinship foster homes. TFC program staff now review all abuse/neglect referrals involving a TFC home that DHS receives (including those screened out) and investigates. During this period, TFC program staff began to participate in the consultations that DHS’ assigned resource family and permanency caseworkers, along with their supervisors, have conducted since February 2016. They conduct those consultations when any new referral is screened out or accepted for investigation and involves their assigned resource home or child. The focus of these screen-out consultations is to assess if the referral under review indicates conditions or pressures in the foster home that may warrant attention or action despite not rising to the level of an abuse or neglect allegation. When a referral is accepted for investigation, the TFC program staff participate within 10 days in a team staffing to assess whether the conditions in the home represent a safety risk. For the 10-day staffing consultation, the assigned DHS staff and TFC agency representatives confer to determine if immediate action should be taken to remove the child(ren) and close the home before DHS completes the maltreatment investigation. The new protocol for all consultations established under DHS’ MIC core strategies calls for caseworkers and their supervisors to review the entire referral history of the resource home and assess these records for any potential signs or trends that point to safety risks.

The Co-Neutrals verified with DHS’ TFC partner agencies that DHS placed a great deal of attention on reducing the incidence of maltreatment in TFC homes this period. One agency provider noted that the consultations have for the first time allowed key decision-makers to review a TFC family’s complete referral history, which better informed the decision whether a TFC home should be closed or, at minimum, converted to a traditional home where the family may be able to care for a child with less severe behavioral challenges. As a result of some consultations, DHS and the responsible TFC agency developed a Written Plan of Compliance (WPC) for a home to address any policy violations or any significant concerns identified. During

rate signifies, for every 100,000 days that children spent in foster care, the number of substantiations of maltreatment those children experienced. To determine if children are maltreated by a foster caregiver more often in certain placement types, the Co-Neutrals calculated MIC rates for each placement type. The Co-Neutrals MIC rate analysis is depicted in Table 8.

this review period, DHS' TFC field manager established that the TFC program will not approve any new children's placements in a TFC home until all of the concerns identified in the WPC have been addressed satisfactorily. Further, DHS established that the TFC field manager must approve any new child placements in a TFC that already has two children placed. DHS had found that some TFCs were over-utilized, creating excessive stress and pressures in therapeutic homes.

To further address maltreatment in TFC homes, DHS included in its new performance based contracts, effective July 1, 2017, measures that require increased monitoring of TFC agencies with maltreatment substantiations. Specifically, within the new contracts, DHS included a requirement that the executive director of every TFC agency must participate each month in a multi-disciplinary review of all abuse/neglect referrals substantiated the prior month in a TFC home to assess the circumstances surrounding the abuse/neglect. DHS' program and field staff, along with TFC partner private agency staff who are involved with the specific homes being reviewed participate as well. Further, DHS established in the new contracts that any agency that has a second incident of substantiated maltreatment during SFY18 - the effective contract period - will have a placement hold for two months while DHS works with the agency to audit their program and assess any agency-wide issues that need to be addressed to ensure the safety of children placed in the agency's TFC homes. (See Appendix D for Attachment A of the new TFC contract.)

In addition, on a parallel track to DHS' Resource Family Program for traditional and kinship homes, the TFC program staff reviewed the TFC new home approval processes and completed in-depth reviews of a random selection of TFC homes approved this period. Also, similar to the case reviews conducted by DHS' traditional resource family program staff, the TFC field manager identified areas that require improvement in the home approval process, as well as the final decisions made to certify some homes. TFC agency representatives have also shared that while they are concerned about the low number of new TFC homes developed this period, they believe they have begun to ensure the development of higher quality homes.

Some agencies reported that DHS' focus this period on reducing maltreatment of children in TFC homes and the close review of incoming referrals and referral histories has offered a valuable learning experience. This effort has begun to highlight where agencies need to be more discerning when reviewing and approving the applications of prospective TFC homes.

Reduction in Rate of Maltreatment in TFC Homes

DHS' focused and thorough work to raise the standard of care in TFC homes is proving effective. For the 12-months concluding in March 2017, DHS' data showed the rate of maltreatment in TFC homes has positively declined from 9.51 percent to 5.34 percent. Further, in comparing

the percentage of placement days (5.1 percent) children in DHS custody spent in a TFC home for this report period to the percentage of children (4.3 percent) who were found to be victims of maltreatment by a TFC caregiver, the data does not show any disproportionate maltreatment of children placed in TFC homes.

This outcomes data represents a significant reduction in maltreatment of children in TFC homes when compared to last period and is a promising indication of the efficacy of these additional safety measures in the TFC program.

Enhanced Information Management and TFC Placement Matches

As highlighted extensively in previous Co-Neutral Commentaries, DHS has reported challenges with maintaining: a current and accurate list of children who should be on the TFC waitlist; an accurate baseline of TFC homes that are open and willing to accept placements; and, accurate and accessible profiles of each TFC home, which include among other features, the characteristics of the children for whom the TFC home is most prepared to provide therapeutic care. With the implementation of its newest TFC core strategies, DHS has worked to end the cycle of expending staff time and resources trying to place children in TFC homes that will not or cannot meet their individual needs. Instead, DHS has focused on developing new operational protocols and processes to enable it to operate with an accurate understanding of both the children who require TFC placements and the pool of TFC homes willing and able to care for children with higher level needs.

DHS developed a new management tool called the Application for Therapeutic Foster Care (“Application”), which DHS began using in May 2017 to aid the child placement process. (See Appendix E.) The Application is a form that includes comprehensive information about a child that is supplied by a child’s caseworker when the decision is made to request authorization for a TFC placement. The Application replaced a summary, one-page worksheet, which most caseworkers previously completed to request a TFC placement. Although use of this new process was just starting at the end of the period under review in this report, TFC agency representatives shared with the Co-Neutrals that the Application has been helpful in making more informed placement matches and decisions.

DHS now distributes a child’s Application to the TFC agencies only after a child has received an initial authorization from the Oklahoma Health Care Authority (OHCA) for TFC level of care. OHCA reviews the completed Application for each child to make an initial decision to authorize TFC level care. Further, it is also only after initial OHCA authorization is received that DHS TFC program staff will add a child to its TFC waitlist - assuming a TFC placement is not available immediately upon request. To help ensure that the TFC waitlist is accurately maintained, only

DHS' TFC program staff can place a child on the waitlist. DHS learned for the first time during the period, and relayed to the Co-Neutrals, that some caseworkers, supervisors and other child welfare specialists added children's names to the waitlist without confirming that the child was authorized for a TFC placement and sometimes without ever submitting the information necessary to request authorization from OHCA.

To further improve the placement process, DHS committed to develop and maintain resource family profiles on all TFC homes currently approved and open for TFC placements. In order to capture the information needed to build a profile and then use the profiles to match children to TFC families, DHS made changes to its KIDS system, which were completed in December 2016. The changes in KIDS allow DHS to enter key profile information into the resource home record for each TFC home. The profile information includes the child characteristics a home will or will not accept for placement, including specific behavioral, mental and medical challenges, as well as age ranges and the number of children preferred. DHS previously had to rely completely on the TFC agencies to identify potential child matches since they alone maintained profiles on individual TFC families. DHS now has the ability to search for TFC homes with specific profile elements and participate more directly in the matching process.

Lastly, to further drive the process of matching TFC homes with children on the waitlist, DHS began this period to conduct a weekly conference call, with all the TFC agencies participating together, to discuss the specific therapeutic histories and needs of individual children on the waitlist and potential home matches. DHS includes in the weekly calls the permanency caseworkers assigned to children, with the caseworker leading the discussion about the type of home that may best meet the therapeutic needs of each child. The Co-Neutrals have listened to some of these weekly calls and found they are a positive step to more systematically and proactively engage TFC providers in identifying potential home matches for children on the waitlist.

DHS reported that the process improvements it has made for better matching children in need of a TFC placement have reduced the length of time a child remains on the waiting list. DHS reported that the average length of time a child remains on the waitlist is less than 30 days.

Improvement Goals: TFC Home Training, Placement Stability, Treatment Services

TFC Home Training

Included in DHS' qualitative analysis of the TFC program was a review of the length of stay and reasons why children in TFC care have experienced a high rate of placement disruption. DHS reported that the information gathered indicates that some "TFC resource families lack the skills and abilities to meet the higher acuity needs of the children currently qualifying for TFC." Within the TFC core strategies, DHS made it a priority to review the training required of TFC

homes to ensure the training provides the specialized knowledge and skills necessary to care for children with higher level needs.

This period, DHS reviewed and assessed the quality of the supplemental training, Behavior Crisis Management Training (BCMT), which TFC families must complete in addition to the standard training (Guiding Principles) that all foster families in Oklahoma must complete. The BCMT modules were intended to provide TFC families with enhanced behavior management skills to care for children with higher needs in a therapeutically responsive manner. DHS concluded that BCMT is outdated, does not adequately prepare TFC families and endorses the use of physical therapeutic holds. DHS has partnered with its consultants to review several other training models used around the country that have been shown to produce positive results for children with significant behavioral health needs. DHS' goal is to phase out BCMT within this current (SFY18) year and replace it with a new training module by SFY19.

Placement Stability

In the new SFY18 performance-based TFC contract, DHS included elements to advance the quality and stability of care provided in TFC homes, including reducing the use of any restraints or therapeutic holds, increasing critical monitoring of the use of psychotropic medications, supporting children's permanency goals and establishing financial disincentives for placement instability. (See Attachment A of the new TFC contract.)

Through specialized training, and more intensified therapeutic services, DHS expects that TFC placements will better stabilize children with higher level behavioral and mental health needs and improve their well-being and permanency outcomes. This expectation is particularly important since the children authorized for TFC level care often have already experienced multiple placements that could not meet their needs. While there are always placement transitions that are appropriately planned and represent positive steps towards a child's permanency goal, others can be identified as negative disruptions that, with the appropriate supports and guidance, may have been avoided for the well-being of a child. To encourage the TFC agencies to more vigilantly monitor placement stability and support foster parents, DHS included the following language in its SFY18 TFC performance-based contracts:

“Contractor shall engage in all identified activities to ensure placement disruptions are minimized and focus is on assisting children in achieving their permanency goal. When a placement disruption occurs, a monthly roundtable meeting is held with all Contractors and TFC program staff in order to identify circumstances surrounding the disruption episodes. Positive placement transitions and overall increased child well-being are desired outcomes from the Contractors. Contractors will be sanctioned \$250.00 per placement disruption

when the numbers of placement disruptions exceed the number of successful placement transitions an agency makes during each month of SFY18. These metrics will be calculated on a monthly basis and any sanctions accrued during the month will be withheld from the Contractor's owed balance prior to the reimbursement of services provided. Positive placement transitions include children stepping down to lower levels of care (foster care, kinship, RFP, and approved CFC placements), leaving for placement into a home identified for adoption, guardianship, trial reunification, or placement with a sibling. Movement from one TFC home and/or agency to another is considered a placement disruption. Placement disruptions pertaining to higher levels of care (acute and/or residential inpatient care) are included in the sanction, but shall be reviewed and disputed when the child returns to the same exact foster home the child exited, in order to receive the needed higher level of care. "

DHS will need to assess if this contract element is having the intended effect of improving the stability and well-being of children.

Treatment Services

During last period, DHS identified, and reported, significant concerns related to the quality of care provided to children in TFC homes. In particular, DHS found that children's treatment plans were not always tailored to meet their individual needs, and in some cases, appeared to reflect replicate treatments and services for multiple children. In addition, DHS identified that in some cases, DHS caseworkers and TFC agencies maintained different understandings of a child's diagnosis, treatment needs and progress under current services. As a result, DHS committed to establish a multi-disciplinary staffing team for each child, including a mental health consultant for children entering or already placed in a TFC home, as well as the child's permanency caseworker.

To meet this commitment, DHS sought to leverage the OHCA requirement that each TFC child's individual treatment plan and clinical progress be assessed every 90 days. Specifically, DHS committed that its TFC liaisons would coordinate efforts between TFC providers and DHS caseworkers and field staff to prepare for each child's 90-day assessment and treatment team meeting. Although the 90-day assessment has been a long-standing requirement, DHS and private agency representatives reported that the assigned permanency caseworkers generally do not participate in these reviews with any regularity. As a result, TFC agencies are sometimes unclear on a child's permanency plan and if a child's treatment plan is properly aligned with the child's treatment needs and permanency goals. Further, understanding that caseworkers do not always have the clinical expertise to assess a child, DHS committed to assign a mental health consultant to each child's 90-day review meeting.

The TFC program has for some time operated with an inadequate number of staff, which has impaired DHS' implementation of its core strategies, as noted in prior Co-Neutral Commentary. In the last report, the Co-Neutrals observed that TFC liaisons are critical to implement change and improve the quality of individualized services provided to children in TFC homes. The TFC program continued, during this report period, to operate with severe staffing shortages, which undermined DHS' commitment and ability to implement its primary core strategy, multi-disciplinary staffings, which DHS proposed, and the Co-Neutrals approved, as a central vehicle to monitor and improve the level of care provided to each child in a TFC home.

In another core strategy focused on therapeutic treatment services, DHS committed to work with Behavioral Health Consultants from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to identify and coordinate community-based services in a child's current placement if he/she is on the TFC waitlist. However, during the period DHS realized that children on the TFC waitlist were already receiving treatment services as OHCA requires. As such, DHS reported that it will turn its attention to those children for whom a TFC placement authorization was requested but denied by OHCA and utilize the expertise of the Behavioral Health Consultants to support the needs of these children. The Co-Neutrals welcome the effort by DHS to expand the number of foster homes in Oklahoma where children with specialized needs receive appropriate, therapeutic services.

TFC New Home Recruitment

DHS has identified TFCs as its primary family-based resource for children with significant behavioral or mental health needs. Recognizing this, DHS needs to ensure its TFC agencies recruit and retain an adequate pool of well-trained TFC homes to effectively serve this population of children. At the end of the last period, DHS directed its TFC agency partners to develop, for the first time, recruitment and retention plans to focus and optimize their recruitment efforts. DHS required each agency to establish a recruitment goal for the number of new TFC homes the agency would be responsible for developing toward the overall new TFC Target Outcome of 172 homes. To facilitate this goal, each agency was required to develop six strategies to increase recruitment and retention of TFC homes and design specific activities to operationalize their individual strategies, which also included assigning an individual who was responsible for each activity and a due date. Ten of the eleven agencies submitted plans to DHS. The department and its national consultants reviewed and provided detailed feedback to each agency on their submitted plan.

During the period, DHS' national consultants also offered monthly recruitment boot camps (January through April 2017) to build and hone the skills of TFC agencies to effectively recruit quality TFC homes. Topics of the trainings included: Recruiting through Social Media, Recruiting

in the Hispanic Community and Community-Based Recruitment, and Recruiting in the African American and Native American communities.

However, despite these efforts, as the report period progressed, it became clear that DHS was not on a path to meet its Target Outcome, with the number of new TFC homes developed each month falling well below the number of new homes needed to meet the goal. DHS did not make any adjustments to its recruitment strategies or dedicate additional attention and staff resources to stimulate a more effective effort to meet its Target Outcome. As described earlier, the TFC program staff focused primarily on establishing new protocols to enhance the quality of TFC homes, reduce the risk of child maltreatment and improve the placement matching process. Their strong efforts involved extensive assessment and remedial work during SFY17, leaving the few DHS staff assigned to this area without the time or capacity needed to work with the TFC partner agencies to course correct, or to implement an expanded set of recruitment strategies.

Commitment to Look at other Models/Approaches to Provide Therapeutic Family-Based Care

DHS and the Co-Neutrals have discussed the need for DHS to identify additional models or approaches to supplement the TFC program and provide family-based therapeutic care to children with higher needs. Toward this end, DHS has begun a more detailed review of its work with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to identify children in custody who can benefit from ODMHSAS' Systems of Care (SOC) program that provides therapeutic wrap-around services to children with behavioral or mental health needs in their current family-based placement (e.g., a traditional or kinship foster home, as well as a child in trial reunification).

Because SOC supports can be used for children in any family-based setting, the program provides an opportunity to stabilize a child in any home that may be identified as the best placement to achieve the child's permanency case plan goal, including their own home (trial reunification) or a trial adoptive home. In contrast, TFC homes are considered a temporary service embedded in a placement, and are not commonly regarded as a permanency option, which is particularly important for those children who are legally free, in need of a permanent home and have higher level needs.

After the end of the period, DHS, the Co-Neutrals, and members of ODMHSAS conferred to discuss any opportunities to expand the number of children in DHS custody who could be positively served through the SOC program. In addition, to understand this program better, and the types of therapeutic support it provides, the Co-Neutrals requested that DHS provide more detailed information about the specific services offered through SOC. During the next period, the Co-Neutrals will review the files of a robust sample of children receiving SOC

services to verify the type and quality of services offered through this program. Going forward, homes receiving SOC services may count toward DHS’ therapeutic home Target Outcome if the Co-Neutrals conclude that children in these homes are provided with appropriate “therapeutic care,” as described in the parties’ original Compromise and Settlement Agreement.

In parallel to the work of the Co-Neutrals, if DHS intends to supplement its pool of TFC homes with homes such as those in the SOC program, it should not wait for the Co-Neutrals’ findings from its review. Rather, DHS needs to develop standard guidelines and practices to ensure, among other issues, that children and youth are appropriately referred for SOC and to track their receipt of effective services.

C. Caseworker Caseloads and Supervisor Workloads

Establishing and maintaining manageable caseloads for child welfare caseworkers is essential to child safety, well-being and permanency. DHS committed to achieve the following caseload standards for child welfare workers and workload standard for supervisors:

Table 2: Pinnacle Plan Caseload and Workload Standard Commitments

Role	Standards	Weight Per Case
CPS	12 Open Investigations or Assessments	0.0833
OCA	12 Open Investigations	0.0833
Family Centered	8 Families	0.125
Permanency Planning	15 Children	0.0667
Resource Family	22 Families	0.0455
Adoption	16 Children	0.0625
Supervisors	1 Supervisor Dedicated to 5 Workers	0.2 per worker

Over the last three report periods, DHS has made substantial gains in the number of caseworkers meeting their caseload standard and done so during a time of severe budgetary strain for the state. Despite these fiscal challenges, DHS has made it a priority to uphold its commitments to hire additional case carrying staff in order to achieve reasonable caseloads for child welfare workers. These gains in manageable caseloads are essential to help DHS continue to advance its core strategies to ensure the safety, permanency and well-being of children in DHS custody.

For this period, DHS reported that it applied more focused efforts to monitor and manage caseloads at the district level. DHS also reported that it continued to hire new caseworkers in an effort to ensure districts had the appropriate number of staff to meet their total case

weight. DHS also remained committed to providing new caseworkers with graduated caseloads to support their retention. Collectively, these efforts resulted in more workers carrying manageable cases this report period than any other period during this reform effort. The Co-Neutrals find that during this six-month report period, DHS made good faith efforts to achieve substantial and sustained progress toward the caseload Target Outcome.

While DHS increased caseload performance during this period, the statewide gains in compliance were relatively modest compared to prior periods. This reflects, in part, DHS' challenge to improve caseload performance across all districts of the state. While some districts have already achieved the Target Outcome of 90 percent of their staff meeting the established caseload standard, other districts continue to lag far behind. These districts require DHS' immediate and continued attention to address any district-specific barriers that may impede their progress toward the caseloads Target Outcome. Given the disparities in caseload performance among districts, daily fluctuations in the number of cases the agency must manage and assign, and a relatively new workforce, DHS' progress on this key performance area is fragile and necessitates DHS leadership's ongoing good faith efforts to ensure that the gains in caseload performance are sustained and expanded to all caseworkers across the state.

Increase in Investigative Cases and Impact on Caseload Compliance

During this period, DHS' data showed a notable increase in the number of investigations accepted for investigation when compared to last period. Specifically, caseworkers were responsible for an additional 372 investigations at the end of this period than on December 31, 2016. This significant increase in investigation cases placed pressure on caseworkers, and in some districts in the state, resulted in a drop in the overall percent of caseworkers meeting the caseload standard this report period. Some districts experienced as much as an 89 percent increase in investigative cases this report period; while a minority of districts were assigned fewer investigative cases than last period.

Following the close of this report period, DHS continued to experience a dramatic increase in the number of referrals accepted for investigation, specifically during the months of summer and early fall of 2017. This has contributed to a sharp rise in the number of overdue investigations included on the CPS backlog. As of October 19, 2017, the backlog of overdue investigations had reached an alarming 742 cases and has contributed to further declines in caseload compliance after the close of the current report period. The decline in caseload compliance is further evidenced by a divergence in two critical data points: total workload (all cases assigned and managed) and the workload capacity DHS caseworkers are eligible to carry under the caseload standards. By the end of September 2017, DHS' data showed that for the first time since the summer of 2016 total workload exceeded total workload capacity. The situation as of this writing is dire.

DHS developed and reported that it began implementation of a backlog reduction plan to increase the number of investigations completed on time, reduce the CPS backlog, and alleviate the pressure these overdue investigations place on caseloads statewide. The Co-Neutrals are closely monitoring DHS’ efforts to respond to and reverse this decline in caseload performance.

Caseload Performance Outcome

Since the beginning of the reform, DHS has provided the Co-Neutrals with quarterly caseloads data, as outlined in the Metrics Plan, as well as Point-In-Time (PIT) data for workers at the end of each period. Quarterly caseloads data reflects DHS’ caseload compliance by capturing every worker’s caseloads for each day of a quarter, and averages that performance for each worker across the period. The PIT data depicts caseload performance for every worker on a particular day, typically on or near the end of the period under review. In order to present the most recent view of DHS’ caseload performance, the Co-Neutrals have highlighted in their Commentaries PIT data.

Over time, the gap between the quarterly caseloads data, revealing workers’ average experience over the period, and DHS’ PIT data, showing caseloads at the end of the period, has grown. As a result, the Co-Neutrals in this Commentary report and discuss both data sets. For each report period going forward, DHS will continue to report and the Co-Neutrals will continue to analyze both the PIT data and quarterly caseloads data.

As reflected in the table below, this period the quarterly data showed 71.8 percent of workers met the caseload standard over the period and the PIT data showed 80.1 percent of workers met the standard at the close of the period.

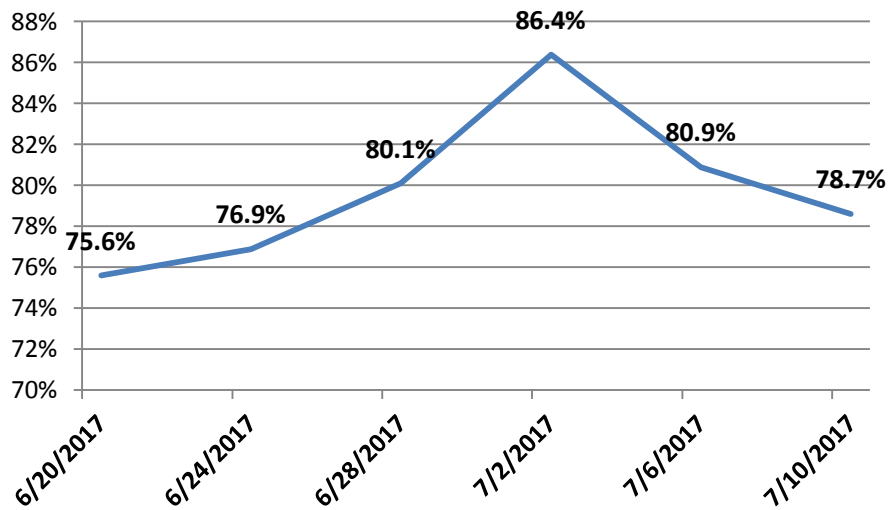
Table 3: Comparison of PIT and Quarterly Outcomes

Date	PIT Data	Quarterly Data	Difference
12/31/2014	34.2%	31.20%	3.0%
6/30/2015	48.9%	49.10%	-0.2%
12/31/2015	60.8%	55.50%	5.3%
6/30/2016	71.0%	66.00%	5.0%
12/31/2016	77.2%	68.90%	8.3%
6/28/2017	80.1%	71.80%	8.3%

To better understand and contextualize the PIT performance data, the Co-Neutrals reviewed DHS’ daily caseload performance for the months of June and July 2017. This review showed, as illustrated in the Figure below, that DHS’ daily caseload performance consistently improved as

the last day of the report period (and state fiscal year) approached, and gradually declined following the close of the period.

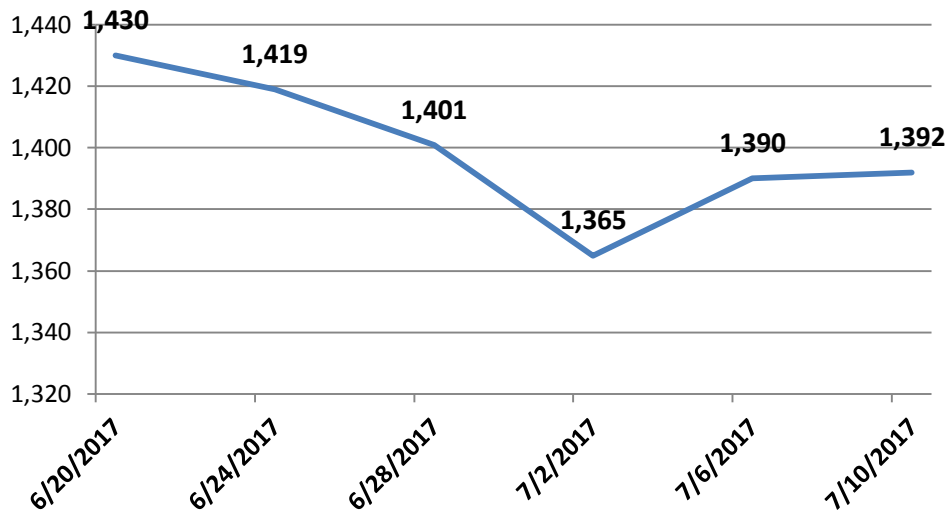
Figure 10: DHS' PIT Data: Percent of Workers Meeting Caseload Standard



Source: DHS Data

DHS makes available to the Co-Neutrals data and information showing the total case weight on any given day, which represents the total number and type of cases assigned by DHS to caseworkers. As shown in Figure 11 below, the case weight data reveals that the spike in caseload compliance at the end of the period resulted from a simultaneous short-term dip in the total number of cases DHS was required to manage.

Figure 11: DHS' Total Case Weight



This downturn in cases at the end of the period can reflect cyclical trends, such as an increased rate of finalized adoptions and reunifications and the closing of cases prior to the end of a period. These developments can create a temporary reduction in the case weight total and increase in caseload compliance.

Performance – Target Outcomes

Quarterly Caseload Data (April-June 2017)

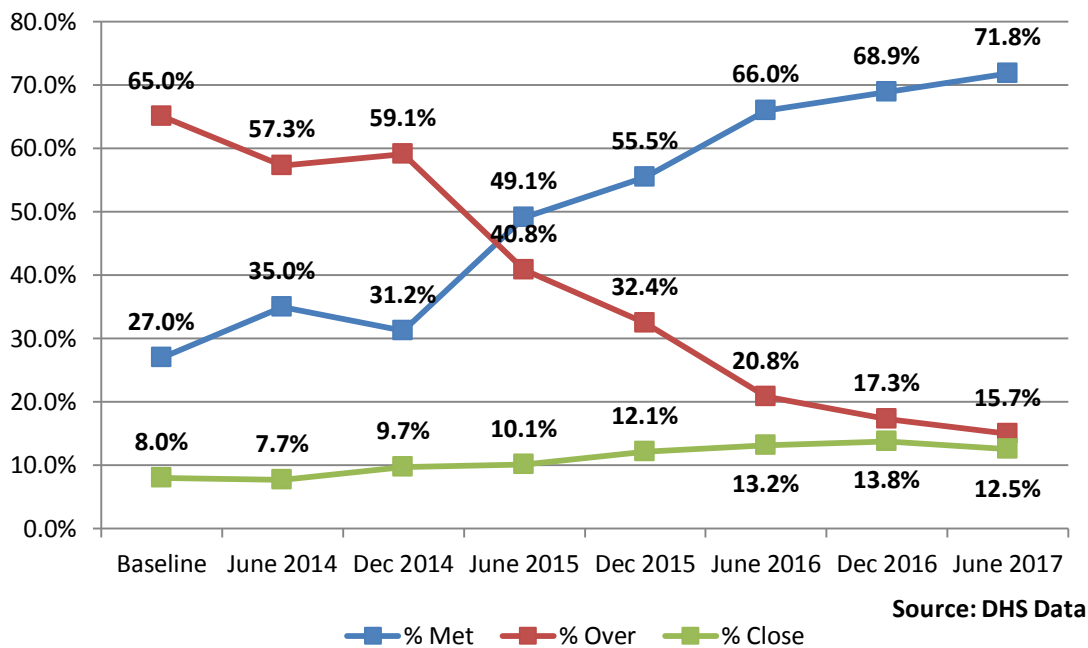
DHS reports that 71.8 percent of all caseworkers met the established caseload standard this period according to its quarterly workload outcome, which reflects workers’ caseload performance for the last three months of the period (April 1, 2017-June 30, 2017).¹⁷ DHS’ quarterly data also shows that 12.5 percent of workers were close to the standard, and 15.7 percent over the standard. Since last period, DHS increased its quarterly caseload compliance from 68.9 percent of caseworkers meeting the caseload standard.

As presented in Figure 12 below, DHS has consistently made substantial gains in caseload compliance over the last three years. Since the beginning of this reform, the percentage of workers who are over the caseload standard has sharply declined from 65 percent to 15.7 percent of workers. Since December 31, 2015, when DHS reported that 55.5 percent of caseworkers met the standard, caseload compliance improved by 16 percentage points. Notwithstanding the efforts that are still necessary for DHS to sustain its caseload

¹⁷ This period, DHS and the Co-Neutrals refined the quarterly data reporting structure, which draws on the same case assignment information in KIDS but is presented in a manner that allows the Co-Neutrals to review detailed caseload compliance data for each day of the quarter.

improvements toward the Target Outcome of 90 percent caseload compliance, Figure 12 below provides a clear illustration that DHS' caseload compliance has shifted markedly and positively over the course of this reform.

Figure 12: Worker Caseloads: Percent of Workers Meeting Caseload Standards



Point in Time Caseload Data

According to the PIT data from the end of this report period, DHS reports that 80.1 percent of all caseworkers met the established standard, with 8.5 percent of workers close to the standard

and 11.4 percent over the standard. Since December 31, 2016, the last day of the last report period, DHS increased compliance by 2.9 percent from 77.2 percent. DHS' data also shows that the number of caseworkers managing cases over the workload standard decreased by one percentage point, declining from 12.5 percent over the standard on December 31, 2016, to 11.4 percent on June 28, 2017. This represents 22 fewer workers with caseloads over the standard this period when compared to last.

Statewide Caseworker Staffing Levels

At the end of the report period, DHS reported having onboard a total of 1,738 case carrying staff, of whom 1,621 were managing at least one case. Of the remaining 117 caseworkers not carrying a case, 73 were still early in their training and not yet eligible to receive case assignments, which is an increase of seven caseworkers from last period when DHS reported 66 new caseworkers were not yet eligible to carry cases. This increase in the number of new staff between periods demonstrates that DHS has continued to hire and move new caseworkers through the pre-service training pipeline.

DHS also reported that since December 31, 2016, the total number of caseworkers on board statewide decreased by 21 from 1,759 to 1,738 caseworkers. The combined case weight carrying capacity of all caseworkers on board decreased from 1,553 on December 31, 2016 to 1,525 at the end of the period. Despite this decline in both total staff on board and the case carrying capacity of these workers, DHS reported a sufficient number of staff to meet its total workload of 1,402 at the end of the period.

District Level Caseload Compliance and Workforce Management

At the end of this period, DHS reported that in 52 percent of all districts (15 out of the 29 districts), 90 percent or more of the districts' caseworkers met the caseload standard.¹⁸ Of the 14 districts with less than 90 percent of caseworkers meeting the standard, seven districts' compliance ranged between 70 and 89 percent of caseworkers meeting the standard, and the remaining nine districts reported compliance below 70 percent.

Of the 29 child welfare districts in Oklahoma, 21 had the capacity to either meet or exceed their total workload at the end of the period, while eight districts did not have sufficient caseworker staffing capacity to meet their total workload. Of the eight districts which did not have the caseworker staffing capacity to meet their total workload, five districts required three or fewer additional workers to meet their total workload.

¹⁸ The 29 districts include both adoption and foster care as districts.

DHS must continuously assess its staffing needs based upon a data-informed projection of the total number of cases it may need to assign throughout a year. As demonstrated by DHS' burgeoning backlog of CPS investigative cases in the Fall of 2017, and its impact on caseload compliance in some districts, DHS must ensure that its projections of each district's total case weight, at any time, adequately accounts for unexpected increases in the total case weight.

Graduated Caseloads

A central strategy DHS has implemented to increase retention of new caseworkers is graduated caseload assignments. This period, DHS reported an increase in its graduated caseload compliance from last period. Specifically, during the current report period, DHS' data showed an increase from 78.6 to 91 percent of caseworkers eligible for graduated caseloads who met their 25 or 50 percent caseload standard.

DHS' monthly Field Report describes each region's efforts to implement graduated caseloads for new workers. The report highlights the successes of some regions and districts to assign new workers reduced caseloads, while also noting the challenges some districts have in ensuring new workers maintain reduced caseloads as a result of limited staffing. DHS must make efforts to assess the reasons any districts confronting inadequate staffing, including barriers in hiring and retention or an insufficient number of allocated positions, and focus on remedying these issues.

Priority Districts

Recognizing the disparity between districts' caseload performance, DHS established a set of priority districts that needed additional guidance and monitoring in order to improve their caseload performance. In May 2016, DHS identified a new set of priority districts that required focused support in the following three areas to improve their caseload performance:

- more than 10 percent of caseworker level II positions were vacant (DHS selected 10 districts¹⁹);
- caseworker turnover (DHS selected 13 districts); and,
- workload management (DHS selected 12 districts).

For the 10 districts that DHS identified as needing to focus on filling vacant positions, five had filled at least 90 percent of their caseworker level II positions by the end of June 2017. The other five districts have, based on the current assigned cases as of this writing, a sufficient

¹⁹ Vacancies and position allocations for DHS' foster care and adoption programs are tracked and monitored separately, similar to the 27 districts. Some of the districts selected are included in more than one of the three challenge areas identified.

number of new staff with graduated caseloads to meet the caseload standard once these workers graduate to full caseloads. In addition, five of these 10 districts had at least 90 percent of staff meeting the caseload standard this period, an increase of two districts from last period. DHS also showed that statewide 19 out of 29 districts had at least 90 percent of all caseworker positions filled and for the remaining 10 districts, on average, 83 percent of their positions were filled.

Of the 12 districts DHS identified as needing to improve caseload management, seven have at least 80 percent of caseworkers meeting the workload standard and one of these districts reports all its workers met the standard at the end of the period. Of the other five districts which do not have at least 80 percent of caseworkers meeting the workload standard, the data shows that opportunities remain to improve caseload compliance through better management of case assignments.

As the summaries above highlight, some of the districts DHS formerly identified as requiring additional support to improve caseload performance have, through DHS’ focused efforts, strengthened their caseload performance, while other districts continue to struggle to achieve real gains in their caseload compliance. DHS must continue to make efforts to monitor each priority district’s performance, but it also must ensure it is correctly targeting its efforts to those districts with the greatest need. For example, one of the eight districts identified in this period as having low caseload performance is not included in DHS’ identified group of priority districts. Next period, the Co-Neutrals will review DHS’ ongoing efforts to improve caseload performance in all districts, and the agency’s efforts to address any region-specific barriers that impede progress toward the caseloads Target Outcome.

Caseload Compliance by Worker Type

DHS reports caseload data by worker type, as shown in Table 4 below. As the table presents, caseload compliance varies by worker type. For example, all recruitment workers (41) met the caseload compliance standard, while only 25.9 percent (seven of 27 workers) of Adoption Transition Specialists (ATU) workers met the standard at the end of June 2017.

Table 4: Caseload Compliance Classification by Worker Type – PIT data, June 28, 2017

Worker Type	Met	Close	Over	Total	% Met
INVESTIGATION	308	50	65	423	72.8%
PERMANENCY PLANNING	633	44	83	760	83.3%
PREVENTIVE/VOLUNTARY	84	5	2	91	92.3%
ADOPTION SPECIALIST	53	3	3	59	89.8%
ATU	7	1	19	27	25.9%
RECRUITMENT	41	0	0	41	100.0%

RESOURCE FAMILY SPCT	173	35	12	220	78.6%
Statewide	1299	138	184	1621	80.1%

Overall, of the seven worker types, four (Permanency Planning, Preventive, Adoption Specialist and Recruitment) saw an increase in caseload compliance this period when compared to last, while three saw a decrease in performance (Investigation, ATU and Resource Family Specialist).

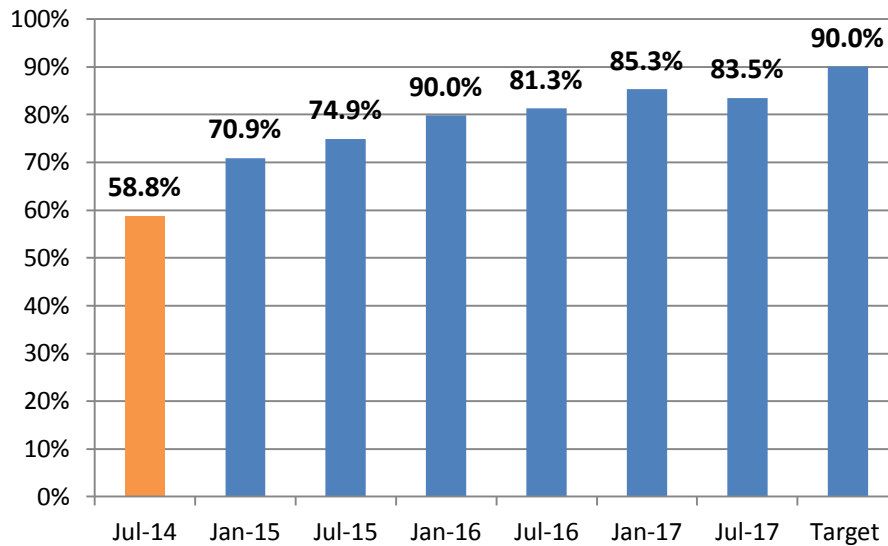
DHS reported its ongoing commitment to improve caseloads performance through efforts to hire and retain caseworkers, minimize the number and length of time positions remain vacant and better manage caseload assignments at the district level. These efforts have continued to yield improvements in caseload compliance as shown in the data (both quarterly and PIT) for this report period. During the next period, the Co-Neutrals will closely monitor DHS' caseload performance and DHS' specific efforts to reduce its CPS backlog and increase caseload compliance in those districts and for those worker types that have not yet achieved and sustained gains in their caseloads performance.

Performance Standards and Target Outcomes – Supervisor Workloads

DHS understands that strong supervisory support for caseworkers, especially new caseworkers, is essential to supporting effective and consistent child welfare practice and positive outcomes for children and families. DHS committed to meet the same final Target Outcome for supervisor workloads as it did for caseloads: 90 percent of supervisors meeting the 1:5 caseworker ratio.

As of June 28, 2017, DHS' data showed that 83.5 percent of supervisors met the 1:5 workload standard, compared to 85.3 percent on December 31, 2016. As the chart below shows, this is the first period DHS has reported a decline in supervisors' workload compliance since July 2016. It appears that this decline may be due, in part, to a loss of 12 supervisors from last period to the current. DHS' efforts must include ongoing monitoring and remediation to regain its progress toward the Target Outcome.

Figure 13: Supervisor Workloads: Percent of Supervisors Meeting Workload Standards



Source: DHS Data

DHS reported a small increase in the number of supervisors who are assigned and manage their own cases. Child welfare cases managed by supervisors carry the same case weight as the cases managed by caseworkers and are calculated into each supervisor’s workload ratio. As of June 28, 2017, 15 supervisors carried more than two cases, a decrease from the 21 supervisors who carried more than two cases on December 31, 2016.

For this report period, the Co-Neutrals again find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for meeting supervisor workload standards.

D. Shelter Use

Oklahoma has remained committed to its goal of reducing its use of shelter care for children in DHS custody throughout this reporting period. Central to DHS’ efforts to reduce shelter care has been DHS leadership’s ongoing practice of reviewing every shelter placement request to ensure that all potential family-based placements have been exhausted before a child enters a shelter. This practice, in combination with DHS’ other efforts in this area, have brought about a significant practice change in Oklahoma that prioritizes placing children, as often as possible, in family-based placements and seeks to limit shelter placements to rare cases when no other placement option exists for a child.

This period, DHS reported an increase in the number of nights children spent in shelters when compared to last period, particularly among older children. This increase in shelter usage is due, in part, to a central strategy DHS has implemented to reduce maltreatment in institutional

settings, which resulted in the closure of four group homes and the loss of 64 beds for children who require higher level therapeutic placements.²⁰ This contraction precipitated the need for some of these children being placed in shelters until a more appropriate needs-based placement could be secured for them.

The Co-Neutrals are concerned about the increase in shelter usage, and expect DHS to focus on reversing this upward trend during the next period, with specific focus on children six years of age and older who have experienced the greatest increase in shelter usage. However, as the Co-Neutrals have articulated in prior Commentaries, DHS' highest priority must be ensuring the safety of children in its care. The closure this period of higher level placement resources that presented safety risks to children was a necessary action to this end. While work remains to continue the reduction of shelter placements, DHS undertook during this period a number of steps to advance this goal. To address the increasing number of child shelter-nights, DHS designated a new program field representative (PFR) who concentrates solely on swiftly moving children out of shelters and into needs-based placements and guiding regional staff to do the same through multi-disciplinary staffing organized to find the best placements for these children.

DHS has also worked to strengthen the quality of care at shelters through increased hiring and enhanced trainings of staff. The most positive result of DHS' efforts this period is that the department has met the Target Outcome of zero child-nights for children under two years of age for the second consecutive report period, maintaining a firm commitment to no longer placing infants in shelters. The Co-Neutrals find DHS made good faith efforts during this period to achieve substantial and sustained progress toward the shelter Target Outcomes for Metrics 5.1, 5.2, 5.4 and Pinnacle Plan 1.17. However, for Metric 5.3, which measures the number of shelter-nights experienced by children ages six to 12 years old, the Co-Neutrals reserve judgment on whether DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome. The significant increase in shelter-nights among children in this age group over the last two consecutive report periods, and its divergence from DHS' commitment under the Pinnacle Plan to stop its use of shelter care for all children under 13 years of age, warrants a focused agency response with heightened vigilance. The department's efforts to reverse this trend in increased shelter placements was just unfolding at the close of the period - specifically, with leadership undertaking renewed focus on monitoring shelter placement requests - and warrants a longer period of observation by the Co-Neutrals in order to assess whether good faith efforts have been made.

²⁰ Following the close of this period, an additional two group homes closed, which resulted in the loss of twenty more beds.

Performance Standards

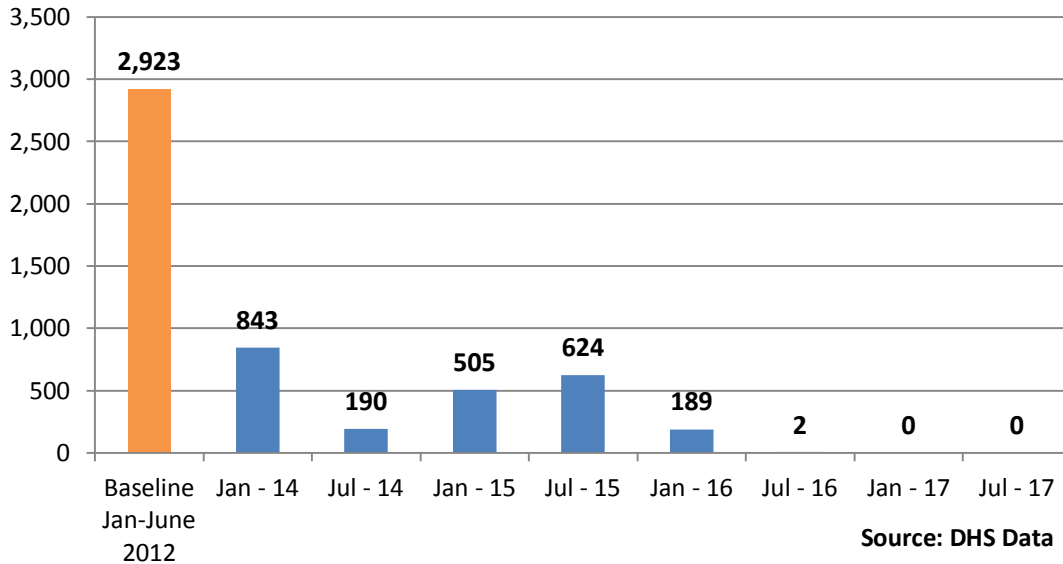
DHS committed that it would “ensure all children are cared for in family-like settings” and “stop its use of temporary placement in shelters for all children under 13 years of age.” In the Metrics Plan, the Co-Neutrals selected the number of “child-nights” spent in shelters as the measure to assess Oklahoma’s progress in eliminating and reducing shelter use. One “child-night” is defined as “one child in a shelter at midnight.” The total number of child-nights is calculated by summing the number of children in shelters at midnight for each night of the reporting period. The Pinnacle Plan includes an exception for shelter placement if the child is part of a sibling set of four or more being placed together. The Co-Neutrals have also allowed for the exception to place a minor parent with their child if necessary to keep the parent and child together (note that the child must, in fact, be placed with their minor parent).²¹ However, while the Co-Neutrals approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

²¹ Children who meet the criteria for one of the two exceptions are included in the shelter outcomes data. For this report period, DHS reported that none of the children who experienced a shelter stay met the exception criteria.

Performance for Children under Age Six, Shelter Metrics 5.1 and 5.2

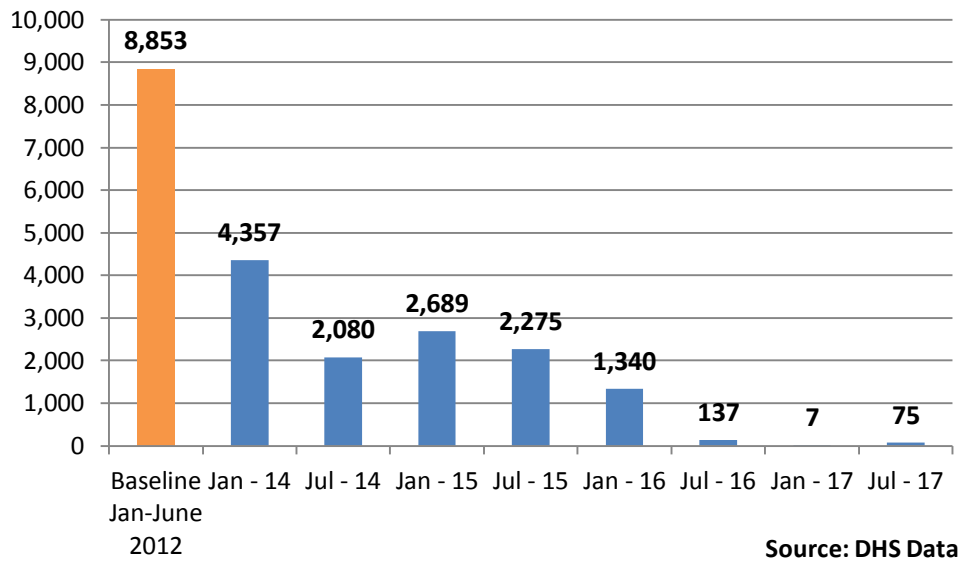
For the second consecutive period, DHS has achieved the Target Outcome of zero child-nights in shelters for children under two years of age. DHS has successfully eliminated shelter care for this youngest cohort of children from its baseline of 2,923 child-nights to zero for the second report period in a row.

Figure 14: Metrics 5.1 – Shelter-Nights, Children Ages 0 - 1



For children ages two to five, the original baseline recorded was 8,853 child-nights, and DHS' most recent data shows that while DHS did not meet the Target Outcome of zero-child nights for this age group, DHS remains close to meeting this Target Outcome. For this period, January 1, 2017 to June 30, 2017, five children spent a combined total of 75 nights in a shelter. In comparison to the last report period, DHS' data shows an increase of three additional children who experienced a shelter stay this period. The data also shows an increase this period in the total number of shelter-nights children in this age group experienced, going from seven nights last period to 75 shelter nights this period.

Figure 15: Metric 5.2 – Shelter-Nights, Children Ages 2 - 5

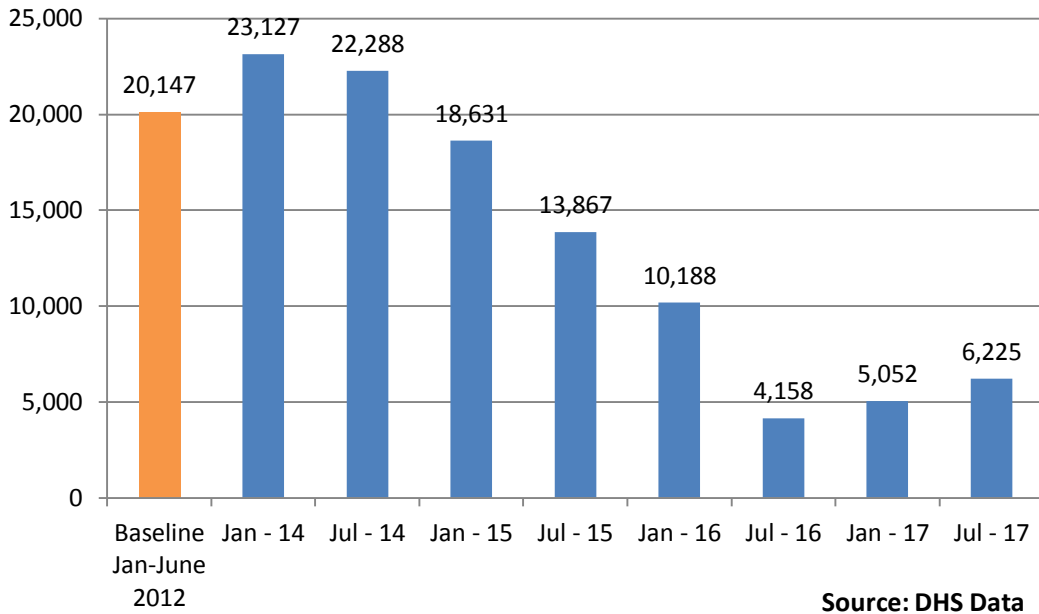


Shelter Metric 5.3 – Children Ages Six to 12

For children ages six to 12, DHS reports this period an increase in the number of child-nights experienced by this age group. This period, DHS reported 6,225 child-nights compared to 5,052 during the previous six-month period. These shelter nights represent 150 unique children, which is 29 more children than DHS reported spent a night in a shelter last period. As the Figure below presents, this is the second consecutive period the number of child-nights has increased for this age group. In particular, children ages six to 12 experienced a concerning 50 percent increase in child-nights since July 2016 when DHS achieved a record low number of children in this age group experiencing a shelter stay.

As the Co-Neutrals have acknowledged, the closure of at least four group homes as a result of DHS’ efforts to reduce maltreatment in institutional care sheds some light on the increase in shelter placements during this review period. However, it is important to note again not only DHS’ commitment to achieve zero shelter nights for children under the age of 13 but also to ensure that children under 13 years old are placed in family like settings, which includes avoiding placements for these children in group home settings or other types of institutional care, except in rare circumstances such as when a child requires hospitalization.

Figure 16: Metric 5.3 – Shelter-Nights, Children Ages 6 – 12

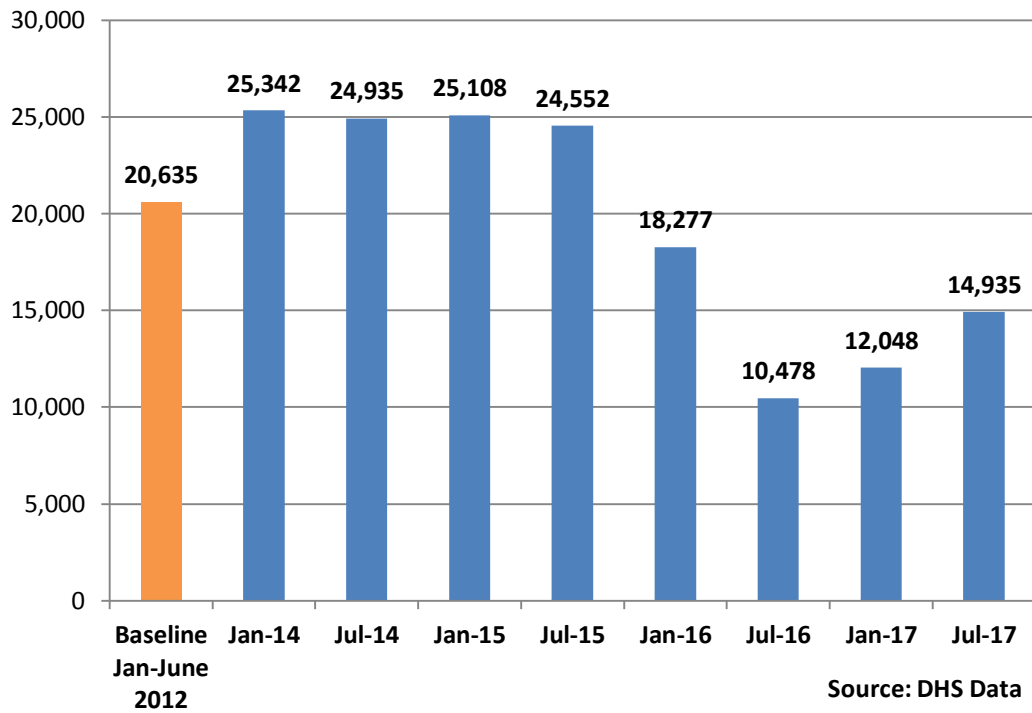


Shelter Metric 5.4 and Pinnacle Plan Commitment 1.17 – Youth 13 and Older

DHS’ Pinnacle Plan did not contemplate that shelter usage would be completely eliminated during the implementation of DHS’ reform efforts under the CSA. However, DHS did commit under the Pinnacle Plan (Point 1.17) that by June 30, 2014, children ages 13 and older would be placed in a shelter only if a family-like placement is not available to meet their needs; and further, DHS would not place any child over age 13 in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. DHS also committed to reduce the number of shelter nights for this older age group to no more than 8,850 child-nights by June 30, 2016.

For this report period, the number of unique children ages 13 and older who spent a night in a shelter increased from 332 children in the last period to 366 children this period. DHS reported 14,935 child-nights for this oldest group of children, which represents an alarming 24 percent increase from last period when DHS reported 12,048 child-nights. As shown in the Figure below, since the beginning of the reform DHS has reduced the number of child-nights experienced by older youth by 28 percent.

Figure 17: Metric 5.4-Shelter Nights, Children Ages 13 and Older



DHS committed that by June 30, 2016, 90 percent of all children ages 13 and older who experience a shelter stay would be in compliance with Pinnacle Plan 1.17, which requires that these older youth experience no more than one shelter stay and no more than 30 shelter-nights in any 12-month period. For the period January 1, 2017 to June 30, 2017, DHS reported that 33.1 percent (121) of the 366 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17, but 245 children were not. This represents a decline in performance from last period when DHS reported that 34.94 percent of children were compliant with Pinnacle Plan 1.17. At the same time, the number of children ages 13 and older who were measured under Pinnacle Plan 1.17 as a result of spending at least one night in a shelter this period was 366 compared with 593 children measured in the baseline period, a 38 percent reduction.

Table 5: Baseline and Performance, Pinnacle Plan 1.17

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		July 2016– Dec 2016	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	366	100.0%
Shelter Placements Compliant with Pinnacle Plan 1.17				
Those with 1 stay, less than 31 days	200	33.7%	121	33.1%
Compliant TOTAL	33.7%		33.1%	
Shelter Placements Not Compliant with Pinnacle Plan 1.17				
Those with 1 stay, 31 or more days	136	22.9%	91	24.9%
Those with 2 or more stays, less than 31 days	74	12.5%	30	8.2%
Those with 2 or more stays, 31 or more days	183	30.9%	124	33.9%
Not Compliant TOTAL	66.3%		66.9%	

Reduction in Shelter Usage Across all Age-Groups

Following a sharp reduction in shelter usage in 2016 for children of all ages, DHS has experienced a rise in shelter care for children six years of age and older during the prior and current report periods. This steady rise in the number of children in shelters during 2017 necessitates DHS’ prompt attention in order to ensure the gains DHS has made in reducing shelter care in the state of Oklahoma are not lost.

The Table below highlights that the number of shelter-nights experienced by children ages two and older increased this period from the last report period. At the same time, DHS has maintained a significant reduction in the overall total usage of shelters for children of all-ages in DHS custody, particularly children 12 and younger, when compared to the baseline data. Specifically, the Table highlights the 60 percent reduction in child-nights between the baseline and the current report period. The Table further displays the work ahead for DHS to further reduce shelter usage for children six years of age and older and sustain over time limited shelter use for all age groups.

Table 6: Child-Nights in Shelters by Age, January 2017 to June 2017

Child-Nights in Shelters by Age	Baseline (Jan 2012-June 2013)	Performance (Jan 2017-June 2017)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	75	-8,778	-99.2%
6 to 12	20,147	6,225	-13,922	-69.1%
13 & Older	20,635	14,935	-5,700	-27.6%
TOTAL	52,558	21,235	-31,323	-60%

Preventing and Shortening Shelter Placements

As highlighted at the beginning of this section and in past Commentaries, a central strategy DHS has implemented to prevent children from experiencing shelter stays is a statewide protocol that requires the Child Welfare Director or a Deputy Director to approve each child’s placement in a shelter. DHS reports that leadership approval of a child’s placement into a shelter is only provided in cases where staff have thoroughly attempted to identify and secure non-shelter placement options, preferably in a family-like setting. This heightened oversight and accountability for decisions to approve shelter placements has shifted practice in Oklahoma away from unnecessary and frequent shelter placements to a system which aims to avoid placing a child in a shelter whenever possible.

Should a child be approved for shelter placement after all other placement options have been explored and ruled out, DHS promptly focuses on identifying and securing an appropriate needs-based placement for the child through an approach called a multidisciplinary staffing. This approach, which includes a team of specialists conducting a focused assessment of a child’s specific needs to best identify a placement that could meet those needs, has been used since 2015 and was a driving force in securing placements for children who were living at the now closed Pauline E. Mayer (PEM) public shelter.

During the last report period, DHS shifted the responsibility of multidisciplinary staffings from its centralized state office to each regional office. This period, a shelter lead was assigned to each region who is charged with leading the staffings. DHS reports that the staffing tool used during the centralized staffings is in use by the regional offices and some of the offices have modified the tool to better support their specific, regional needs. During this period, DHS conducted a review of regional staffings and identified that some regions are more effectively conducting the staffings than other regions, as evidenced by a reduction in the number of

children served in specific regions when compared to other regions that have not experienced a similar decline in shelter usage. DHS reports that the lower performing regions will receive additional guidance and support to strengthen their practice and reduce the length of stays children experience in shelters in those regions.

As noted earlier, in this period, in response to the rise in shelter population, DHS designated a full-time program field representative (PFR) position to lead DHS' multidisciplinary staffing efforts. In particular, the lead is intended to provide expertise and support to regional leads to ensure regional staffings effectively and expeditiously move children out of shelters and into needs-based placements. Given DHS' acknowledgment that the transition from centralized staffings to regional staffings has presented some challenges, DHS' creation of the new role of PFR, if executed strategically, should improve the efficacy of these important staffings for children placed at both LD and Youth Service Agency (YSA) shelters. The Co-Neutrals met with the shelter PFR, along with the designated shelter lead for each region, who described plans for technical assistance and coordinated efforts to reduce children's shelter stays in shelters. During the next report period, the Co-Neutrals will review DHS' efforts to strengthen multidisciplinary staffings through, among other activities, focused guidance and support to elevate the quality of the regional staffings and address any region-specific barriers to reduce shelter care.

Lack of Needs-Based Placements for Children and Youth

As noted in prior Commentaries, DHS' continued use of shelters reflects a lack of available placement options for certain populations of children, including teens and children with special medical, behavioral and/or developmental needs. And, as discussed previously, this period, the closure of four group homes further reduced the placement options available to serve children and youth with higher needs, resulting in increased shelter placements.

This period, one effort DHS began staging for implementation, which could support reduced shelter use, is the Actively Seeking Kin (ASK) practice. ASK focuses on engaging families before a child's removal to identify potential family connections that may serve as placement options should a child need to enter DHS custody. During SFY17, five percent of new removals statewide (264 children) experienced a shelter as their first placement in DHS custody. Early ASK efforts to identify a safe and stable home for a child, if implemented well, could reduce the number of children whose first placement in DHS custody is a shelter.

Laura Dester Shelter

This period, the lack of an adequate array of needs-based placements for children was particularly evident in the growth of the shelter population at Laura Dester (LD). As reported in previous Commentaries, DHS successfully closed Pauline E. Mayer (PEM) in November 2015, one of two state-operated shelters. While DHS had planned to close LD, the second state-operated shelter, by December 31, 2015, this shelter remains open and continues to serve children from across the state who DHS reports have some of the highest needs. Last period, through focused efforts, DHS was able to reduce the population at LD to 18 children on December 31, 2016. This period, the shelter population more than doubled to 44 children on June 30, 2017. Following the rise in shelter population at LD, DHS undertook a number of actions, detailed below, to ensure the shelter has the capacity to meet the specialized needs of the children who are placed there.

During this period, DHS reported that it underwent an in-depth review of the staffing and resource needs required at LD, particularly in light of the increase in shelter population. In response to its review, DHS hired 15 new staff to ensure the shelter had adequate staffing to provide the high level of care necessary for this population of children. In addition, following the close of this period, a formal request was sent to the Child Welfare Director to hire an additional 26 staff, including supervisory staff.

This period, DHS also strengthened protocols and increased oversight of LD to reduce the risk of maltreatment in care. As of September 2017, DHS had assigned a full-time SPPU worker to LD to monitor and observe staff's engagement with children and to ensure staff interactions with children conforms to the Managing Aggressive Behavior (MAB) behavioral model, which emphasizes the use of de-escalation techniques to manage child behavior. In addition, beginning in October 2017, a heightened monitoring staff person began bi-monthly visits to the shelter to observe both shelter staff and leadership and proactively address and remediate with leadership any identified concerns that may impact children's safety while placed at LD. Lastly, during September 2017, DHS implemented new protocols related to the use of physical restraints by staff at LD.

Due to the complex medical and behavioral needs of the children placed at LD, in prior periods the Co-Neutrals have raised concerns about the ability of shelter staff to adequately meet these specialized needs and ensure the safety and well-being of children placed at LD. The Co-Neutrals are encouraged by DHS' efforts this period to more thoroughly assess the functioning of LD and dedicate staffing and training resources necessary to enhance child well-being and

safety. DHS will need to concentrate on fully implementing the staff and program enhancements identified as necessary to achieve the level of therapeutic service required for children placed at LD. DHS must continue to consistently and thoroughly assess that LD, and all other shelters, are adequately equipped with staff and trained professionals to the meet the needs of the children placed in any shelter.

Youth Service Agency (YSA) Shelters

While LD provided placement for an average population of 29 children at any time during the report period, the majority of children who experienced a shelter stay during the period were placed at YSA shelters across Oklahoma. The population of children served in YSA shelters often present with increased emotional and/or behavioral needs and the great majority of children (74 percent) placed at YSA shelters are teenagers, for whom DHS has faced significant challenges to identify foster homes willing to accept their placement.

Table 7: Unique Children by Shelter, January 1, 2017 to June 30, 2017

Age Group	Total Unique Children	# of Children at YSA Shelters	# of Children at Laura Dester	% YSA Shelters	% Laura Dester
Age 0-1	0	0	0	0%	0%
Age 2-5	5	5	0	100%	0%
Age 6-12	150	112	43	75%	29%
Age 13+	366	334	54	91%	15%
Total Children	521	451	97	87%	19%

Note: Children who stayed in more than one shelter category were counted for each category. Because of this, not all percentages add up to 100.

Children who experienced a placement at LD this period had an average length of stay of 44 days while, in contrast, the children placed at YSA shelters this period experienced an average of 28 days at these shelters. Because children, most often with higher level needs, more commonly remain at LD for a number of months compared to a number of days at YSA shelters, LD must be uniquely equipped with the appropriate staff and resources to meet the ongoing needs of the children placed at LD. While YSA shelters also must be able to provide quality care

and meet the needs of the children placed there, these shelters continue to serve, in the traditional sense, as a more temporary, emergency placement.

To help staff at YSA shelters better serve the children placed in their care, DHS, in partnership with the Office of Juvenile Affairs, began in June 2016 to offer specialized trainings for staff across the state. During the last report period, the first two rounds of trainings were completed for staff at YSA shelters. This report period, the third round of training was completed on the topic of “Caring for Children with Intellectual and Developmental Disabilities.” The fourth training was scheduled for the first quarter of SFY18 and will address the theme of common medical issues and the use of psychotropic medications in the shelter setting. The topics covered during each round of training were requested by shelter staff based upon their experiences in the shelter and areas in which staff determined additional training would assist their ability to care for children.

In the next Commentary, the Co-Neutrals will assess DHS’ ongoing efforts and activities to reduce the number of shelter placements for older children in Oklahoma to avoid a negative upward trend in shelter usage for these youth. The Co-Neutrals encourage DHS to conduct a formal review of its completed shelter authorization forms to better understand and address any patterns, trends and/or barriers that may be contributing to increased shelter usage, specifically for children six years of age and older. The regional shelter leads should be leveraged in this analysis given their ongoing experience with shelter usage in their individual regions.

E. Child Maltreatment in Care

During this period, DHS continued to demonstrate, through the focused implementation of its core strategies, a commitment to reduce the prevalence of abuse and neglect among children in DHS custody. Initially developed in August 2015, the core strategies were designed to improve the safety of children in foster homes and in institutional settings and target specific areas of concern and practice that the Co-Neutrals and DHS found, through their respective case record reviews of maltreatment investigations, needed to be improved. The core strategies are a comprehensive set of activities that seek to remediate the specific concerns the reviews found to be correlated with maltreatment in care. In their totality, the strategies aim to bolster DHS’ capacity to effectively assess, monitor, and address any safety concerns identified in foster homes and institutional settings to prevent maltreatment.

For this report, which covers the period of April 1, 2016 to March 31, 2017, DHS’ performance data for MIC by a resource caregiver (Metric 1a) shows gradual progress. On this metric, DHS

has achieved three consecutive report periods of improved performance toward the Target Outcome and for the first time, DHS' performance has exceeded its starting baseline.

DHS' continued progress on this principal metric reflects the state's concentrated efforts to implement in the field a robust set of strategies to address maltreatment in care. However, considering the gravity of this measure and the paramount importance of ensuring child safety in Oklahoma, DHS must remain steadfast in its efforts to strengthen the practice improvements underlying the MIC core strategies.

During this period, the Co-Neutrals, through their fourth independent case record review of maltreatment investigations, observed the concrete actions DHS has undertaken to implement its core strategies in the areas of both foster homes and institutional settings. Particularly in the area of reducing maltreatment in foster home settings, the Co-Neutrals verified DHS' consistent implementation of targeted case practice enhancements, including assessing child safety during caseworkers' monthly contacts and conducting screen-out consultations and 10-day staffings following a screened-out or investigated referral, respectively. In the area of institutional settings, the Co-Neutrals confirmed DHS' sustained engagement with higher level facilities to assess child safety, monitor facilities' corrective actions to address identified safety risks, and support facilities' implementation of the positive behavioral management model, Managing Aggressive Behavior (MAB). DHS also intensified its engagement and oversight of group homes where safety concerns were identified, which resulted in the closure of four group homes during this period.

While both DHS and the Co-Neutrals have found that work remains to strengthen the quality of daily case practice and to better guide and support caseworkers to implement strategies designed to improve child safety, there is clear evidence that DHS' core strategies to reduce child maltreatment are being employed in the field. The Co-Neutrals find that DHS made good faith efforts during this period to achieve substantial and sustained progress toward the MIC Target Outcomes.

Child Safety: Abuse and Neglect by Resource Caregivers While Child is in the Legal Custody of DHS, Metric 1a

DHS and the Co-Neutrals agreed DHS would review safety for children in care using two indicators. First, DHS tracks and reports publicly on a monthly basis the number of children abused or neglected by a resource caregiver. Second, DHS and the Co-Neutrals adopted the federal metric applicable at the time (though it has since been revised by the federal government in 2015), "Absence of Child Abuse and/or Neglect in Foster Care," which reports

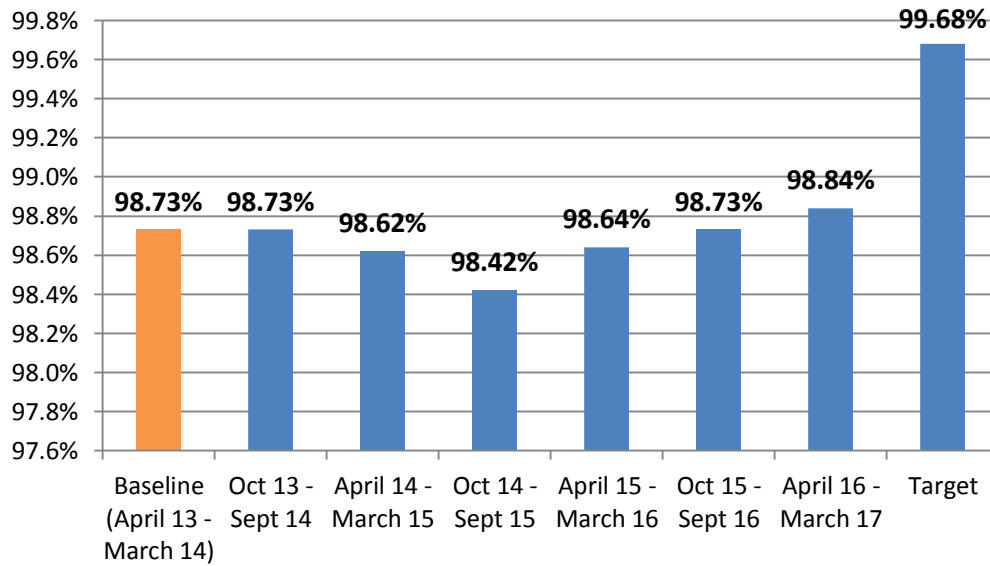
the percent of all children in foster care during a 12-month period who were not victims of substantiated maltreatment by a foster parent or facility staff.²²

For this Metric's report period, which covers the 12-month period of April 1, 2016 to March 31, 2017, DHS reported that 182 children out of 15,753 in DHS custody were victims of child maltreatment. This represents a rate of 98.84 percent of children in DHS custody during the period who were not victims of child maltreatment. For DHS to have met the Target Outcome of 99.68 percent of children safe in custody, DHS would have had to keep an additional 132 children safe from abuse and neglect by a resource caregiver.

As shown in the Figure below, during the baseline period, April 2013 to March 2014, DHS reported that 98.73 percent of children in DHS custody were not victims of child maltreatment and reported the same outcome of 98.73 percent during the following report period from October 2013 to September 2014. In the subsequent two report periods, DHS' performance worsened. The following period, DHS' performance showed some improvement, but remained below the baseline for the third consecutive period. In the last report period, DHS' performance showed continued gradual improvement and for the first time in three periods returned to baseline performance of 98.73 percent. This period, for the first time in the reform effort, DHS' performance has exceeded the baseline. This measure indicates that children in DHS' custody were beginning to be safer during the report period than they were at the outset of the reform effort, an important outcome of DHS' enhanced oversight, investments, focus and practice improvement.

²² In October 2014, the federal Children's Bureau changed the metric it uses to assess state child welfare efforts to reduce maltreatment in care. The new federal metric combines maltreatment in care by resource caregivers and by parents, with some additional adjustments to the methodology. For consistency and comparability, the Co-Neutrals will continue to use the two metrics and methodology established in the Metrics Plan.

Figure 18: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers



Source: DHS Data

In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment in their monthly data. Over the same 12-month period, April 1, 2016 to March 31, 2017, DHS reported 208 substantiations of child abuse and neglect by a resource caregiver. Of these, 26 substantiations are not included in the federal metric adopted by the Co-Neutrals as Metric 1a for two reasons: (1) 23 cases of child abuse or neglect were excluded because, according to the federal methodology in place at the time the Metrics Plan was finalized, both the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated by DHS) must exist in the same 12 month federal reporting period; and (2) three cases were not counted in the federal metric because they represent multiple substantiations for the same child. The adopted federal measure only accounts for one substantiation per child within the same period. Of the 208 substantiations of maltreatment reported in the monthly data, 164 substantiations (79 percent) are for children in foster care, while 44 substantiations (21 percent) are for children in facilities or higher level institutions.

Comparative MIC Rates by Placement Types

To inform the department’s reform efforts, the Co-Neutrals reviewed whether children are maltreated by a resource caregiver more often in certain placement types through an analysis of MIC rates for each placement type (see Table 8 below). The Co-Neutrals used the method that the United States Department of Health and Human Services Children’s Bureau adopted to

measure how often MIC occurs, which calculates a rate of maltreatment based on the days children are in child welfare custody. The rate signifies, for every 100,000 days that a group of children spent in custody, the number of MIC substantiations those children experienced. In the Co-Neutral's analysis, lower MIC rates mean that children experienced less maltreatment by a resource caregiver in that placement type, while higher rates mean children experienced more maltreatment by a resource caregiver while residing in that placement type.

Table 8 shows that children in congregate care had the highest rate of maltreatment in care by a resource caregiver of any placement type. Following congregate care, children placed in kinship relative care had the second highest MIC rate—about 50 percent higher than other types of family-based care.

In comparison to last period's data, some progress can be observed in certain placement types' reduction of the rate of maltreatment. Specifically, a substantial reduction in the rate of maltreatment when compared to last period occurred in congregate care, with the number of substantiations dropping from 59 last period to 44 this report period, and the rate of MIC correspondingly declining by almost 25%.

For family-based placements, TFC homes experienced a significant reduction in the rate of maltreatment during this report period as the number of substantiations was cut in half from 18 last report period to nine this report period, which resulted in a significant drop in the rate of MIC in TFC homes. Regular foster homes also observed a slight reduction in maltreatment when compared to last period.

Among all family-based placement types, child maltreatment was most prevalent in kinship homes this period. According to DHS' data, children in kinship placements experienced a disproportionate rate of maltreatment when compared to the total number of days children spent in kinship homes over the duration of this report period.

Overall, this period's data shows a decline in the rate of maltreatment for all children in DHS custody when compared to the last 12-month report period.

Table 8: Rate of MIC by Placement Type, April 1, 2016 to March 31, 2017

Placement Type	Care Days	# of Child Victims	MIC Rate (Victimizations per 100,000 Care Days)
Regular Foster Family Care	624,394	31	4.96
Foster Family Care - Supported Home	558,991	23	4.11
Kinship Foster Family Care Relative	1,219,588	82	6.72
Kinship Foster Family Care Non-Relative	301,922	15	4.97
Therapeutic Foster Family Care	168,411	9	5.34
Congregate Care	227,603	44	19.33
Other Foster Family Care	182,706	4	2.19
Other Placements	28,397	0	--
Total	3,312,012	208	6.28

Core Strategies to Reduce MIC in Family-Based Placements

In August 2015, DHS began implementing a set of core strategies to address the primary areas of concern identified in the Co-Neutrals’ first case record review of all referrals substantiated for MIC in foster homes in Federal Fiscal Year (FFY) 2014. These concerns included: some caseworkers not identifying or addressing risk conditions that could have been observed during monthly visits; foster homes with extensive referral histories that contained screened out, ruled out, or unsubstantiated referrals for the same or similar abuse/neglect allegations that were eventually substantiated or that revealed patterns of concerning conditions; foster homes that had concerning child welfare or criminal histories that raised questions about the approval process for the homes; and, stressors and lack of support experienced when some foster homes were overfilled with too many children or multiple children with special needs.

To assess DHS’ efforts to mitigate these specific safety concerns related to maltreatment in care identified in the Co-Neutrals’ first case record review in 2015, the Co-Neutrals have continued to review the case records for every referral substantiated for maltreatment during FFY16 and FFY17 to date, and samples of those not substantiated. As detailed in previous Commentaries, these ongoing reviews continue to surface issues of concern, reinforcing the urgency and necessity for DHS to focus at all levels of the department on the implementation of its MIC core strategies.

Current View of DHS' Efforts to Reduce MIC in Foster Homes

This period, the Co-Neutrals conducted their fourth comprehensive, case record review of all referrals substantiated for child maltreatment in foster homes (95) from January through June 2017. The chief finding of the review was that DHS has consistently implemented the case practice enhancements included in the foster home core strategies. The Co-Neutrals observed clear documentation in the case records of caseworkers performing the distinct new protocols and practices DHS has committed to implement to reduce maltreatment in foster homes settings. The review also revealed continued progress toward reducing the number of cases identified for certain areas of concern when compared to earlier reviews. In particular, the Co-Neutrals observed improvements in the areas of: 1) unapproved individuals in foster homes who were in some cases responsible for the abuse or neglect that took place in the foster home and 2) foster homes that were overfilled at the time of the referral incident. The review also found an increase in the occurrence of foster homes with concerning referral histories and foster homes that had concerning child welfare or criminal histories that raised questions about the home approval process.

Reducing the Incidence of Foster Homes with Concerning Referral Histories

A key concern the Co-Neutrals have consistently identified in case record reviews is foster homes with extensive referral histories that contain screened out, ruled out, or unsubstantiated referrals, which raise, in some cases, concerns about the safety of the children placed in these homes. To address this concern, in February 2016, DHS began implementation of heightened, joint reviews by its assigned permanency and resource family workers and their supervisors of all referrals received on children in foster homes, regardless of DHS' decision to accept a referral for investigation. These joint reviews are referred to as 10-day staffing conferences for referrals that have been accepted for investigation, and as screen-out consultations for referrals that have not been accepted for investigation. During these post-referral staffings, caseworkers are looking for any trends and/or concerns that may impact a child's safety that may not have surfaced from a review of an isolated incident and/or referral.

In the case record review this period, the Co-Neutrals observed that workers were consistently performing these post-referral staffings. The review verified that for all 46 substantiated referrals, workers conducted the required 10-day staffing on the substantiated referral and higher level management approved the outcome of each staffing. This finding is corroborated by DHS' tracking of the rate of occurrence of 10-day staffings statewide. For the months of April through June 2017, DHS reports that 100 percent of 10-day staffings were completed. For screen-out consultations, DHS reports that 85 percent were completed during the period of

April through June 2017. DHS has made substantial and sustained progress to increase the frequency of these post-referral staffings as it implemented its core strategies to fortify child safety.

The Co-Neutrals' MIC case review also identified that some of the homes substantiated for child maltreatment had prior referrals (both investigated and screened-out) that appeared to present safety concerns. For those homes identified as having concerning referral histories, the review identified DHS had conducted a post-referral staffing on the most recent referrals to assess the safety of child(ren) in the home, and included, in varying degrees of depth, a review of home's referral history.²³ During these post-referral staffings, workers in most cases identified that the home presented safety concerns and in a few cases, the staffing resulted in the initiation of services or a WPC, or increased visitation to the home by the caseworker. DHS' efforts going forward must connect the identification of risk at the post-referral staffing with proactive risk mitigation work, which the Co-Neutrals will monitor and report prospectively.

It is evidence of DHS' ongoing good faith efforts that these post-referral staffings are occurring. That said, the Co-Neutrals identified opportunities to enhance the quality of these staffings. In some cases, it did not appear that caseworkers fully considered a foster home's complete referral history in order to make an informed decision on child safety. In other cases, caseworkers correctly identified ongoing concerns in the home but were slow to take steps to address the concerns. The Co-Neutrals also identified some post-referral staffings that were performed well and included a critical assessment of a foster home's referral history and the initiation of specific supports to help ensure child safety. Good faith efforts to normalize that practice will be essential to achieve substantial and sustained progress on child safety.

It is important to underscore that during post-referral staffings workers review cases in which it is not clear if a home presents a real safety risk to the child(ren) placed there. During these staffings, workers must consider, in some cases, complex referral histories that are comprised of various allegations of abuse/neglect, without the benefit of hindsight, including allegations that have not been confirmed through prior investigations. Workers must then critically assess these past allegations to identify any trends/patterns that may suggest a safety concern(s) is present in the home, in addition to considering the first-hand knowledge workers have developed about the home and child(ren) through their ongoing contacts with the resource family and children.

To strengthen the quality of these post-referral staffings, DHS has focused on developing and

²³ Some homes' prior referrals were not subject to the enhanced post-referral staffings due to these referrals having been received prior to the implementation of the new staffing protocols.

implementing, in partnership with the DHS Office of Performance Outcomes and Accountability (OPOA), a quality assurance process to review 10-day staffings and screen-out consultations to ensure staff have the tools and skills to make appropriate recommendations during these staffings to support child safety. During the period, OPOA staff participated in 10-day staffings and screen-out consultations to observe and assess the content and decision-making of the staffings. DHS reports that OPOA staff found the select staffings they observed to be conducted satisfactorily, including that the workers participating in the staffings discussed the appropriate content and reviewed the home from a holistic perspective that considered prior referrals, and any patterns in behaviors/concerns that may affect child safety. OPOA did identify areas for practice improvements, including the need to assign follow-up on action items discussed during the staffing to specific staff persons responsible and accountable for their completion.

For screen-out consultations, DHS reported that it is developing a review tool it will begin using to evaluate a sample of screen out consultations to determine if these staffings are effectively assessing child safety in foster homes. DHS will share the review tool with the Co-Neutrals before beginning the evaluations. The Co-Neutrals will report on DHS' findings of this review once completed.

Background Checks and Foster Home Approvals

The Co-Neutrals' case record reviews have historically revealed some concerns regarding the approval of some foster homes with concerning child welfare, criminal and/or personal histories. In some instances, the suitability of foster parents came into question due to drug and/or alcohol abuse, domestic violence and/or anger management problems. As the Co-Neutrals' reported in their April 2017 Commentary, DHS reviewed a sample of 128 foster homes that presented heightened safety risks for the children placed within them. Through this review, DHS identified some weaknesses in the home approval process, particularly the quality of home studies to provide an integrated assessment of a family's capacity to care for children safely.

To address these concerns, DHS developed and began to implement, in select districts in Region 2, a quality assurance process. This effort, as described in greater detail above in the Foster Care section, prioritizes and supports the role of DHS' resource family supervisors to review the quality of home studies and to make safety-focused decisions whether prospective foster homes should be approved.

In addition, DHS and the Co-Neutrals this period conducted a comprehensive review of 50 Resource Family Assessments (RFA) of new resources (DHS and private agency traditional

homes, kinship homes and TFCs) approved by DHS and TFC agencies between the months of January and June 2017 to further inform DHS' efforts to improve its home approval process.²⁴ Both DHS and the Co-Neutrals identified through their independent reviews deficiencies in the home approval process. These findings corroborate what DHS and the Co-Neutrals' identified in the MIC reviews conducted this period which, again, surfaced homes that have concerning home approvals and represent an area requiring immediate and ongoing attention.

The central finding of the review was that nearly a quarter (23 percent) of the homes' RFA records documented information about the prospective family that raised concerns about the family's protective capacities to safely care for foster children. The most frequently cited concern was related to the personal backgrounds of prospective foster families, which included, among other issues, former relationships involving domestic violence and use of inappropriate discipline on bio-children. Other concerns documented in RFAs related to the personal backgrounds of prospective foster parents included: child welfare histories of applicants related to their bio-children; the designation of alternative caregivers with child welfare, criminal and/or personal backgrounds of concern; and, references for prospective foster parents that contained negative and/or concerning information.

The other primary finding of the review was that RFAs consistently did not include all required information and/or documentation as stipulated by the guidelines for completing RFAs. While the review found that most RFAs were not fully complete due to missing documentation and/or information, there was significant variance among the RFAs with respect to the amount of material missing and the nature of the missing material. For example, some RFAs were missing only one piece of documentation and this documentation, while important, was not related to a family's capacity to safely care for children. In a minority of cases, however, the documentation and/or information missing from the RFA is of a more substantive nature and as a result the Co-Neutral reviewers were unable to determine if the family possessed the requisite capacities to safely care for a child.

In response to the findings of the review, DHS proposed, and the Co-Neutrals approved, a detailed action plan to address the specific concerns surfaced through the review of Resource Family Assessments. (See Appendix F for RFA Action Plan.) The RFA Action Plan is comprised of nine distinct tasks DHS has committed to complete during the next report period. The tasks can be summarized as follows:

²⁴ Since the RFAs for TFC homes are not uploaded to KIDS, the Co-Neutrals were not able to consult these records for their review. As a result, for the seven TFC homes included in this analysis, DHS reviewed the paper file RFAs for these homes at the offices of the respective TFC agencies and provided the Co-Neutrals with a completed review tool for each of the seven homes. The Co-Neutrals reviewed and discussed these completed tools with DHS.

- DHS will address and resolve any deficiencies identified in the 50 foster home assessments reviewed, including any safety concerns;
- DHS will review the criminal, child welfare and family histories, and references on all open traditional and kinship resources to verify the safety of all open homes²⁵;
- DHS will establish new Instructions to Staff (ITS) that require field manager review of any prospective foster families that have any noted history involving physical violence, substance abuse or any type of sexual-involved maltreatment;
- DHS will provide comprehensive trainings to relevant staff and supervisors to build the competencies and critical thinking of the individuals charged with developing home assessments and those responsible for approving them.

In addition to these tasks, DHS has committed to establish a protocol which requires workers to clearly document and summarize in one easily accessible location in KIDS any concerns identified during the home approval process if the decision is made still to approve the home. Workers will be required to attentively monitor the home's identified concerns as appropriate (i.e., during monthly contacts) to ensure child safety while in the placement. Underpinning this new practice is the essential expectation that both resource and permanency workers must have a comprehensive knowledge of the families they serve, including families' histories and challenges.

Of the specific areas of concern both the Co-Neutrals and DHS have historically identified in prior case reviews, the area of home approval, until last period, had been the one area DHS had not yet made substantial and sustained headway on developing and implementing a strong set of strategies.²⁶ However, beginning last period, DHS began focused efforts to strengthen the home approval process through the development and initial implementation of a quality assurance process, which should, if executed strategically, improve the decisions DHS makes to approve homes to care for children in DHS custody. This period, the joint case reviews of RFAs and substantiated MIC referrals further reinforced the urgency with which DHS must improve its home approval process. In response, DHS developed the RFA Action Plan which targets the specific concerns surfaced in these reviews. Given the concerns in this area, the Co-Neutrals

²⁵ DHS' review of all open homes will also include a review of the select portions of the resource family assessment which address issues of prior abuse/neglect, and applicable social history (i.e., domestic violence, drug abuse) of the applicant(s). DHS has also committed to review a foster home's complete resource family assessment in cases where a home's criminal and/or child welfare history presents potential concerns or questions.

²⁶ In DHS' original set of core strategies, the activities attached to improving the home approval process focused on the development of a statewide centralized background check process to improve the consistency of reviews of homes' criminal and child welfare histories. Through the Co-Neutrals' and DHS' maltreatment reviews performed after this initial set of strategies were developed, it was identified that DHS must also focus on strengthening the capacity of caseworkers to make safety focused decisions on which homes should be approved to care for children. The RFA review performed this period further reinforced this finding.

will closely review DHS' efforts to implement each element of this plan. The Co-Neutrals have strongly urged DHS to swiftly and thoughtfully implement these new practices and protocols in order to build a strong home approval process that more effectively scrutinizes each prospective foster home to ensure children are placed only in safe and loving homes.

Quality of Caseworker Visits

In response to concerns about missed opportunities to identify and address safety risks during caseworker visits with children placed in foster homes, DHS committed to enhance the contact guide caseworkers complete during monthly visits with a child. DHS expanded the guide to include an assessment of the child's safety and a confirmation that the child was interviewed separately from the caregiver.

The Co-Neutrals confirmed in their review this period that caseworkers are consistently documenting in the updated safety guide their discussions with children about safety in the foster home, such as the form of discipline used in the home, and these discussions typically occur with the child in private. In a few cases, it was observed that permanency workers' monthly discussions with children about safety surfaced information that resulted in a referral to the Hotline. In a few instances, the Co-Neutrals observed that caseworkers' monthly discussions with children about safety did not appear to address case specific circumstances that may impact a child's safety. In some of these cases, workers' safety discussions with children did not appear to identify the possible use of inappropriate discipline or physical abuse, which were the allegations later substantiated in the reviewed referral.

This period, resource family workers continued to have monthly, instead of quarterly, contact with foster homes, with at least one contact each quarter taking place in the foster home. During their monthly visits, resource family workers have begun using a new contact guide to inform their assessment of child safety in the home. The Co-Neutrals have observed resource family workers' use of the new contact guide through their case record reviews in KIDS. Overall, this represents a major enhancement of DHS staff engagement with children and families using a valuable new assessment tool.

Strengthening Case Practice to Support Safety in Foster Homes

Last period, DHS designated a full-time program supervisor to lead and track DHS' MIC core strategies. This program lead is responsible for assessing if implementation of the core strategies is progressing as planned and how effectively the agency is addressing the factors and practice concerns related to maltreatment in care. This period, the MIC lead, in partnership with other DHS units, focused on assessing the quality and execution of the new protocols and practices implemented through the core strategies to ensure these practices

effectively mitigate safety risks.

Further, as DHS continues, along with the Co-Neutrals, a review of all substantiated MIC referrals and a random sample of unsubstantiated MIC referrals, DHS is assessing how caseworkers are incorporating the new practices and protocols on child safety into their practice in order to provide real-time, additional guidance to the field when practice concerns are identified. This period, staff from DHS' two Quality Assurance units, the Child and Family Services Review (CFSR) and the Contract Performance Review (CPR) units, received training from the MIC lead on the monthly maltreatment reviews so that they too can contribute their expertise to these reviews and findings. DHS' Continuous Quality Improvement (CQI) team also contributes to the performance of these reviews. When safety concerns for children emerge from these reviews, the MIC lead engages caseworkers, supervisors and DHS leadership to promptly intervene and address case specific safety concerns, and, as appropriate, case practice issues that require attention. The MIC lead shares the findings of her reviews with the DHS Executive Team and plans to develop a process to incorporate field staff into the review of referrals to support shared learning and improved case practice.

In addition to these ongoing reviews of maltreatment referrals, DHS is also utilizing its annual quality reviews through the Child and Family Services Review (CFSR) to assess case practice related to child safety. Each year, the CFSR unit performs 65 case reviews using the On-site Review Instrument (OSRI), which includes a series of questions to evaluate the agency's assessment of all risk and safety concerns of children placed in foster homes, and the actions the agency undertook to address and monitor any identified safety risks.

Safety Focused Case Practice

Through its implementation of its core strategies, DHS is building a more transparent safety focused child welfare system. If DHS continues to make good faith efforts to improve child safety, the case practice enhancements described above will collectively establish a system of quality checks to help ensure child safety statewide. This system, which is now keeping Oklahoma's most vulnerable children safer than before this litigation settled, has resulted from years of Oklahoma's investment, and requires ongoing support from the Legislature to endure. DHS has successfully laid the groundwork for an agency that prioritizes safety through its ongoing efforts to implement its core strategies. DHS must now build upon these efforts by continuing its work to strengthen the quality and implementation of these new safety-focused practices.

Core Strategies to Reduce MIC in Facilities

During the fall of 2015, DHS began implementing a series of commitments to expand and

strengthen protocols for oversight, monitoring, and engagement with higher level institutions to reduce maltreatment of children and youth living in institutional settings. Included in these commitments are new contract requirements that all group home facility staff are trained on MAB, a model of positive youth development selected by DHS to prevent restraints and de-escalate behavioral challenges presented by children and youth. These commitments also seek to optimize monthly visits by permanency workers with children residing in facilities to better assess a child's safety.

Based on the MIC data reported for this period and field visits to institutions by the Co-Neutrals, it appears that DHS' core strategies are beginning to improve the safety of children placed in institutional settings. This period 15 fewer children experienced maltreatment in institutional settings than last period.²⁷ DHS' reduction in maltreatment in institutional settings is a positive development, and while DHS has work ahead to further reduce the incidence of maltreatment, this initial progress results from DHS' efforts to implement its MIC core strategies. DHS reported that its heightened monitoring efforts are reducing maltreatment in those institutions that are or have been subject to enhanced oversight. Specifically, of the eight group homes and 11 hospital facilities previously identified as requiring heightened monitoring, only two of these 19 institutions had a substantiated MIC victim this period. One of these facilities is in the process of closing imminently and the other is barred from receiving new children.

This period, DHS intensified engagement and oversight of group homes that were identified as having safety concerns. As noted earlier, this engagement resulted in the closure of four group homes this period. Since the end of the report period, two additional group homes subject to heightened monitoring also prepared to close. Prior to these group homes closing, DHS pursued a number of concerted actions to address and remediate the safety concerns in these facilities. These actions included instituting vendor holds (suspension of placements) on facilities, reducing reimbursements for placements, staggering placements to facilities to avoid multiple placements within short time periods, sharply increased monitoring of facilities through daily visits by DHS' Specialized Placements and Partnerships Unit (SPPU) liaisons, and strengthening technical assistance and support to some facilities to improve staff competencies and implementation of MAB techniques and protocols. DHS also developed and monitored action plans for some group homes, which included specific actions that facilities had to perform to remediate areas of concern. In addition, the Child Welfare Director and other DHS senior managers engaged directly with group home leadership during the period to discuss

²⁷ Last period, children spent 247,664 care days in institutional settings compared to 227,603 this period. While children spent 8 percent fewer care days in institutional settings this period, the number of children maltreated in these settings dropped by 25 percent.

challenges the group homes faced and develop strategies to ensure the safety of children and youth placed in these facilities.

As a result, DHS catalyzed marked improvements in some of the facilities. In others, efforts to compel institutional leaders to remediate safety concerns were unsuccessful. Despite this outcome, DHS demonstrated fidelity to the heightened monitoring model that is the basis of the MIC core strategies for institutional settings. Through its ongoing and focused engagement and monitoring of these facilities, DHS strengthened the institutions receptive to improving their safety practices for children and accelerated the consequences – including closure – for facilities unable or unwilling to improve.

Supporting Group Homes to Therapeutically Manage Child Behavior

This period, DHS recognized, through its engagement with group homes, that its new contract requirement that congregate care placements adopt the positive behavioral management model, MAB, represented a far greater shift in culture and practice at certain facilities than DHS had anticipated. DHS committed to implement MAB in group homes in order to reduce the number of restraints and other non-therapeutic interventions that were used with children and youth. The MAB approach, which emphasizes de-escalation techniques, was at odds with the prevailing culture at some group homes, which instead was based upon a paradigm of power and punishment between facility staff and children and youth. DHS' good faith efforts to keep children safe has been all the more noteworthy because transforming the culture within some group homes to create trauma-informed, therapeutic environments has been an enormous challenge, fueled by resistance.

This period, DHS focused on increasing technical assistance and support to facilities to help lead the transition in how group homes manage child behavior. This resulted in the development of supportive services that group home operators could access to develop and refine the skills and competencies included in the MAB model. A central feature of DHS' support system is developing within each group home a select group of staff who are well-trained on MAB and able to serve as trainers/experts for other staff at their group home. To build the capacity of trainers within group homes, staff at Oklahoma's Trauma-Informed Care Project (TICP) taught new and less experienced trainers in group homes to enhance their MAB skills and capacity. DHS has made TICP available to group home staff and trainers for coaching and support to further build expertise and/or address child-specific challenges. DHS appears focused on building a statewide trainer network in order for trainers to collaborate, advance their capacities, and hone new skills.

This period, DHS' efforts to help group homes adopt the MAB model were focused and thorough. However, some facility staff still lack the tools and skills to engage with children and

youth in a therapeutically informed manner, which often results in the use of restraints and other non-therapeutic interventions that contribute to children's trauma and behavioral challenges. The Co-Neutrals strongly support DHS' continued vigilance in its efforts to provide group homes with the appropriate oversight, services and supports to ensure these facilities build their staff's expertise in de-escalation and other trauma-informed techniques that will improve the quality of care for children.

Assessing DHS' Efforts to Reduce MIC in Institutional Settings

To evaluate DHS' progress toward fully implementing its MIC core strategies in facilities, the Co-Neutrals reviewed every referral substantiated for abuse and neglect in institutional settings between the months of January and June 2017, a total of 24 distinct referrals. The Co-Neutrals' review evidenced DHS' continued focus on implementing the core strategies, particularly with respect to the SPPU liaisons engaging with facilities directly to address and remedy identified areas of concern and support facilities' adoption of MAB. The review also identified in some cases the continued use of unnecessary and/or improperly performed restraints on children to manage child behavior, and in some instances, a failure of facility staff to use de-escalation techniques before performing a restraint.

Comprehensive Protocol following an Investigation

Under the core strategies, DHS designed a comprehensive protocol that strengthened the action steps DHS and facilities must take during and following an investigation of maltreatment or when any issue of concern is identified. The new protocol established a series of deadline-driven actions to ensure facilities effectively embrace and implement corrective action.

During this review period, the Co-Neutrals observed in case records that SPPU workers have monitored and enforced corrective action plans (CAP) and facility action steps (FAS). The review identified that DHS often initiated CAPs following an investigation to address any employee-specific concerns identified. Under its DHS' new comprehensive protocol, DHS also committed to develop Facility Action Step (FAS) plans to address facility-wide (or agency-wide) behaviors or conditions of concern, including contract compliance, lack of training, low staffing levels, or over-use of restraints. The Co-Neutrals found in their reviews that FAS plans were less often initiated to address systematic or cultural concerns within a facility or agency. Lastly, in a minority of cases, the review found that CAPs and/or FASs did not always contain all areas of concerns identified during an investigation. The Co-Neutrals will review in the next Commentary DHS' efforts to ensure that CAPs and FASs are appropriately developed as needed and address all areas of concern with official oversight.

Last period, the Co-Neutrals expressed concern when it appeared that SPPU workers were unable, in some cases, to elevate facility or agency-wide concerns and ensure corrective actions were taken. During this period, DHS reported that it stepped up efforts to strengthen the communication processes between SPPU workers and DHS and facility leadership. DHS also reported that SPPU workers were informed of a protocol for elevating concerns and received clarification on their roles and responsibilities when visiting their assigned group homes. During the next period, the Co-Neutrals will monitor how and when SPPU workers elevate concerns identified at facilities when the assistance of DHS leadership is needed to ensure child safety.

Assessing Safety during Visits

To strengthen permanency workers' assessment of child safety during monthly visits with children and youth placed at facilities, DHS developed a guide to inform workers' discussions with children about safety. Since most children in DHS custody are placed in family-based settings, permanency workers are less familiar, in general, with assessing child safety in institutional settings. DHS reported that effective October 1, 2016, caseworkers began using a new interview guide when completing visits with children and youth in facilities. The guide features a set of questions to prompt discussions with children about subjects such as, the use of restraints, administration of medication, and the methods of discipline used in the facility. DHS reported that permanency planning caseworkers received training in January 2017 on using the contact guide.

Heightened Monitoring of Facilities

As a part of DHS' core strategies, DHS committed in 2015 to undertake heightened monitoring of institutions with the highest number of MIC substantiations. This includes, among other activities, quarterly audits with facility leadership to review agency data and performance; bi-weekly heightened monitoring meetings within DHS to track safety and progress on risk mitigation; and a formal accountability process when improvements are not implemented by established deadlines. The facilities subject to heightened monitoring are selected quarterly based on DHS' most recent maltreatment data, which identifies institutions with the highest number of MIC substantiations for the period. During this period, five facilities were formally subject to heightened monitoring, four of which were higher level group homes and one a shelter.

Two of the five facilities subject to heightened monitoring this period have closed due to a failure to remedy identified safety concerns. The other two group homes that closed this period were also receiving the same measure of DHS oversight and engagement as facilities on the list.

As DHS committed in its core strategies, each facility subject to heightened monitoring had an active Facility Services Plan (FSP) during the report period. The FSP is a rolling document created and maintained by SPPU liaisons that tracks and monitors a facility's referral history and all risk factors. The Co-Neutrals observed that on the FSP for each facility subject to heightened monitoring, the SPPU worker recorded their observations from their weekly visits to the facility, and made note of any issues that needed to be addressed. In a few cases, it was observed that SPPU workers documented ongoing concerns with a facility in the FSP. DHS has been updating and maintaining the FSPs on individual spreadsheets that are shared quarterly with the Co-Neutrals. During this period, DHS released new improvements to KIDS that allow these FSP reports to be maintained in KIDS for easier access and cross referencing with other information about the facility and children placed there.

For all five facilities formally subject to heightened monitoring, DHS contracted the Oklahoma Trauma Informed Care Project (TCIP) to conduct an independent, comprehensive program assessment in order to identify any factors that may be influencing, either positively or negatively, a facility's capacity to provide safe and therapeutic care for children. The program assessments also included recommended actions for each facility to undertake to better engage children therapeutically, not only when there was a potentially escalating crisis, but at all times in order to provide quality care for children throughout their stay.

Last period, the Co-Neutrals identified that three facility staff members who were confirmed or alleged perpetrators in MIC referrals had prior substantiations of child abuse and neglect but continued to care for and supervise children. In response, during this period, DHS leadership worked diligently with the Oklahoma Legislature to reform existing statutes and expand the child care registry (now called the Restricted Registry) to include individuals who have been substantiated for child abuse or neglect in a DHS licensed facility and prohibit any DHS licensed facility that serves children from employing such individuals. This expansion of the registry went into effect when the Governor signed Senate Bill 717 into law on May 12, 2017.

During this period, DHS has intensively engaged higher level institutions to both identify and address child safety concerns. This work, which in some cases requires facilities to change the practices and protocols that have historically fueled their interactions with children and youth, is challenging and requires persistence in order to affect system improvements. This period, DHS made good faith efforts to do so.

Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b

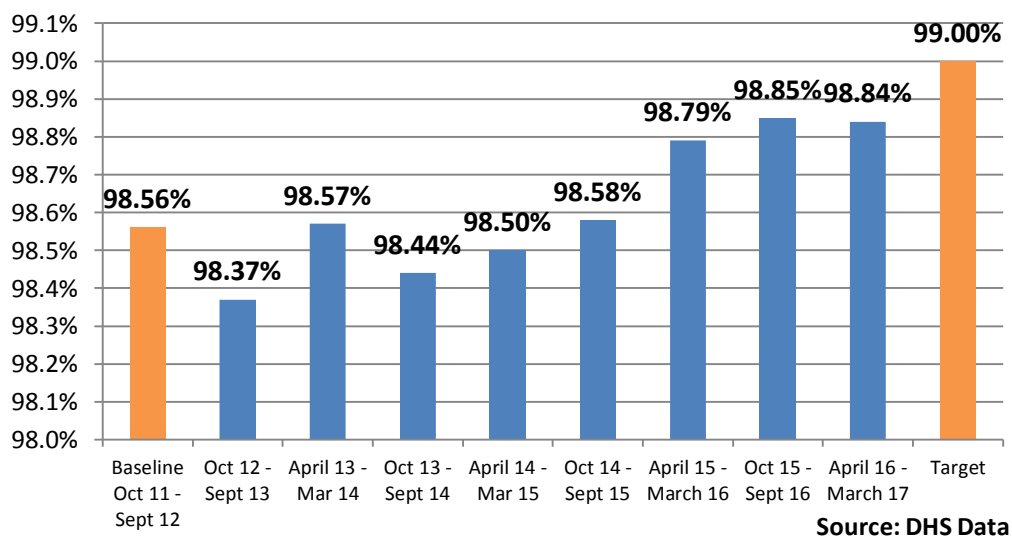
The Co-Neutrals adapted the methodology utilized in the preceding section, Abuse and Neglect by Resource Caregivers, to measure abuse and neglect by parents while a child is in the legal custody of DHS. This includes the significant population of children who remain the legal

responsibility of DHS but who reside in, or have been placed back in, their homes of origin for trial home visits. In Oklahoma, children can experience trial home visits for months, and DHS recognizes the importance of closely monitoring their safety.

This metric for “Abuse and Neglect by Parents While Child is in the Legal Custody of DHS,” measures performance this way: Of all children in the legal custody of DHS during the reporting period, the number and percent of children who were not victims of substantiated or indicated maltreatment by a parent and the number of children who were victims over the 12-month period.

For this report period, April 1, 2016 to March 31, 2017, DHS served 15,753 children in custody, 183 of whom had parents who abused or neglected them while the children were in DHS custody, yielding a performance rate of 98.84 percent against a target of 99 percent. For DHS to have reached the Target Outcome during this period, the agency would have had to prevent maltreatment for an additional 26 children.

Figure 19: Metric 1b – Absence of Maltreatment in Care by Parents



In DHS’ monthly-reported data for this 12-month period, DHS shows an additional 40 substantiations of maltreatment of children by their parents while in DHS custody. These 40 substantiations are not included among the 183 children reported in the measure because of the same federal exceptions applicable in Metric 1a: 37 are excluded because the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated) do not exist in the same 12-month reporting period; and, three are excluded due to duplicate substantiations on the same child.

DHS' performance this period slightly declined in comparison to last period on this metric. With DHS' continued effort to improve case practice with strategies designed to improve safety for children in custody, DHS should be able to achieve further gains toward the Target Outcome. For this report period, the Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the MIC by parent Target Outcome.

F. Caseworker Visitation

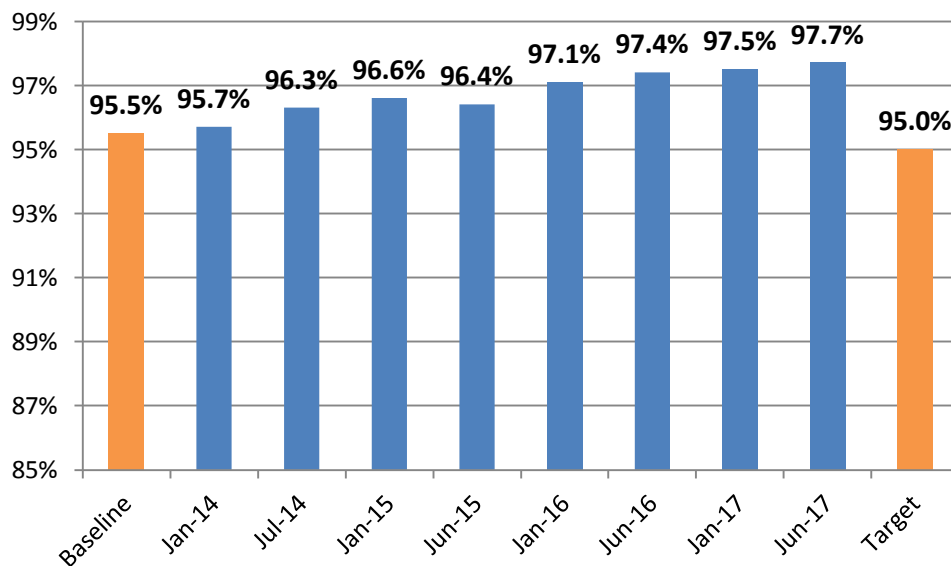
DHS leadership understands that quality visits by the same caseworker with the same child is fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. DHS reports on two performance areas related to caseworker visits: the frequency of caseworker visits, which is defined as the number of required monthly visits completed with children in care; and, the continuity of visits by the same caseworker. For frequency of visits, DHS reports on the following:

Metric 3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

Metric 3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.

Regarding Metric 3.1, DHS reported that caseworkers made 106,218 (97.7 percent) out of 108,704 required visits with children during the reporting period of July 1, 2016 to June 30, 2017. DHS started strong with an original baseline performance of 95.5 percent of all required visits made. DHS has consistently shown in every report period performance that exceeds the Target Outcome of 95 percent for this metric. DHS' performance this period surpassed all previous report periods and the Target Outcome.

Figure 20: Metric 3.1 – Frequency of Visits by All Workers

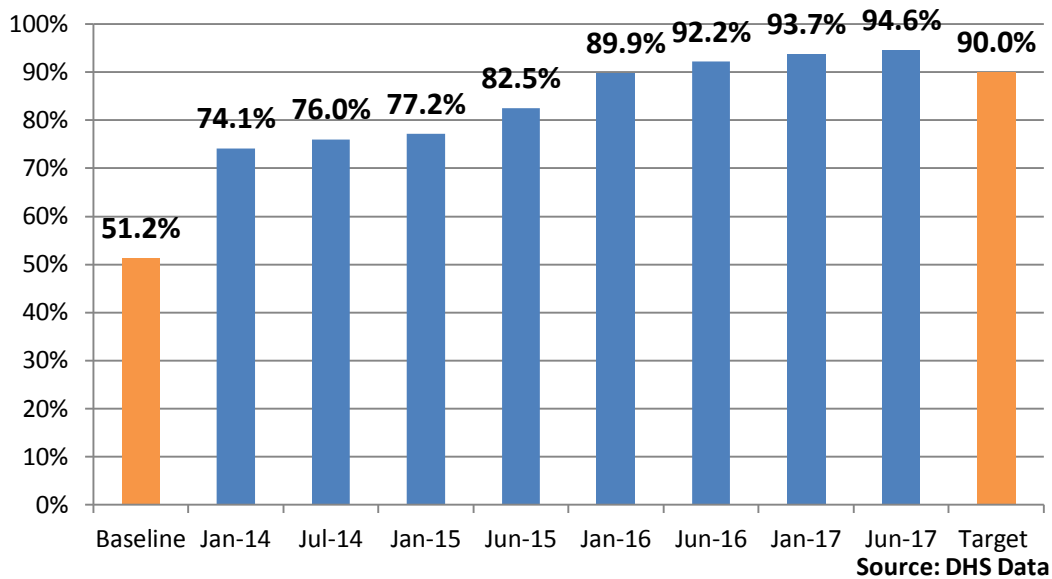


Source: DHS Data

DHS' consistent, strong performance on Metric 3.1 demonstrates DHS' commitment to regular monthly visits between children and a caseworker. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.1.

The second indicator, Metric 3.2, measures monthly required visits made by primary caseworkers only. To improve casework practice, DHS committed to end the use of secondary workers across the state by January 2014. During the current report period (July 2016 through June 2017), DHS reported that primary workers made 99,699 (94.6 percent) of the 105,424 required monthly visits with children in DHS custody. For monthly visits conducted by primary workers only, the baseline for DHS' performance was 51.2 percent and the final target of 90 percent for this metric was due on June 30, 2016. DHS has surpassed the final target for this metric the last two report periods.

Figure 21: Metric 3.2 – Frequency of Primary Worker Visits



Through its ongoing, focused work to end the use of secondary workers, DHS has substantively shifted case practice by prioritizing the importance of having the same, primary worker meet with the same child each month. This enhanced practice supports better outcomes for children through consistent case planning by the same worker to secure a child’s placement stability, safety, and permanency. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.2.

Performance Metrics for Continuity of Visits, Metrics 3.3a and 3.3b

The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).²⁸ DHS is now in the second phase, reporting for the fourth time its performance outcomes on continuity of visits over six months (Metric 3.3b). Metric 3.3b measures the following:

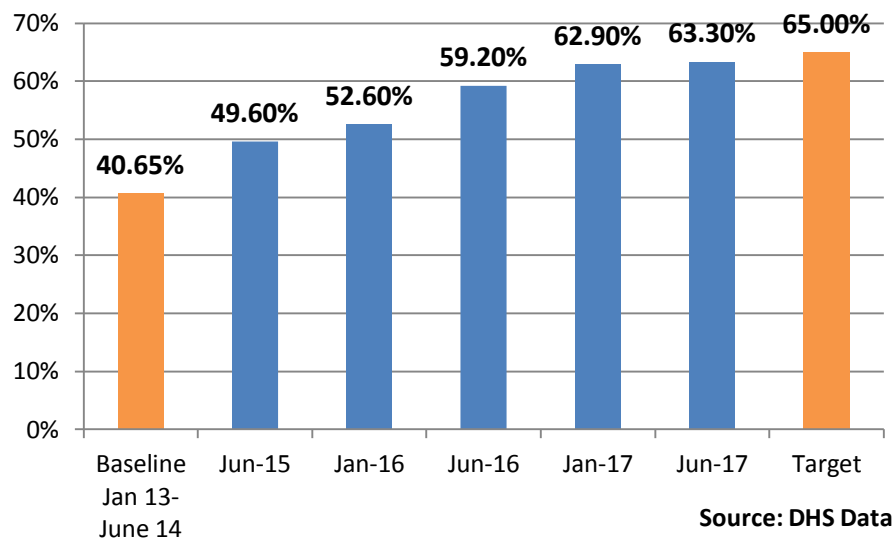
The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal

²⁸ DHS is no longer required to report on Metric 3.3a, which measured three month continuity of visits with the same primary caseworker.

custody during the reporting period, the six months prior to discharge.

DHS' performance for this period continued to improve from the baseline that was set at 40.65 percent. For this reporting period from July 1, 2016 to June 30, 2017, DHS reports that 8,718 children required at least six consecutive visits. Of these 8,718 children, 5,519 children (63.3 percent) were visited by the same primary worker in their most recent six months in care. This represents an improvement from last period when DHS reported performance on this metric at 62.9 percent and shows that DHS is closely approaching the final Target Outcome of 65 percent.

Figure 22: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months



DHS' improved performance on Metric 3.3b in each reporting period reflects DHS' commitment to end the use of secondary workers and to support and retain caseworkers through more manageable caseloads. This strengthens DHS' efforts to ensure the same caseworkers perform visits each month with children in DHS custody more often. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

G. Placement Stability

Since the beginning of this reform, DHS has struggled to identify and implement effective approaches to improve placement stability outcomes for children. Over the last year, DHS began to implement an initiative to improve supervisor accountability for placement stability by developing a two-move report that identifies all children who have already experienced one placement move in order to undertake concentrated efforts to stabilize these children in their

second placement. Expanding on this initiative, DHS submitted in December 2016, and the Co-Neutrals approved in January 2017, a revised set of core strategies that, in part, incorporate within existing procedures enhanced case practice that targets areas DHS has identified contribute to placement instability. These existing procedures used to advance placement stability are the Child Safety Meeting (CSM) and the Initial Meeting, as described further below.

During the last period, DHS analyzed placement stability data and a set of child case records to inform their development of their new placement stability core strategies. The analyses found that children whose initial placement is in a kinship home experience fewer placements than children initially placed in other placement types, such as traditional foster care or group homes. In addition, DHS concluded that children (and foster parents) who experience more caseworker engagement and supports, as well as increased contact with birth parents, were more likely to maintain a stable placement than those children who did not experience strong caseworker involvement. In response to these findings, DHS developed the following specific strategies:

- Use current practice of Child Safety Meetings (CSMs) as a vehicle to identify strong and stable first placements. This strategy is particularly focused on using CSMs as a forum to identify and assess the best possible placement options, with an emphasis on placing children in kinship homes.
- To enhance staff and supervisor accountability to thoroughly review kinship placement opportunities, DHS established a new requirement that a district director must approve all non-kinship placements. This requirement applies to all placements, not only a child's first placement.
- Following a child's first placement in care, DHS now requires caseworkers to call the foster family within two days of placement as a mechanism to increase support/customer service to family. This is referred to as the Two-Day Call.
- Following a child's first placement in care, DHS has had a standing requirement that an "initial meeting" is held within seven²⁹ days after a permanency worker is assigned to a child newly placed in DHS custody. The meeting is to include birth parent(s), the foster family, the child's permanency worker, the foster family's resource worker and CPS worker. DHS now includes a requirement that during this initial meeting, DHS must

²⁹ After the end of the period, DHS changed the practice guidance calling for the initial meeting to be scheduled ten days after the permanency worker is assigned to a child newly placed in custody.

develop a child and resource family support plan, which includes any services and/or supports identified as important to ensure stable placements.

- Provide staff training, guidance and support to facilitate implementation of the above-noted new strategies and case practices.
- Perform qualitative and quantitative analyses to inform DHS' efforts to improve placement stability using the developed core strategies.

In their last Commentary, the Co-Neutrals highlighted that in addition to focused implementation of these new strategies, DHS, going forward, must continually review the impact these strategies have on reducing placement instability, and, as appropriate, adjust or add new strategies if the agency is not making substantial and sustained progress toward its placement stability Target Outcomes.

During this report period, DHS developed and disseminated guidance and training to the field on the new placement stability practices in an effort to embed these new practices in the field. DHS' implementation of its placement stability core strategies was still in its initial stages at the close of the period; the roll-out of any new strategies requires ongoing assessment and refinement to ensure that caseworkers and supervisors in the field are supported in the adoption of new protocols. DHS leadership must assess if staff have a clear understanding of what specific changes and efforts they are expected to make to implement the new practices.

The Co-Neutrals and DHS have reviewed and discussed the department's new field training and guidance, including sections that do not yet sufficiently and clearly articulate expectations for staff to implement new, or enhance existing, practices central to the agency's placement stability strategies. Recognizing some of these deficiencies, DHS toward the end of the review period developed, in partnership with its national consultants, enhanced trainings (Guided Application Practice (GAP)) to better support caseworkers to integrate placement stability into their daily case practice. DHS also conducted a thorough assessment of its implementation efforts during the period to inform its prospective efforts to better articulate staff expectations and improve implementation.

Given the nascent stage of DHS' roll-out of the placement stability core strategies and the ongoing refinements DHS is making to its guidance and instructions to the field, the Co-Neutrals reserve judgment on whether DHS has made good faith efforts this report period to achieve substantial and sustained progress toward the Target Outcomes for placement stability. The Co-Neutrals strongly urge DHS to utilize the findings from its internal assessment of placement stability to identify where additional or enhanced guidance to staff may be needed on the heightened case practice expectations related to supporting stable placements for children in

DHS custody. Further, it is important for DHS to evaluate directly with CPS caseworkers, who are responsible for implementing a large portion of the new placement stability strategies, that they have a clear understanding of the practice enhancements required of them and whether their workloads and existing responsibilities allow them to fully implement the new strategies.

Performance Standards

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children's placement stability. This report reviews performance data for the period April 1, 2016 to March 31, 2017 for Metrics 4.1 a, b and c and Metric 4.2.

Performance Outcomes

For this report period, DHS' performance improved marginally in three of the four placement stability metrics, while performance declined in the remaining metric, as detailed in Table 9 below. Metrics 4.1 a, b and c report on the number of children who experience two or fewer placements within different lengths of time in DHS custody (e.g., 12, 24 or 36 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care. For Metrics 4.1 a and b and Metric 4.2, DHS' performance improved slightly from last period. For Metric 4.1 c, the performance outcome improved gradually through the last period, but declined this period.

Table 9: Placement Stability Baselines, Targets, and Current Performance

Metric	Baseline Oct 2011 - Sept 2012	Performance Oct 2014 - Sept 2015	Performance April 2015 - March 2016	Performance Oct 2015 - Sept 2016	Performance April 2016 - March 2017	Target 6/30/2016
4.1(a): percent of children in custody with 2 or fewer placements who are in care less than 12 months	70.0%	71.3%	73.1%	75.2%	76.0%	88.0%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12 months but less than 24 months	50.0%	54.0%	54.5%	53.4%	55.5%	68.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	29.3%	29.7%	30.6%	30.2%	42.0%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74% (Apr. '12– Mar. '13)	78.0%	77.8%	77.4%	78.0%	88.0%

It is important to note that with less than six months of implementation, it is too early to expect that the placement stability outcomes data reported for this period would have been impacted in any significant way from DHS' efforts under these new core strategies. The data formally reported for the placement stability Metrics this period represent outcomes between April 1, 2016 and March 31, 2017 and reflects a very limited overlap of time with DHS' first few months under the new strategies.

Tracking Implementation Efforts

During this period, DHS developed and began using a data management report which captures DHS' new placement stability practices (CSM, Two-Day Call, and Initial Meeting) and tracks if workers completed each practice.³⁰ DHS' semi-annual report submitted to the Co-Neutrals in

³⁰ The data report only captures if a CSM was conducted for a child in the current removal period. If a child experienced a prior removal, the data report would not capture if a CSM was performed on behalf of this child during that prior removal episode. DHS reports that as November 1, 2017, the report is able to pull any CSM that took place 30 days prior to removal. DHS manually updates the report to capture any CSMs that occurred prior to 30 days before removal.

August 2017 noted the agency was not able to capture if workers completed the child and family resource support plan (“support plan”) and the form that district directors must review and approve for a non-kinship placement to occur.³¹ However, DHS reported at the time of this writing that it is currently working to include the district directors’ non-kinship form in the tracking report.

The report includes for each month all newly removed children and populates the date each practice was completed following the child’s entry into care.³² The report allows DHS to filter by child, worker, supervisor, district or region to analyze every month any trends in how frequently staff are completing these practices. Using this report, DHS established a quantitative baseline, as detailed below, for each targeted placement stability practice currently recorded in the tracking report to assess early completion rates for these required protocols. The results from the tracking report indicate that the new practices are not being consistently performed in the field within the timelines established in the new core strategies.

Described in greater detail below are each of the new placement stability strategies and DHS’ efforts during this report period to implement these strategies.

First Placement as the Best Placement

One of DHS’ primary strategies to increase placement stability is to place more children in safe kinship homes as their first placement, whenever possible. To strengthen caseworkers’ ability to identify and secure safe and stable first placements for children entering custody, DHS has committed to using child safety meetings (CSM) as an opportunity to discuss and decide on the best available kinship placement options for children. CSMs are a relatively new practice that are coordinated and led by the CPS caseworker, with the assistance of a CSM facilitator. DHS began implementing CSMs on a rolling basis, starting in Region 3 during the second half of 2014, then in Regions 4 and 5 during the second half of 2015 and completed full implementation in Region 1 in December 2016 and Region 2 in September 2017.

CSMs are supposed to occur prior to a child’s removal from his or her parent’s home and were primarily designed, among other purposes, to assess if a child can remain safely in his or her family’s home. CSMs examine if bringing the child into DHS’ custody can be avoided through

³¹ DHS later reported that it is able to track completed Support Plans since “all Child Welfare staff have been trained on the initial meeting and provided with supporting documents to ensure support plans are developed during the initial meeting. Therefore, any time an initial meeting occurs, a support plan is developed by the Child Welfare Specialist and is entered into KIDS.”

³² DHS reports that this data report initially pulled all children removed in the prior month, including children in care less than 24 hours who were not in a countable first placement, such as a hospital. According to DHS, this report is being revised to reflect children in care at least 8 days and in a countable first placement.

the development of a safety plan that often involves the family's support structure and builds on the family's strengths. To achieve these goals, CSMs are supposed to be scheduled no more than two-business days after a CPS worker makes an initial determination that a child (not in DHS custody but in their birth family's care) requires a safety intervention.³³ The Co-Neutrals support DHS' ongoing efforts to implement CSMs statewide as a means to help build a case practice model that prioritizes family engagement.

In addition to its original purpose of better supporting family engagement, DHS proffered that CSMs can also provide a forum where DHS can review with birth families potential kinship placement options in the event that DHS decides the child should be placed in the state's custody. With focused guidance and support to caseworkers, it appears there is real potential to use the CSMs to help increase safe, first placements with kin. However, at this point in time, CSMs still represent a relatively new practice that DHS is working with staff to more consistently implement in accordance with established protocols. This is evidenced by DHS' new tracking report, which shows DHS' baseline performance for how often caseworkers are performing CSMs. For the baseline period of February-April 2017, DHS reported that 89.4 percent of child removals had a CSM conducted as part of their case, representing substantial and concrete progress over the last two years. However, only 15.8 percent of these CSMs occurred prior to the child's entry into DHS custody and first placement. To be clear, DHS' primary objective in identifying the CSM as a practice to help advance placement stability was to use this forum to review and assess as many potential kinship families as possible who may serve as a child's first placement. DHS' baseline tracking data indicates that most CSMs are performed after a child has already been placed in their first placement, and as a result, the majority of children do not benefit from a CSM to review and, in some cases, secure a safe and stable first placement with kin.

As DHS has highlighted, CSMs are just one element of the expected case practice to engage families early and often to identify and assess the best, safe and stable kinship family to serve as a child's first placement in the event that a child's removal is deemed necessary. DHS further notes that the CSM sometimes serves as a one of the last opportunities staff can use to identify safe kin first placements if an appropriate kinship home has not yet been identified and selected earlier in a child's case.

Ultimately, the primary responsibility for identifying and assessing a safe and stable kinship family for a child's first placement falls on the CPS caseworker. DHS remains committed to use

³³ Some CPS investigations result in DHS needing to take custody of a child on an emergency basis and do not provide the opportunity to schedule a CSM prior to removal. If an emergency removal occurs that does not allow for advance planning of a CSM, DHS requires that a CSM still be scheduled within two days of an order for emergency custody.

CSMs, when possible, as a vehicle to help support first kin placements when DHS needs to request custody of a child. However, DHS and the Co-Neutrals have agreed, within the work of verifying placement stability core strategies, to focus not on the implementation of CSMs but instead on the department's efforts to guide and support CPS workers to enhance their existing practice of identifying and receiving initial approvals for safe, stable kin placements before a child is removed.

As DHS notes, it has been a longstanding expectation that CPS investigators will begin identifying and assessing kin from the receipt of an accepted referral for investigation until, if necessary, a child is placed in his or her first placement in DHS custody. The Co-Neutrals acknowledge and have observed this practice does exist. However, DHS has assessed the need to increase the number of children entering kin first placements to help increase placement stability outcomes. As such, DHS must be explicitly clear with CPS staff and their supervisors about the heightened expectations in this area of case practices and support them accordingly.

District Director Approval of Non-Kinship Placements

To ensure workers undertake sufficient efforts to place children in kinship homes, DHS began this report period to require that district directors approve any decision not to place a child in a kinship home, regardless of whether the placement is the result of a new removal or a placement disruption. DHS developed a Non-Kinship District Director Approval form that must be completed and documented in a child's KIDS record. (See Appendix G). Approval from a district director is not required in instances when, through the CSM process, DHS has determined a kinship placement is not an appropriate or safe option for a child.

While DHS is not yet able to track aggregate data on district directors' approvals of non-kinship placements, the review completed by DHS' Office of Performance Outcomes and Accountability (OPOA) of 48 children who were moved from their second to third placement between January and June 2017 showed that a district director's non-kinship placement approval was applicable and required in 28 out of the 48 cases.³⁴ Of the 28 third placements in which a district director's approval was required, the approval was documented for only one case. While this is a small sample size and cannot be used to fully assess the implementation of this new protocol, the review does provide some indication that DHS appears to not have yet effectively embedded the requirements of the new placement stability core strategies among caseworkers in the field, as well as their supervisors and district directors.

³⁴ This data applies to if a district director approved non-kinship placements for the sample of children moving into their third placements. Because the requirement for a district director's approval of all non-kinship placements went into effect in January 2017, most of the reviewed children's first and second placements occurred prior to the implementation of this strategy.

Actively Seeking Kin (ASK)

During this report period, DHS developed a new approach, known as Actively Seeking Kin (ASK), to help staff identify kinship family and placement options. This effort was developed by DHS' resource family program to help guide staff's work to engage birth families, who have children in DHS custody, about potential family and friends who could provide safe, supportive placements for their children. ASK offers caseworkers approaches to communicate better, and in a more sensitive manner, with birth families and helps to identify a birth family's support system, which is important to achieve lasting safety, stability and permanency for children.

In working to identify a birth family's support system, ASK provides staff with effective methods to enter into conversations with families about the people in their lives who can possibly provide temporary kinship foster care for their children. These conversations can include asking about and identifying close friends or family with whom the birth family spends holidays, as well as those to whom they may turn when in need of help. Understanding who are birth families' close supports and the friends and family who have been involved in their children's lives helps build a full view of the support network DHS may be able to call upon to help with kinship foster placements. ASK can also play an important role to help reinforce the department's efforts to reunify families or achieve other forms of permanency (e.g. guardianship).

ASK is newly developed and DHS has not yet tied the enhanced practice methods developed under the program to the work the Hotline and CPS caseworkers must do to identify kinship families. DHS has committed to guide Hotline and CPS investigation caseworkers on the use of ASK techniques to enhance their focus and ability to engage families about their kinship connections at the earliest point that a family becomes involved with DHS.

Supporting Foster Parents and Children for Stable Placements

Understanding that better supported foster parents and children were more likely to experience stable placements in comparison to resource families and children who were not sufficiently supported by DHS and its partner resource home agencies, DHS established a number of strategies to enhance supports for foster families.

First, effective December 5, 2016, DHS established that within two business days of placing a child in their first placement, the assigned permanency planning caseworker or supervisor is required to call the resource parents. DHS reported the objective of this Two-Day Call is to ensure the child's and foster family's needs are met in terms of information sharing, resources and services. DHS caseworkers and supervisors making these Two-Day Calls are required to document the phone contact in KIDS, which is then reflected in the placement stability tracking report.

DHS developed a one page document to provide staff with information on the purpose and expectations for the Two-Day Call, along with the types of information they should discuss with foster parents (e.g., how the child and foster parents are doing so far, the upcoming first post-placement visit to the home which is done within seven days of placement, etc.). Primarily, the Two-Day Calls are designed to be an early reinforcement that DHS is committed to supporting the foster parents and the children placed in their homes.

Again, using the new placement stability tracking report, DHS established a baseline period, February–April 2017, which started approximately two months after DHS began implementation of this Two-Day Calls strategy. The performance outcome during the baseline period showed that caseworkers documented that they completed 13.2 percent of the required Two-Day Calls. In the most recent tracking report the Co-Neutrals viewed for the month of August 2017, only 18 percent (89) of all the required Two-Day Calls had been completed for that month.

The Initial Meeting

DHS also committed to strengthen the already established “initial meeting,” which takes place within seven days of a permanency planning caseworker’s assignment to a new case (child or sibling group).³⁵ DHS previously reported that historically these required meetings have not consistently been held and that case practice related to these meetings has been generally poor. In an effort to enhance the initial meeting, DHS now requires that the participants in the initial meeting include, but are not limited to, the CPS, permanency planning, and resource caseworkers, foster parents and birth family. DHS reported that formerly these meetings typically, when conducted, did not gather all of these individuals involved in a child’s case. Central to the initial meeting is engaging birth families to share with the new foster parents any advice and suggestions for how to best care for their child(ren). This includes sharing what are each child’s unique interests, habits, fears and coping mechanisms.

Beginning February 1, 2017, DHS required that during the initial meeting, a child and family resource support plan must be developed, detailing the specific supports and services necessary to ensure the child’s and family’s needs to maintain a safe and stable placement in the child’s first placement are met. DHS reported that the child and resource family support plan will be reviewed quarterly by the permanency and resource workers to ensure the plan is effectively supporting and addressing any needs of the foster home and child.

³⁵ After the close of the report period, DHS changed the practice guidance for the initial meeting from requiring that it occur within seven days of a permanency worker being assigned a case to ten days.

As with the CSMs and Two-Day Calls, DHS established a baseline period and performance outcome for the initial meetings, also using the period of February through April 2017. For the baseline period, DHS reported that only 10.5 percent of the required initial meetings were completed, which confirms DHS assessment that these meetings have not become part of standing practice despite their being previously required. In a comparison review with more recent data captured in the tracking report for August 2017, 22 percent (108) of all required initial meetings were completed for the month. This tracking report data shows that DHS is making some progress to increase the number of initial meetings that are completed; however, DHS will need to accelerate the pace of implementation if it intends to use the initial meetings as a forum to build support plans for children and foster families and advance placement stability.

DHS will also need to ensure that it is able to track the completion of the required support plans and ensure the quality of the plans are such that foster families and children experience their intended benefits to help stabilize their placements. The Co-Neutrals strongly encourage DHS to require caseworkers to upload completed support plans to each child's file cabinet in KIDS. This practice will allow DHS to access and update, as appropriate, the information collected in the support plan about a child's behaviors and needs. Further, should a new worker be assigned to a child or if a child moves to a new placement this information would be preserved to support the child through these transitions.

During this report period, DHS produced three short videos to demonstrate how caseworkers should approach deciding on a best kinship placement among more than one kinship option, and completing a Two-Day Call and an initial meeting. The videos provide some general context to staff on how to engage in completing these activities but, as the Co-Neutrals have communicated to DHS, the videos are not sufficiently comprehensive to serve as the primary training tool to guide staff on how best to complete these practices. An example of the videos' incomplete coverage of critical components of the new practices is that in the initial meeting video, the development of a child and family support plan is never mentioned specifically. The actors in the video discuss one example of an important support for foster parents (a foster parent support group) that DHS may be able to provide to the family, but the general discussion about family support is limited. As a result, the videos need to be supplemented with more detailed guidance for staff in other important areas not included in the content. At the mid-point of this report period, DHS informed the Co-Neutrals that it was developing additional guidance to help caseworkers prepare the support plans.

The Co-Neutrals have raised concerns with DHS about the quality of its efforts during this report period to implement the placement stability core strategies and to provide clear guidance to the staff on their responsibilities to enhance case practice through the CSMs, initial

meetings and support plans. Through these discussions, DHS committed to enhance its guidance to staff on these new practices to ensure staff fully understands the heightened expectations that surround these new efforts to improve placement stability.

Assessments of Placement Stability

Monthly Two-Moves Tracking Report

Two periods ago, DHS implemented the monthly Two-Moves tracking report. The objective of the report is to focus the attention of district directors, field managers, and assigned caseworkers on children who have experienced two placements to ensure they, as well as their foster families, receive the supports and services needed to prevent a third placement. The Two-Moves report also serves as a tracking document that DHS uses to document the reasons children exit their second placements. DHS gathers information by having supervisors call the former foster parents of each child who experienced a disruption from their second placement. For the months of April, May, and June 2017, DHS reported that statewide 355 children exited their second placement.³⁶ DHS reported that 75 (21 percent) of these children exited their second placement due to foster parents requesting that the child(ren) be moved due to their behaviors. The other most common reasons for children exiting their second placements were: foster parents' request due to personal issues (22 percent); placement with a relative (16 percent); and the result of a CPS investigation (10 percent).

The Co-Neutrals reviewed the information supervisors gathered from former foster parents of the 75 children who exited their second placement due to behaviors between the months of April-June 2017. This information provides some insights into the areas of case practice DHS can strengthen to better stabilize placements. The following emerged from this review:

- The three most common efforts DHS used to prevent placement disruptions were: continuation of services already established in the home (34 percent); counseling (30 percent); and, mobile stabilization (12 percent).
- More than a quarter of foster parents identified areas of case practice where DHS could have better supported them and their foster children. Some of these areas foster parents highlighted are: too many children placed in a single foster home; untimely initiation of services for children; and, lack of information about children prior to placement.

³⁶ Eight children were excluded from this analysis as their second placements were in non-family based settings.

- Thirty-two percent of foster parents reported that no additional actions, information, or supports, if provided by DHS, could have prevented the placement disruption. Some common reasons foster parents provided to explain this belief were: the child's behaviors posed a safety risk to other children/family in the home; services were already in place in the home; and, they believed additional supports would not have enabled them to handle the child's behaviors.
- The behaviors foster parents identified as leading them to request a child's removal from their home were in many cases particularly challenging. In 11 of the cases reviewed, the child's placement following the reviewed placement disruption was into a higher level placement, such as an inpatient hospital. In some of these cases, the foster family agreed to have the child returned to their home following their inpatient stay.

Through these reviews of placement disruptions, DHS is able to gather useful information to understand what factors led to each child's removal, and learn what additional supports foster parents needed to help maintain the placement, but in some cases, were not provided.

The information learned from interviews with foster parents for the months of April-June 2017 shows work remains for DHS to better support foster parents. In particular, as noted above, the most common effort DHS pursued to prevent a child's disruption was the continuation of services already placed in the home. It appears that since these children were eventually removed from these placements, DHS may have needed to, in some cases, provide additional and/or different interventions to better support foster families that were struggling to handle a child's behaviors. As such, caseworkers, in partnership with foster parents and children, must continually assess the effectiveness of services and counseling provided to children, and if these services are not resulting in improved behaviors, caseworkers should work to identify and secure alternative services to better support stable placements.

If used strategically, the Two-Moves report, or One-Move report going forward, can focus caseworkers on providing foster families the information, support and services they need to safely care for their foster children and prevent, as often as possible, these families from asking for a child(ren) to be removed from their home due to behaviors. In addition, the information gathered from DHS' review of these child specific cases, and interviews with foster parents following a placement disruption must inform DHS' efforts to strengthen case practice. During the next period, the Co-Neutrals will assess DHS' efforts to integrate its findings from its case reviews of placement disruptions to strengthen case practice and, as needed, improve implementation of its placement stability core strategies.

In Depth Analysis of Placement Disruptions

During this report period, DHS began performing ongoing, more in-depth reviews of cases that involved placement providers requesting a child be moved from their home due to the child's behaviors. DHS developed an extensive review instrument that assesses not only the conditions surrounding the child's disruption from their second placement but also looks back to identify what contributed to their moving from their first placement. Each month, a district director from each region, who serves as the region's placement stability lead, reviews two of these cases from another region. Similar to the call with foster parents following all second placement disruptions, this in-depth case review involves district directors reviewing the cases to understand the causes of the placement disruptions, and how DHS could have better supported the homes. The Co-Neutrals met with the placement stability leads from every region who discussed their ongoing plans to review these cases monthly and confer quarterly as a group, along with a resource home field manager, to review any common barriers or challenges found and identify potential solutions.

This period, DHS requested that its Office of Performance Outcomes and Accountability (OPOA) conduct a formal analysis of the 30 in-depth case reviews completed by the regional leads during this period to gain a better understanding of "why some children with behavioral issues are still experiencing placement instability..." OPOA supplemented these reviews by including the cases of 18 additional children who experienced two unplanned placement moves, at least one of which was attributed to behavioral challenges. As such the review and analysis reflects a total of 48 child cases.

Some of the more detailed findings from this analysis surface the need for DHS to ensure that: during caseworkers monthly visits with children, workers discuss any behavioral challenges foster parents may be experiencing; children are provided timely behavioral services when they are needed; more family contacts are made to explore safe kinship placement options before every placement; foster parents are better prepared to care for foster children and have important information about the history, behaviors, etc. about every child placed with them; and, that more foster parents feel their needs are being met.

From these findings, the OPOA analysis presented three overarching recommendations:

1. Increase leadership accountability to ensure child welfare service protocols are being followed.
2. Reach out to placement providers following a child's first disruption as "it was common for the problems exhibited at placement one to be exhibited in placement two."
3. Modify KIDS to enhance data quality and richness, specifically as it relates to caseworkers documenting the reasons for a child's placement moves.

The information gleaned from these analyses should support DHS' ongoing efforts to improve placement stability, specifically as explained in OPOA's first recommendation from its comprehensive analysis,

“Additional training and oversight from supervisors as well as all levels of CWS leadership may help to reduce the occurrence of missed opportunities. Random auditing of cases and interviewing resource families may also help to identify workers who are not meeting expectations.”

As noted above, DHS worked to address some of the deficiencies identified through its internal assessment, with the development of the GAP training for supervisors, which encourages managers to hold caseworkers accountable, including through performance evaluations, for improving placement stability and increasing first kinship placements.

As stressed throughout this section, DHS must assess and ensure that its training and guidance to front-line staff on the new placement stability core strategies and enhanced practices has been received clearly and with the level of specificity required to achieve the practice changes and placement stability outcome goals DHS is seeking for children in DHS custody.

H. Permanency

DHS developed and has implemented core strategies to achieve substantial and sustained progress toward the permanency Target Outcomes measured through 11 separate permanency metrics. DHS' core strategies consist of focused permanency efforts for children in custody with the goal of reunification; for children who are legally free with a goal of adoption but do not yet have a permanent family identified; for children who are legally free and have an identified permanent placement and for older legally free youth without an adoption goal at risk of aging out of foster care.

For the first report period under this reform, DHS either met or made progress toward each Target Outcome measured in this section. DHS, during this report period, continued to implement previously established core strategies and instituted new efforts to help achieve permanency for older youth. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcomes for all 11 permanency metrics.

Permanency Performance

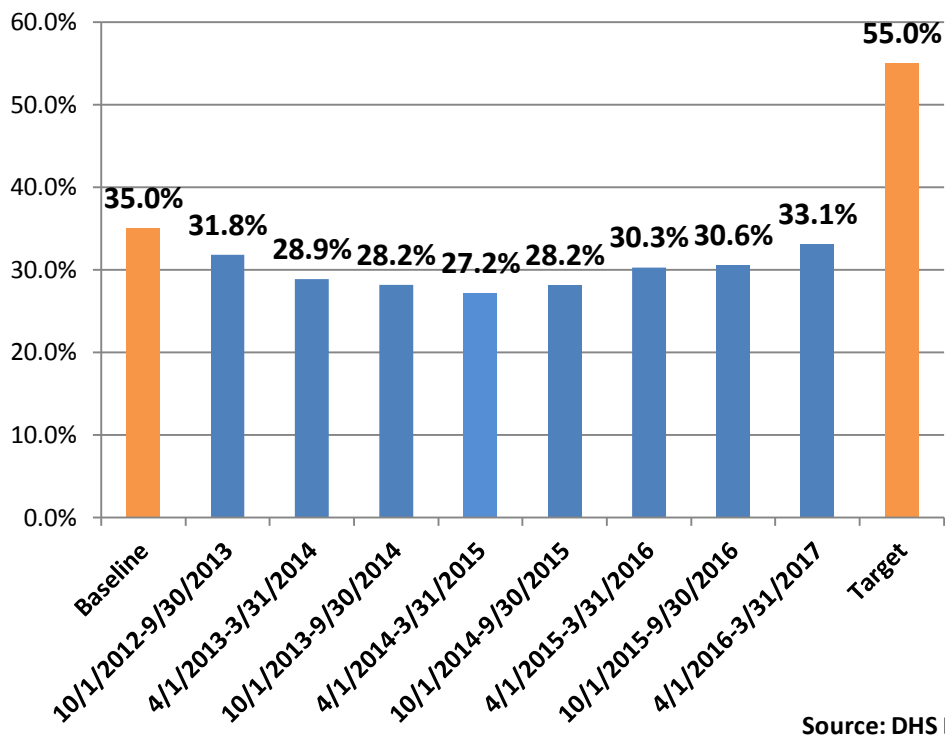
Timeliness of Children's Permanency, Metrics 6.2 (a-d)

The four 6.2 Metrics (a, b, c and d) measure DHS’ progress to achieve timely permanency for children who entered foster care at a designated time and who achieved permanency in 12, 24, 36 or 48 months from the child’s removal from their family.

The following summaries and tables detail the baselines, performance to date and targets for each of the 6.2 Metrics.

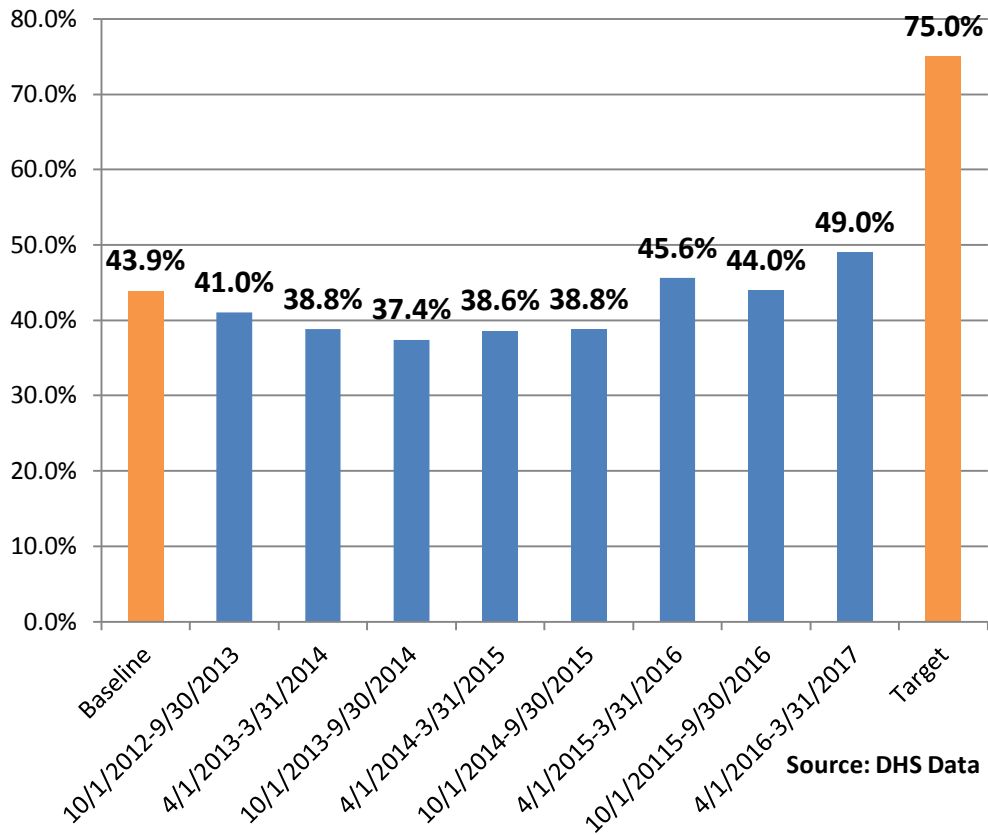
Metric 6.2a, Permanency within 12 months of removal: DHS reported that of the 2,340 children who entered foster care between October 1, 2015 and March 31, 2016, 774 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 33.1 percent for Metric 6.2a, which is an improvement of 2.5 percent since the last report period. The Target Outcome is 55 percent. While DHS has reported incremental progress over the last three report periods, performance remains below the baseline set at 35 percent.

Figure 23: Metric 6.2a – Permanency within 12 Months of Removal



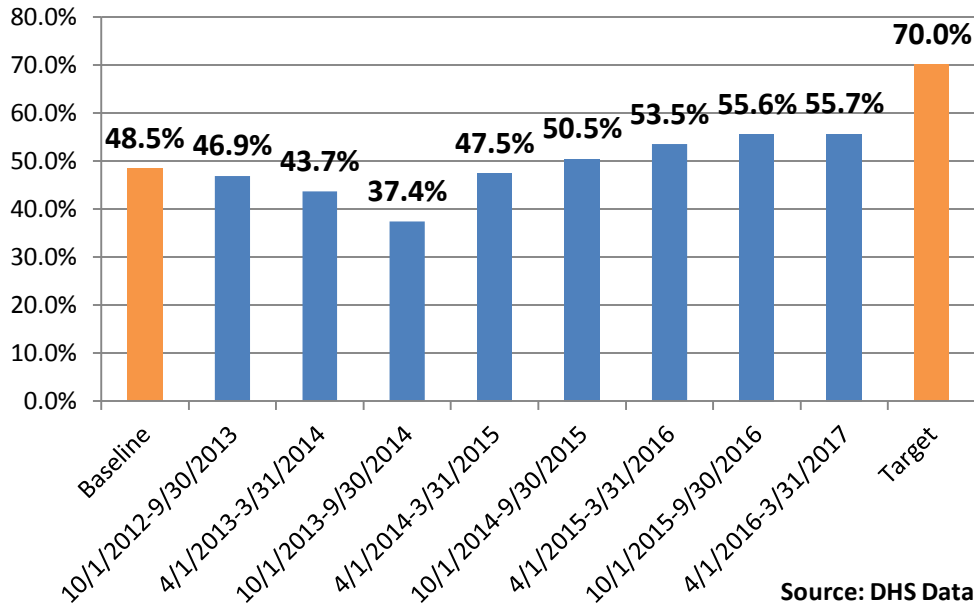
Metric 6.2b, Permanency within two years of removal: DHS reported that of the 1,570 children who entered foster care between October 1, 2014 and March 31, 2015 and stayed in foster care for at least 12 months, 769 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 49 percent for Metric 6.2b, and an increase of five percent since the last report period. The starting baseline was set at 43.9 percent and the target is 75 percent.

Figure 24: Metric 6.2b – Permanency within 2 years of Removal



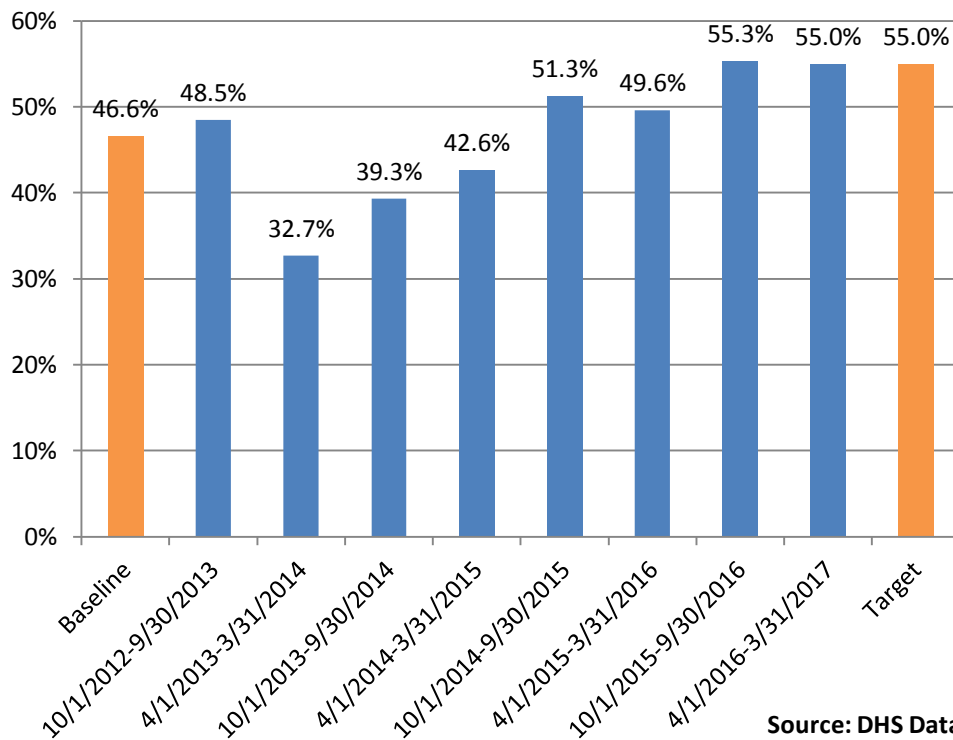
Metric 6.2c, Permanency within three years of removal: DHS reported that of the 1,002 children who entered foster care between October 1, 2013 and March 31, 2014 and stayed in foster care for at least 24 months, 558 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 55.7 percent for Metric 6.2c, which represents a slight improvement of .1 percent since the last report period. The Target Outcome is 70 percent and the baseline for this Metric was set at 48.5%.

Figure 25: Metric 6.2c – Permanency within 3 years of Removal



Metric 6.2d, Permanency within four years of removal: DHS reported that of the 458 children who entered foster care between October 1, 2012 and March 31, 2013 and stayed in foster care for at least 36 months, 252 children achieved permanency within four years of their removal date. This represents a permanency achievement rate of 55 percent, and despite a slight decrease of .3 percent from the last period, DHS met during this report period the Target Outcome for this measure which was set at 55 percent.

Figure 26: Metric 6.2d – Permanency within 4 years of Removal



Permanency Safety Consultations to Expedite Reunification

DHS continued to convene Permanency Safety Consultations (PSC) statewide as the primary core strategy to improve timely reunification for children in DHS custody as measured in all four of the 6.2 Metrics. PSCs are structured case conferences scheduled to occur at regular intervals and are designed to assess the viability of a child’s safe reunification with their family. PSCs commence early in a child’s placement experience and are structured to identify, monitor and address opportunities for safe reunification as well as ongoing concerns preventing a child from returning home. When reunification is determined to be possible, a plan of action is developed at the PSC to move children timely back home with their families.

DHS reported that on June 30, 2017 (the end of the report period), there were 3,719 children in DHS custody with the goal of reunification who were identified as eligible for a PSC.³⁷ DHS further reported that it conducted a PSC for 93 percent (3,446) of these children and reported that for the other 273 (seven percent) children, a PSC had been scheduled by the time of this report writing.

In order to support staff and to ensure consistent and quality PSC casework practice, during the report period DHS developed a PSC Guidebook which includes a Fidelity Review Tool. The PSC Guidebook describes the responsibilities and expectations for every DHS staff person who participates in the PSC, including the child's caseworker, the caseworker's supervisor, the district director, and permanency program staff from DHS state office. The PSC Guidebook further provides a detailed explanation of the activities caseworkers must complete and safety questions the worker must review to prepare for an effective PSC. (See Appendix H for the PSC Guidebook and Fidelity Review Tool.)

During the review period, DHS' statewide PSC Coordinator, provided training to all district directors who are responsible to ensure that PSCs are scheduled and implemented in their district. DHS provided the PSC Guidebook to all Regional Directors, District Directors - who lead the PSCs - and supervisors in each region. The PSC Coordinator participates in consultations throughout the state to review the quality of the PSC process and, in individual cases, assists staff to assess if safe reunification is possible. The PSC Coordinator and designated PSC regional leads review complete PSC tools to determine if there are systemic practice concerns or other barriers DHS may need to address to improve permanency outcomes. As the PSC process continues, it will be important for DHS leadership to evaluate statewide information gathered through the reviews to understand barriers to timely permanency and to develop strategies to address barriers.

At the conclusion of this report period, DHS established a more frequent schedule for ongoing PSCs for all children with a goal of reunification. As outlined in the PSC Guidebook, every child who enters DHS custody with a case plan goal of reunification will have an initial PSC scheduled when they have been in custody for at least 90 days. Subsequently, as long as the child maintains a permanency goal of reunification, a PSC must be scheduled every three months, with additional permanency reviews conducted by the child's caseworker and supervisor every 30 days. Based on the number of children (3,719) DHS reported as eligible for a PSC at the end of June 2017 and the new requirement for quarterly PSC, it is estimated that DHS will need to

³⁷ An additional 195 children in DHS custody had return to home as their permanency goal and were already in trial reunification.

complete 14,876 PSCs statewide during SFY18, a formidable commitment that will require rigorous management and oversight.

In order to track and monitor the scheduling and completion of PSCs, DHS created a data report that automatically populates an eligible child's next PSC due date as 90 days after their last completed PSC. The PSC Coordinator, district directors and local supervisors utilize the report to monitor the scheduling of PSCs and to ensure follow up when a PSC is overdue. The Co-Neutrals reviewed the tracking report and confirmed that it prominently displays due dates for PSCs, overdue PSCs that must be scheduled, as well as a targeted deadline by when DHS is seeking to achieve permanency for each child.

DHS utilized a phased approach to implement PSCs beginning with two districts in every region by December 2015 and reaching statewide implementation in October 2016. As PSCs are still in the early stages of implementation statewide, the full impact is not yet evident. However, based on the outcomes data DHS reported this period for the 6.2 Metrics, it appears that the PSC may be having a positive impact on children achieving permanency more expeditiously. To build upon these early positive developments, DHS will need to continue its efforts to analyze the implementation of the PSC model, the quality of this new case practice and the case specific and aggregate outcomes they achieve for children and families, in order to make improvements and adjustments as needed.

During this report period, DHS also conducted a quantitative and qualitative analysis of permanency trends for children in DHS custody with an assessment of 125 Child and Family Services Reviews (CFSR) completed by DHS for the period of October 2015 through March 2016. The analysis is based on a more in depth review of permanency related items identified in the CFSRs as needing improvements as well as a review of 234 PSCs completed between October 2016 and March 2017. Although the analysis was not fully complete as of August 2017, DHS shared the interim findings with Co-Neutrals. The analysis reported that the "lack of quality engagement with parents and families and assessing their needs is a reoccurring theme found throughout the study." PSCs are designed to address this gap in case practice early in every case where a child is placed in DHS custody. The study also showed that another area needing significant improvement is in the frequency and quality of caseworker and child visits with the birth parents.

In the next review period, the Co-Neutrals will report on DHS efforts' not only to implement PSCs with a high level of quality and assess their impact on timely reunification but also to work on the issues identified in their permanency analysis that may be impacting permanency outcomes.

For this report period, the Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for the 6.2 Metrics based on the ongoing, statewide implementation of the PSC model and DHS' efforts to enhance the PSC implementation process.

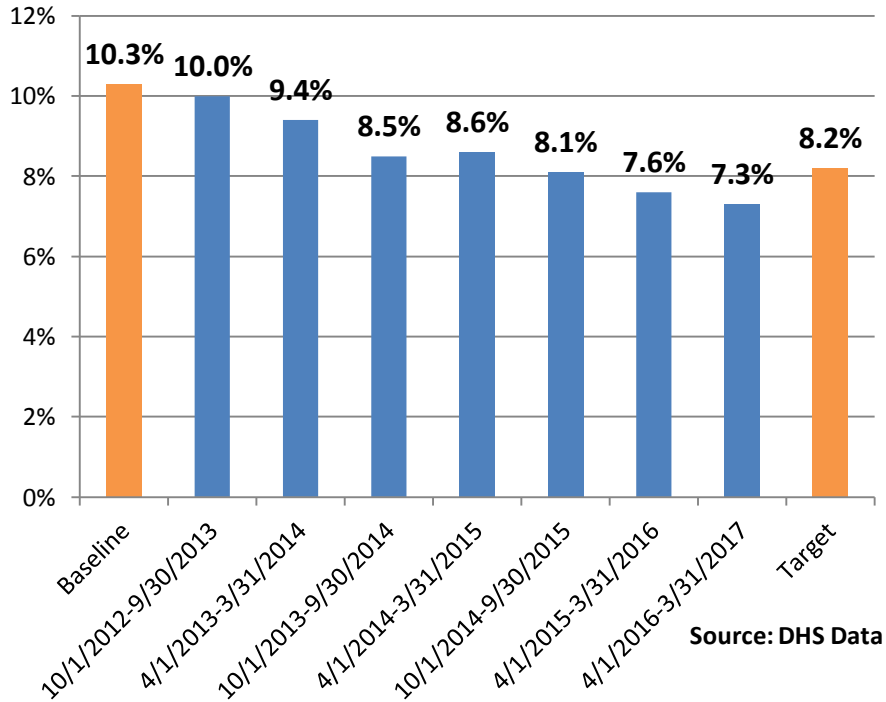
Children's Re-entry to Foster Care within 12 Months of Exit, Metric 6.3

Metric 6.3 measures how well DHS ensures that children who achieve permanency remain with their permanent families and do not re-enter foster care in a short period of time. Specifically, Metric 6.3 measures re-entry to foster care within 12 months of a child's discharge to permanency (not including adoption) in the 12-month period prior to the reporting period.

The baseline for this metric is 10.3 percent of children re-entering care; the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reported that of the 2,828 children who discharged to permanency (not including adoption) between April 1, 2015 and March 31, 2016, 207 children re-entered care within 12 months, which represents 7.3 percent of child re-entries and progress of 1.1 percent since the last report period. For this report period, DHS met and exceeded the final Target Outcome of 8.2 percent for this metric and DHS has met or exceeded the 6.3 Target Outcome in three of the four most recent report periods.

Based on the permanency efforts DHS undertook this report period, particularly statewide implementation and monitoring of the of PSC process, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

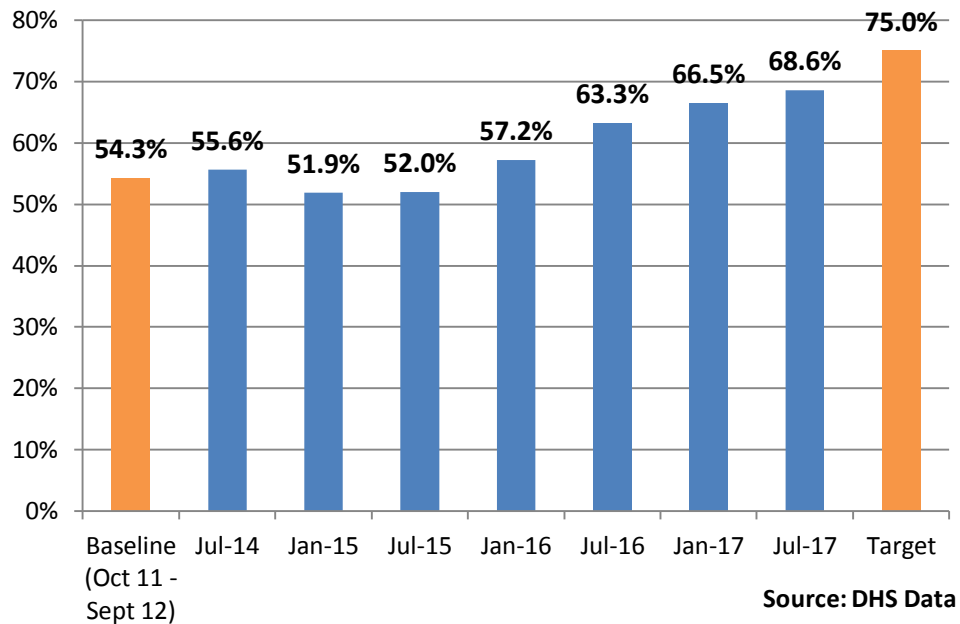
Figure 27 : Metric 6.3 – Re-entry within 12 Months of Exit



Timeliness to Adoption for Children Who Become Legally Free, Metric 6.5

Metric 6.5 measures the timeliness to adoption for children who became legally free for adoption in the 12 months prior to the reporting period. The baseline for this metric was established at 54.3 percent with the performance target set at 75 percent. In the current report period, DHS data shows that of the 2,558 children who became legally free between April 1, 2015 and March 31, 2016, 1,754 (68.6 percent) were adopted within 12 months of becoming legally free. This represents a positive increase of 2.1 percent since the last report period, and DHS’ strongest performance during the course of this reform effort. Further, this is the fifth consecutive period for which DHS has reported improved outcomes.

Figure 28: Metric 6.5 – Permanency Performance



It is notable that DHS achieved improved outcomes for Metric 6.5 in every report period at the same time the number of children subject to the metric has increased in every report period. Table 10 below shows for each period the underlying number of children (denominator) who became legally free in the 12 months prior to the period and the number of children (numerator) who achieved permanency through adoption in the 12 months after becoming legally free.

Table 10: Number of Children who Became Legally Free Every Report Period Under Metric 6.5³⁸

Metric 6.5	Jan 2014	July 2014	Jan 2015	July 2015	Jan 2016	July 2016	Jan 2017	July 2017
Numerator	898	857	839	935	1200	1459	1567	1754
Denominator	1474	1540	1618	1797	2099	2304	2355	2558
Performance Outcome	60.9%	55.6%	51.9%	52%	57.2%	63.3%	66.5%	68.6%

³⁸ The column headings contained in this table reflect each semi-annual report date measured for this metric. The semi-annual report dates listed in the table correspond to the 12-month reporting periods contained in Figure 27.

DHS' regional Adoption Timeliness Accountability Teams (ATATs) continue to set and track target dates for adoption finalizations and address barriers that have delayed permanency for legally free children, with a focus on timely permanency for children who have an identified adoptive family.

For the last five report periods, DHS has been on a steady trajectory toward the Target Outcome for this measure which has been set at 75 percent. The Co-Neutrals find DHS has made good faith efforts during this report period to achieve substantial and sustained progress for Metric 6.5.

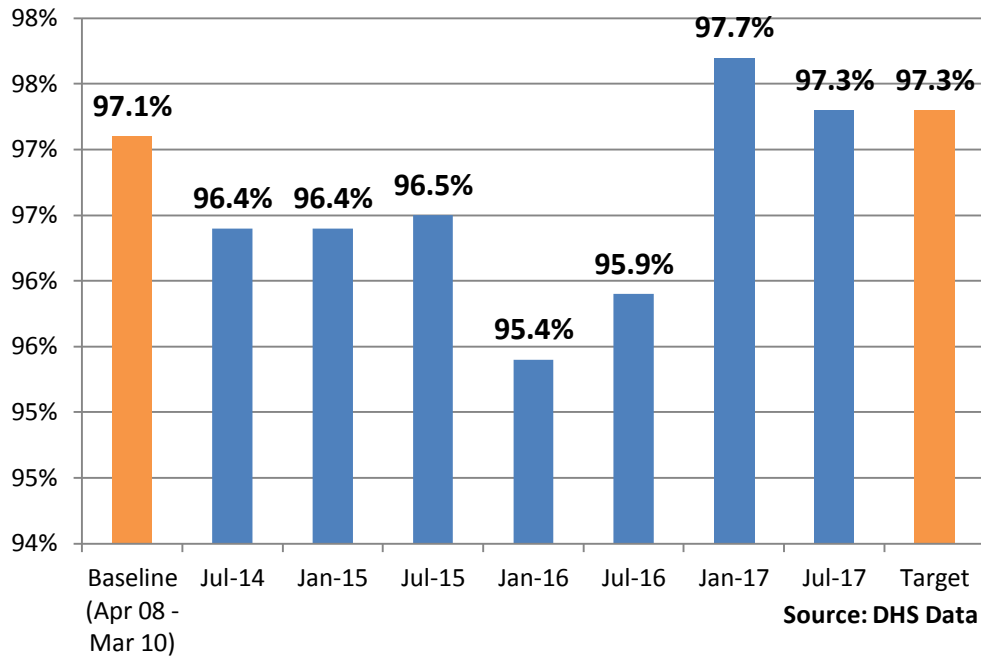
Adoption Permanency, Metrics 6.6, and 6.7

Permanency Metrics 6.6 and 6.7 measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

Metric 6.6 measures the percentage of adoption placements that do not disrupt over a 12-month period, of all new trial adoption placements made during the previous 12-month period. The baseline for this metric was set at 97.1 percent and the Target Outcome was set at 97.3 percent. For this reporting period, DHS' data shows that of the 2,403 children who entered a trial adoption placement between April 1, 2015 and March 31, 2016, 2,337 children (97.3 percent) did not disrupt from their placements within 12 months of entering trial adoption.

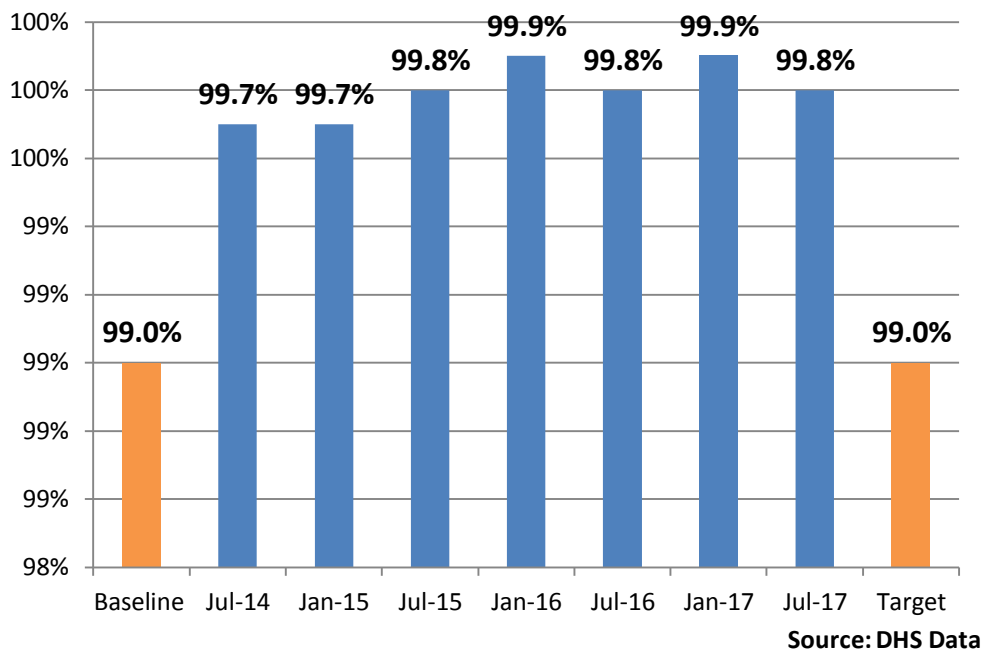
For the second consecutive period DHS has met the Target Outcome for this metric. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.6.

Figure 29: Metric 6.6 – Permanency Performance



Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99.0 percent and the Target Outcome was set to maintain a 99.0 percent performance outcome. For this reporting period, DHS’ data shows that, of the 3,093 children who were adopted between April 1, 2013 and March 31, 2015, the adoptions of 3,086 children (99.8 percent) did not dissolve within 24 months of being adopted. DHS has consistently exceeded the Target Outcome for this metric in every report period. (See Figure 30 below). The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 30: Metric 6.7 – Permanency Performance



Legally Free Children without an Adoptive Family on January 10, 2014, Metric 6.1

DHS, under Metric 6.1, committed to move to permanency an identified cohort of children and youth who are legally free without an identified family. DHS and the Co-Neutrals established the point-in-time cohort of 292 children who were legally free for adoption and did not have an identified adoptive placement as of January 10, 2014. The Co-Neutrals established permanency targets for these children and youth as follows:

- By June 30, 2016, 90 percent of the 207 children who were ages 12 and under on January 10, 2014 will achieve permanency.
- By June 30, 2016, 80 percent of the 85 children who were ages 13 and over on January 10, 2014 will achieve permanency.

DHS reported that 162 (78.3 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of June 30, 2017. This is an increase of six children since December 30, 2016 when DHS last reported that 156 children in the cohort had achieved permanency.

For the 85 children in the older group (ages 13 and older), DHS reported that a total of 37 youth (43.5 percent) achieved permanency as of June 30, 2017, an increase of three youth since December 30, 2016.

Table 11: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by June 30,	Permanency Achieved as of 6/30/16	Permanency Achieved as of 12/31/16	Permanency Achieved as of 6/30/17
6.1: Of all legally free children not in an adoptive placement on 1/10/14, the number who have achieved permanency.	207 children- Age 12 and	90%	137 children (66.2%) achieved permanency	156 children (75.4%) achieved permanency	162 children (78.3%) achieved permanency
	85 children- Age 13 and older	80%	32 children (37.6%) achieved permanency	34 children (40%) achieved permanency	37 children (43.5%) achieved permanency

DHS also reported that as of June 30, 2017, 36 youth (42.4 percent) in the older cohort have aged out of custody without achieving permanency, an increase of seven youth since December 30, 2016, the end of the previous report period.

Efforts to Identify Permanent Families for Children in the 6.1 Cohort

A primary strategy DHS has used to advance permanency, primarily with a focus on adoption, for the children in the 6.1 cohort is assigning an Adoptions Transition Unit (“ATU”) worker to help identify and secure a permanent family for each of the children in this cohort, regardless of the child’s permanency goal. DHS reported that these ATU workers, along with the child’s permanency planning caseworker, work to review each child’s progress toward permanency, and develop plans to identify permanent placements for each child and youth. ATU workers specialize in locating permanent homes for children by performing diligent searches to identify family connections and by using information gathered from discussions with children and youth to help identify potential adoptive or guardianship families.

Of the 292 children identified as part of the overall 6.1 cohort, 56 remained in DHS custody (19 percent), 199 successfully achieved permanency (68 percent), and 36 youth (12 percent, all from the older cohort) had aged out of care as of June 30, 2017.³⁹

Among the 85 youth who first comprised the older legally free cohort, only 12 youth remained in DHS custody on June 30, 2017. At the time of this report writing, two additional youth from

³⁹ The exit reason for one additional child who was medically fragile is recorded as the death of the child.

the older cohort achieved permanency and three additional youth aged out of custody. Seven youth in the older cohort remain in custody, all of whom will reach their 18th birthday by mid-November 2018. The Co-Neutrals reviewed the records for these seven youth and found that DHS may continue to confront challenges achieving permanency for these youth. Some of these youth present with significant behavioral or developmental challenges which require higher level institutional care, one child has consistently insisted that he does not want to be adopted, and for the remaining children, efforts continue to identify and secure a permanent home. DHS has an ATU worker assigned to each of these children who continues to pursue their permanency, even for youth who have expressed their intent to exit foster care without permanency.

The Co-Neutrals have urged DHS to review and reduce the workloads for ATU caseworkers, which are markedly high as detailed in the caseload section above. As of the end of the period, DHS had twenty-seven ATU workers assigned to all children who are legally free with a goal of adoption, which includes all children in the 6.1 cohort who remain in DHS custody. While ATU workers provide supplemental, and not primary, case work support to children in DHS custody, the Co-Neutrals have viewed in children's records that ATU workers can represent a positive influence in the lives of the children to whom they are assigned and have helped to advance permanency for legally free children, making it critical that they maintain reasonable workloads. DHS reported that as of October 2017, it increased the total number of positions assigned to the ATU unit to 45 caseworkers and eight supervisors.

The Co-Neutrals find that DHS, through the assignment of ATU staff who continue focused efforts to identify permanent families for children and youth in the 6.1 cohort, has made good faith efforts to achieve substantial and sustained progress for Metric 6.1. DHS will need to continue its efforts to achieve permanency for all children and youth who remain in the 6.1 cohort, including those oldest youth who may present permanency challenges.

Permanency for Older Legally-Free Youth, Metric 6.4

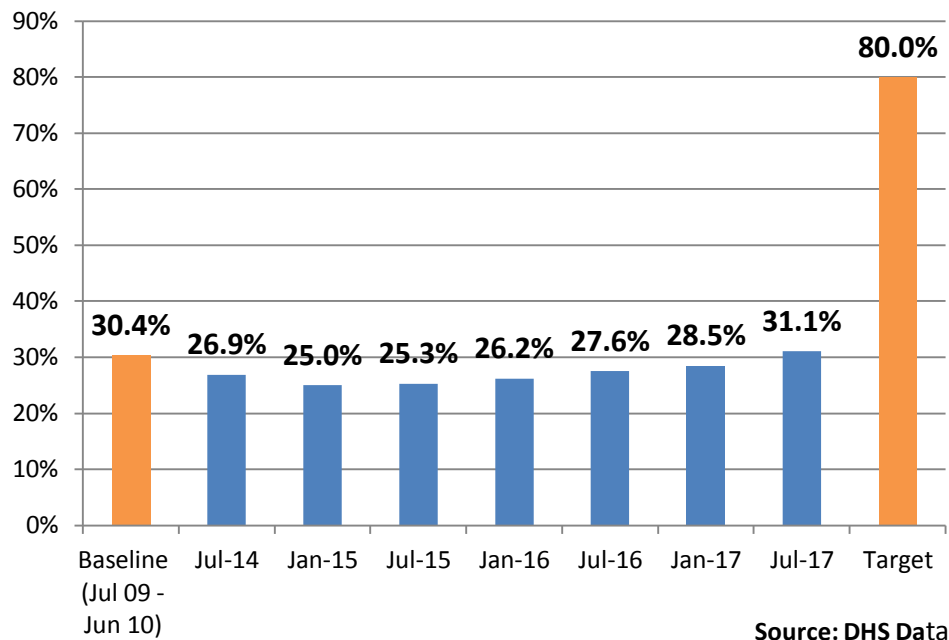
This metric measures the experience of a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those youth to measure the percentage who exited foster care to permanency, defined as adoption, guardianship or reunification, by age 18. The interim and final Target Outcomes for this metric are set only for the percentage of youth who achieve permanency. However, the outcomes for youth exiting care without permanency or who remain voluntary in DHS' care after the age of 18 are also publicly reported to provide transparency into their overall experience.

DHS' baseline for this permanency metric was set at 30.4 percent of youth exiting with a permanent family. The final target was set at 80 percent by June 30, 2016.

For this period, DHS reported that 132 legally free youth turned 16 years of age between April 1, 2014 and March 31, 2015. Forty-one of these youth, representing 31.1 percent, achieved permanency as follows: 32 youth were adopted, six youth exited through guardianship and three youth exited through custody with a relative. This is an increase of 2.6 percent from the last period, which was 28.5 percent, and represents the first time DHS' permanency outcomes for these older youth exceeded the starting baseline.

DHS reported that twenty youth who had exited the cohort without permanency signed themselves back into DHS care after their 18th birthday. Seventy-one youth exited without permanency.

Figure 31: Metric 6.4 – Permanency Performance



As shown in Figure 31 above, performance outcomes for this metric had shown only slight improvements over the last five periods, with all prior performance outcomes remaining below the original baseline. The result is that the majority of children reviewed each period to date under Metric 6.4 have aged-out of DHS custody without a permanent family.

In the last report period, Metric 6.4 was the only performance measure for which the Co-Neutrals did not find that DHS had made good faith efforts to achieve substantial and sustained progress. As discussed in the Co-Neutral's April 2017 Commentary, DHS had not developed strategies to advance the permanency outcomes for the majority of youth who are included in the 6.4 Metric: those youth with a case plan goal of planned alternative permanent placement (PAPP). For this report period, 78 (59 percent) of the 132 youth reviewed in Metric 6.4 had a

case plan of PAPP. In the last report period, 81 (66 percent) of the 123 children reviewed in this Metric had a PAPP goal. As noted in past reports, the Co-Neutrals found that for youth with a PAPP goal, DHS, for the most part, did not pursue efforts to locate a viable and committed home where a child could achieve legal permanency with a family.

In contrast to youth assigned a PAPP goal, DHS' core strategy to achieve permanency for youth subject to the 6.4 measure who have a case plan goal of adoption is to assign these children an ATU worker whose sole responsibility, as described above, is to find a permanent family for the assigned children and youth on their caseload. DHS developed over the last year strategies, as previously reported, to achieve better performance outcomes for Metric 6.4 by first reducing the number of youth who enter this measure and focusing on achieving permanency for legally free children before they reach the age of 16. These strategies did not, however, target youth with a case plan goal of PAPP, particularly older youth ages 16 and 17 in the 6.4 measure, who are on a steady and imminent path to exit care without permanency.

To address this practice deficit and at the urging of the Co-Neutrals, DHS leadership during the second half of this report period developed a new strategy, the assignment of Permanency Expeditors (PE) to youth with a PAPP case plan goal. In every region, at least one PE is assigned to work with youth who have an assigned PAPP goal, which sometimes is the child's case plan of choice as a result of, in part, their frustrations with past placement disruptions or the youth wanting only to end their experience with the child welfare system and prepare for their independence. DHS reported that some caseworkers found it challenging to engage and communicate with some of these youth who, in essence, have given up hope they would achieve stability and legal permanency with one family.

DHS recognized that the majority of permanency caseworkers have not, and may not ever, encounter working with youth who are close to aging out of care and helping them work through their well-founded anxieties. This is because their circumstances are relatively less common when compared to the majority all children in DHS custody (legally free or not) who achieve permanency with shorter lengths of stay and at younger ages. As such, rather than developing new, statewide training for all permanency workers on the specialized social work skills necessary to effectively communicate and connect with children ages 16 and 17 with a PAPP goal, DHS developed a skilled team of PE caseworkers who provide focused support to permanency caseworkers and engage children with a PAPP case plan. PE caseworkers provide added support to the child's permanency worker to help identify and advance, with a sense of urgency, all remaining opportunities to achieve permanency before the youth ages out of care.

During this period, the Co-Neutrals met with the newly assigned PE staff and found that these experienced staff had a strong understanding of their roles and responsibilities and the opportunities and challenges they will certainly confront under this new program. Each PE

maintains a tracking document, which the Co-Neutrals have reviewed, of their efforts, progress, challenges and plans for advancing permanency for these older youth.

While the efforts of the PEs may increase the permanency outcomes for some youth assigned a PAPP goal, it remains that youth with PAPP goals are more likely to exit DHS custody without achieving permanency. Recognizing this, DHS has been working to reduce the number of youth who are assigned a PAPP goal. When DHS assigned the PEs in May 2017, there were 98 children with a PAPP goal and as of the time of this report writing there were 80. The Co-Neutrals have urged DHS to require approval by either supervisors or district directors to assign a PAPP goal. At the time of this report writing, DHS shared that it is reviewing and has drafted some potential changes to its formal instructions to staff regarding the assignment of a PAPP goal. The Co-Neutrals will report in the next period DHS' efforts to establish greater scrutiny in the process required to change a youth's case plan goal to PAPP.

Follow Up: Case Record Review of Efforts to Achieve Permanency for Older Legally Free Youth

As described in their last Commentary, the Co-Neutrals conducted an independent case record review of 50 legally free, older youth included in Metric 6.4 to assess the specific permanency efforts DHS pursued on behalf of these youth during the eighteen-month period of July 1, 2015 to December 31, 2016. The findings summarized in the April 2017 Co-Neutral Commentary contributed to the Co-Neutrals' previous finding for the last period that DHS had not pursued good faith efforts to address systemic and case practice barriers contributing to the lack of positive permanency outcomes for the majority of children in the 6.4 measure.

This period, the Co-Neutrals conducted a follow-up review of DHS' permanency efforts and outcomes for the 38 youth from the case review who remained in DHS custody after December 31, 2016. Half (19) of these 38 youth subsequently exited DHS custody between January and June 2017. Of the 19 youth who exited:

- 13 aged out of care, five of whom voluntarily signed back into DHS' custody;
- five were adopted;
- and, one was transferred to the custody of the Office of Juvenile Affairs.

Twelve of the 13 youth who aged out had been assigned a PAPP goal. For some of these youth, the case records showed that DHS still pursued permanency efforts despite, historically, the agency not focusing on permanency for youth with a PAPP goal. The case records also showed that some youth had extended placement stays in acute residential care, were AWOL or were in detention; and others insisted on aging out in their current placement with a plan to sign themselves back into DHS custody after turning age 18. Nine of these 12 youth who aged out with a PAPP goal reached the age of 18 before DHS established the new PE program, while the

other three youth were assigned a PE before they were emancipated. For these youth, the PE program was established too late for their PE workers to have any impact on achieving legal permanency.

Of the 50 youth originally reviewed, 19 remained in DHS custody throughout this period and after June 30, 2017. Six of these youth have a case plan goal of adoption and an ATU worker continuing efforts to advance their adoption goal, one youth has a goal of guardianship, one youth is looking to return home with a reinstatement of parental rights and the remaining 11 youth have a case plan of PAPP. The Co-Neutrals reviewed and confirmed in the case records for each of these 11 youth that DHS has assigned a PE worker. The Co-Neutrals also found that DHS pursued permanency efforts for these youth during the period; however, DHS faced challenges similar to those noted for the 13 youth who aged out during this period: episodes of AWOL, detention, acute residential care and youth insisting they do not want to be adopted.

The goal of the new PE program and PE specialists particularly is to focus permanency efforts on youth for whom achieving permanency may continue to present the greatest challenges. Moving forward, DHS has committed to apply these efforts as soon as a child is identified as having a PAPP goal. This new practice represents a focused commitment of resources and advanced case work to reverse the detrimental trend of assigning youth a PAPP case goal without continuing to actively engage these youth to be receptive to permanency (if the PAPP plan is their choice) and then identifying and trying to work through every barrier to permanency.

For this report period, the Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for the 6.4 Metric. DHS will need to continue to manage and monitor the quality of its implementation of all core strategies it committed to carry out under measure 6.4 as the PE program efforts to improve permanency for older legally free youth and other efforts to reduce the number of children who have a PAPP goal or who even enter the 6.4 Metric are not yet fully grounded in practice.

Appendix A: Metric Plan Baselines and Targets (Updated September 2015)

**Oklahoma Department of Human Services
Compromise and Settlement Agreement in D.G. v. Henry**

Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals. These Baselines and Target Outcomes are currently in effect.

1. MALTREATMENT IN CARE (MIC)			
Metric	Reporting Frequency	Baseline	Target
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12 month period.	Semi-Annually, in the January and July monthly reports	98.73% (April 2013 – March 2014)	99.68%
1.A (2): Number of children in the legal custody of OKDHS, found to have been maltreated by a resource caregiver over the 12 month period.	Monthly	N/A	N/A
1.B: Of all children in legal custody of OKDHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	Semi-Annually, in the January and July monthly reports	98.56% (Oct 2011 – Sept 2012)	99.00%
1.B (2): Number of children in the legal custody of OKDHS, found to have been maltreated by a parent over the 12 month period.	Monthly	N/A	N/A

2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES				
Metric	Reporting Frequency	Target SFY 14*	Target SFY 15*	Target SFY 16*
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.**	Monthly	1,197 (July 1, 2013 Baseline: 1,693)	End of Year: 904 Interim Target: 678 by 3/31/15 (July 1, 2014 Baseline: 1,958)	End of Year: 1,054 Interim Targets: 12/31/2015: 527 3/31/2016: 790 6/30/2016: 1,054 (July 1, 2015 Baseline: 1,858)
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period***	Semi-Annually, in the January and July monthly reports	615	356	534
2.B: Number of new therapeutic foster homes (TFC) reported by OKDHS as licensed during the reporting period.	Monthly	150 (July 1, 2013 Baseline: 530)	150 (July 1, 2014 Baseline: 473)	172 Interim Targets: 12/31/2015: 86 3/31/2016: 129 6/30/2016: 172 (July 1, 2015 Baseline: 437)
Net gain/loss in therapeutic foster homes (TFC) for the reporting period.	Semi-Annually, in the January and July monthly reports	n/a	56	81

* By May 30 of each year, DHS shall conduct annual trend analysis to set annual targets for the total number of new homes developed and the net gain for foster and TFC homes needed to meet the needs of children in and entering care. The Co-Neutrals also set an interim target of newly approved homes for the year.

** DHS and the Co-Neutrals established criteria for counting new non-kin foster and TFC homes toward the annual targets set under 2.A and 2.B.

*** DHS and the Co-Neutrals established a methodology for counting net gains/losses of non-kin foster and TFC homes.

3. CASEWORKER VISITS			
Metric	Reporting Frequency	Baseline	Target
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least 1 calendar month during the reporting period.	Monthly	95.5% (July 2011-June 2012)	95%
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least 1 calendar month during the reporting period.	Monthly	51.2% (July 2011-June 2012)	Final: 90% Interim – Last reported month of: FFY 2013 - 65% FFY 2014 - 70% FFY 2015 - 80% FFY 2016 – 90%
3.3(a): The percentage of children in care for at least three consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent three months, or for those children discharged from OKDHS legal custody during the reporting period, the three months prior to discharge. Phase One: for period Jan – Dec 2012 <i>This metric is no longer reported on</i>	Semi-Annually, in the January and July monthly reports	53% (January - June 2013)	75%
3.3(b): Percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from OKDHS legal custody during the reporting period, the six months prior to discharge. Phase Two: for period Jan 2015 until the end of the Compromise and Settlement Agreement (CSA)	Semi-Annually, in the January and July monthly reports	40.6% (January 2013 – June 2014)	65%

4. PLACEMENT STABILITY			
Metric	Report Frequency	Baseline	Target – by June 30, 2016
4.1 (a): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	Semi-Annually, in the January and July monthly report -same for all placement stability metrics	70% (Oct 2011 – Sept 2012)	88%
4.1(b): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 12 months but less than 24 months, the percentage that had two or fewer placements.	Same	50% (Oct 2011 – Sept 2012)	68%
4.1(c): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	Same	23% (Oct 2011 – Sept 2012)	42%
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	Same	74% (Apr 2012 – Mar 2013)	88%
4.3: Of all moves from one placement to another in the reporting period, the percent in which the new placement constitutes progression toward permanency. (Note: the Co-Neutrals have suspended this metric.)	N/A	N/A	N/A

5. SHELTER USE			
Metric	Report Frequency	Baseline (January-June 2012)	Target
5.1: The number of child-nights during the past six months involving children under age 2 years.	Monthly Analysis of usage every 6 months – same for all shelter metrics	2,923 child-nights	0 by 12/31/12
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Same	8,853 child-nights	0 by 6/30/13
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	Same	20,147 child-nights	0 for children 6-7 by 7/1/14 0 for children 8-9 by 10/1/14 0 for children 10-12 by 1/1/15 unless in a sibling group of 3 or more 0 for children 10-12 by 4/1/15 unless with a sibling group of 4 or more
5.4: The number of child-nights during the past six months involving children age children 13 years or older.	Same	20,635 child-nights	Interim Target by 6/30/15 # child-nights: 13,200 80% of children 13+ in shelters will meet Pinnacle Plan (PP) Point 1.17 rules* Final Target by 6/30/16 # child-nights: 8,850
1.17: Number of children ages 13 or older in shelters that had only one stay for less than 30 days.		33.7% (January-June 2014)	90% of children 13+ in shelters will meet PP Point 1.17 rules

* Pinnacle Plan Point 1.17: “By June 30, 2014, children ages 13 years of age and older may be placed in a shelter, only if a family-like setting is unavailable to meet their needs. Children shall not be placed in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. Exceptions must be rare and must be approved by the deputy director for the respective region, documented in the child’s case file, reported to the division director no later than the following business day, and reported to the OKDHS Director and the Co-Neutrals monthly.

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 ⁴⁰ , the number of children who have achieved permanency.	Semi-Annually, in the January and July monthly reports - same for all permanency metrics	Jan 10, 2014 Cohort 292 children	90% of children ages 12 and under on Jan 10, 2014 will achieve permanency 80% of children ages 13 and older on Jan 10, 2014 will achieve permanency
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35% Reunification = 31.4% Adoption = 1.6% Guardianship = 2%	Total = 55%
6.2(b): The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9% Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%
6.2(c): The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5% Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%

⁴⁰ The legally free cohort for Metric 6.1 was to be set originally on March 7, 2013, the date the Metrics Plan was finalized, but due to since-corrected data challenges the cohort was established for January 10, 2014.

<p>6.2(d): The number and percent of children who entered their 36th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.</p>	<p>Same</p>	<p>Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4%</p>	<p>Total = 55%</p>
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6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.3 Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Same	10.3% Discharged year ending 9/30/11 re-entered as of 9/30/12	8.2%
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	Same	30.43% (July 2009-June 2010)	50% by 12/31/14 75% by 12/31/15 80% by 6/30/16
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Same	54.3% (Oct 2011-Sept 2012)	75% by June 30, 2016
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	Same	97.1% (Apr 2008-Mar 2010)	97.3%
6.7: The percent of children whose adoption was finalized over a 24 month period who did not experience dissolution within 24 months of finalization.	Same	99%	99%

7. CASELOADS				
Metric	Report Frequency	Standard	Baseline	Target
Supervisors	Quarterly, every Jan, April, July and Oct – same for all caseloads	1:5 ratio	58.8% (as of June 30, 2014)	90% meet standard by June 30, 2014
Child Protective Services (CPS)	Same	12 open investigations or assessments	Same Baseline for All Case Carrying Workers: 27% - <i>meet standard</i> 8% - <i>1-20% above standard</i> 65% - <i>21%+ above standard</i>	Same Interim Target for All Case Carrying Workers – by Dec 31, 2013: 45% - <i>meet standard</i> 30% - <i>1-20% above standard</i> 25% - <i>21%+ above standard</i> Final Target: 90% of all workers meet their standard by June 30, 2014
OCA (Office of Client Advocacy)	Same	12 open investigations		
Family Centered Services (FCS)	Same	8 families		
Permanency	Same	15 children		
Foster Care	Same	22 families		
Adoption	Same	8 families & 8 children		

Appendix B: Updated Resource Closure Reasons – June 2017

Adoption Services Completed - Adoption of the child (ren) in the home finalized. Home is now at capacity or no longer wants to foster or adopt.

Agency Decision-Contract Violations - breach of agreed upon terms of a signed contract

Agency Decision-Failure to Cooperate - family not responding to contact (phone calls, letters, home visits); family failed to cooperate with foster home requirements; family failed to successfully comply with a written plan of compliance

Agency Decision-Legal Issues - Criminal arrests or charges that arise with any household member

Agency Decision-Referral/Investigation - multiple referrals and/or investigations that show a pattern of safety concerns; substantiated finding that warranted removal of the children and closure of the home

Agency Transfer-Agency Partner to DHS - a supported or therapeutic home with an agency partner transfers to DHS

Agency Transfer - Agency to Agency - a supported or therapeutic home transfers to another supported or therapeutic agency

Agency Transfer-DHS to Agency Partner - a DHS home transfers to an agency partner

Child Specific-ICPC Case Closed - ICPC placement no longer needed

Child Specific-No Interest in Traditional – kinship family is appropriate for other placements but does not wish to become a traditional foster home

Child Specific-Non Paid Resource - non-paid placement opened only for that specific child

Child Specific-Not Appr. For Traditional – family was approved for kinship but is not appropriate to take other placements due to space, income, etc.

Child Specific-Unable to Meet Child Need – kinship family was unable to meet the needs of the child placed in their home

Contractor-Service Contract Ended

Data Correction Only – used when a resource was re-opened for a data correction

Facility Closed – should only be used for facility closures (shelters, group homes, residential facilities, etc.)

Other – home closes for a reason not listed in picklist; requires detailed description (and should ONLY be used if no other reason is applicable)

Resource Request-Displeased with Process - family is unhappy about some part of the DHS process: court, worker, requirements, etc.

Resource Request-Family Dynamic Changed - household composition changed (marriage, divorce, loss of spouse, pregnancy), loss of employment, housing issues, etc.

Resource Request- Medical/Illness – family requests closure because of an illness or medical issue with a household member

Resource Request-Moving - family is moving to another state/country

Resource Request- No Desire to Fost/Adopt – there are no problems, family just wants to close their home and it does not fall under one of the other listed reasons

Resource Request- Plcmt Prefer Not Met – the family desired placement of a specific age/race/gender of child and they did not receive their placement preference

Resource Request-Unable to Meet Child's Need – family was unable to meet the needs of the child placed in their home

Tribe Closed Home – the home was closed by the tribe

Appendix C: June 2017 Foster Care Customer Survey

Foster Care Customer Service Survey June 2017	Excellent	Good	Fair	Poor	N/A
How would you rate your experience of becoming approved for reimbursement for the children that are currently placed in your home?	33.00%	49.00%	10.00%	1.00%	7.00%
How would you rate your understanding of the separate roles of the DHS staff and/or Agency staff that you interact with regarding your home and the children that are currently placed in your home?	37.00%	50%	13.00%	0.00%	0.00%
How would you rate your experience of communication between yourself and your Foster care and/or Agency worker?	65.00%	34.00%	1.00%	0%	0.00%
How would you rate your experience of communication between yourself and the children's caseworkers (Child Protective Services and/or Permanency Planning)?	46.00%	48.00%	4.00%	2.00%	0%
How would you rate the quality of the contact made between your Foster care and/or Agency worker and the children who are placed in your home?	52.00%	37.00%	4.00%	0.00%	7.00%
How would you rate the quality of the contact made between the children's caseworkers (Child Protective Services and/or Permanency Planning) and the children who are placed in your home?	51.00%	44.00%	2.00%	1.00%	1.00%
How would you rate the follow through of your Foster care and/or Agency worker of services offered for the benefit of the children in the home and/or for the benefit of your family?	54.00%	44.00%	1.00%	0.00%	1.00%
How would you rate the follow through of the children's caseworkers (Child Protective Services and/or Permanency Planning) of services offered for the benefit of the children in the home and/or for the benefit of your family?	48.00%	45.00%	4.00%	1.00%	2.00%
How would you rate the quality of support offered by your Foster care and/or Agency worker for your family?	62.00%	35.00%	1.00%	0.00%	1.00%
How would you rate the quality of support offered by the children's caseworkers (Child Protective Services and/or Permanency Planning) for your family?	52.00%	45.00%	1.00%	1.00%	0%

	Always	Sometimes	Never	Not attended a deprived hearing	
I am notified of hearings for the foster/adoptive children in my care.	87.00%	9.00%	5.00%		
I have the opportunity to speak in deprived hearings for the children in my care.	30.00%	23.00%	18.00%	28.00%	

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
After the Initial Training to become a foster or adoptive parent, I had the skills and knowledge base to carry out my duties with regards to foster/adoptive children in my care.	46.00%	49.00%	5.00%	0.00%	
The Ongoing Training I receive provides me the skills I need to perform my duties with regard to foster/adoptive children.	15.00%	34.00%	4.00%	0.00%	48%

Suggested topics for Ongoing Training:

how to handle behaviors, CPR, drug exposed children, more training opportunities in rural counties, water safety, hot weather, booster safety and requirements, mileage reimbursement, understanding the child welfare system, foster care protocol/expectations and rules, cultural diversity, panel of birth parents to help understand their perspective, dealing with bio families and what to expect, what to ask prior to accepting placement, communicating with children about the legal process and permanency, trauma, child development, discipline techniques, dealing with children with ADD/ADHS/FAS, adoption process

Resource type	
CW Foster Family Care	39.00%
CW Foster Family Care/Kinship/Relative	45.00%
CW Foster Family Care/Kinship/Non-Relative	13.00%
CW Foster Family Care Supported Home	2.00%
Dual Certified	2.00%
Total Surveys Completed	101

Appendix D: TFC Performance-Based Contract Attachment A

Article I. Population Served

The children designated for this program have special psychological, social and emotional needs, requiring more intensive, therapeutic care than can be found in the traditional foster care setting. The designated children must meet the following medical necessity criteria to be eligible for Therapeutic Foster Care (TFC). The following medical necessity criteria must be met not only at the initial request for services but at all subsequent requests for services and extensions.

- A. Any Axis I primary diagnosis made according to the current volume of the Diagnostic and Statistical Manual of Mental Disorder (DSM) with the exception of V codes and adjustment disorders, and a detailed DSM description of the symptoms supporting the diagnosis.
- B. Conditions are directly attributed to a mental illness/serious emotional disturbance as the primary need for professional attention.
- C. It has been determined by the gatekeeper that the current disabling symptoms could not have been or have not been manageable in a less intensive treatment program.
- D. Evidence that the child's presenting emotional and/or behavioral problems prohibit full integration in a family/home setting without the availability of 24-hour crisis response/behavior management and intensive clinical interventions from professional staff, preventing the child from living in a traditional family home.
- E. The child is medically stable, not actively suicidal or homicidal, and not in need of substance abuse detoxification services.
- F. The parent, guardian, or legal custodian of the child agrees to active participation in the child's treatment needs, planning and discharge.

Article II. Policy Development

Contractor shall develop and maintain policy and operating procedures, which implement all terms, and requirements set forth in this agreement. Contractor further agrees that Contractor's staff, subcontractors, and foster parents will be trained on such policy and documentation of the receipt of training shall be placed in staff and foster family files. Contractor shall provide a copy of their individual agency policy to the TFC program supervisor within sixty (60) calendar days of contract acceptance.

Article III. Basis for Reimbursement

- A. Contractor agrees to provide the treatment services in accordance with the Oklahoma Health Care Authority (OHCA) provider manual rules, Oklahoma Administrative Code (OAC) (317:30-3-1 through 317:30-3-88 and 317:30-5-740 through 317:30-5-746) and the Agreement between OHCA and Residential Behavior Management Services (RBMS) in TFC Settings Health Provider hereinafter referred to as OHCA Title XIX agreement.
- B. Contractor also agrees to meet and maintain standards set forth by Oklahoma Department of Human Services (DHS) in rules for Child-Placing Agencies, and all requirements set forth herein. Contractor acknowledges and agrees that the failure to meet and maintain all requirements may result in cancellation of the contract.
- C. Contractor agrees to provide residential behavioral management services (RBMS), including care and treatment, in a foster home setting for children in the custody of DHS ages 4 through 18 authorized by an OHCA designated Contractor. Contractor acknowledges however, by entering into this Agreement, DHS does not ensure or guarantee the placement of any child with Contractor or in any of Contractor's certified homes.

Article IV. Program Requirements

A. Treatment Services

1. A comprehensive needs assessment shall be completed for each child accepted by Contractor for placement. Information gathered in the assessment, and input from DHS staff, is documented and used to develop the child's treatment plan. DHS staff input includes a summary of the DHS completed assessment of child safety and the family's service plan.
2. The date for the initial treatment plan meeting is established within five (5) calendar days of the child's admission to the TFC program. The initial treatment plan shall be completed within thirty (30) calendar days of admission and shall address, at a minimum, the Contractor's plans with regard to the provision of services. Each treatment plan shall be individualized taking into account the child's age, history, diagnosis, assessed functional levels, birth family needs and connections, and culture. The treatment plan includes the child's documented full five-axis diagnosis per the current DSM version, appropriate long-term and short-term goals, and corresponding measurable objectives to obtain the stated goals within the expected time lines.
3. The treatment plan developed by Contractor shall be consistent with the child's DHS permanency plan and support the child's therapeutic movement toward that plan.
4. The treatment plan shall identify the Contractor's plans with regard to the provision of services based on the child's assessed needs, and be consistent with OHCA and DHS requirements in each of the following areas: individual therapy, substance abuse/chemical dependency education, prevention and therapy, group rehabilitative treatment, family therapy, unsupervised time and day care, development of basic living skills and social skills, crisis/behavior management and redirection, recreation, and employment.
5. The treatment plan shall identify Contractor developed strategies and techniques the therapeutic foster parent will use to address behavioral changes (in-home treatment strategies) and set forth the Contractor's plan for crisis response; the Contractor's plan for the child's development of independent living skills and the Contractor's duties and role in family reunification.
6. The treatment plan is reviewed quarterly with input from DHS staff. Following each review, the treatment plan is revised and updated as necessary.
7. All therapies provided and any Contractor services delivered shall be age-appropriate with techniques and modalities consistent with the child's needs and treatment plan goals. The treatment plan shall identify the proposed discharge date and include discharge planning and recommendations. The treatment plan and all updates shall be typewritten.
8. Contractor and Contractor's foster parents shall support reunification of child to birth family, including parents and siblings, at the earliest and most appropriate point in service delivery and further will continually evaluate treatment services when a child is separated from siblings or other birth family members to whom there is a connection.

9. Contractor assures review of all treatment planning by a clinical supervisor who has responsibility for implementation of the plan. When multiple Contractor staff have case work responsibility for a child, Contractor assures case staffing and coordination for all involved staff at minimum of once per month. Case staffing results are documented in writing with a copy filed in the child's case record. Documentation includes the date, names of staff in attendance, and result of the staffing. Contractor develops and implements written policy and procedure regarding staff access to routine consultation outside of Contractor staff.
10. Contractor shall submit written treatment plan updates, at least quarterly, to assigned CWS specialists and the TFC program staff describing each child's stay and progress toward meeting identified treatment goals and agrees to follow the content outline provided by DHS. If requested by DHS or the Court, Contractor agrees to provide more frequent reports.

B. Communication, Reporting, and Coordination Requirements

1. **Coordination with CWS Staff** TFC program staff includes the TFC program supervisor, TFC program field representatives, TFC liaisons, and program administrator. Contractor maintains communication with TFC program staff to coordinate all aspects of contract compliance and policy requirements. Contractor provides written notification to the TFC program staff and the Child Welfare Specialist (CWS) for a child placed in the home, when a TFC family is placed on corrective action or when a written plan of compliance is initiated. Contractor and Contractor's foster parents shall cooperate with announced or unannounced, face-to-face visits by DHS staff with the child and foster parent.
2. **Reporting Child Abuse and Neglect** Contractor shall immediately report any suspicion of child abuse and neglect involving any person, including therapeutic foster families, or ancillary service providers. The report is made to the DHS statewide abuse and neglect hotline at 1(800)522-3511. The Contractor will additionally call the assigned CWS specialists and supervisor and document the same on an Incident Report and include the identified referral number. The Contractor shall ensure that all staff, therapeutic foster families, or ancillary service providers shall cooperate in any investigation or assessment initiated pursuant to a report of abuse, neglect, or mistreatment, and will make available to the investigator all records pertaining to an incident of abuse, neglect, or mistreatment. Contractor's staff may accompany CWS staff, if requested, on any foster home assessment or investigation.
3. **Incident Reports** Incident reports shall be prepared in writing and will be made describing any extreme or unusual incidents, including but not limited to the following: absent without leave (AWOL) or Missing from Care (MFC); reports of abuse and neglect or mistreatment of a child; major rule violations; death of an employee or child by murder, suicide or accident; use of restraints involving children in DHS custody; crime committed by a child; charges or arrests of any household member of a Contractor-certified home; any proceeding for a protective order filed by or against a household member of a Contractor certified home; misappropriation of state or federal funds by an employee, and any event in one of the Contractor's homes that has gained media attention.

Contractor provides assigned CWS specialists and TFC program staff with a copy of the incident report as soon as possible but no later than the next business day. Contractor immediately notifies DHS TFC program staff of any deaths, near deaths, injuries requiring hospitalization, crimes, charges or arrests by TFC parents or children in placement, death of an employee or child by murder, suicide or accident, charges or arrests of any household member of a Contractor certified home and any event in one of Contractor's homes that has gained media attention.

Incident reports are maintained in the child's record and in a secure file for review by TFC program staff, contract review staff, or any designated DHS staff during scheduled and unscheduled on site reviews.

Accidental injuries are immediately reported to assigned CWS specialists and documented by the Contractor staff. Documentation includes the agreed upon response and is placed in the child's TFC case, the TFC Foster Family case and a copy sent to the assigned CWS specialist and supervisor.

4. **Medical Reports** All emergency and non-routine medical care and/or procedures require the prior consultation and consent from DHS staff and the child's parents when the child is in emergency or temporary custody. If the medical situation is life threatening and DHS staff cannot be contacted, the Contractor has the authority to obtain emergency care and treatment and shall notify DHS as soon as possible but no later than the next business day. Contractor agrees to immediately report all emergency and non-routine medical care to DHS and to document the manner of report and response from DHS in the child's case record.

Psychotropic Medications are those medications that alter mood, affect, and behavior, and require a specific written consent prior to administration. The Contractor shall ensure that CWS specialists and parents/guardians are advised of physician recommendations regarding the use of psychotropic medications and must comply with DHS policy OAC 340:75-6-88. Prescribed psychotropic medications must be reviewed by the Contractor at a minimum of once per month to assess utilization and continued need for medication, and the overall impact of the medication for the child. This will be documented in the child's case file.

5. **Unauthorized Absence from Placement and Missing from Care/Absence Without Leave** Contractor agrees to have reasonable knowledge of the child's whereabouts at all times. In the event of a custody child's unauthorized removal, self-initiated absence, apprehension by law enforcement officials, run away, or otherwise failure to be accounted for, the Contractor immediately notifies the assigned CWS specialists and appropriate law enforcement agency by telephone. The incident report is submitted per procedure outlined in Article IV, B, 3.

Contractor shall submit Form 04CB002E "CFSD Claim for Purchase of Residential Care" which includes AWOL/Missing from Care and leave days.

6. **Use of Restrictive Procedures Including Therapeutic Holds** Contractor shall develop and maintain policy and operating procedure consistent with the individual Contractor's accreditation standards for use of all restrictive procedures including therapeutic holds. Documentation as prescribed by the Contractor's policy and procedure is provided per Article IV, B, 3 via the Incident Reporting format defined in the Contractor's policy. When the use of a restraint or therapeutic hold is required, a formal review shall be completed by conference call with the TFC program staff and the assigned CWS staff within two (2) business days to assess the child's needs and ongoing safety in the foster home. This includes restraints or therapeutic holds that occur in the foster home, respite provider, school, or other identified location.
7. **Maintenance of Case Records** Contractor and foster parents maintain a written case record on each child which describes and documents all services provided or obtained for that child during placement. OHCA requires documentation of Title XIX units of service to include the beginning and ending times and dates of delivered services. Contractor and foster parents shall also maintain ongoing case documentation including the progress and response of each child to the goals and objectives of the individual treatment plans.

Documentation of services provided by Contractor staff is placed in the case record immediately following service delivery. Documentation of services provided by Contractor's foster parents is reviewed by the specific therapist assigned to the child within two (2) weeks of the date of service and placed in the child's TFC file no later than two (2) weeks following the end of the month the service was provided.

8. **Contractor's Responsiveness to Community** The Contractor collaborates with community service providers and DHS as needed to maximize services to children in TFC. When additional therapeutic services are requested by the CWS specialist or the foster parent to address a child's specific need, a consultation regarding the specialized care shall occur to discuss the utilization of external resources and service providers to ensure the identified need is met.

Article V. Training Requirements Contractor agrees to develop and maintain written descriptions of the content, objectives, and method for evaluating skill attainment for all training provided to foster parents as pre-service or in-service training. Contractor shall provide the foster parent with verification of all training hours completed within 30 calendar days of the completion date and will document training and verification provided in the foster parent record. All Contractor staff that provides training to therapeutic foster families must be certified as a Train the Trainer (TOT) for Guiding Principles and BCMT. Official documentation as a certified trainer is kept in the specific personnel file at all times.

- A. **Therapeutic Foster Parent Training** The basis of all training is to enhance foster parent's skill level in providing treatment services, development of social and basic living skills to emotionally disturbed/behaviorally disordered children and to partner with the child's birth family or subsequent caregiver to transfer knowledge about how to most effectively meet the needs of children in placement. Contractor provides pre-service and orientation training to all therapeutic foster care parents, prior to the placement of any children in the home and ongoing training throughout the foster parent's certification. Documentation of all training must be placed in each foster parent's file reflecting successful completion of the required training. All foster parent trainings, pre-service and ongoing in-service, that are completed must be signed off on by the certified trainer who taught the specific course.
- B. **Orientation Training** Contractor develops and implements written policy and operating procedures regarding the orientation of new foster parents. Three (3) hours of orientation training must be completed prior to the foster parent beginning pre-service training. The other three (3) hours must be completed during or immediately following the completion of pre-service training. Orientation must be a minimum of six (6) hours of training, and shall include, at a minimum, the Contractor's organizational structure, policy and procedures, the Contractor's program philosophy, confidentiality, mandatory reporting of child abuse, grievance process, emergency medical procedures, fire and disaster plans, use of universal precautions for infection control, and injury prevention. Contractor further agrees, as part of orientation, to provide training on and copies of the following: Child-Placing Contractor Licensing Standards, requirements found in the OHCA Title XIX Provider Agreement, the OHCA Provider manual rules, and the DHS Service Contract for the providers of Residential Behavior Management Services in Foster Home Settings. Documentation that copies were provided shall be placed in the foster parent file.
- C. **Pre-service Training** Contractor agrees to utilize Guiding Principles for pre-service training of foster parents. Contractor's pre-service training must include or otherwise address all aspects of bridging with the child's family of origin. The foster parent evaluation tool is included in the pre-service training to ensure that foster parents understand their responsibilities. Contractor evaluates, and documents in the foster parent file, each foster parent's knowledge and skill acquisition of the training topics both prior to and following completion of the pre-service training. The pre-evaluation identifies the foster parents training and development needs. The post-evaluation identifies the foster parent's strengths and needs and includes a plan of action to meet any identified needs.

In order to be certified, at least one therapeutic foster parent in the home must possess a high school diploma. Only a foster parent with a high school diploma can provide the daily services compensable by OHCA. All certified foster parents must satisfactorily complete a minimum of thirty-five (35) pre-service hours, not including the six (6) hours of orientation, of primarily skill-based training consistent with the Contractor's treatment methodology and the service needs of emotionally disturbed and behaviorally disordered children. Components must include, but is not be limited to the following:

- treatment methodologies for emotionally disturbed children;
- normal childhood development and the effects of abuse and neglect on childhood development;
- treatment of victims of physical, emotional and sexual abuse;
- treatment of children with attachment disorders, attention deficit and/or hyperactivity disorders;
- treatment of children and families with substance abuse/chemical dependency disorders;
- the Inpatient Mental Health and Substance Abuse Treatment of Minors Act;
- anger management;
- crisis intervention;
- grief and loss issues for children in foster care;
- the significance/value of birth families and siblings to children placed in TFC;
- acceptable and unacceptable behavior management per DHS policy;
- cultural competence and culturally responsive services;
- the use of passive physical restraints;
- parental substitute authority;
- foster parent's role in preparing children for permanency;
- the impact of child trauma, secondary traumatic stress;
- independent living services and/or basic life skills;
- social skills redevelopment
- reasonable and prudent parenting (required)

Contractor develops and implements training, written policy, and expected operating procedures regarding behavior management redirection; and documents training provided to all foster parents and Contractor staff prior to any direct contact with children.

Contractor agrees to utilize Behavior Crisis Management Training (BCMT) to train staff and foster parents. The use of passive physical restraints curriculum includes graded alternatives using a combination of psychological and physical techniques with emphasis toward the reduction of injury, de-escalation of the situation and elimination of abuse to persons with acting out behavior. The physical contact aspects of the system are based on the approved training curriculum and are utilized only when other methods were exhausted. Contractor assures completion of training prior to direct contact with children.

All foster parents must also complete First Aid and CPR training by a certified trainer within the first year of certification. First Aid and CPR training are not considered part of the thirty-five (35) hours of pre-service training requirement. First Aid and CPR training may not be completed via internet or other electronic means. This training requires trainer observation and assessment that the participant is able to competently perform demonstrated techniques.

- D. **In-Service Training** All foster parents shall satisfactorily complete a minimum of eighteen (18) hours of in-service training per year to maintain certification, whether or not a child is placed in the home. First Aid and CPR training may count as no more than eight (8) hours of in-service training within the first year of certification. First Aid and CPR re-certification training may count as no more than four (4) hours of the required eighteen (18) hours of in-service training annually in successive years of certification. The in-service training is based on the training needs identified in the Contractor's evaluation of each foster parent and the specific services foster parents are required to provide. In-service training may include in-home training provided by Contractor staff or approved web-based training. The Contractor provides prior approval for all in-service training, when utilizing non-classroom training such as books, internet programs, or videos. TFC program staff must preview the curriculum prior to approving as in-service training as well as establishing expected outcomes and an evaluation process which assesses the participant's knowledge or skill gained. Foster parents are to be notified at least 10 (ten) business days prior to in-service training. Contractor families will participate in training programs initiated by CWS program changes including, but not limited to, reasonable and prudent parenting, resource family trainings, and trauma-informed services. Contractor staff is subject to engage in all mandatory DHS trainings due to policy or program changes.
- E. **Continuing Education, Development, and Performance Assessment** Contractor evaluates the performance of the therapeutic foster parent at the completion of the pre-service training, six (6) months following initial certification, and annually thereafter. Initial, six (6) month, and annual evaluations are completed using an evaluation instrument prescribed or approved by DHS. The evaluation instrument is provided to the foster parent during pre-service training. The six (6) month and subsequent annual evaluation is completed with the Form 04AF029E, Bridge Resource Family Reassessment Guide, and Form 04AF03E, Bridge Resource Family Reassessment. Each subsequent evaluation includes the progress made on any previously identified needs, development plans, or written plans of compliance. The Resource Family Reassessment is type-written in narrative form and filed in the therapeutic foster home file on a yearly basis. A copy is given to the foster parent. A Contractor must use designated DHS forms in compliance with OAC 340 Chapter 75.
- F. **Contractor Staff and Sub-Contractor Training** Contractor agrees to develop and implement written policy and operating procedure regarding the orientation of new employees. The agency's written policy, operating procedure, and training outline must be available and provided to DHS at any given time when requested. Orientation training must be completed prior to staff and sub-contractors in the therapeutic foster care program working with children. Documentation shall be placed in each employee's personnel file that reflects the employee's successful completion of the orientation process prior to independently providing direct training or services. Orientation, including all required components and all foster parent pre-service training is required for each Contractor employee and sub-contracted staff performing work assignments with children in the therapeutic foster care program. Training records shall be maintained in each staff member's personnel file documenting the course title, the trainer's name, and the date and the number of training hours received. In addition to individual personnel files, Contractor maintains a separate cumulative record and description of all training provided or sponsored by the Contractor.
1. Professional staff, working in the therapeutic foster care program, shall participate in the pre-service training for foster parents following the start of employment, (whether part-time, full-time or contract status). All required training must be completed within six (6) months of enter on duty date. An exception may be requested if required training provided by DHS is not offered in any location during first six months of employment. Until all

training is completed, segments of work completed in the area of uncompleted training must be reviewed and signed by the immediate supervisor of the employee.

2. Contractor shall evaluate the performance of all staff, full-time, part-time and contract, within the first six (6) months of employment and annually thereafter. The Contractor evaluation, at a minimum, shall assess the employee's strengths and needs and document the action plan for any identified need. Action plan progress is documented in subsequent evaluations. Employee's ongoing training needs are evaluated consistent with knowledge and skills of areas identified in this contract and those skills needed to provide treatment to children or families on the employee's caseload. Employees of the TFC program annually obtain a minimum of twelve (12) hours of training directly related to those topics identified in Article V. Paragraph 3, Pre-Service Training.

- G. **TFC Contractor Executive or Program Director Training** Contractor assures attendance of the TFC Program Director or their designee to all DHS required meetings.

Article VI. Continuous Quality Improvement

- A. DHS shall regularly assess the residential TFC program. Assessment and review includes reports from field staff, collateral information, CWS-CPR program monitoring activities, Child Care Licensing staff and information from the OHCA. DHS shall engage in announced and unannounced audits that include review of child, foster family, or staff files, and the ability to interview Contractor staff when needed. Assessments occur at least annually and may affect continued placement of, and reimbursement for, children in DHS custody.
- B. If, as a result of such review(s), assessment(s), or reports, DHS determines that the responsibilities of the Contractor pursuant to this contract are not being adequately performed, or if DHS determines that a change in the nature or scope of services to be provided under this contract requires modification, the parties shall attempt to resolve the issues and agree upon any needed modifications to this contract.
- C. If reports or reviews document Contractor action or inaction that impacts children's safety, or if the Contractor fails to implement the modifications requested by DHS, or if the Contractor exhibits difficulty in meeting contract requirements, actions by DHS may include, but shall not be limited to, corrective action plans, contract probationary periods, suspension of TFC referrals and placements, or cancellation of this contract. Contract cancellation is pursuant to 23CO190E (ADM-90). If the Contractor or DHS choose not to renew the agreed upon contract, cancels the contract for convenience or cause, DHS reserves the right to require the Contractor foster homes be transferred to a contracted supplier in good standing. The Contractor shall work with DHS to facilitate the transition of foster homes to the new supplier.

Article VII. Resource Identification, Rights and Compliance

- A. **Provider Recruitment** Contractor shall recruit foster parents who reflect the racial and ethnic diversity of the children in care who need placement in compliance with the Multiethnic Placement Act of 1994 (MEPA), as amended by the Interethnic Adoption Provisions of 1996 (IEPA). Contractor shall not delay or deny the placement of any child on the basis of the race, color, or national origin of the child or the prospective foster or adoptive parent. The Contractor, as a secondary recipient of federal funds, agrees to fully comply with all parts of MEPA/IEPA. Any Contractor decision to consider the use of race as a necessary element of a placement decision must be based on concerns rising out of the circumstances of the individual case and based on the best interest of the child. Only in rare circumstances with the most compelling of reasons may consideration of race and ethnicity be part of the Contractor's placement decision. Contractor further agrees that Children who meet the definition of an "Indian child" as per the Indian Child Welfare Acts are placed according to the placement preferences found in the federal and state Acts. The Contractor shall diligently recruit in a manner that seeks to provide all custody children with an opportunity for placement and all qualified members of the community an opportunity to become foster parents.

Contractor shall develop an annual plan for foster parent recruitment and retention which targets recruitment of homes to serve the needs of children in DHS and tribal custody requiring TFC placement. This may include factors such as age, gender, county and school system of origin, mental health diagnosis, behavioral traits, or other identified characteristics. DHS assists by providing data needed to develop targeted plans for recruitment on a monthly basis. Contractor is to ensure that an agency representative participate in any training provided by DHS on recruitment, development of recruitment plans, or data presentation. The Contractor submits quarterly updates to the TFC program staff as to progress on recruitment and retention plans.

- B. **Therapeutic Foster Parent Rights** Contractor adheres to and provides the therapeutic foster parent with the list of foster parent rights pursuant to Oklahoma Statute Title 10A, Section 1-9-119 (Attachment E).

C. **Provider Development**

1. Contractor agrees to document the reasons for all corrective action and closures of therapeutic foster homes. Written notice shall be provided to the foster parent with a copy placed in the foster home file. Contractor documentation includes any violations of TFC requirements; Division of Child Care Licensing standards; OHCA provider manual rules; OHCA Title XIX provider agreement, DHS placement agreement; and any reasons and results of any corrective action plan or written plans of compliance.
2. Contractor agrees to complete and implement Written Plans of Compliance per established DHS policy and guidelines, regarding any violations. Documentation shall include action plans regarding identified violation, therapeutic foster parents' progress, lack of progress and results, in parents fulfilling the corrective action. Documentation is maintained in the therapeutic foster parent file and shall be signed by the therapeutic foster parents.
3. Contractor agrees to provide a recommendation letter and documentation to other child-placing agencies or DHS as a reference package upon receipt of written release by foster parents in accordance with Attachment D, item 6 of this contract.

4. Contractor shall have a fair hearing and appeals process regarding the closure of a TFC home and agrees to provide a copy of the fair hearing and appeals policy, forms, and all updates to Contractor's certified therapeutic foster parents and the DHS Office of Client Advocacy.
5. Contractor agrees to develop and implement policy and operating procedure for a grievance system for therapeutic foster parents consistent with 10A, Article 1, Chapter 9, Section 1-9-119 to 1-9-120 and DHS policy.
6. A therapeutic foster parent may report to the Office of Client Advocacy or DHS an allegation that an employee of DHS or Contractor threatened the foster parent with removal of a child from the foster parent, harassed, or refused to place a child in the foster parent's home, or disrupted a child's placement as retaliation or discrimination towards a foster parent who filed a grievance, provided information to any state official or DHS employee, or testified, assisted or participated in an investigation, proceeding or hearing against DHS or Contractor. Any person who knowingly and willfully makes a false or frivolous report or complaint or a report that the person knows lacks factual foundation may be subject to the loss of foster parent certification or licensure status.

D. **Applicable State Laws** Contractor agrees to comply with all related Oklahoma State Laws, including the Oklahoma Foster Care and Out-of-Home Placement Act, the Oklahoma Children's Code, the Juvenile Justice Code, and the Oklahoma Child Care Facilities Licensing Act.

Contractor provides therapeutic foster parents with the names and telephone numbers of: all assigned CWS specialists and supervisors and district director for the child; the Contractor specialist and supervisor; contact person for any therapeutic foster parent association in the county of the therapeutic foster parent's residence; the contact person for Post Adjudication Review Board in the county having jurisdiction of the child; the Court having jurisdiction over any child placed in the TFC home; and the previous foster parents when approved by the previous foster parent.

Contractor agrees not to employ employees of DHS who have not received prior approval from their CWS Regional Director.

Article VIII. Child Safety

A. **Protection from Abuse and Neglect** Contractor, Contractor's staff, and certified foster families agree to cooperate in any investigation or assessment initiated pursuant to a report of abuse, neglect, or mistreatment, and to make available to the investigator all records pertaining to any incident of abuse, neglect, or mistreatment. Contractor's staff shall accompany CWS staff, as requested, on any foster home assessment or investigation. Contractor must engage in designated activities surrounding concerns of abuse or neglect allegations and maltreatment in care in their foster homes as directed by OAC 340 Chapter 75.

Contractor agrees that when a certified therapeutic foster home is the subject of a substantiated finding of maltreatment in care (MIC), the Contractor's staff, home certification specialist, therapist, executive director, and parent coaches who are involved with the specific home will participate in a multi-disciplinary review to assess the circumstances surrounding the abuse/neglect that occurred. The review explores opportunities for improvement and determines action steps for agency or practice changes. The multi-disciplinary review team is made up of CWS Program and field staff and the Executive Director from each TFC agency. The multi-disciplinary team meets monthly to review substantiated MIC episodes, unless there is a month with no cases of substantiated MIC. All TFC Contractors must participate in this review process and provide any identified documentation to the team when a case is reviewed. When a second episode of substantiated MIC occurs during SFY 2018 within a specific Contract agency, the Contractor cannot accept any new placements into their agency for a period of up to two months while heightened monitoring and engagement of the Contractor occurs during that time. This includes a complete contractor audit to identify system-level needs and to ensure the ongoing safety of all children placed within the contractor's TFC program.

B. Certification Process

1. Contractor agrees to only approve those families that meet all certification guidelines as identified in this contract, CWS policies OAC 340:75-7 including guidelines established in form 04AF003E "Resource Family Assessment – Bridge Family Profile," DHS Office of Child Care Licensing Child Placement policies OAC 340:110, OHCA rules for Residential Behavioral Management Treatment in Foster Home settings, and Oklahoma state statute. An initial therapeutic foster parent home assessment of each foster family is conducted by Contractor staff and covers all elements of each requirement.
2. Contractor agrees to only place children determined to be in need of TFC in homes, which meet all of the certification requirements.
3. Contractor agrees to complete a therapeutic foster parent home assessment which must be type-written and include the family's ability to meet the special needs of the children served by the Contractor and will further assess of the family's strengths and needs as to the competencies for therapeutic foster parents. The foster parent home assessment process is conducted over a minimum of two (2) home visits and includes individual, joint, and private interviews with each family member as part of the assessment process.
4. For initial certification, a background investigation is completed for each foster parent applicant and members of the foster parent applicant's household. The background investigation includes documentation of the following searches for all household members age 18 and above. These searches must be documented in the foster family file by attaching a printout copy of the web-based searches:
 - Oklahoma State Bureau of Investigation (OSBI) name and criminal records history search and a Federal Bureau of Investigation (FBI) national criminal history search, based on the fingerprints of the applicant and any adult household members as required by [Section 1-7-111 of Title 10A of the Oklahoma Statutes \(10A O.S. § 1-7-111\)](#). These are completed by either submitting a written request for each person via the Request for Results for a National Fingerprint Background Check along with two (2) completed fingerprint cards per adult household member to the DHS CWS Fingerprint Processing Section, P. O. Box 268935, Oklahoma City, OK 73126, or by completing LiveScan fingerprints.
 - Department of Public Safety (DPS) report for any person in the home age 16 or above; completed submitting form DPS303RM. The DPS report is included in the fingerprint results for any person age 18 or older.
 - search of the Mary Rippey Violent Offender Registry; completed by internet search at: <http://vors.doc.state.ok.us/svor/f?p=101:1:>

- search of the Oklahoma Sex Offender Registry; completed by internet search at: <http://sors.doc.state.ok.us/svor/f?p=105:1:>
- search of the Oklahoma State Courts Network (OSCN) completed by internet search at <http://www.oscn.net/applications/oscn/start.asp>
- search of the Oklahoma District Court Records (ODCR) completed by internet search at <http://www1.odcr.com/> OSCN and ODCR searches include consideration of criminal cases and are also utilized for assessment of the home in regards to civil actions, protective orders, marriage and divorce records, or other information which provides indications of the home's overall functioning and ability to serve as placement providers.
- search of Oklahoma Department of Corrections Records (DOC) completed by internet search at <http://www.ok.gov/doc/> under the "offender" search link.
- Child welfare records check which is completed by submitting Form 04FT007E Request for DHS to Release Child Abuse and Neglect Findings, signed by each adult applicant along with the coversheet, form 04FT008E, to DHS TFC Program Staff by email, fax, or mail. One coversheet may be submitted per household or per adult as preferred by the Contractor. Response from DHS will include the information gathered as a result of a DHS records check of abuse/neglect records, as well as previous resource history. The reference request is sent immediately in the application process and withdrawn if a decision is made not to continue work with the family. TFC program staff will provide response within 30 days of receipt and will indicate whether the potential foster family can be further developed. If the DHS written response does not support development of the home as a therapeutic foster home, neither children in DHS custody nor tribal custody shall be placed in that home. Any home certified by the Contractor which is not recommended by TFC contract staff will not be added to the DHS resource database or be included in any reporting to DHS for statistical purposes.
- search of the Child Care Restricted Registry, also known as "Joshua's List" completed by internet search at <https://ccrrpublicijl.okdhs.org/ccrrpublicijl/public/>
- search of the Community Services Worker Registry completed by internet search at <https://cswrpublic.okdhs.org/cswrpublic/>
- a background check request from Family Advocacy (Military Social Services) for the active or retired military applicant or adult household member;
- out-of-state search of child abuse and neglect registries must be obtained as required by [10A O.S. § 1-7-111](#) for states in which an applicant or adult household member has resided in the past 5 years. Information on how to access this information from other states can be obtained by completing an internet search for "Adam Walsh Registry."
- a search of Juvenile Justice Information System (JOLTS) records for person residing in the home between the ages of 13 and 19; completed by request to the Oklahoma Office of Juvenile Affairs.
- TFC program staff may require review and approval of the home assessment or specific portions of the assessment prior to certification of the home when there are indications that any portion of the background information may be a barrier to certification. The Contractor provides written documentation of the assessment of any identified arrest, charge, or conviction to the DHS TFC program staff for review prior to final certification. Documentation of DHS consent to proceed with certification of the home are maintained in the foster family case file.

The Contractor assesses the results of the background checks in accordance with OAC 340:75-7-15. Specific offenses listed in this policy prohibit development of the home. When an applicant has an identified pattern of criminal history, civil offences, or traits that do not prohibit certification, but which does indicate potential safety concerns for children in the home, the contractor's assessment includes a narrative discussion with the applicant regarding each offense or concern. This narrative includes the description of the area of concern, contributing factors, report of therapy or services completed to correct the condition or resolve concerns, and assessment of the protective capacities of other adults in the home. For concerns related to criminal offenses, violence, substance abuse, or sexual crimes, the Contractor assessment includes copies of legal documentation which may be police

reports, court documents, or witness statements. The Contractor may submit this assessment to TFC program staff for consultation prior to certification.

5. The Contractor obtains and documents references as a part of each completed home assessment in accordance with DHS policy OAC 340:75-7-18. In addition, when an applicant has previously been an approved foster parent or adoptive parent for any other entity, the Contractor obtains a letter of reference from the previous entity. The Contractor reviews information from other agencies as early as possible during the assessment process and addresses with the family and fully documents in the foster home case any areas of concern noted in reference letters or other collateral information gathered during the home assessment. The Contractor reviews all references, follows up on all concerns expressed by reference sources, and documents the summary and assessment of reference information in the home assessment.

6. TFC alternate caregiver refers to a person who relieves an approved TFC foster parent for temporary care and supervision of the child or youth in DHS custody. Plans for alternate care shall be included in the child's treatment plan through the child's "unsupervised time plan." An alternate caregiver cannot be used in lieu of full-time child care on a routine basis or routinely exceed 24 hours per session without specific approval by TFC program staff. Use of an alternate caregiver on a daily basis or for more than 24 hours may indicate that the child no longer requires TFC level of care provided by a trained TFC foster parent. TFC alternate caregivers are provided a copy of each child's specific safety and supervision plan and agree to follow the plan per their signature. The TFC alternate caregiver must be at least 21 years of age. The Contractor must maintain documentation verifying completion of the following for all adult household members:
 - submit to a background assessment by Oklahoma State Bureau of Investigation (OSBI) per DHS policy OAC 340:75-7-15;
 - submit to a records search for child welfare history; and
 - submit to a search of Juvenile Justice Information System (JOLTS) records for any child 13 years of age or older living in the house.

The TFC alternate caregiver must:

- engage in an evaluation of the home to assess the location, condition, and capacity to accommodate the child in foster care;
 - provide one reference on Form 04AF026E, Alternate Caregiver Reference Letter;
 - comply with discipline policy and confidentiality policy;
 - participate in a yearly re-assessment and annual updates on background checks;
 - review and sign the water safety agreement (Form No.04MP061E) on an annual basis.
 - review and sign the DHS policy and rules verification form (Form No.04AF021E) on an annual basis.
7. The Contractor shall provide the foster parents with a copy of the completed, signed home study in accordance with DHS policy, Instructions to Staff, OAC 340:75-7-18 9(b)(2) (B)

C. **Reassessment Process**

1. Annual reassessments are completed per DHS policy OAC 340:75-7-94. The Contractor annually and at any family change updates the foster home study, including interviews and personal data, physical exam(s) findings, and background checks, at any time a person(s) stays in the home for two (2) weeks or longer. A person who stays in the home intermittently for at least 14 days per year is also subject to completion of background checks. When the family is certified, and a child reaches an age to require JOLTS (age 13), or an adult (age 18) requires background check and fingerprints, this requirement is met within 30 calendar days of reaching the designated age category.

To maintain certification of the home after the first year, the following background checks must be completed and documented:

- every 5 years, an Oklahoma State Bureau of Investigation (OSBI) name and criminal records history search and a Federal Bureau of Investigation (FBI) national criminal history search, based on the fingerprints of the applicant and any adult household members;
- annually, a Department of Public Safety (DPS) report for any adult in the home and youth ages 15 through 17 if they will, at any time, be driving with a custody child in the vehicle;
- annually, a search of the Mary Rippey Violent Offender Registry;
- annually, a search of the Oklahoma Sex Offender Registry;
- annually, a search of OSCN, DOC and ODCR;
- annually, a search of Juvenile Justice Information System (JOLTS) records for person residing in the home between the ages of 13 and 19; and
- annually, a search of DPS, Mary Rippey violent offender Registry, Oklahoma sex offender registry, OSCN, DOC, ODCR, and CWS history check on alternate care providers.

Contractor has the responsibility to conduct updates of background checks when questions exist relative to children's safety in placement or functioning of the foster family. At any time the agency receives notification of a new criminal offence, be it by OSBI Rap Back or other means, the Contractor must immediately assess the safety of any child in the home and provide written documentation to the TFC program staff by the end of the next business day.

2. The Contractor shall maintain a log in each foster home record that lists each abuse/neglect investigation or screened-out referral and each identified violation of contract or policy. The list includes date, summary of concerns, action taken, and results of any re-training or plan of compliance. Each reassessment includes an assessment of the cumulative log which identifies trends of concerns which are repetitive or progressive in nature, additional training and development needs to be addressed in the coming year, and a determination on the home's continued service.
3. The Contractor shall provide the foster parents with a copy of the completed, signed reassessment in accordance with DHS policy, Instructions to Staff, OAC 340:75-7-94.
4. The Contractor shall adhere to DHS policy, Instructions to Staff, OAC 340:75-7-91 in regard to overdue or uncompleted reassessments. The Contractor does not place an additional child in a TFC home when the reassessment is due, but incomplete.

D. Safety During Placement Process

1. **Appropriate Referrals** Children four (4) through eighteen (18) years of age, who are in DHS or tribal custody, may be referred for therapeutic foster care. Parties acknowledge and agree that funding of TFC services is through the Oklahoma State Medicaid Plan Rehabilitation Option, which covers services for mental health. Medical necessity criteria must be continually met during both initial requests for services and all subsequent requests for services or extensions for children receiving TFC services. Medical necessity criteria is determined by the authorizing agent of the Oklahoma Health Care Authority and defined in OHCA rules OAC 317:30-5-741(c). Contractor receives verification of TFC eligibility prior to placement and requests service

extensions per OHCA requirements when therapeutically indicated. Undocumented or otherwise Medicaid ineligible children ages four (4) through (18) may be deemed eligible for TFC services. Because the state will not receive federal funds for such services, the Deputy Director for TFC services must approve the request for services. DHS reviews the child's continued eligibility for TFC services every 90 days.

2. **Referral Process** Contractor accepts referrals for placement through the designated DHS placement coordinator or placement entity. A CWS specialist for a child in need of TFC placement refers the child by supplying required information to the placement entity for distribution to Contractors for review and consideration for placement.
3. **Joint Placements DHS and OJA** When the Contractor accepts for placement both DHS custody youth and Office of Juvenile Affairs (OJA) custody youth, the Contractor cannot place OJA custody youth in the same TFC foster home or respite home with deprived youth without prior written approval from TFC program staff.
4. **Joint Placements of TFC level and traditional foster care level** Traditional level placements in a TFC home are documented in KIDS in one of the following resource types:
 - in the Contractor's companion contract resource as a Resource Family Partnership (RFP) contractor;
 - in the Contractor's companion resource for Coordinated Foster Care (CFC) according to Attachment C, of this contract; or
 - in a CWS' approved kinship resource.

A certified TFC home may only be utilized for placement of children meeting TFC criteria as approved by OHCA except in the following conditions:

- a. A child who was been placed in the home in TFC, but no longer requires TFC services and is stepping down to the traditional foster care level in the current TFC home;
 - b. A child needing traditional foster care level placement is placed in the same home with his or her sibling, who is placed in TFC;
 - c. A child needing traditional foster care level placement is placed in the same home with his or her parent, who is in DHS or tribal custody and placed in a TFC home;
 - d. A child who was previously placed in a TFC home needs to return to that home following an unsuccessful permanency effort, such as a trial adoption or trial reunification, and can do so at the level of a traditional foster care placement,
 - e. A child who needs immediate placement in TFC, but OHCA approval is not available as described in Attachment B, Article I, H
 - f. A child needing traditional foster care level is placed with a specific TFC home due to an approved kinship relationship. This placement must have prior approval of the TFC Contractor, TFC program staff, and either DHS kinship resource staff or Resource Family Partners (RFP) program staff.
 - g. A child needing traditional foster care level is placed with a specific TFC home due to the home's unique characteristics to meet the child's needs. This placement must have prior approval of the TFC Contractor, TFC program staff, and RFP program staff. Examples of unique characteristics may include, but is not limited to, the ability to communicate with the child in a language other than English, specialized medical training, or having wheelchair accessible housing and transportation.
5. **Agency Transfer of Certified Homes** TFC contractors should not initiate foster home certification activities for a prospective foster care family if the family is currently certified by another TFC contractor unless it

follows the protocols set forth in Attachment D of this contract. A child in DHS custody does not automatically remain in a specific therapeutic foster care home when that family makes application and is approved by another Contractor. Decisions regarding continued placement rest with DHS as the placing authority after obtaining information from both TFC contractors. The therapeutic foster home must remain certified by one Contractor at all times. The newly certifying Contractor apprises DHS in writing of new certification timelines, anticipated, and actual certification dates.

6. **Contractor Recommendation of Certified Homes** Upon written release by a current or previously certified foster parent, Contractor must supply a recommendation letter to any child-placing agency seeking to certify the home for placement of children in DHS or tribal custody. This may include DHS kinship or adoptions, a contractor for traditional level foster care, tribal foster care agencies, other states, or private adoption agencies. Transfers of currently certified homes to a new TFC contractor comply with protocols in Attachment D of this contract. The recommendation is provided within 10 business days and is expected to address:
 - a. If, in the opinion of the original TFC contractor, the foster home seeking transfer is appropriate to receive a child(ren). Any recommendation the foster family is not appropriate for foster care must outline with specificity the basis for the recommendation;
 - b. information about and copies of any open plans of compliance;
 - c. documentation of past/open referrals and investigations; and
 - d. areas of identified need for development or safety concerns in the home.

Upon closure of any TFC home, the Contractor may provide the TFC program staff with a copy of the closure notice for any home along with a recommendation letter to be placed in the CW records for the home and accessed for future reference when needed.

E. Safety Following Placement

1. **Client Confidentiality** Contractor shall maintain strict standards of confidentiality with regard to the children receiving services. Contractor agrees to comply with the Department's requirements regarding the absolute protection, use, and release of personal client information consistent with state and federal law, including but not limited to, 10A O.S. §1-6-101 to 1-6-108 et seq. Federal Regulation 45 CFR, Part 1340, and professional standards. Further, Contractor agrees to hold confidential all personal information about clients served under this Contract, including lists of names, addresses, photographs, records of evaluation, and all other records about the client. Contractor, under any circumstance, cannot utilize children for commercial or advertising purposes. Contractor's staff must utilize the assigned DHS secure email system to send any confidential information pertaining to the child placed within their agency or any potential placement of a child. If at any time confidentiality is compromised in any way, the Contractor must contact the TFC program staff within 24 hours to receive guidance and direction as to the DHS policy and protocol regarding the specific circumstance. This includes Contractor collaboration with other internal DHS programs including, but not limited to, the Office of Inspector General.
2. **Behavior Management** Contractor agrees to have knowledge of all department discipline policies. Contractor agrees that corporal punishment is not to be utilized by the Contractor, any of the Contractor's sub-contractors, or any of the Contractor's foster parents. Contractor agrees to have knowledge of and abide by the Department's discipline policy, OAC 340:75-7-38, and 10A, O.S §1-7-105, which prohibits the use of solitary confinement, separation programs, use of mechanical restraints, and administration of medicine as discipline. Room restriction may be utilized in the child's own room for a "cooling off" period not to exceed sixty (60) minutes. Duration of the restriction must be specified at the time of the assignment. Contractor's foster parents document all behavior management interventions leading to restraint or therapeutic hold.

3. **Overnights, Travel, and Visitation** Contractor requests prior approval from the county of jurisdiction specialist any time the child travels overnight outside Oklahoma.

Overnight visitation with peers outside a TFC setting is considered time outside the direct supervision of the therapeutic foster parent and requires the Contractor's written approval of the child's unsupervised time assessment.

Extended family members of the foster parents must be approved as respite care or alternate care providers prior to providing overnight care and supervision.

Contractor maintains written policy and procedure for approving situations in which any individual, other than the child's immediate family members, with DHS approval, can remove the youth from the Contractor on a short-term basis without supervision. Documentation of this approval is made in the case file. All plans are reviewed consistent with guidelines for time spent outside direct supervision of the TFC foster parent.

Contractor agrees to assure that foster parents maintain a vehicle that is in working order, carry statutorily mandated liability insurance, and utilize at all times an approved and appropriate child auto restraint system as required by law in transporting children. When the home has no vehicle, they must have an approved transportation plan that ensures transportation when needed to meet the child's basic needs and ensures the child and the parent have transportation to all educational activities, emergency and routine medical care, visitations, other services, and religious and recreational activities. The plan cannot include transportation responsibility routinely reverting to DHS or the Contractor.

TFC foster parents are eligible for mileage reimbursement per DHS policy OAC 340:75-7-65. Contractor agrees to assist therapeutic foster parents with filing claims for mileage reimbursement paid directly by DHS when parents provide transportation via DHS guidelines.

Article IX. Permanency

A. Permanency during placement process

1. Contractor agrees to place referred DHS temporary custody children in therapeutic foster homes within close proximity of their parents' county of residence, when the referred child is in temporary custody, or within close proximity of the county of jurisdiction, when the referred child is in permanent custody.

2. In compliance with child-placing Contractor licensing standards, 340:110-5-57(a)(8)(B), the Contractor has a written agreement with each foster family, and both the Contractor and therapeutic foster parents have a copy of this agreement. This agreement shall include: a statement that the foster home will not accept a non-relative child from any source other than through the child-placing Contractor without the approval of the certifying Contractor and will not provide child care on a regular basis to any child.
3. When TFC homes are jointly certified for traditional care, supported, care, kinship care, adoption, the joint certification is completed in compliance with DHS policy OAC 340:75-7-19.
4. In all situations, including joint certifications, the Contractor is responsible for ensuring compliance with Child Care Licensing which requires that no more than five (5) foster care children and no more than a total of 6 (six) children, including the therapeutic foster parents' own children, are in the home. Use of the home for planned, unplanned, or transitional respite may temporarily exceed these placement limits only when the respite complies with time limits found in DHS policy OAC 340:75-8-11.

B. Permanency following Placement

1. **Placement Stability** Unless an emergency exists, Contractor shall not move children in therapeutic foster care placement without approval from the child's CWS specialist, supervisor, or district director.
2. **Movement** The Contractor may move a custody child due to an emergency as defined below:
 - a) movement requested by the TFC parents following unsuccessful attempts of crisis intervention and stabilization by the TFC Contractor;
 - b) movement for emergency medical or mental health treatment;
 - c) the therapeutic foster parents(s) are in substantial non-compliance with applicable placement standards and agreements such that the health, safety, or welfare of the custody child is endangered; or
 - d) a pending investigation of an allegation of abuse or neglect of a child by the therapeutic foster parent(s) or any other person residing in the home of the therapeutic foster parent(s).

If the Contractor moves a child from one therapeutic foster home to another, during normal office hours, the Contractor immediately notifies the assigned CWS specialists and supervisors by telephone, with follow-up written notification via form, 04FT004E Notice of Child's Location, also provided to the TFC program staff. If outside of normal business hours, or on weekends or holidays, the Contractor immediately notifies the assigned CWS specialists and supervisors by telephone. The Contractor submits the written notification to the assigned CWS specialists and supervisors and TFC program staff the first business day following any move, including all moves for respite care.

Except in an emergency, when a child has been in a therapeutic foster home for ninety (90) calendar days or more, written notice is provided to the foster parents and to the court five (5) judicial days prior to the child being moved from the placement. The length of time applies to placement in each individual TFC home and not placement with the Contractor.

When a child has been in the same foster home for more than six (6) months, the foster parent(s) has the right to file a written objection to the child's removal from the foster home. An objection filed and served within five (5) judicial days shall stay removal of the child pending court review unless the stated reason for removal is reunification with a parent (s) with prior approval of the court; or based upon an emergency situation, that includes: (1) the child's need for emergency medical or mental health treatment; (2) substantial noncompliance by the foster parent(s) with applicable contract requirements and agreements such that health, safety, or welfare of the child is endangered; or (3) a pending investigation of allegations of abuse or neglect of a child by a foster parent(s) or other person residing in the foster family home.

3. **Placement Disruption** Disruption occurs when a child has an unplanned move from a therapeutic foster home placement and will not return to that foster home due the home or contractor being unable or unwilling to continue to serve the child. A disruption staffing shall occur for all unplanned placement changes. The staffing shall occur prior to providing notice of discharge in order to support the foster parent and child to prevent disruption or assist with transition. The staffing shall include at least the TFC therapist, foster parent, and CWS specialist or supervisor. The child may participate if able and the staffing may be conducted by conference call. The Contractor is responsible for locating another placement within their Contractor homes, and if no placement is available, they must seek out placement opportunities for the child within the other contracted TFC agencies. If no placement can be identified for the child, a 72 hour (3 business days) discharge notice must be provided in writing to the CW Specialist, Supervisor, and TFC program staff. The Contractor's TFC program director shall review all disruption and include copies with the Contractor's monthly report to the TFC Programs Supervisor.

Contractor shall engage in all identified activities to ensure placement disruptions are minimized and focus is on assisting children in achieving their permanency goal. When a placement disruption occurs, a monthly roundtable meeting is held with all Contractors and TFC program staff in order to identify circumstances surrounding the disruption episodes. Positive placement transitions and overall increased child well-being are desired outcomes from the Contractors. Contractors will be sanctioned \$250.00 per placement disruption when the numbers of placement disruptions exceed the number of successful placement transitions an agency makes during each month of SFY 18. These metrics will be calculated on a monthly basis and any sanctions accrued during the month will be withheld from the Contractor's owed balance prior to the reimbursement of services provided. Positive placement transitions include children stepping down to lower levels of care (foster care, kinship, RFP, and approved CFC placements), leaving for placement into a home identified for adoption, guardianship, trial reunification, or placement with a sibling. Movement from one TFC home and/or agency to another is considered a placement disruption. Placement disruptions pertaining to higher levels of care (acute and/or residential inpatient care) are included in the sanction, but shall be reviewed and disputed when the child returns to the same exact foster home the child exited, in order to receive the needed higher level of care.

4. **Permanency Plan**

Contractor, in cooperation with CWS supports the child's parents in visitation and family therapy when reunification is the goal for the child. Contractor agrees to provide family therapy consistent with established OHCA guidelines and the assessed needs of the child in placement. When the permanency plan is not reunification, Contractor cooperates with DHS in pursuing appropriate alternate permanency plans for the child.

Contractor agrees to cooperate with CWS staff in preparing each child for planned transitions toward his or her permanency goals. Contractor and CWS staff work together to plan for and ensure the child's placement transitions toward permanency goals are planned.

Contractor further agrees to cooperate with DHS staff and other placement providers to support sibling visitation, sibling therapy, and sibling reunification.

Contractors shall agree to respect the religious preferences of children served.

Contractor ensures the foster parents develop and maintain a children's life book for each child that contains, at minimum, the following sections: Medical, Legal, Life Events, and Education.

Contractor maintains written policy and procedure assuring each child's access to legal counsel, Court Appointed Special Advocates (CASA) and/or "Guardian Ad Litem," DHS staff, and family via telephone, mail, and visitation.

The Contractor agrees to participate in DHS case reviews, family team meetings, staffings, and adoption planning.

DHS agrees to reimburse Contractor for placement of children in tribal custody when tribal custody children are referred to the Contractor DHS placement coordinator or designated placement entity. Children in tribal custody will receive all services identified in this contract. A tribal child welfare worker serves in the role of the CWS specialist for services provided and in other aspects of this contract.

Article X. Well Being

- A. Well-Being prior to Placement Contractor agrees that staffing patterns will meet the minimum licensing standards, as set forth in the Department's standards for child-placing agencies, the OHCA rules for TFC services, and the DHS requirements set forth in this contract. Contractor staff persons who provide the individual therapy for children will have a Master's degree in a field that is licensable in the State of Oklahoma per OHCA rule. Any staff providing services to children or supervision to staff providing services shall have a knowledge base in case management, assessment, and treatment planning, as well as a knowledge base in the following areas: normal childhood development and the effects of abuse and neglect on childhood development; treatment of victims of physical, emotional and sexual abuse; treatment of children with attachment disorders, attention deficit and/or hyperactivity disorders; treatment of children and families with substance abuse/chemical dependency disorders; treatment methodologies for emotionally disturbed children; the Inpatient Mental Health and Substance Abuse Treatment of Minors Act; assessment and treatment of children who have experienced trauma; anger management; and crisis intervention.

Contractor shall obtain background information and verify references regarding the staff's employment history; previous job performance; substance abuse; and felony or misdemeanor arrests or convictions. When there are poor job performances, substance abuse, or felony or misdemeanor arrests or convictions, the frequency, duration and length of time elapsed since the last event is carefully considered in making the hiring decision. Verified references must include all work history an applicant had with a child-placing Contractor or the Department.

Any staff who drives or who may potentially drive in the course of their employment with the Contractor must be in compliance with Oklahoma motor vehicle and traffic safety laws. All staff must maintain a valid driver's license and verification of liability insurance consistent with state laws. Contractor must assure this standard of compliance for all staff that may transport children and verify compliance at least annually. This requirement is inclusive of TFC Program and Executive Directors.

All information the Contractor receives, both verbally and in the written placement worksheet and placement packet, is shared with and explained to the prospective foster family prior to placement. Contractor staff discusses with the prospective foster parents the child's strengths and assets, potential problems and needs, and initial intervention and in-home treatment strategies for addressing each area identified. Contractor provides a copy of the DHS treatment plan and the Contractor's treatment plan to the foster parents. As full treatment team members, foster parents have access to full disclosure of information concerning the child. The Contractor may refuse the placement of any child without the information defined in OAC 340:75-8-12, Instructions to Staff.

A TFC home has capacity to serve two (2) therapeutic foster children. A TFC home may have extended capacity to be used for placement of three (3) children in TFC with consent of DHS program staff. A decision to consider placement of an additional TFC child in the home is made only after an evaluation of the following:

- placement of children currently placed in the home is assessed for stability;
- the skill of the foster parent(s);
- staff and therapist providing services to the children in the home is assessed;
- the potential impact on any child already in placement is evaluated; and
- any current concerns regarding maltreatment in care (MIC) including, but not limited to, the foster home currently engaged in a corrective action plan or written plan of compliance.

The assessment and decision to place each additional TFC child is documented in the foster family file.

Requests to exceed these stated capacities are documented on Form 04FT003E and approved by DHS TFC program staff prior to placement. Requests must include:

- primary treatment needs for the proposed placement of an additional TFC child and any subsequent children in the TFC home;
- availability, placement history, skills, completed or planned corrective action, and additional contractor supports of the TFC parent identified for proposed placement of an additional child;
- risk factors considered and compelling reasons for proposed placement of an additional child;
- documentation of TFC contractor contact with CW specialists or supervisors for each child in the home, involved professionals, and each TFC family member, regarding the impact of the proposed placement of a third child;
- documentation of TFC contractor's review of any separated siblings placed in the proposed additional placement; and

- other information as requested by DHS TFC program staff.

Contractor claim for reimbursement is subject to denial of reimbursement above the traditional foster care rate when a TFC home is determined to have placements that exceed placement capacity criteria without written approval of TFC program staff. Approval via email from TFC program staff is considered valid written approval. A child respite in the home beyond time frames and processes for extensions defined in DHS policy OAC 340:75-8-11 is considered a placement in the home after 14 days.

For TFC families in which the parent(s) is employed outside of the home, the parent(s) shall be immediately available to respond to the child's needs at all times. Time a child is away from supervision by the therapeutic foster parent or school system shall be approved as a part of the child's treatment plan via form 04FT006E Unsupervised Time Assessment.

The Contractor shall obtain prior written approval from the CWS TFC program staff when custody children age five (5) and younger will access routine child care in any setting. The written request for routine child care includes yet is not limited to:

- the therapeutic justification of daily child care outside of the child's TFC placement home as documented in the treatment plan;
- the ability of day care staff to meet the child's emotional and behavioral problems;
- the availability of the TFC parent and TFC Contractor staff to respond to problems at the day care center;
- the maximum number of hours per week the child will present at the routine child care setting;
- the licensing status, DHS Star ranking, and adult to child ratio of the day care center;
- the planned length or use of day care as a service component of the child's treatment plan.

B. Well-Being During Placement

Prior to their approval and placement by Contractor, prospective therapeutic foster parents are provided with a written list of children's rights and a written list of their duties clearly detailing their responsibilities both as foster parents, and as therapeutic foster parents, as set forth in Attachment E, attached hereto and made part hereto by reference.

At the time of placement, the CWS specialist provides Contractor, if not previously provided, with the following: a current immunization record; current family/social history; a copy of the birth certificate or copy of the VS 151 requesting the birth certificate; social security number or copy of the SS-5 requesting a social security number; a copy of the custody order, and current number for Medicaid payment and person code or copy of the Eligibility Determination Document, CWS-KIDS-4; the child's eight-digit KK case number, information required for school enrollment, any third party insurance information, DHS family services plan, and the placement plan and Placement Provider Report.

Contractor staff regularly spends time alone with children in care to allow them the opportunity to communicate special concerns, to make a direct assessment of child's progress, and monitor for potential abuse. Contractor staff makes personal contact with the child and therapeutic foster parent in the therapeutic foster home a minimum of once per month. Contractor staff provides at least a weekly contact with the therapeutic foster parent and child in those weeks when in-home contact is not made.

Contractor develops written policy and procedure assuring each child's access to legal counsel, CASA and/or "Guardian Ad Litem," Department staff, and family via telephone, mail, and visitation.

C. **Supportive Services** Contractor provides contractually required services that support the child in attaining treatment goals.

1. **Medical and Dental** The Contractor assures that the child receives all needed routine and specialized medical and dental care in a timely manner. DHS is responsible for assuring medical eligibility and providing eligibility information to obtain medical and dental treatment.
2. **Mental Health** Contractor assumes and is responsible for primary care, treatment and counseling for each child. The DHS liaison and the assigned CWS specialists provide assistance to Contractor staff regarding case planning and service coordination. No more than twenty-five (25) percent of therapeutic services shall be rendered in a school or educational setting. All other services outside of this range shall be rendered in the foster home, community or office setting. Services rendered in a school or educational settings are rendered outside of core class time and must be requested by the foster parent and approved by the school administration to ensure the most appropriate time is selected for services rendered during school hours.
3. **Educational Services** Contractor assures the child's education needs are assessed and addressed in an accredited school program and involves the child's birth family whenever possible.

Contractor advocates for educational services in the community to meet the needs of each child. When the Contractor is unsuccessful in obtaining educational services, a written report is made to the CWS specialist, with copies to the TFC program supervisor, the child's attorney, the child's CASA, the Oklahoma Commission on Children and Youth, and the Oklahoma State Department of Education Special Services.

In the event children with special educational needs are placed with Contractor, Contractor assures that educational opportunities are available that will satisfy the child's special educational requirements, in accord with Title 10 of Oklahoma Statutes.

Tutoring services are provided or arranged by Contractor in conjunction with CWS staff for those children who are determined in need of this service by the Contractor, the school system and/or the child's CWS specialist. Contractor maintains written documentation of tutoring services in the child's case file.

Contractor's professional staff and or the therapeutic foster parent, personally enroll the child in school and Contractor's professional staff provide the school, both verbally and in writing, at the time of enrollment the following information: the child's name, birth date, and date the child is placed in a therapeutic foster home; name and grade of school the child last attended; if the child has an IEP or has any educational needs; the child's DHS custody status (emergency, temporary or permanent); name and telephone number of assigned CWS specialists, supervisors, and district directors. Contractor also provides the school with Contractor's

name, address, and telephone number; the names, phone numbers and pager numbers of Contractor's professional staff, providing services to the child; the therapeutic foster parents' names, address and phone numbers; and instructions on how to contact Contractor's professional staff and therapeutic foster parents when problems arise. The child's TFC case record documents the school staff person who received the above information at school enrollment.

When a school district declines to enroll a child eligible for TFC services by reason of Section 1-113(C) of Title 70 of the Oklahoma Statutes, Contractor provides notice to DHS.

Children in DHS custody may attend private schools accredited by the State of Oklahoma. DHS does not pay the cost or related costs for private school education. DHS custody children in TFC can be homeschooled. Decisions to homeschool or attend private school are made on a case-by-case basis. Decisions are thoroughly assessed with consultation from TFC program staff and the district director for the child's county of jurisdiction.

When Contractor staff, assigned CWS specialists, foster parent and legal parent jointly determine that the most appropriate educational plan for the child is to obtain a GED. Contractor makes available the opportunity for the child to prepare for the GED.

4. **Clothing, Allowance, and Property** Following initial placement of DHS custody youth, the Contractor provides clothing. Contractor maintains written policy and procedure setting out the guidelines for clothing provided to the TFC child.

Contractor develops and implements written policy and procedure regarding securing and safeguarding each child's property and/or funds.

Contractor agrees to develop written policy and procedure setting out the guidelines for the amounts and methods of the disbursement of weekly/monthly allowances to custody youth.

Contractor's foster homes shall send all the child's clothing, allowance money (saved and/or owed), and any other personal belongings that belong to the child with them upon discharge from their home.

5. **Life Skills Training** A focus on Life Skills Training shall be included throughout Contractor's program. Contractor staff provides active teaching and skill development to children both on-site and in the community. DHS has identified domains of life skills that youth should master. At minimum, the restoration and development of skills is focused on the following four domains: Daily Living Skills; Housing and Money Management; Self Care; and Relationships. These domains and learning goals are available to Contractor staff; foster parent(s); and youth; to view at <https://www.surveymonkey.com/s/7KeyElementsLifeSkillsAssessment>. A copy of the assessment tool and blank individual case plan can be obtained by emailing OKSA@ou.edu. Additional information can be obtained on the Successful Adulthood website www.oksa.ou.edu. Contractor shall provide life skills training to youth using an approved life skills training curriculum for the teaching and redevelopment of life skills identified above. In addition, for youth in DHS custody Contractor:

- a. Coordinates with the CWS specialist to ensure that the Successful Adulthood (SA) assessment is completed on each child 14 years of age or older and implements the youth's individual case plan for SA produced by the assessment.
 - b. Coordinates with the CWS specialist to ensure that each child, ages 14 and older, attends one (1) SA seminar each year when available.
 - c. Implements and assures that a life book, documenting the child's stay in TFC is maintained in order to provide continuity throughout the child's life. This is completed for all age children.
 - d. Maintains a written record of the Life Skills training provided including documentation of each life skill training delivered to the child. The documentation can be a part of the child's treatment plan and must include the following:
 - 1) skill activity;
 - 2) description of the method of teaching the skill activity;
 - 3) duration of the skill activity; and
 - 4) youth's level of competence of the activity upon completion.
6. **Respite Care** Respite care provides reprieve and support for the TFC parent and /or child.
- a. There are four (4) classifications of respite care:
 - 1) **Planned respite.** Reprieve for the TFC parent with whom a child is placed that includes a defined timeframe, not to exceed 14 days, and specifies an identified date for the child to return.
 - 2) **Unplanned respite.** Reprieve for the TFC parent with whom a child is placed due to a crisis or emergency circumstance that includes a defined timeframe, not to exceed three business (3) days. If circumstances warrant an extension beyond three (3) business days of the respite stay the TFC contractor submits a written request for the extension to the assigned TFC programs staff for their agency. Any extension of unplanned respite shall not exceed a total of 14 days.
 - 3) **Transitional respite.** Period of stabilization and assessment following a TFC home placement disruption, not to exceed five (5) working days. This period allows the TFC contractor and CWS staff in the county of jurisdiction time to develop an appropriate plan for the child's next placement. If circumstances warrant an extension beyond five (5) working days of the respite stay the TFC contractor submits a written request for the extension to the assigned TFC programs staff for their agency. Any extension of transitional respite shall not exceed a total of 14 days.
 - 4) **Administrative Respite.** Care provided for children when safety or contract compliance is under review in the TFC home. These periods will be identified by the contractor or DHS. Circumstances could include, but are not limited to, abuse/neglect investigations, new criminal offenses by an adult household member, or contract violations which impact safety or may affect the requirements for continued certification. DHS shall immediately notify the TFC agency when a need for administrative respite has been identified. DHS shall immediately notify the contractor of the identified concerns. The Contractor shall notify TFC program staff within one (1) business day that a child has been moved to a respite setting as a result of the identified need for administrative respite. The contractor and TFC program staff shall jointly define the approved time frames for the respite care and establish a date to review the use of continued respite.
 - b. Respite for children in TFC is only provided in certified therapeutic foster homes. TFC respite providers must be informed of the youth's current treatment issues/needs and any child-specific supervision or safety plans. The Contractor supervises the respite provider in implementing the in-home strategies specified in the youth's treatment plan. Respite care does not occur in emergency shelters.

- c. The contractor notifies all assigned CWS specialists and the TFC program staff of all placement changes, including all types of respite, for each child in TFC placement via form 04FT004E Notice of Child Location (NOCL).
- d. Respite providers are selected with consideration to the number of children in the home. The home may temporarily exceed the child care licensing capacity for placements when using a home for respite care, but the respite care must be limited to timeframes allowed by each respite type. Any planned, unplanned, or transitional respite stay becomes the child's placement after 14 days. Home capacity must then be in compliance with licensing standards as well as TFC placement limits (not to exceed two TFC level placements without approval of TFC program staff.)

7. **Recreational Services** Contractor assures that recreation, other than school and church attendance, is made available through a wide range of activities planned by Contractor staff, foster parents, and children. This should reflect the child's opportunities to pursue their talents, hobbies and chosen interests. The Contractor and Contractor's TFC foster family include the child's birth family in recreation activities whenever possible and appropriate.

8. **Reasonable and Prudent Parent Standard**

The Contractor shall utilize the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child during placement. This standard shall be used by the Contractor when determining whether to allow a child to participate in extracurricular, enrichment, cultural, and social activities. Failure of the Contractor to comply with the provision of reasonable and prudent parent standard may result in termination or cancellation of the contract.

9. **Crisis Management** Crisis management is provided as necessary by the TFC foster parent and TFC Contractor staff. Contractor develops and implements twenty-four (24) hour crisis management policies and procedures and documents training on this process to all TFC foster parents and Contractor staff. Foster parents are provided with on-call access numbers for Contractor staff.

In the event of a psychiatric emergency, the Contractor contacts the child's CWS specialist or supervisor and takes needed steps to stabilize the child while waiting for screening by the Inpatient Psychiatric Care Reviewer. If the Inpatient Psychiatric Care Reviewer determines that the custody child meets criteria for acute inpatient admission, the Contractor coordinates admission and transportation with the child's CWS staff and the Inpatient Psychiatric Care Reviewer. If the child is found to be a child in need of mental health treatment and ordered by the court to inpatient care, the Contractor coordinates the plan for inpatient care with the CWS specialist prior to any Contractor decision to discharge the child from TFC. If the Inpatient Psychiatric Care Reviewer determines that the child does not meet the criteria for inpatient care or meets the criteria for residential inpatient care, but there is not current availability in a residential facility, then the Contractor provides necessary crisis intervention services to stabilize the situation. The Contractor adheres to the 72 hour (3 business days) notice of discharge per Article IX, C of this contract.

10. **Tobacco**

Contractor agrees to develop and implement written policy and procedure regarding the use of tobacco products by Contractor staff, foster parents and children in placement. Such policy shall include guidelines that prohibit children from possessing or using tobacco products and prohibits staff and/or visitors from using tobacco products in the presence of children. Contractor agrees that no one will smoke in a foster home or automobile when children in the custody of DHS are placed in the home or are being transported in an automobile. Contractor agrees to enforce DHS policies regarding use of tobacco products in Contractor certified foster homes.

D. Well Being During Discharge Planning and Transition to Next Placement

All discharges are planned, coordinated and staffed with the child's assigned CWS specialists. The CWS specialist must receive advance notification of discharge, except in medical or psychiatric emergencies. Prior to implementation, Contractor discharge recommendations are staffed with the assigned CWS specialist. Tentative discharge plans and proposed discharge dates are included in the initial treatment plan and subsequent treatment plan reviews.

The Contractor is required to provide notice of discharge at least 72 hours (3 business days) prior to scheduled discharge when it is determined that the Contractor cannot continue placement of a child and the child is not assessed to need immediate inpatient level of care. Notice of discharge should be provided in a manner which reasonably ensures that the assigned CWS specialist and supervisor have received the notice. Notice of discharge may be provide in person or by phone, but must also be provided in writing via fax or email to the CWS specialist and supervisor.

Extension requests for authorization of TFC services are submitted per OHCA requirements. When the Contractor determines that TFC services are no longer needed and/or within 72 hours (3 business days) of denial of TFC authorization, the Contractor provides written notification to the CWS specialist of the child's change in TFC eligibility status.

No later than thirty (30) days following discharge, the Contractor provides a written discharge summary to the CWS specialist and files it in the child's case record. The summary includes a synopsis of treatment services, progress on treatment goals, reason for discharge, and recommendations for meeting ongoing treatment needs.

Article XI. Contract Closure

In the event that this contract is closed, whether by decision of the Contractor, or due to contract cancellation pursuant to 23CO190E (ADM-90), the Contractor must elect to arrange for transfer of all open foster homes to another TFC contractor, or to allow DHS to arrange for such transfer. The Contractor may not require a home to transfer to any specific contractor, but may assist in the selection of a new contractor and will provide all information needed to facilitate the transfer. All transfers will be in accordance with Attachment D.

At the time of closure, the Contractor will provide a recommendation letter for each open foster home to the TFC program staff to be filed in the electronic resource for the home. Per the contract 23CO190E, or ADM-90, the Contractor is required to retain records relative to the contact for a period of seven (7) years following termination of the contract. The Contractor will provide the TFC program supervisor with information for how DHS may obtain copies of records if needed during this seven (7) year period. The TFC program supervisor will document this information in the Contractor's provider resource.

Article XII. General Provisions

- A. **Charitable Choice Providers** Providers who are members of the faith-based community are eligible to compete for contracts with the State of Oklahoma on the same basis as any other provider. Such providers shall not be required to alter their forms of internal governance, their religious character or remove religious art, icons, scripture or other symbols. Such providers may not, however, discriminate against clients on the basis of their religion, religious beliefs or clients' refusal to participate in religious practices.

- B. **Communicable Diseases Policy** The Contractor shall have policy and procedures in accord with the DHS' Communicable Disease Policy. This policy shall require the use of universal precaution/infection control procedures, as well as address issues in regard to HIV serologically positive children.

- C. **Employment Relationship** This contract does not create an employment relationship. Individuals performing services required by the contract are not employees of the State of Oklahoma or the DHS. Contractor's employees shall not be considered employees of the State of Oklahoma nor the DHS for any purpose and as such shall not be eligible for benefits accruing to state employees.

- D. **Energy Efficiency** If the payments pursuant to the contract are expected to exceed \$100,000, the Contractor agrees to meet mandatory standards and policies relating to energy efficiency in compliance with the Energy Policy and Conservation Act. [P.L. 94-165]

- E. **Evaluations** DHS through any authorized representatives has the right at reasonable times, to inspect, investigate or otherwise evaluate the service performed hereunder on the premises in which it is being performed. If any inspection, investigation or evaluation is made by the DHS, the Contractor shall provide all reasonable assistance necessary. All inspections, investigations or evaluations shall be performed in such manner as will not unduly interfere with performance of the service. DHS shall have access to and the right to examine program records at any time during the period. Such records are required by this contract to be maintained or retained.

- F. **Dispute Resolution** The Contractor shall provide an affirmative action plan which shall include an employee grievance procedure.

- G. **Fees** The Contractor shall not impose any fee for services delivered pursuant to this contract.
- H. **Modifications** Any modifications or amendments to the contract must be in writing and agreed to by both the Contractor and DHS and executed upon final approval by the Department of Central Services.
- I. **Nepotism/Conflict of Interest** The Contractor and/or the Contractor's governing board or body agrees to develop a written policy addressing any and all nepotism situations, including but not limited to the following areas: rent or leasing; staffing; board membership; contracted services; acquisition of real property and equipment; client-staff relationships; board membership to staff employment; auditing; and other situations which might fairly represent a conflict of interest. Shared personnel from any other Contractor shall be prohibited. Contractor's staff shall not operate as a certified TFC foster home within the same agency in which they are employed. This does not preclude contracting with a governmental or other similar type Contractor for the obtaining of professional services or contracting with individual professional practitioners. Such contracts for purchase of consulting services must be in writing. Copies of this policy shall be available to staff and all interested parties for review.
- J. **Reporting** The Contractor shall submit a monthly report to the TFC programs supervisor to provide an overview of agency activities for the month. TFC program staff will provide the agency with a report format which includes details of each reporting element.
- K. **Taxes** The Contractor shall be responsible for paying all current and applicable city, county, state and federal taxes, licenses and assessment dues, including without thereby limiting the foregoing, those required by the Federal Insurance Contributions Act and the State Unemployment Tax Acts.

In the event that any cost items claimed by the Contractor are subsequently disallowed by DHS as cost items of the contract, the Contractor shall repay DHS, on demand, the amount of any such disallowed items. At the discretion of DHS, DHS may deduct such amounts from subsequent payments to be made to the Contractor without prejudice to the Contractor's right to establish the allowability of any such item of cost under the contract.

In the event of an overpayment by DHS to Contractor, DHS, at its discretion, may (1) demand immediate reimbursement by Contractor; (2) withhold up to the full amount of overpayment from any and all funds in possession of said DHS then due or to become due and owing to Contractor; (3) accept a mutually agreeable written repayment plan; or (4) seek collection by any other means including but not limited to litigation. Overpayment is defined as including but not limited to payment for services rendered outside the contract term or payment for services during the contract term which are not actually provided although called for in the contract.

- L. **Uninhabitable Facility** In the event that any of the Contractor's designated homes becomes uninhabitable by act of God or sudden catastrophe, the Contractor shall immediately notify TFC program staff and local CWS staff identifying a suitable alternative home or other placement plan. CWS may select alternative placement for any child in need of such placement.

Article XII. Location Where Services are Provided; Purchased services under this contract will be provided in the following location(s):

Name: Eckerd Youth Alternatives, Inc.

Address: 100 N Starcrest Drive

City, State, Zip: Clearwater, FL 33765

Appendix E: TFC Application

OHCA initial authorization date:

Sent to OHCA by:

Date: **Case KK #:** **Social Security: #** **Person Code:**

Case Name: **Client Name:** **Medicaid #:**

If not Medicaid eligible, please describe why: IV-E, Private Pay, Special Medical Needs, Undocumented Individual

Worker: **Supervisor:** **District Director:**

Worker Email: **Supervisor Email:** **District Director Email:**

Worker Cell Phone: **Supervisor Cell Phone:** **District Director Cell Phone:**

Worker Desk Phone: **Supervisor Desk Phone:** **District Director Desk Phone:**

Current Age:

Race:

Tribal: Y or N

Specific tribe:

Have you contacted the tribe? Y or N

Is the tribe in agreement with this level of care? Y or N

Who did you contact with the tribe regarding this placement episode?

Sex: M F DOB: Approximate Height: Ft. In. Approximate Weight: Lbs.
Describe the child's current placement? (Type of placement-Foster Care, TFC, Group Home, Inpatient):

Tell us about this child (strengths, likes, and dislikes):

Please list all known family/friend/mentor connections this child values:

Explain any cultural considerations that would help support the child's success in a TFC home (this also includes typical daily routines, holiday traditions, do they have a special blanket, toy, picture, etc.):

Explain any cultural practices, religious preferences, or gender identity needs:

Does this child exhibit any of the following?

- Autism
- Deafness
- Hearing Impaired
- Specific Learning Disability
- Diabetes, Crohns, Epilepsy, Chronic Medical Conditions
- Speech or Language Impairment
- Orthopedic Impairment
- Any known developmental delays
- Intellectual Disability
- Traumatic Brain Injury
- Visual Impairment

Custody Status:

Case Plan/Goal:

Has this case been adjudicated?

When was the case plan/treatment plan adopted?

Explain the status of the parental rights:

If adoption is the case plan goal what efforts are being made to achieve that goal?

Has sibling separation occurred? Yes/No or child does not have any siblings (Pick one)

Explain the situation surrounding the child's removal:

Describe the living situation/family dynamics of the home at the time of removal:

How long as this child been in custody?

What types of abuse or neglect has this child experienced since coming into custody:

Has this child ever been identified with an IQ below 70? Y or N

(If an IQ noted as below 70)-What evidence is there to indicate this child can benefit from cognitive behavioral therapy?

Is this child currently participating in wraparound services, Systems of Care, Individual or Family counseling?

Y or N

What agency and/or clinician are providing the above mentioned service(s)?

How long have service(s) been provided?

Clinician's Name:

Clinician Phone#:

Clinician's Email Address:

Has the clinician made any recommendations regarding placement? Y or N

If yes, please explain:

Explain the best possible placement for this child that supports visitation (sibling and biological family) and reunification efforts:

How many placements has this child had since coming into DHS custody?

Does this child receive SSI or SSA and why? (If answered "I don't know" ask if they have a deceased parent)?

Explain any missing from care episodes:

Who did the leave with during their missing from care episode?

Does this child have a regular places or a pattern of places they go to when they are missing from care? Y or N

If yes, explain further?

Explain the current level of parental involvement.

Has this child been involved in regular visitation with parents and/or siblings?

Explain behaviors during visitation?

Explain all supports the TFC family would need to have in place following visitations:

Does this child have private insurance: Y or N

If Yes, Name of Provider:

Address:

Phone:

Policy #:

Has this child ever been inpatient (prior to coming into custody or during custody)?

Explain the most recent inpatient stay, including the type and duration:

What is the child's mental health diagnosis?

What are the symptoms supporting the diagnoses?

Explain behaviors a TFC home should anticipate working with?

Describe any hygiene needs the foster family would need to assist with (toileting issues, avoids bathing/showering, bedwetting, etc.):

How can the adults in the TFC home assist with this child being successful in placement?

Explain any known triggers for the child:

Explain the environment or situations that are difficult for the child to be successful in:

(Internalizing Behaviors):

In the last 2 to 4 weeks has the child experienced any of the following?

- A. Feels Sad Or Unhappy Y
- B. Feels Hopeless Y
- C. Seems Down On Him Or Her Self N
- D. Seems To Be Worried A Lot N

Discuss all medications the child is currently prescribed:

Discuss all known medical needs:

Explain the child's existing medical or psychiatric physicians:

-Names and any contact information for these individuals

**Does the child currently have any pre-existing medical appointments the foster family would need to be made aware of? Yes/No-
If yes, ask when the next appointment is scheduled and with which provider.**

Has this child ever been in a group home? Y or N

If yes, did the child step down after having made positive changes? Y or N

Is this child currently in a group home? Y or N

Is this child currently on a group home waiting list? Y or N

Discuss what has caused disruptions in the child's previous placements:

Does this child have any current or historical involvement with the juvenile justice system? Y or N

If yes, explain:

Explain any self-harm behaviors:

Has this child ever attempted suicide? Y or N

If yes, explain:

Was there an identified plan for suicide? Y or N

If yes, explain:

How was the plan discovered and by whom?

Describe any problematic sexual behaviors (This includes exploring whether the child may have been a victim of sexual abuse, if so, was it a single episode or multiple episodes, what was the severity of the known sexual abuse) (We also want to ask questions whether or not the child has been exposed to sexualized materials and if it has been previously addressed therapeutically or does the child need support understanding healthy relationships?):

Identify and explain any sexual health needs (birth control, pregnancy, STD's) or sexual orientation needs the TFC family would be expected to accommodate:

Explain how this child does in school:

School Status:

Grade:

Special Education: Yes No

Date of last completed IEP/504 Plan:

Does the child need an IEP/504 Plan scheduled? Yes/No

Last School Attended:

Has this child ever been homeschooled? Yes/No-If yes, gather details surrounding that.

Has this child ever been retained or held back at any time during their schooling? Yes/No-If yes, gather details surrounding that.

How does this child interact with their peers?

How does this child interact with their teachers?

Is the child currently engaged in any extracurricular activities, such as music, arts, sports teams, dance, etc.?

Does the child have any identified friends? Y or N

Explain the child's verbal or physical aggression?

Discuss any drug or alcohol use by the child:

Would this child be more successful in a home with older, younger, or same age children?

What home environment does this child do best in?

Explain current practices or activities that appear to support the child's success in a home or school setting:

Describe any fire setting episodes:

Describe any history of harming animals:

Describe any history of this child having enuresis:

Describe any history of encopresis:

Any additional information you would like to add about this child:

Appendix F: Resource Family Assessment Approval Process and Review

Action Plan

The issues/trends identified during the initial review included:

- incomplete criminal history documents or lack of documentation of thorough assessment of criminal history
- lack of documentation regarding thorough assessment of child welfare history, such as archived or restricted records
- lack of documentation that a review by field manager occurred when criminal or child welfare history was concerning
- lack of required references, most concerning were lack of behavioral health references and adult child references
- no alternate caregiver approved
- inconsistent or incomplete information in home assessments, such as exploration of relationships or child hood history of abuse
- incomplete or inadequate addendums
- miscellaneous documents missing or incomplete

The development of this *Action Plan* is to address the more critical issues identified in the initial review.

Follow-up on completed reviews: Complete follow-up on resources where issues were identified through the review. Field managers are following up with assigned staff to insure identified issues are resolved and missing information is collected and assessed. A program staff is assisting with monitoring through maintaining a log.

To be completed by 9/1/17.

Review of remaining 25 identified resources:

Foster Care & Adoption program staff will complete the reviews of the traditional, kinship and supported resources which should assist with a consistent review, notification and tracking process. These reviews may

include phone calls to staff to ascertain additional information/clarification. When issues requiring immediate attention are identified; program staff will notify the field manager by phone and follow-up with an email copied to the Field Administrator, with a return response with an action plan within one week of notification.

Following the review, program staff will meet with the worker, supervisor, and field manager assigned to the resource to go over the review and discuss what was missing, why the information was needed, any concerns that were identified, etc. This meeting would include the development of an action plan to include action steps and timelines for the steps to be completed. This provides a learning opportunity and time to discuss practice issues.

Program staff will maintain a log. Based on the effectiveness of these reviews, foster care and adoption program staff may continue to review a small random sample each quarter.

Reviews will be completed by 9/30/17.

Review of history, references and RFA's for all traditional and kinship resources (including adoption):

During the month of September, DHS will utilize data to identify a sample of resource homes to begin a review of all criminal and child welfare background checks, RFA's and references. Remaining resources will be reviewed at the time of the quarterly visit for each resource family during the months of October, November and December 2017. This will insure that all open resources have been reviewed. Resource specialists will attach the documentation to the quarterly visit form that is turned into their supervisor. The supervisor will review, note any action steps, sign, log and track for follow-up at the monthly individual conference. The supervisor will provide the documentation to the field manager which will be reviewed during the field manager's monthly conference with the supervisor. Field managers will include this information in their monthly report to the field administrator.

To be completed by 12/31/17.

Review with Resource Family Assessment (RFA) contractors: A review of the findings will be provided during a RFA contractors meeting and additional training provided as needed to improve quality of Resource Family Assessments.

Review to be completed by 10/31/17 and training provided by 12/31/17.

Field manager review of history involving physical violence, substance abuse or any type of sexual element:

Current ITS allows for supervisors to review and approve criminal history that isn't deemed concerning, as well as child welfare history that only involves one referral and isn't deemed concerning; therefore, in situations where there has been questionable history, supervisors haven't consistently had field managers review. Based on findings of recent reviews, we recommend that any history, whether criminal or child welfare, that involved some type of physical violence, substance abuse or had a sexual element (especially referrals with

allegations of sexual abuse) should be reviewed at the field manager level and not just the supervisor level. Will verify through future reviews.
Effective 9/15/17.

Resource Family Assessment Approval and Management Training: Provide additional training to foster care and adoption supervisory and management staff. All pertinent resources/tools (related numbered memos, forms, checklists, etc.) will be compiled into a packet to be provided to the DHS foster care and adoption supervisors and RFP staff at their respective meetings in September. The information will also be placed in public folders on Outlook. Program staff will review the information packet and also conduct a small group learning exercise regarding “assessment.” Foster care and adoption leadership will provide management training at the DHS foster care and adoption supervisor meeting.
To be completed by 9/30/17.

Small group training with field managers and their direct supervisors on the resource approval process: Program staff will bring together a field manager and their direct supervisors to work through a case using the *Resource Family Assessment Review tool*. This will familiarize them with the tool, give them an opportunity to ask questions, complete a review they can discuss with their peers, walk through the processes on decision making, and help them gain an understanding of why each element is important to the overall resource approval.
To be completed by 12/31/17.

RFA Annual training: Provide RFA update training to foster care and adoption staff.
Training to be completed by 12/31/17.

“How to Search” training: If the reviews being completed through the end of December identify that criminal and child welfare searches are not being conducted correctly, we will develop and implement a “How to Search” training.

Appendix G: Non-Kinship District Director Approval

The assigned Child Welfare Specialist:

- Discussed with custodial parent the importance to obtain information related to all family members to ensure a kinship placement is identified for the child. Y N
- Discussed with non-custodial parent the importance to obtain information related to all family members to ensure a kinship placement is identified for the child.
Y N
- Discussed with youth connection related to possible placement options. Y N
- Utilized and Completed the Family Tree to identify all relatives and non-relatives to ensure a kinship placement is identified for the child. Y N
- Contacted the following relatives, but not limited, to discuss and assess for kinship placement:
 - Paternal Grandmother Y N
 - Paternal Grandfather Y N
 - Maternal Grandmother Y N
 - Maternal Grandfather Y N
 - Maternal Aunt/Uncles Y N
 - Paternal Aunt/Uncles Y N
 - Maternal Cousins Y N
 - Paternal Cousins Y N
 - Adult Siblings Y N
 - Other Kinship Y N
- Efforts are reviewed and discussed with the Child Welfare Supervisor and documented in KIDS Connections. Y N

The assigned Child Welfare Supervisor:

- Seeks approval from the District Director when a non-relative setting is not identified for the child. Y N
- Documented the approval in the KIDS contacts screen as shown below: Y N
 - Type/Location : Other
 - Status: Completed and Announced



- Client/Collateral: Child's Name
- Applies To: Child's Name
- Purpose: Follow-Up Kinship
- Purpose/Comments: Document Efforts to identify Kinship Placement



Child Welfare Services

Appendix H: Permanency Safety Consultations Guide Book



Permanency Safety Consultations



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Permanency Safety Consultations

Practice Guide

Permanency Safety Consultations (PSCs)

The purpose of permanency planning is to develop an appropriate plan addressing the child's immediate and long-term needs for **safety, permanency, and well-being**. Permanency planning begins immediately when a child is placed in DHS custody and continues until the child is living in a permanent home and the child welfare (CW) case is closed. PSCs help ensure children achieve their permanency goal through continuous efforts of Child Welfare Specialists. *The PSC focuses specifically on timely reunification.* Child Welfare Specialists continually assess the safety of the parents' home and implement the use of safety plans or services so the child may return home as soon as possible.

Goals:

- ☐ To improve the understanding, decision making and articulation of child safety.
- ☐ To increase district group learning and consistent safety decision making.
- ☐ To review, develop or enhance culturally-relevant and individualized interventions or services that will allow a child to return home safely in the least restrictive environment possible.
- ☐ To explore possible alternative safety threat interventions so the child may return home as quickly as possible, resulting in a shorter out-of-home experience while keeping the child safe and reducing levels of trauma.

The PSCs allow for opportunity throughout the process to honor the Child Welfare Practice Standards such as ***We continually examine our use (misuse) of power, use of self and personal biases*** to review cases and identify the specific unsafe behaviors which led to removal and the current unsafe behaviors preventing reunification. The Child Welfare Practice Standard, ***We continuously seek to learn who families are and what they need*** helps provide each family the best services possible to meet their needs and support a safe and healthy home.

- **SUCCESS STORY!** A worker came into the PSC with the recommendation that the mother was not safe for her two young children. However, after discussing the current safety threats, the worker could not identify a safety threat for the mother that met the safety threshold. The worker had the opportunity to critically think through the case and will be recommending changes in visitation for the family and plan to move towards reunification within 12 months.

FACILITATOR ROLE: The purpose of a facilitator is to have a neutral person steer the group conversation in evaluating a safe home environment for the children. The neutral facilitator will be able to value the process of the PSC and not have any personal bias as to the outcome.

The PSC Facilitator...

- ✓ Creates a safe and comfortable learning environment.
- ✓ Values people and their ideas.
- ✓ Engages all participants in the discussion in a flexible manor to elicit problem solving.
- ✓ Thinks quickly and logically.
- ✓ Provides consistency.
- ✓ Listens and then communicates to make a connection with participants.
- ✓ Is an excellent communicator.
- ✓ Is both product- and process-oriented

During the PSC, the Facilitator...

- ✓ Allows the worker an opportunity at the beginning of the PSC to **summarize the case** in his or her own words to demonstrate the worker's understanding of safety.
- ✓ Clearly explains the **purpose** of the meeting, the **expectations** and **focus**.
- ✓ Helps the worker **stay focused** to prevent "venting" and discussion around non-safety-related "drama" narrative aspects of the case.
- ✓ Reviews assigned tasks and outcomes from any prior PSC, as applicable.
- ✓ Ensures **group understanding** of the **family dynamics** or **behaviors** that led to the safety intervention.
- ✓ Has the opportunity to **model the articulation of safety behaviors** and expectations to be provided for family, court or service providers.
- ✓ Engages the group in assisting to **articulate behavioral changes** needed to move away from the "drama" surrounding the case.
 - This is an opportunity to use and model, ***We continually examine our use (misuse) of power, use of self and personal biases.***

Concluding the PSC, the facilitator...

- ✓ Reviews all points and action steps documented with expected time frames for completion, specific assignments and expectations as to follow-up, including documentation of the Recommendation of **Safe/Unsafe** on the PSC form
- ✓ Provides an opportunity for the worker to summarize what was learned about past and present safety behaviors and the expectation for casework and the family as the case progresses

SUPERVISOR ROLE: The purpose of the supervisor during the meeting is to support the worker and assist with knowledge and experience. The supervisor may use this time to evaluate the worker's critical problem-solving skills and knowledge in order to provide further coaching and development opportunities. Post-PSC, the supervisor ensures follow up and completion of the action steps through monthly conference. Supervisors serve as a role model for workers to expand their critical thinking, problem-solving skills and behavioral change versus service compliance thinking in determining safety and reunification for a family.

Supervisor Preparation

- ✓ Review safety behaviors at the time of removal.
- ✓ Review the Individualized Service Plan (ISP) and make note of the items that are intended to correct the safety behaviors which led to removal.
- ✓ Assess current barriers that are preventing a safe reunification.
 - This will allow you to gauge how the worker understands behavior change versus compliance in services.

Monthly Follow-Up with Worker

Discussion points with worker should include:

- ✓ Past and current safety concerns using the Safety Threats and Safety Threshold Criteria and Definitions in the Safety Guide Book.
 - This is an opportunity to discuss the worker's understanding of safety threats, safety threshold criteria and definitions and his/her role in changing behaviors through interventions.
- ✓ Strengths and needs of the child(ren) and parent(s).
- ✓ Protective capacities with specific details.
- ✓ Service options to change the unsafe behaviors of the parent(s).
 - Allows the opportunity to demonstrate our practice standard ***We respect and honor the families we serve.***
 - Allows the opportunity to demonstrate our practice standard ***We continuously seek to learn who families are and what they need.***
- ✓ Follow-up is an opportunity to link the importance of quality worker visits to the safety, permanency and well-being of children on their caseloads.

WORKER ROLE: The purpose of the worker is to provide the essential details and case information about the family's history and current situation. The worker's accuracy and knowledge of the family will be vital in making a determination if the home is safe for the children to return.

Worker Preparation

- ✓ Review the family's history and the safety behaviors at the time of removal.
- ✓ Review the ISP and make note of the items that are intended to correct the safety behaviors which led to removal.
- ✓ Review most recent ongoing assessment of child safety.
- ✓ Assess current barriers to a safe reunification.
- ✓ Review person responsible for child's (PRFC) current progress on services using behavioral change language.
- ✓ Compare and contrast the parent(s) behaviors and conditions at the time of removal to the current situation.
- ✓ Be prepared to provide specific, detailed and current efforts in achieving reunification goal such as:
 - Engaging the parent(s) in all case planning efforts
 - Assessing for appropriate services
 - Providing/linking to services

Monthly Follow-Up with Supervisor

- ✓ Complete actions steps created in the PSC.
- ✓ Continue to assess the safety of the child and reasons for the continued need for safety intervention.

District Director Comments on PSC Practice

“Learning to identify safety threats is supposed to be hard; it means that you are critically thinking about your case in an attempt to achieve permanency for the children on your caseload.”

“Just because we are finding a child safe doesn't mean the home is perfect; it means the home is safe for the child to be reunified and the parents can continue to work on their

Consultation Components and Expectations

- ✓ The consultation team includes the worker for the case, a team of three to four county supervisors [which can include a Child Protective Services (CPS) supervisor], and the district director *must* be present. The team can also include State Office (STO) program staff, regional Quality Assurance (QA)/Continuous Quality Improvement (CQI) staff or other key participants at the discretion of the district director. In the event the assigned supervisor is not able to attend, the worker's Child Welfare Specialist III or another supervisor who is knowledgeable about the case may stand in for the supervisor.
- ☐ Consultations are to occur monthly for cases with a case plan goal of Return to Own Home with the initial Permanency Safety Consultation (PSC) being completed 90 days after removal. Follow-up PSCs are held every 90 days thereafter until the child enters Trial Reunification or the case plan goal is changed.
 - The case plan goal should be evaluated at the 12 month PSC, if the child is still not deemed safe to return to the parent's home.
 - The Regional Deputy Director and/or Permanency Program Administrator must agree for a district to deviate from this process if circumstances warrant it.
- ✓ To effectively manage worker's time, workers attend their case PSC *only*.

Consultation Preparation/Required Documents

- ✓ Worker review most recent Assessment of Child Safety (AOCS) and be familiar with all aspects of the case [family history, parent 's service providers, visitation schedules, any family team meetings (FTM), etc.]
- ☐ Worker brings one copy of the most recent court report and AOCS. In an effort to be more efficient with time, worker also brings copies of the PSC form for the other team participants with the top demographic portion filled out.
- ☐ A list of the Safety Threats and Thresholds is readily available to utilize when determining current safety threats.

Participant Roles

- ✓ Facilitator - guides safety discussion and ensures adherence to questions on consultation form. Supervisors *do not* facilitate their own worker's cases.
- ☐ Supervisor to Case - help workers clarify information and fill in gaps as needed.
- ☐ Worker to Case - be knowledgeable of safety threats at removal and current safety threats. Be ready to discuss all aspects of the case.

- ☐ All Supervisors and Team Members - Ask questions and be engaged in the process in order to problem solve for any barriers that have been identified in achieving permanency.

Documentation Expectations

- ☐ All PSCs are documented as a KIDS contact with a SAFE or UNSAFE recommendation and the form uploaded into KIDS within five business days.
- ☐ The most current PSC form must be used to ensure consistency in each region.

Fidelity Review Tool

- ☐ Will be completed for every case by the PSC coordinator when visiting districts. Could
- ☐ also be completed by a regional designee on a monthly basis.
- ☐ The purpose is to ensure fidelity and consistency to the PSC process in every region.

Permanency Safety Consultations

Fidelity Review

CASE NAME: <input type="checkbox"/>	KK:
PSC: Initial Subsequent; last PSC date: _____	PSC OBSERVATION DATE:
WORKER:	FACILITATOR:
SUPERVISOR:	DISTRICT DIRECTOR:
REVIEWER:	REVIEW COMPLETION DATE (WITHIN 10 DAYS):
1. Is there evidence suggesting the worker reviewed the most recent AOCS prior to the PSC meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2. Was the worker able to identify and describe what the original safety threat was?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3. Was there evidence suggesting the worker was knowledgeable of all case information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4. Was the worker able to identify and describe the <i>current</i> safety threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Practice Notes:	
5. Was there evidence suggesting the supervisor was knowledgeable of all case information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
6. Was the supervisor able to help guide the worker during the PSC as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Practice Notes:	

Facilitator	
7. Did the facilitator guide and engage the conversation regarding child safety threat at the time of removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
8. Did the facilitator guide and engage the conversation regarding current child safety threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
9. Did the facilitator use the PSC form to guide and engage the group discussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
10. Did the facilitator guide the conversation to list out action steps with clear time frames?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Practice Notes:	
Group	
11. Was the overall group structure and included participants in compliance with the outlined PSC recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
12. Was the group able to engage in quality conversations regarding child safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
13. Did the group critically explore barriers and create follow-up action steps to achieve timely permanency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
14. Did the group utilize the safety threats and thresholds to determine safety when reviewing current PRFC behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Practice Notes:	
Documentation (within 5 Business Days of PSC)	
15. Was the PSC documented in a KIDS contact and include the safety recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
16. Was the Permanency Safety Consultation Form scanned in the KIDS File Cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Permanency Safety Consultations

Main Points

3 Months

- Are the parent's services on their court ordered Individualized Service Plan (ISP) specific to the safety threats which led to removal?
- Has a diligent search been done for maternal and paternal relatives? See policy.
- Review current visitation plan. Can it be increased?
- Review family history in KIDS both for children in care, as well as for parents when they were minors. Is there an identifiable pattern of safety threats?

6 Months

- Has it been 90 days since the dispositional hearing? What changes in behaviors have the parents shown?
- Can visitation be increased to unsupervised, overnights? Can reunification be requested?
- Is there an updated Assessment of Child Safety (AOCS)? Be sure to contact collaterals for the parents.
- Does the case plan goal need to be changed to adoption or a concurrent plan of adoption added? When to change a case plan goal in KIDS is not determined by the court.

9 Months

- What are the current safety threat(s), if any? Do they meet the Safety Threshold?
- Can the children be reunified? If not, what else needs to take place for reunification to occur?
- Complete reunification planning process (AOCS, etc.)
- If safety threats still exist, does the case plan goal need to be changed?

Basic Logic Model



Inputs	Activities/Tasks	Outputs	Short Outcomes	Intermediate Outcomes	Long-Term Outcomes
Resources/human resources, employee time, funding used to conduct activities and services	Individual tasks, activities, trainings, and reports	Products and services delivered (number of meetings/number of people trained/number of trainings conducted)	Immediate results and performance measures	Impact on children and Families	The specific results or objectives the program is intended to make
Part-time commitment from one Program Supervisor Part-time commitment from one Program Administrator 30 minutes per month staffing time/15 minutes prep time per employee participating, per month Field staff commitment to monthly staffings (District Directors, Supervisors, Staff)	Development of permanency safety consultation tool Creation of Permanency Safety Consultations Development of Strategy Implementation Team	Number of districts conducting permanency safety consultations Frequency of children/cases staffed per month/per site Number of active consultation teams in each region	Increased awareness of permanency timeframes among state leadership Increased understanding of safety management in permanency planning Increase in number of intentional/proactive permanency staffings occurring statewide	Improved likelihood of safety discussions Safety-focused court reports and recommendations Improved safety for children throughout the life of child welfare involvement Increased incorporation of safety in permanency planning process	1. Increase in the percentage of children exiting to permanency in: a. 12 months of removal b. 24 months of removal c. 36 months of removal d. 48 months of removal 2. Decrease in the number of children in out-of-home care

Permanency Safety Consultations

Form

Preparation For Consultation:			
<ul style="list-style-type: none"> Print most recent AOCS and bring to staffing Print most recent court/progress report and bring to staffing 			
Consultation Date:			
Worker Name:			
Supervisor Name:			
Case Name / KK#	Case Name:	KK#	
	:		
Child(ren) Removed:	Name:	Age:	
	Name:	Age:	
	Name:	Age:	
	Name:	Age:	
	Name:	Age:	
	Name:	Age:	
Removal Information:	Date Removed:	Months OOHC:	
Placement Type:			
Date entered TR (if applicable)			
Does ICWA Apply? What Tribe?			
Next Court Hearing:			
Permanency Plan:	Current Plan:	Plan Changed: Yes No	New Plan:
1. <u>Safety threats</u> identified on the AOCS and during the investigation at the time of removal (5 minutes)			
2. PRFCs efforts to correct / control the <u>safety threats</u> preventing the child(ren) from returning home (10 minutes)			

Permanency Safety Consultations

Form (Cont.'d)

<p>3. CWS efforts to support the PRFCs in correcting / controlling the <u>safety threats</u> preventing the child(ren) from returning home (5 minutes)</p>	
<p>4. What are the current <u>safety threats</u> preventing the child(ren) from returning home (5 minutes)</p>	
<p style="text-align: center;"><input type="checkbox"/> Safe <input type="checkbox"/> Unsafe</p>	
<p>Safety Recommendation:</p>	
<p style="text-align: center;">Recommendations to Move Case Safely to Permanency</p>	
<p>Action Items:</p>	<p>Date Due:</p>
<p>*Complete an updated AOCS within 30 days of reunification recommendation & upload in the KIDS file cabinet.</p>	
<p>Follow up Consultation Date:</p>	
<p>Participant Signatures:</p>	
<p>Case Worker</p>	
<p>(print)</p>	<p>(signature)</p>

Supervisor

(print)

(signature)

District Director

(print)

(signature)

Other Participant - Title

(print)

(signature)

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Permanency Safety Consultations

Form with Prompter Questions

Preparation For Consultation:			
<ul style="list-style-type: none"> • Print most recent AOCs and bring to staffing • Print most recent court/progress report and bring to staffing 			
Consultation Date:			
Worker Name:			
Supervisor Name:			
Case Name / KK#	Case Name:	KK#	
		:	
Child(ren) Removed:	Name:		Age:
	Name:		Age:
	Name:		Age:
	Name:		Age:
	Name:		Age:
	Name:		Age:
Removal Information:	Date Removed:	Months	
		OOHC:	
Placement Type:			
Date entered TR (if applicable)			
Does ICWA Apply? What Tribe?			
Next Court Hearing:			
Permanency Plan:	Current Plan:	Plan Changed:	New Plan:
		Yes No	
1. <u>Safety threats</u> identified on the AOCs and during the investigation at the time of removal	<ul style="list-style-type: none"> ✓ What were the specific safety threats at the time of removal? ✓ When the safety threshold was applied what caused these threats to result in removal? ✓ What efforts were made to prevent removal? What contributed to the efforts failing? 		

<p>2. PRFCs efforts to correct / control the <u>safety threats</u> preventing the child(ren) from returning home</p>	<ul style="list-style-type: none">✓ What is the progress on the ISP?✓ How have the behaviors changed?✓ Has the engagement in services and communication changed?✓ Can the family describe steps they can/will take to ensure safety?✓ Can they describe their impact on the safety of the child and do they understand the reason for intervention?
--	---

Supervisor

(print)

(signature)

District Director

(print)

(signature)

Other Participant - Title

(print)

(signature)

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Safety Threshold Criteria & Definitions

Instructions to Staff 340:75-3-300(a)(6)

Criteria	Definition
Observable	Refers to family behaviors, conditions, or situations representing a danger to the child that are specific, definite, real, can be observed and understood, and are subject to being reported and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information. It is not so literal as to mean the child welfare specialist is expected to visually see the behavior, conditions, or situations in all case circumstances, as there may be evidence or observations by reliable collaterals to indicate this criterion.
Vulnerable Child	Refers to a child who is dependent on others for protection, is exposed to circumstances that he or she is powerless to manage, and is susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size, dependence, and susceptibility. This definition also includes all young children from 0-5 and other children who, for whatever reason, are not able to protect themselves or seek help from protective others.
Out of Control	Refers to family behavior, conditions, or situations which are unrestrained resulting in unpredictable and chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.
Imminent	Refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active in the near future. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
Severe	Refers to the effects of maltreatment that have already occurred, to the potential for harsh effects based on the vulnerability of a child and the family behavior, condition, or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as physical injury, family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.

Safety Threshold Criteria & Definitions

Instructions to Staff 340:75-3-300(a)(6) (Cont.'d)

Safety Threats

1. Living arrangements seriously endanger a child's physical health
2. Person(s) responsible for child: (PRFC) in the home lack the knowledge, skills, abilities to perform parental duties and responsibilities
3. PRFC(s) intend(ed) to hurt the child
4. PRFC(s) does not have resources to meet basic needs
5. Child has exceptional needs which the PRFC(s) cannot or will not meet
6. Child is extremely fearful of the home situation
7. PRFC(s) is violent and/or is unwilling or unable to control the violence
8. PRFC(s) cannot or will not control behavior
9. PRFC(s) has extremely unrealistic expectations or extremely negative perceptions

Permanency Safety Consultations

Case Contacts

Applies To		
ID	Name	Select...

1. Safe/Unsafe recommendation - Staff will now enter the Safe or Unsafe recommendation in the Word Document field on the initial screen of the contact. This should be simply noted as **SAFE** or **UNSAFE** with no other qualifications. Anything additional regarding the safety recommendation of the team should be entered in the narrative boxes on the following screens.

2. Children on case - Staff will now enter one contact for all recommended Safe children in the case, and a separate contact for recommended Unsafe children in the case. Staff will click **Applies To**, and select all names of the children on the Permanency Safety Consultation (PSC) who applies to the safety designation for this contact. In cases where all PSCd children on the case have the same safety recommendation, staff will enter only one contact. ***Please note – If the child is Safe to one parent but Unsafe to another only enter one PSC contact with Safe entered as it takes precedent. The unsafe parent can be noted in the summary box.** *Because family and children on the case are not participating in the PSC, there should be no one entered in the Participating field.*

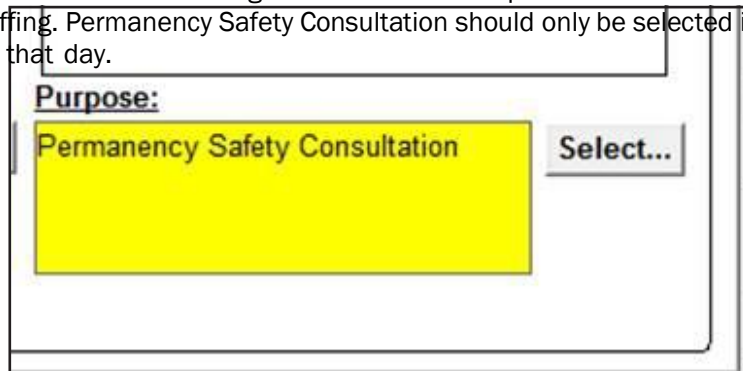
Permanency Safety Consultations

Case Contacts(Cont.'d)

Permanency Safety

Consultation

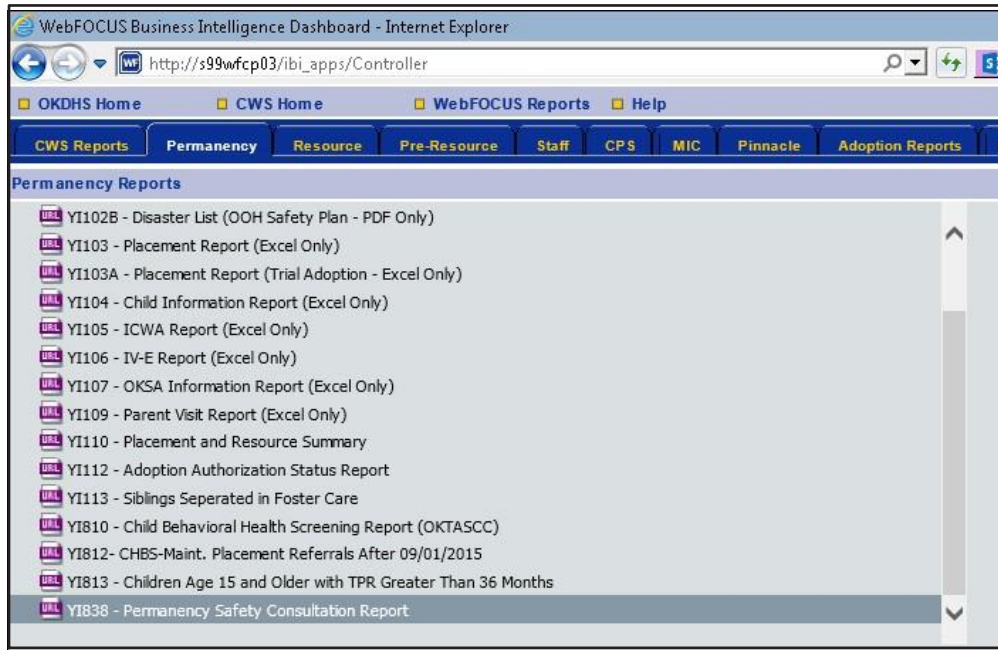
3. Purpose - The appropriate selected purpose for a PSC contact is Permanency Safety Consultation. If the contact being entered is a follow up to the PSC to-do's etc, enter it as a case staffing. Permanency Safety Consultation should only be selected if a PSC in fact occurred that day.



The screenshot shows a software interface with a label 'Purpose:' followed by a dropdown menu. The dropdown menu is open, displaying a list of options. The option 'Permanency Safety Consultation' is highlighted in yellow. To the right of the dropdown menu is a button labeled 'Select...'. The entire interface is enclosed in a black border.

Permanency Safety Consultations

YI838 PSC Report HowTo



The screenshot shows a web browser window titled "YI838 - PERMANENCY SAFETY CONSULTATION REPORT - Internet Explorer". The page features a logo on the left with a teddy bear and the word "KIDS" in large, colorful letters. The main heading is "YI838 - PERMANENCY SAFETY CONSULTATION REPORT". Below the heading, there is a form with two date input fields:

Contact Begin Date:

Contact End Date:

At the bottom of the form is a "Submit" button.

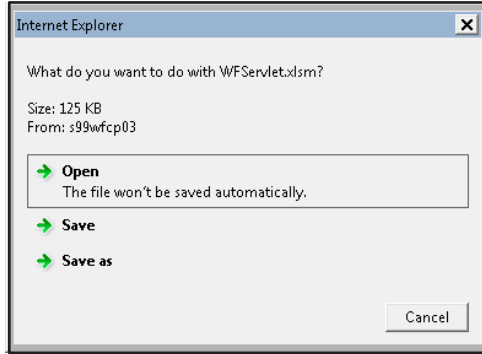
From the CW WebFocus Dashboard, select Y1838 Permanency Safety Consultation (PSC) Report under the Permanency tab:

A launch screen will allow the user to select the dates in which they need PSC information pulled:

Select the dates needed and click Submit. The user will receive a popup from the internet browser:

Permanency Safety Consultations

YI838 PSC Report How To (Cont.'d)



Primary													
Region	District	County	Supervisor	Worker	Responsible Manager	KK	Client ID	Child's First Name	Child's Last Name	Meeting Date	Date of 1st PSC	Removal Begin Date	Removal Return Date
1	10	OSAGE	WILLIAMS, S.	GRIFFITH, KELSEY	PACE, D	20248373	3858430	TRISTEN	CLARK	03/31/2017	11/22/2016	09/16/2016	
1	10	OSAGE	WILLIAMS, S.	GRIFFITH, KELSEY	PACE, D	20472737	5007518	ZANE	NOPPER	03/31/2017	11/22/2016	06/02/2016	
1	10	OSAGE	WILLIAMS, S.	GRIFFITH, KELSEY	PACE, D	20568105	5888990	CHAKOBIE	WASHA	03/31/2017	11/22/2016	06/17/2016	
1	10	OSAGE	WILLIAMS, S.	GRIFFITH, KELSEY	PACE, D	20472737	6200511	XANDER	BIAS	03/31/2017	11/22/2016	06/02/2016	
1	10	OSAGE	WILLIAMS, S.	HARTMAN, JENNIFER	PACE, D	20443396	4534062	ABBIEGAIL	MAXEY	03/31/2017	11/22/2016	06/01/2016	
1	10	OSAGE	WILLIAMS, S.	HARTMAN, JENNIFER	PACE, D	20443396	6684171	AYDEN	MAXEY	03/31/2017	11/22/2016	06/01/2016	
1	10	PAWNEE	POPP, J	BESSMAN-MCCOVEN, NATALIE	PACE, D	20285050	6740730	EDWARD	JOHNSON	03/16/2017	01/26/2016	06/17/2016	
1	10	PAWNEE	POPP, J	PUNCHES, JESSICA	PACE, D	20443741	4499808	LESLIE	WILLIS	03/16/2017	03/16/2017	12/14/2016	
1	10	PAWNEE	POPP, J	PUNCHES, JESSICA	PACE, D	20443741	4499809	DESTINY	WILLIS	03/16/2017	03/16/2017	12/14/2016	
1	10	PAWNEE	POPP, J	WESTERMIER, ASHLEY	PACE, D	20536565	6144425	TRISTIAN	HENDERSON	03/16/2017	08/01/2016	03/03/2016	
1	10	PAWNEE	POPP, J	WESTERMIER, ASHLEY	PACE, D	20536565	6144427	KAYLEIGH	JONES	03/16/2017	08/01/2016	03/03/2016	
1	10	PAWNEE	POPP, J	WESTERMIER, ASHLEY	PACE, D	20536565	6399915	SYNECCA	HENDERSON	03/16/2017	08/01/2016	03/03/2016	
1	10	PAWNEE	POPP, J	WESTERMIER, ASHLEY	PACE, D	20536565	6399921	TACYENNA	HENDERSON	03/16/2017	08/01/2016	03/03/2016	
1	2	BECKHAM	CORBIN, G.	WYNN, KELSEY	LITSCH, K	20264492	5250814	JACKIE	BRINKLEY	03/02/2017	11/22/2016	08/06/2016	
1	2	BECKHAM	CORBIN, G.	WYNN, KELSEY	LITSCH, K	20264492	5250815	JACKIE	WHITE	03/02/2017	11/22/2016	08/06/2016	



Select Open. This will then take the user to an Excel Spreadsheet. The information populated to the spreadsheet will specifically correlate to the dates selected from the launch screen if there was a Contact entered into KIDS with the Purpose of Permanency Safety Consultation and the Child's name was listed in the Applies To field:

There are two tabs located at the bottom of the spreadsheet labeled Detail and Summary:

Permanency Safety Consultations

YI838 PSC Report How To (Cont.'d)

General Info

Contact Entered By: ASHLEY WESTERMIER Date: 03/21/2017 10:31 pm
Contact By: ASHLEY WESTERMIER
Type/Loc.: Face to Face (DHS Office) Source: Case
Status: * Attempted Completed Word Document: UNSAFE
* Announced Unannounced Contact Date: ~~03/16/2017~~ Time: ~~10:30~~ * a.m. p.m.

Participants

*Client/Collateral		*Non-Client/Non-Collateral Participant	
ID	Name	Select...	
			Donna Pace, district director; Jennifer Popp, supervisor

Applies To

ID	Name	Select...	Purpose:	Select...
335136	LONNIE A. OTHERS		Permanency Safety Consultation	
430818	TRENTON R. ROBERTS			

Detail Tab

- ✓ **Primary:**
 - **Region / District / County**
 - **Supervisor / Worker**
 - **Responsible Manager:** Assigned District Director / Field Manager
- ✓ **KK**
- ✓ **Client ID**
- ✓ **Child's First Name / Child's Last Name**
- ✓ **Meeting Date**
- ✓ **Date of 1st PSC:** Lists the first date a Contact with the Purpose of Permanency Safety Consultation was entered into KIDS
- ✓ **Removal Begin Date:** The most recent Removal Date entered into KIDS
- ✓ **Removal Return Date:** If applicable, the Removal End Date to the most recent Removal Date entered into KIDS
- ✓ **Exit Reason:** If applicable, the reason the child exited care
- ✓ **Months in OOHC:** Length of time in Out of Home Care by Months calculated utilizing the most recent Removal Begin Date
- ✓ **Most Recent PSC:** Most recent Contact date with the Purpose of Permanency Safety Consultation
- ✓ **Case Plan Goal:** Child's current Case Plan Goal (CPG)
- ✓ **PSC Recmnd:** Recommendation resulting from the PSC: Safe / Unsafe / Blank; as it was documented in the Contact with the Purpose of PSC, and in the Word Document text box listed either Safe / Unsafe or was left blank:

If the Word Document text box was left *blank* in the Contact, the cells in the PSC Recmnd column will also be blank.

PermanencySafetyConsultations

YI838 PSC Report How To (Cont.'d)

- ✓ **Placement Type:** Current Placement Type as of the date the report was pulled
- ✓ **Entry Date:** Date the child entered the current Placement Type
- ✓ **Exit Date:** Date the most current Placement Type was exited, if applicable
- ✓ **Exit Reason:** If applicable, the reason the client exited the current Placement Type
- ✓ **Days to TR:** A count of days it took the client to enter Trial Reunification (TR)
 - Fields with **** have not exited from Care and/or do not have a date listed in Removal End Date for the most recent removal.
 - Calculated: (Removal Date) – (Entry Date of TR) = Days to TR
- ✓ **Days to Rmvl Exit:** A count of days it took the client to exit from Care.
 - Calculated: (Removal Date) – (Removal End Date) = Days To Rmvl Exit
- ✓ **Average Number of Days:**
 - **Days to TR:** An Average of the total count of days it took of all clients listed in report with the Placement Type of TR to get to TR
 - Calculated: Total # of Days to TR / Total # of clients listed in Report = Average Days to TR
 - **Days to Rmvl Exit:** An Average of the total count of days it took all clients listed in report to exit from Care
 - Calculated: Total # of Days to Rmvl Exit / Total # of clients listed in Report = Average Days to Rmvl Exit

If the user chooses to filter down the headers to reflect specific information the Average Number of Days will update based upon the filtering.

Summary Tab

- ✓ **Region**
- ✓ **District**
- ✓ **County**
- ✓ **# of PSC:** Total count of PSCs completed at a state and county level
- ✓ **# PSC Safe:** Count of PSCs who's Recommendations found the children SAFE as it was listed in the Contact with the Purpose of PSC and SAFE was written into the Word Document text box. **See Above
- ✓ **# PSC Unsafe:** Count of PSCs who's Recommendations found the children UNSAFE as it was listed in the Contact with the Purpose of PSC and UNSAFE was written into the Word Document text box.
**See Above

The first cell below the headers reflects information at a statewide level.

YI838 PSC Report How To (Cont.'d)

	A	B	C	D	E	F
1	OKLAHOMA DEPARTMENT OF HUMAN SERVICES					
2	YI838 - PERMANENCY SAFETY CONSULTATION					
3	Contact Dates Between 01/01/2017 and 04/30/2017					
4	Report Run: May 4, 2017 8:11 am					
5						
6						
	Region	District	County	# of PSC	# PCS Safe	# PCS Unsafe
8	TOTAL			1860	492	1273

OKLAHOMA DEPARTMENT OF HUMAN SERVICES						
YI838 - PERMANENCY SAFETY CONSULTATION						
Contact Dates Between 01/01/2017 and 04/30/2017						
Report Run: May 4, 2017 8:11 am						
Region	District	County	# of PSC	# PCS Safe	# PCS Unsafe	
TOTAL			1860	492	1273	
*TOTAL REGION_NM REGION 1			370	84	281	
REGION 1	1	TEXAS	5	1	4	
REGION 1	10	OSAGE	24	10	15	
REGION 1	10	PAWNEE	21	3	17	
REGION 1	2	BECKHAM	25	4	19	
REGION 1	2	CUSTER	19	3	14	
REGION 1	2	WASHITA	11	2	9	
REGION 1	26	ALFALFA	2	0	2	
REGION 1	26	MAJOR	6	3	3	
REGION 1	26	WOODS	16	4	12	
REGION 1	26	WOODWARD	18	3	15	
REGION 1	4A	BLAINE	18	5	12	
REGION 1	4A	GARFIELD	27	7	20	
REGION 1	4A	KINGFISHER	7	2	5	
REGION 1	4B	CANADIAN	86	23	63	
REGION 1	8	KAY	34	5	29	
REGION 1	8	NOBLE	20	0	17	
REGION 1	9	LOGAN	20	6	16	
REGION 1	9	PAYNE	11	3	9	
*TOTAL REGION_NM REGION 2			368	79	259	
REGION 2	20A	CARTER	31	16	14	

Below that, the Summary tab then lists the counts of PSCs by order of Region / District / County. There is a total header above each region to give overall regional totals:

PermanencySafetyConsultations

YI838 PSC Report How To (Cont.'d)

****REMINDER****

Only cases with a Case Plan Goal (CPG) of Return to Own Home should be documented as a PSC. If assistance is needed to correctly enter a PSC into Contacts or if errors have been made in a current PSC Contact, please contact PSC Program Staff.

Permanency Safety Consultations

YI104 Permanency Planning Information Report

Permanency Timeliness Target Dates How To



On columns AB through AD of the YI104 Permanency Planning Information Report, the user will find information specific to Permanency Timeliness Target Dates. These fields are color-coded for easier differentiation. Each color indicates the anticipated exit date range the client *could* make based upon their current Case Plan Goal (CPG) and, if applicable, Quadrant status.

Permanency Timeliness Target Date – Column AB:

- **Green:** Highlighted cell indicates the due date to exit is within the next 0-12 months
- **Blue:** Highlighted cell indicates the due date to exit is within the next 12-24 months
- **Purple:** Highlighted cell indicates the due date to exit is within the next 24-36 months
- **Orange:** Highlighted cell indicates the due date to exit is within the next 36-48 months
- **Red:** Highlighted cell indicates the due date is over 48 months; no date is listed on or after this point

Most Recent Permanency Safety Consultation (PSC) Contact Date – Column AC:

- This column indicates when the last PSC Contact was entered into KIDS for that specific client. If the cell is blank, this indicates there has not been a documented PSC for the client *or* the client has been recently removed.

Next Permanency Safety Consultation Due Date – Column AD:

- The date populated in this field is calculated 90 days from the Most Recent PSC Contact Date. The field is color-coded for easier distinction.
 - Ex. If the client had a PSC on 12/30/16 and a Contact was entered correctly into KIDS, the Next PSC Due Date would register as 3/30/17.
- **Blue:** Highlighted cell indicates the Next PSC Due Date is PAST DUE.
- If the client was recently removed, and only when the client's CPG is Return to Own Home (RTOH), a 1st PSC Due Date will auto populate to the **Next PSC Due Date** column 90 days from the client's most recent Removal Begin Date (Column AA).
 - Calculated: (Removal Begin Date) + 90 days = Next PSC Due Date

Notes



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**Child Welfare
Services**

Glossary 1: Acronyms

ATAT	Adoption Timeliness Accountability Team
CANH	Child Abuse and Neglect Hotline
CAP	Corrective Action Plan
CHBS	Comprehensive Home-Based Services
CPS	Child Protective Services
CQI	Department of Human Services Continuous Quality Improvement
CSA	Compromise and Settlement Agreement
CWS⁴¹	Child Welfare Specialist
DDS	Developmental Disabilities Services
DHS	Oklahoma Department of Human Services
FAS	Facility Action Step
FFY	Federal Fiscal Year
FSP	Facility Services Plan
ITS	Instructions to Staff
LD	Laura Dester Shelter (state-operated)
MIC	Maltreatment in Care
MST	Mobile Stabilization Team
NCANDS	National Child Abuse and Neglect Data System
OAYS	Oklahoma Association of Youth Services
OCA	Department of Human Services Office of Client Advocacy
ODMHSA	Oklahoma Department of Mental Health and Substance Abuse

⁴¹ CWS additionally is the acronym for Child Welfare Services – the agency within DHS that is charged with improving the safety, permanence and well-being of children and families involved in the Child Welfare system.

OHCA	Oklahoma Health Care Authority
PEM	Pauline E. Mayer Shelter (state-operated)
RFP	Request for Proposals
RFP	Resource Family Placement
PRT	Permanency Roundtable
PSC	Permanency Safety Consultation
SFY	State Fiscal Year
SPPU	Specialized Placements and Partnerships Unit
TFC	Therapeutic foster care
WPC	Written Plan of Compliance
YSA	Youth Services Agency