

Co-Neutral Commentary Eight

Issued April 2017

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, although modest in some areas, 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 reasonable caseloads and an adequate array of homes for children. Despite the tremendous budget pressures DHS has confronted in recent years, DHS leadership, supported by the governor and the legislature, has maintained its focus and investments on child welfare reform. These budget pressures continue to 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 the core strategies that will drive lasting child welfare improvements forward in a sustainable way. 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. Any reversal in support could substantially compromise the still tenuous foundation upon which DHS has sought to build this reform, and undermine years of public investment from the Oklahoma Legislature.

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

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.

progress during this reform, particularly in strengthening its ability and practice to manage and 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' Eighth Commentary under the CSA and reflects DHS' performance, data, and information available through December 31, 2016. In numerous instances, as described in this report, data and information are only available through September 30, 2016 (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 | 56 |
| 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 | Yes | Yes | 72 |
| II. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES | | | | |
| 2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period. | Target due June 30, 2017 | Yes | Yes | 15 |
| Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period. | Target due June 30, 2017 | No | Yes | 18 |
| 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period. | Target due June 30, 2017 | No | Reserving Judgment | 26 |
| Net gain/loss in TFC homes for the reporting period. | Target due June 30, 2017 | No | Reserving Judgment | 26 |
| 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 | 74 |

| 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 |
|---|------------------------|---|---|----------------|
| 3.2: 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 | 75 |
| 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 | 76 |
| 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 | No | Reserving Judgment | 80 |
| 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 | Reserving Judgment | 80 |
| 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 | Reserving Judgment | 80 |
| 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 | Reserving Judgment | 80 |

| 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 | 46 |
| 5.2: The number of child-nights during the past six months involving children age 2 years to 5 years. | No | Yes | Yes | 46 |
| 5.3: The number of child-nights during the past six months involving children age 6 years to 12 years. | No | No | Yes | 47 |
| 5.4: The number of child-nights during the past six months involving children ages 13 years or older. | No | No | Yes | 48 |
| 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 | 48 |
| 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 of children who have achieved permanency. | No | Yes – for children ages 12 and under | Yes – for children ages 12 and under | 99 |
| | | Yes – for children ages 13 and older | Yes – for children ages 13 and older | 99 |
| 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 | 90 |
| 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 | 91 |
| 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 | 92 |

| 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 | 93 |
| 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. | No | No | Yes | 94 |
| 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 | No | 101 |
| 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 | 96 |
| 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 | 97 |
| 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 | 97 |
| VII. CASELOADS | | | | |
| Supervisors | No | Yes | Yes | 44 |
| Caseworkers | No | Yes | Yes | 36 |

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 six performance areas, the Co-Neutrals reserve judgment until the next Commentary in order to consider 12 months of effort by DHS to achieve substantial and sustained progress toward the respective Target Outcomes; and in one performance area focused on permanency for legally free adolescents, the Co-Neutrals determine that DHS has not yet demonstrated good faith for reasons described in detail in this report.

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.

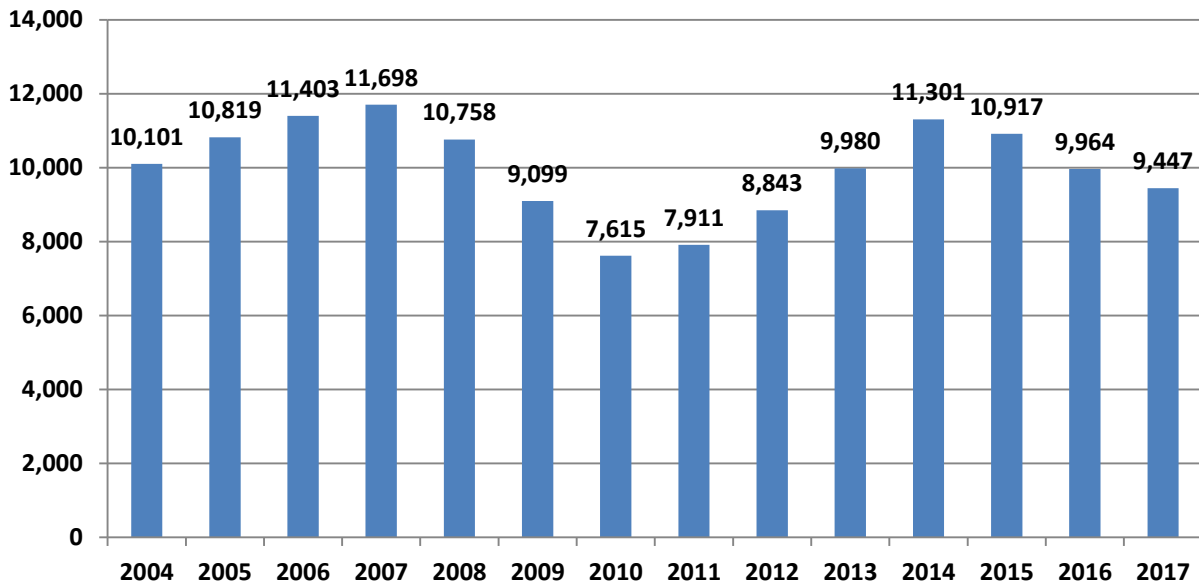
The remainder of this report includes:

- 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. Two years later, on June 30, 2016, there were 9,964 children in care, a 12 percent drop. With two months remaining in SFY 2017, it appears the number of children in DHS custody on June 30, 2017 will reflect a further reduction. 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

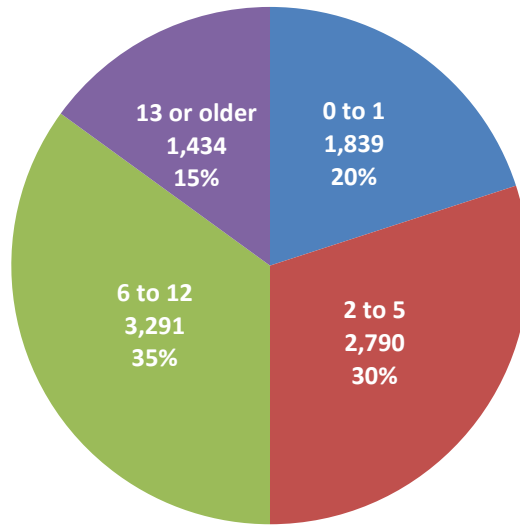
DHS reported there were 9,354 children in custody as of December 31, 2016, and there were 9,896 children in custody on June 30, 2016.³ During the reporting period from July 1, 2016 to December 31, 2016, 2,523 children entered care and 3,065 children exited care.

Young children aged zero to five years make up the largest portion (4,629 or 50 percent) of children in care. Children aged six to 12 years comprise 35 percent (3,291) of the population in care and 15 percent (1,434) are 13 years or older, as detailed in Figure 2 below:

² In prior Co-Neutral Commentaries, the data source used for this figure included tribal children through the year 2013, but not after. The current data source used by the Co-Neutrals, and reflected in Figure 1, includes only children in DHS custody each year, and does not include tribal children in any year. Data for each year reflects Oklahoma's State Fiscal Year, which runs from July 1 to June 30th. As such, the number of children in DHS custody reported for SFY17 does not reflect the complete SFY, which will end on June 30, 2017. The Co-Neutrals will report in their next Commentary the total number of children in care for SFY17.

³ In the prior Commentary, the Co-Neutrals' reported that there were 9,906 children in care on June 30, 2016. Due to data entry lag and the merge of duplicate identification numbers for the same child, DHS data now indicates that 9,896 children were in care on June 30, 2016. The data source for the number of children in care reflected in this paragraph is different from the data source used for the data included in Figure 1, which accounts for the different reported populations of children in care on June 30, 2016. The primary difference between these data sources, which results in the slight variance in numbers, is that the data presented in Figure 1 is frozen each year on August 1st. The data presented in this paragraph, in contrast, can be revised and updated after August 1st of each year.

Figure 2: Children in Care on December 31, 2016 by Age Group (Total = 9,354)



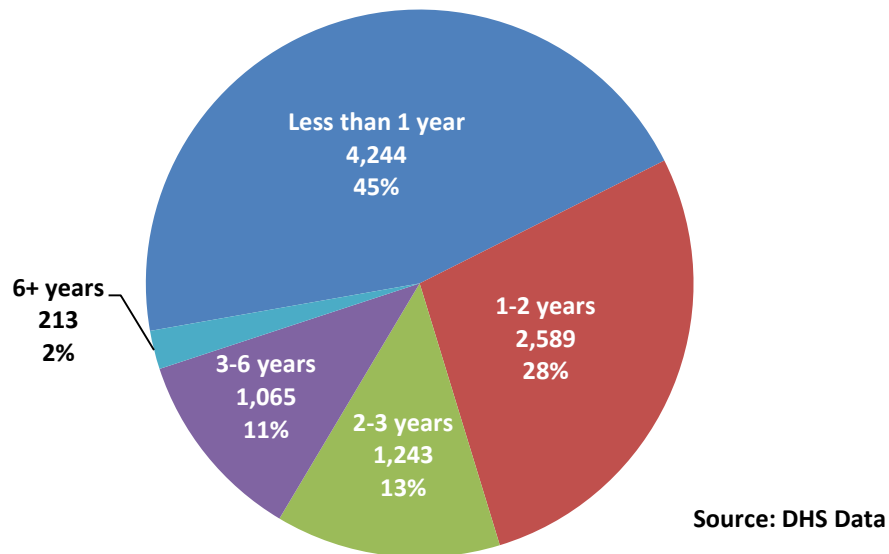
Source: DHS Data

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 36 percent White, nine percent African-American, and seven percent Native American. In addition, 18 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 December 31, 2016, 45 percent (4,244) were in care for less than one year; 28 percent (2,589) between one and two years; 13 percent (1,243) between two and three years; 11 percent (1,065) between three and six years; and two percent (213) 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.

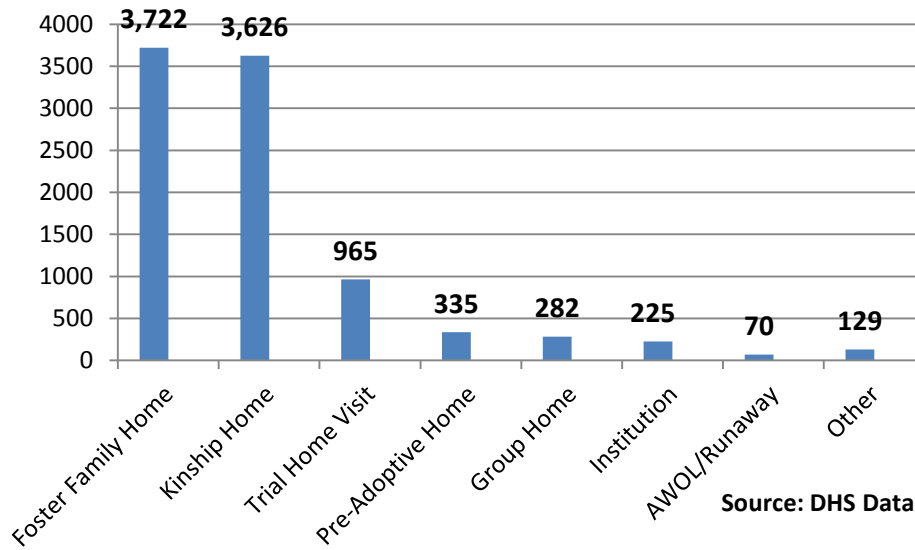
Figure 3 : Children in Care on December 31, 2016 by Length of Stay (Total = 9,354)



As the following Figure demonstrates, 93 percent of children (8,648) in DHS custody on December 31, 2016 live in family settings, including in relative and non-relative kinship homes (39 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, 507 (five 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

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

Figure 4 : Children in Care on December 31, 2016 by Placement Type



Of the 8,648 children living in family settings, 1,807 (21 percent) are less than two years old; 2,761 (32 percent) are 2 to 5 years old; 3,086 (36 percent) are 6 to 12 years old; and 994 (11 percent) are 13 years or older. Of the 507 children placed in institutional settings, 6 (one percent) are less than two years old; seven (two percent) are 2 to 5 years old;⁶ 167 (33 percent) are 6 to 12 years old; and 327 (64 percent) are 13 years or older.⁷

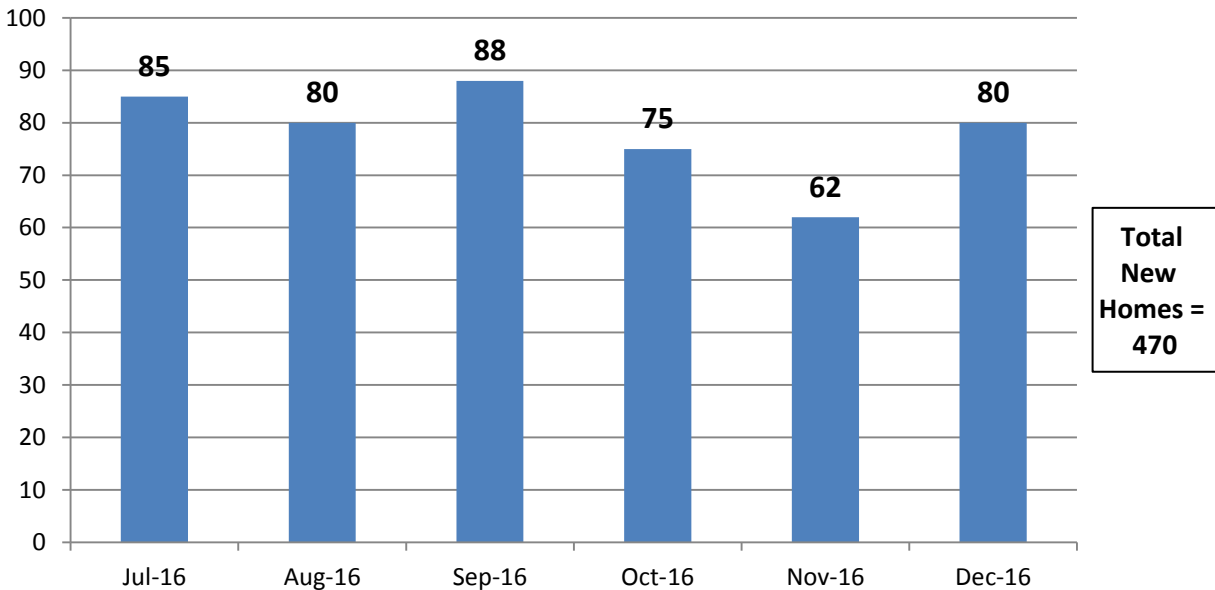
A. Foster Care

For the full 12-months of SFY17, DHS committed to a Target Outcome of 1,080 new traditional non-kinship foster homes and a net gain of 325 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 470 new traditional foster homes during the first half of SFY17.

⁶ Of the 13 children ages 0-5 years old who were placed in institutional settings on December 31, 2016, 12 were in hospitals and one child was placed in an inpatient residential treatment center.

⁷ Percentages in this paragraph may not add up to totals due to rounding.

Figure 5: New Foster Care Homes Developed by Month, July – December 2016

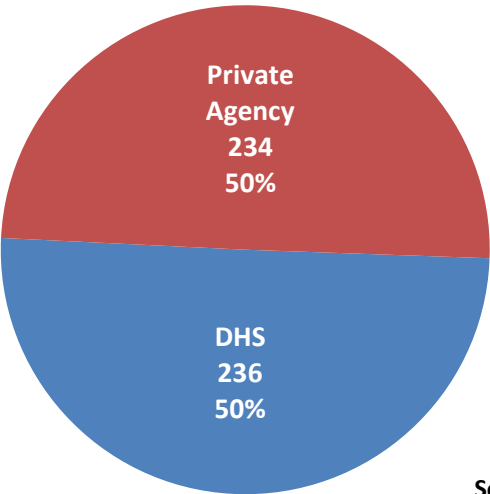


Source: DHS Data

While 470 newly developed foster homes do not represent 50 percent of DHS’ annual target at the half-way mark of the fiscal year, it is the highest number of new homes DHS has approved during the first half of any fiscal year during this reform effort. In order for DHS to meet its annual Target Outcome, it will need to approve an average of 102 new foster homes each month from January through June 2017.

Of the 470 homes developed during this period, DHS developed 50 percent of the new foster homes (236) and its 18 partner agencies (all combined) developed the other 50 percent (234).

Figure 6: New Foster Homes Developed by Agency, July-Dec 2016 (Total= 470)

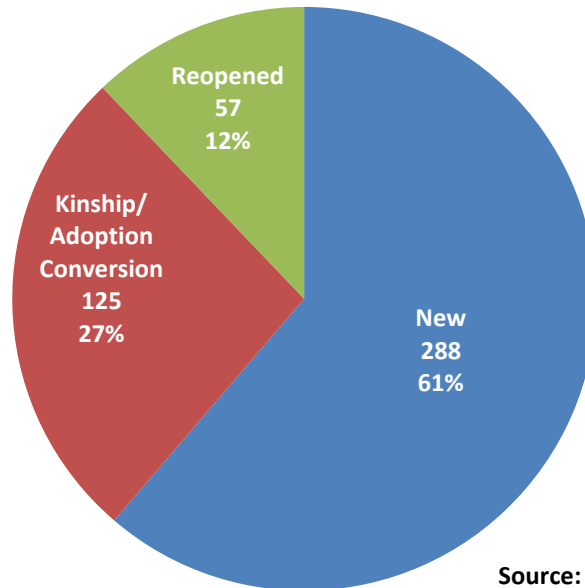


Source: DHS Data

Of the 470 foster homes approved during the first half of SFY17, 288 families (61 percent) were newly recruited by DHS and the private agencies, 125 homes (27 percent) were already approved by DHS as adoption or kinship homes and were then converted to traditional foster homes, and 57 (12 percent) were DHS resource homes⁸ that were closed for more than a year and reopened during this six-month period.

⁸ 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 DDSD homes.

Figure 7: New Foster Homes by Type, July-Dec 2016 (Total=470)



Source: DHS Data

SFY16 – Net Gain Target and Performance

On July 1, 2016, DHS began the fiscal year with a starting baseline of 2,348⁹ foster homes and on December 31, 2016, DHS ended the fiscal year with 2,379 open homes, which represents a net gain of 31 foster homes. Despite developing 470 new foster homes this period, DHS was not able to report a robust net gain of foster homes due to the large number of homes that either closed or transitioned to providing only respite care during the six-month period.

Of the 2,348 foster homes open on July 1, 2016, 456 were no longer open on December 31, 2016. Of the 470 new homes DHS approved during this period, 19 closed by December 31, 2016.

The closure of 456 foster homes over a six-month period is markedly high. For the full 12 months of both SFY16 and SFY15, DHS closed 585 and 572 foster homes, respectively. DHS believes that the two primary reasons for the high number of closures between July and December 2016 were: 1) foster families decided to no longer foster children after finalizing the adoption of a child; and, 2) during the period, DHS encouraged staff to reach out to families

⁹ 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 2,348 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.

who had not taken a placement into their foster homes in more than 30 days to understand why and to confirm if they still wanted to provide foster care. This effort reportedly led to a number of foster homes closing.

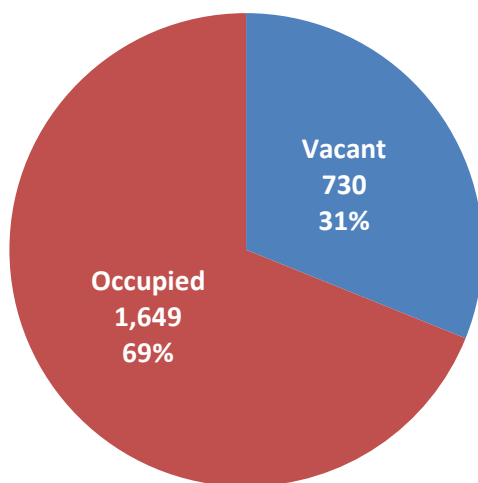
DHS reported that the records for 55 of the 456 closed foster homes specifically noted that they closed as the result of having adopted a child. However, DHS found that an additional 82 foster homes finalized an adoption within the six months prior to their closing and is analyzing whether these families also closed as a result of the recent adoption.

DHS must develop a better understanding of why homes close, particularly if there are supports that DHS can put in place to retain safe and stable foster homes. In reviewing the home closures for this period, DHS found that staff needs guidance on how to document in KIDS the reason for a home closure. DHS staff does not always specify the reason for a home closure and DHS did not track exactly how many homes were closed as a result of the coordinated phone calls made to those families who had not had a placement in over 30 days. DHS reported that currently it is in the process of developing staff guidance that will enable DHS to better track home closures and determine what additional efforts may be needed to retain foster homes. The Co-Neutrals will review and report in their next Commentary DHS' efforts to understand what actions it needs to take to address any issues preventing better retention of foster homes.

Vacant Foster Homes – Rates and Duration

Of the 2,379 foster homes open on December 31, 2016, sixty-nine percent (1,649) were occupied and 31 percent (730) were vacant.

Figure 8: Occupancy Rate of Foster Homes (Total=2,379)



Source: DHS Data

The Table below shows the length of time these 730 resources remained vacant of any placements of children in DHS custody. Two hundred and eighty four (39 percent) of these 730 homes were vacant for at least three months and 131 (18 percent) were vacant at least six months. The majority of the vacant homes (446 homes or 61 percent) went without the placement of a child in DHS custody for less than 90 days.

Table 2: Status of Vacant Foster Homes as of December 31, 2016¹⁰

| Home Status | No. | Percent |
|--------------------------|------------|-------------|
| Vacant 1-30 days | 246 | 34% |
| Vacant 31-90 days | 200 | 27% |
| Vacant 91-182 days | 153 | 21% |
| Vacant 6 months - 1 year | 102 | 14% |
| Vacant 1 year or more | 29 | 4% |
| Total Vacant | 730 | 100% |

DHS’ data showed that foster homes managed by the private agencies had a significantly higher vacancy rate than homes managed by DHS. The private agency foster homes, known as “supported homes,” also remained vacant for longer periods than DHS foster homes. On December 31, 2016, 423 (34 percent) of the 1,241 open supported foster homes were vacant, whereas 307 (27 percent) of DHS’ 1,136 open foster homes were vacant.¹¹ Further, 83 of DHS’ 307 vacant homes had been unoccupied for at least three months (32 vacant for over six months), whereas 201 of the 423 vacant supported homes had been unoccupied for at least three months (99 vacant for over six months).

While it is never good case practice to urge a foster family to accept the placement of children if they are not ready, it is of concern to the Co-Neutrals that over 30 percent of foster homes remained vacant at the end of the period and that almost 40 percent of those homes were vacant for more than 90 days. DHS must work to identify the reasons why and take actions in the next period to address the high number of vacant foster homes across the system.

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 and collaborate with DHS’ national consultants to complete recruitment training for all 18 agencies. At the end of the last period, each of the 18 agencies

¹⁰ In the Co-Neutrals’ data validation process, 28 vacant foster homes jointly approved as another type of resource (adoption, DDSD, etc.) were identified as occupied by children in those other resource types on December 31, 2016. DHS reports that 30 foster homes listed as vacant on December 31, 2016 were occupied by children under a separate resource type.

¹¹ Note that two homes open as both a DHS and a supported home were not included in this vacancy analysis.

had developed recruitment plans that outlined specific strategies and activities to recruit new homes and support homes that had already been approved. The plans also included focused commitments to expand the pool of foster homes that will serve teens, sibling groups, children who are placed outside of their own county and children who represent Oklahoma's racial and ethnic diversity. DHS reported that trainings on targeted recruitment for the 18 agencies, as well as all TFC agencies, will continue from February through April 2017.

DHS and its private agency partners now track and report the number of newly recruited homes that will serve children whose placements can be more challenging, particularly teens, sibling groups and children who are medically fragile. For this report period, DHS reported that of the new foster homes its partner agencies developed, 178 homes accept sibling groups, 29 provide placement for teens and 63 accept children who are medically fragile. Of the new foster homes DHS developed this period, 174 homes accept sibling groups, 137 accept children with special medical needs, and 38 provide a placement for teens. Also, 123 of DHS' newly developed foster homes accept children ages six to twelve years old.

This period, DHS continued to increase capacity and grow the number of DHS staff and supervisors assigned exclusively to new foster home recruitment. At the end of the previous period, DHS had 35 caseworkers and five supervisors statewide devoted to recruitment. By December 31, 2016, DHS reported that its statewide recruitment team increased and consisted of 54 caseworkers, 12 supervisors and one field manager.

Further, DHS dedicated three child welfare staff to work with Developmental Disabilities Services (DDS) to recruit families to serve children with developmental disabilities. DHS has worked to cross train staff from child welfare and DDS to nurture greater mutual understanding of the two programs. Staff from the two programs meet monthly to review the list of children in DHS custody who are on the waitlist for a DDS home and to review the list of available DDS homes to identify possible matches. The initial focus has been on recruiting DDS homes for children with developmental disabilities who are placed in the Laura Dester shelter and who need families that are trained to provide higher-level care to meet their individual needs.

To increase awareness and support statewide for the foster care program, DHS, in partnership with the Governor's office and community partners, continued the Oklahoma Fosters initiative with outreach and recruitment efforts, including four recruitment events during this report period. DHS is now focused on moving the Oklahoma Fosters recruitment initiative away from being event-driven to an ongoing outreach effort embedded in communities with the goal to recruit and support families at the local level in a sustainable way.

Integration of Foster and Adoption Home Programs

During this report period, DHS' foster care and adoption leadership team dedicated a great deal of time and attention to launch the integration of its foster and adoption staff into one program. The goal of the integration is to develop a unified Resource Family Model that will streamline DHS' processes and maximize staff and home resources to better serve children in DHS' custody. The integration will allow resource families to move seamlessly between either the foster or adoptive home programs.

As the Co-Neutrals have highlighted in previous commentaries, a system change of this magnitude represents a substantial commitment and, understandably, this restructuring and significant shift in longstanding operations and case practices have consumed much of the focus and time of the foster and adoption programs' management teams this period.

To prepare for the October 3, 2016 integration, DHS trained all foster care and adoption staff during the months of July, August and September. All foster care and adoption staff received training on the new resource home model as well as specialized training specific to the responsibilities of each new worker type established in the new integrated program.¹² DHS reports that the foster care and adoption leadership team monitors the effects of the integration, both on staff and families, and is addressing any concerns as they arise.¹³

Supporting and Retaining Foster Homes

DHS leadership recognizes that staff in all roles in the new resource home program must continuously strive to provide quality supports and services to foster parents at each stage of their experience within Oklahoma's child welfare system. To help ensure that families were not unnecessarily delayed or discouraged through the resource home approval process, DHS previously established a Barrier Buster workgroup to identify trending barriers and establish long-term solutions to support families through the approval process. DHS reported that all barriers identified have been addressed and that it has placed the Barrier Buster workgroup on hold; however, DHS will resume the work of this group if new system-wide barriers are identified in the approval process.

In the meantime, DHS continues to conference weekly with its partner agencies to review any challenges with the approval of individual resource home applicants. DHS also makes direct follow-up calls to families that have been in the approval process for over 60 days to

¹² Through the integration, DHS caseworkers who manage open resources homes are now called resource family specialists. These workers were formerly called foster care workers.

¹³ Follow this link (<http://video.oucpm.org/2016/09/foster-care-and-adoption-integration/>) to view a video power point produced for staff to summarize key aspects of the program integration.

understand any barriers they may be experiencing during the process of becoming a resource home. DHS reported that it contacted 151 families from July through December 2016, and that the vast majority of families reported that they were progressing through the process at their own pace and not confronting any barriers or issues. In many cases, DHS reported that families offered positive feedback about their experience.

In an effort to better accommodate the schedules of prospective foster parents, DHS developed a new online pre-service training in partnership with the University of Oklahoma’s National Resource Center for Youth Services and Center for Public Management. DHS had foster care staff review and complete all training modules and provide their feedback. DHS reported that the online training still requires one-on-one contact between a trainer and the family after every third training module is completed. DHS is piloting the training in Region 1 for three months, and will then assess if any changes are needed before expanding its use to other regions. The Co-Neutrals will review the new training and report in their next Commentary an assessment of the online courses.

DHS reported that the Foster Parent Support Workgroup completed a number of projects this period, including a new set of tools that guide DHS and private agency resource family workers to use monthly contacts with foster parents to enhance communications and to better include resource families in children’s case planning.

One area where DHS has not made significant progress is in establishing a consistent practice, with clear guidance to staff, for making respite care available to foster parents when they need such support. The Co-Neutrals previously reported concerns that DHS does not appear to use its respite homes to support foster parents. On July 1, 2016, the last day of the last report period, all 76 open respite homes were vacant. On January 1, 2017, DHS again reported that all of its 81 open respite homes were vacant. As shown in the Table below, 72 percent (58) of the respite homes had been vacant of any respite placement for at least six months.

Table 3: Vacancy Status of Respite Only Foster Homes, January 1, 2017

| Home Status | No. | Percent |
|--------------------------|-----------|-------------|
| Vacant 1-30 days | 3 | 4% |
| Vacant 31-90 days | 8 | 10% |
| Vacant 91-182 days | 12 | 15% |
| Vacant 6 months - 1 year | 26 | 32% |
| Vacant 1 year or more | 32 | 40% |
| Total | 81 | 100% |

DHS reports that children's placements in respite homes are not consistently documented in KIDS, which may contribute, in part, to the high rate of vacancies in respite homes.

To support foster parents' understanding of respite care, DHS developed a one-page fact sheet for foster parents, which describes how to access different types of available support, from securing a babysitter, to using an approved alternate caregiver,¹⁴ to requesting and placing a foster child in a DHS approved respite home. However, as noted in the Co-Neutrals' last Commentary, it is important for DHS caseworkers to also have a clear understanding of how to discuss with foster parents the availability of, and best way to request, respite care and then have the ability to access and facilitate a respite placement.

DHS will need to continue using the strategies and mechanisms it has already identified and seek additional opportunities to enhance case practice to better support foster parents. This is a critical component of advancing retention and achieving better outcomes for children in the areas of placement stability, safety and permanency.

Supporting Child Safety in Foster Homes

It is of paramount importance for all resource family staff, in conjunction with permanency staff, to maintain an unyielding focus on the safety of children placed in foster homes. This is true for foster care staff responsible for reviewing and approving new homes and those assigned to manage and support open homes.

As discussed in greater detail below in the section on maltreatment in care, DHS has made progress in involving directly foster care staff in reviewing all allegations of abuse or neglect in foster homes, and in monitoring homes that have multiple referrals and written plans of compliance, overfills and other concerns. However, as acknowledged by DHS leadership, work remains to ensure that resource family staff (those who work in DHS and the private agencies) understand the key role they play in providing effective assistance for foster parents to support safety. Resource family caseworkers must also be able to identify potential concerns and take timely action to address and remove any safety concerns identified with the foster homes they manage. Lastly, to support this work, foster care and permanency workers must continue to strengthen communication to ensure all relevant information on a home and child is shared between them, and any other worker(s) related to a case.

¹⁴ As part of the foster parent approval process, resource families must identify an alternate caregiver who DHS also approves through a separate review.

B. Therapeutic Foster Care

Children who are eligible to be placed in therapeutic foster care (TFC) homes have been assessed to have emotional and behavioral health needs, and can live in the community with specially trained foster parents and therapeutic services. DHS has established TFC homes as a key component of Oklahoma's continuum of care resources. TFCs are intended to ensure that appropriate services are provided for children in need of behavioral health treatment to avoid placing children in higher-levels of congregate care, and to offer family-based placements for those children ready to step-down from higher-levels of care and support more stable placements.

Since the beginning of this reform effort, DHS has fallen short of meeting its annual targets for new TFC home development. DHS currently contracts with 10 private agencies to recruit, manage and support its TFC homes. Unlike traditional foster homes, DHS does not recruit and manage its own TFC homes.

DHS has consistently reported challenges with matching children in need of a TFC placement with an open TFC home. In addition, DHS has struggled to address a persistently high vacancy rate of open TFC homes, while simultaneously carrying a waitlist of children in need of a TFC placement. Throughout this reform, the challenges with the TFC performance area have rested not only on the lack of new homes developed, and the loss of existing TFC homes in the system, but also on the quality and efficacy of the TFC program and the operational relationship between DHS and the TFC private agencies.

Developing new TFC homes is a critical priority for DHS, but if a significant number of the TFC homes in Oklahoma's system are not available for placements and do not provide quality services, adding more homes to the TFC pool will not necessarily result in more children receiving quality, home-based therapeutic care that meets their needs. Given this, the Co-Neutrals urged DHS to undertake a comprehensive evaluation of its TFC program, both internal and external to DHS, and determine what system changes are needed to enhance the quality of the TFC program and to ensure TFCs represent a strong, supportive placement option for children.

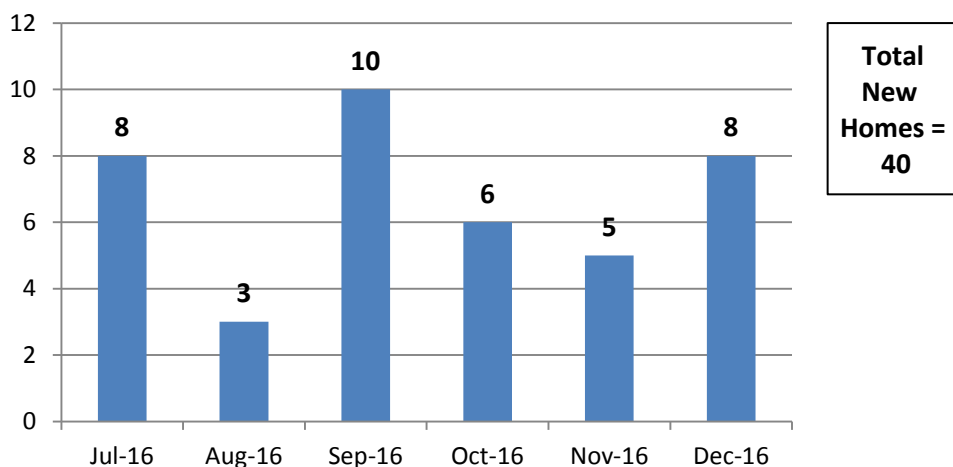
During this report period, DHS assessed its TFC program using data and information that DHS has not previously collected and analyzed in a systemic way. DHS used this review to develop a series of strategies to strengthen its TFC program. (See Appendix B for Revised TFC Core Strategies). As described in greater detail below, DHS' new core strategies group into four key areas: ongoing recruitment and retention, quality of care and services, child safety and increased utilization. The Co-Neutrals are currently reserving judgment as to whether DHS has

made good faith efforts to achieve substantial and sustained progress toward the TFC Target Outcomes until the next reporting period in order to be informed by 12 months of evidence, particularly on DHS’ implementation of its TFC core strategies. To assess DHS’ efforts to achieve substantial and sustained improvements toward its TFC Target Outcomes, the Co-Neutrals will monitor and evaluate DHS’ work in SFY17 to implement effectively the core strategies described in this section. This requires DHS to allocate adequate staff, resources and management focus to recruit and grow its pool of TFC homes, ensure that children awaiting TFC placement receive necessary supports in their current placement, establish an effective process to match children who require a TFC placement with a family, and ensure children receive quality services to meet their individual needs when placed in a TFC home.

TFC New Home Development and Net Gain/Loss

DHS reported that it had developed 40 new TFC homes during the first half of SFY17. The Target Outcome for new TFC home development for SFY17 was set at 172. Of the new TFC homes, 25 (63 percent) were brand-new homes, eight (20 percent) were adoption/kinship home conversions, and seven (18 percent) were reopened homes.

Figure 9: New Therapeutic Foster Homes by Month, July 2016-December 2016



Source: DHS Data

TFC Net Gain/Loss

On July 1, 2016, DHS began the fiscal year with a starting baseline of 366 TFC homes and ended this six-month period with 333 open TFC homes on January 1, 2017, which represents a net loss of 33 TFC homes. The SFY17 net gain target was established at 55 TFC homes. Of the 366 TFC

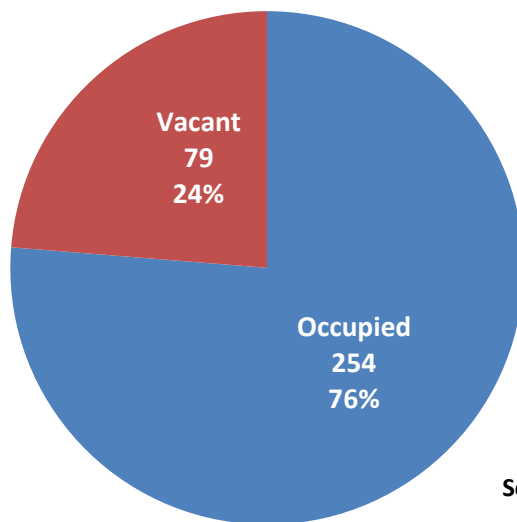
homes open on July 1, 2016, 95 were no longer open on January 1, 2017 for a TFC home closure rate of 26 percent. Of the 40 new TFC homes DHS and its agencies developed from July 1, 2016 to December 31, 2016, no home closed by December 31, 2016.

DHS, in partnership with its 10 TFC partner agencies, continues to struggle to make any gains toward building the state’s pool of open and available TFC homes. To the contrary, DHS reported substantial net losses over the last 18 months of this reform. For SFY16, DHS reported a net loss of 57 TFCs, despite having developed 105 new TFC homes for the year, and with the additional net loss of 33 TFC homes during this six month report period, the need for TFC homes continues to grow. DHS reported a baseline of open TFC homes on January 1, 2016 at 403; one year later, DHS reported a baseline of 333. As previously noted in Co-Neutral Commentaries, DHS reported that a significant portion of the TFC home losses have been the result of DHS closing homes that have appeared to be open and available but were no longer interested in accepting placements. Further, DHS changed the designation of some TFC homes to respite-only, which also gets calculated as a loss.

TFC Vacancies

Of the 333 TFC homes open on January 1, 2017, 254 (76 percent) were occupied as TFC resources, while 79 (24 percent) homes were vacant. Of all vacant homes, 11 (14 percent) were listed as unavailable.

Figure 10: Occupancy Rate of TFC Homes (Total = 333)



Source: DHS Data

Despite DHS’ ongoing effort to close chronically vacant TFC homes, the percentage of open TFC homes that show as vacant has remained fairly constant over the last several report periods: 27

percent were vacant on January 1, 2016 and 25 percent were vacant on July 1, 2016. A more significant reduction in TFC vacancies can be observed when comparing TFC vacancies on July 1, 2015 (31 percent) to the most current data showing 24 percent of TFC homes were vacant on January 1, 2017. However, it is also important to keep in mind that on July 1, 2015, DHS had a significantly larger pool of reported open TFC homes at 437 compared to the 333 open TFC homes reported on January 1, 2017.

DHS’ data showed a decrease in the number of TFC homes with children placed in them from January 1, 2016 when 295 TFC had placements to January 1, 2017 when 254 TFC homes had child placements. Despite this decrease, DHS also reported that the number of children on the TFC waitlist, although still significant, has decreased by almost 50 percent from mid-March 2016 to mid-March 2017, with 120 and 62 children reported on the waitlist at those points in time, respectively. Even so, addressing the substantial underutilization of TFC placements – nearly one quarter were vacant at the period’s close – represents an operational imperative for DHS, with 62 children waiting for a TFC home.

One bit of good news is the reduction in the number of TFC homes that remain vacant for extended periods of time. DHS reported that on January 1, 2017 no open TFC homes had been vacant for more than six months.

Table 4: Status of Vacant TFC Homes as of January 1, 2017¹⁵

| Home Status | No. | Percent |
|--------------------------|------------|----------------|
| Vacant 1-30 days | 30 | 38% |
| Vacant 31-90 days | 25 | 32% |
| Vacant 91-182 days | 24 | 30% |
| Vacant 6 months - 1 year | 0 | 0% |
| Vacant 1 year or more | 0 | 0% |
| Total | 79 | 100% |

One year earlier, on January 1, 2016, DHS reported that 42 TFC homes had been vacant for more than six months, with 17 of these 42 TFC homes reporting as vacant for more than one year.

¹⁵ Eleven TFCs were jointly approved as another type of resource (adoption, DDS, etc.) and were occupied by children in those other resource types on January 1, 2017. Of these 11 homes, two were vacant 1-30 days, four were vacant 31-90 days, and five were vacant 91-182 days.

Throughout this reform, DHS has often shared with the Co-Neutrals the difficulties in establishing a clear record that accurately identifies for each TFC home their specific placement preferences and availability. DHS must work through these challenges to effectively match and place children on the TFC waitlist – or children for whom a TFC placement is newly requested – in open and vacant TFC homes.

DHS has cited various barriers that prevent a more efficient and coordinated operation between DHS and its private agencies to place children in TFC homes, including: limited information available in KIDS about each TFC home, such as the characteristics of the children TFC homes are willing to accept for placement; a lack of DHS staff resources to consistently track and monitor the children in need of a TFC placement (i.e., children who remain on the TFC waitlist); and, the unwillingness of TFC agencies and homes to accept placement of some children with challenging behaviors.

Ultimately, these barriers have resulted in eligible children losing the opportunity to live in a therapeutic, family-based setting. Another negative consequence of these challenges has been that too many children who need a TFC placement have experienced placement instability as they move between placements that are unable to meet their needs. Still other children have languished for too long in shelters or higher-level facilities that do not meet their therapeutic needs in the least restrictive setting possible.

DHS Assessment of Oklahoma’s TFC Program

During this period, DHS undertook a comprehensive review of its TFC program, which included a quantitative analysis and a qualitative assessment of children’s diagnosed needs and TFC services. Through this review, DHS sought to understand not only the barriers to place children in open and available TFC homes, but also the multi-faceted and historic aspects of the business operations, policies, regulations and case practices that drive the manner in which DHS, its private agencies, and the Oklahoma Health Care Authority (OHCA)¹⁶ work in tandem to offer TFC placements and services for children. DHS also sought to evaluate the characteristics of children placed in TFC homes to understand the authorization criteria and processes for child placement in a TFC home. At the end of the last report period, DHS assigned a new point person to lead the comprehensive TFC program assessment and, in August 2016, DHS designated this person to be the permanent lead (Field Manager) to manage DHS’ TFC program.

¹⁶ The Oklahoma Health Care Authority determines if a child in DHS custody meets the criteria and is authorized to be placed in a TFC.

Quantitative and Qualitative Reviews

DHS' quantitative review examined a cohort of 1,686 children who had been placed in a TFC home during the last three state fiscal years (SFY14, SFY15 and SFY16) to understand various characteristics of the cohort, including gender, age, race, health diagnosis (medical, mental and behavioral), average lengths of stay, initial reasons a child was placed in DHS custody (i.e., types of abuse/neglect encountered), placement stability and permanency outcomes. These 1,686 children experienced a total of 3,306 TFC placements during the same three state fiscal years. Through this data review, DHS found that the children in the cohort had experienced an average of 12 placements and the two main recorded reasons children disrupted from TFC care was because the placement could not meet the child's needs or that the TFC provider requested the change in placement. DHS also reviewed its data to understand more about each TFC agency, including patterns for accepting placements, disruptions, home vacancies, and successes in supporting permanency.

For the qualitative review, DHS established a multidisciplinary team that included DHS' new TFC lead, a program supervisor, a foster parent, a traditional foster care supervisor and mental health consultants. The review of 65 TFC placed children initially began as a result of DHS' previously established TFC contract provision that required TFC agencies to step down children from mid-tier to low-tier therapeutic services based on the child's length of stay in the same TFC placement. TFC agencies submitted information about the therapeutic needs of and services required for these 65 children as part of child specific requests to maintain the children in the mid-tier treatment level.¹⁷

The qualitative review provided DHS with critical information about the quality of therapeutic diagnoses and treatment plans established for each child and allowed DHS to identify some patterns of concerns. In some agencies, DHS identified a lack of individualized child assessments and treatment plans and for some child specific cases DHS found an absence of therapeutic interventions and services that, at times, appeared warranted. DHS also looked at staff logs and contact notes of the TFC agencies and child welfare staff to understand how they assess, communicate about and address the needs of children included in their caseloads. DHS reported that all aspects of this qualitative review provided new insights into how both DHS

¹⁷ In August 2016, DHS decided to remove the tier system from its provider contracts and modified the contracts by September 1, 2016. DHS had identified that the tier system created financial incentives to maintain children in the highest level of care, which DHS has since neutralized with the contract modifications. For example, under the tier system, placing a child in a lower tier of care would have reduced the rate DHS provided to the TFC agency. DHS reported that, working with the TFC agencies, it established a flat monthly rate paid by DHS to providers for all TFC placed children; a minimum rate that TFC agencies will pay to TFC homes; and, flexibility that allows TFC agencies to increase the monthly rate provided to foster homes based on the needs of specific children served.

and its provider agencies work to support children and TFC families and where coordinated efforts and practice improvements are needed.

DHS reported that it has been communicating directly with each agency to address areas of concerns identified through its case reviews in order to plan for additional improvements in supports and services for children and TFC families.

Focus Groups Statewide

As part of the TFC program assessment, DHS also coordinated 12 focus groups throughout all five regions of the state to hear directly from TFC foster parents, teens (ages 13 to 18) currently in a TFC placement, TFC agency staff and DHS child welfare staff about their experience with the TFC program. DHS sought to understand what the focus group participants thought was or was not working well and what, if any, necessary services for children and TFC homes currently are not available. Focus group participants identified respite care, educational supports, and trauma-informed therapeutic services as unmet service needs. DHS also looked to understand any aspects of the TFC home approval process and the TFC home placement experience of children in custody that present opportunities for system improvements.

Review of Longstanding Vacant TFC Homes

Finally, DHS continued its close review of all TFC homes with long-standing vacancies during this period. In the previous report period, DHS, working with the TFC agencies, reviewed the status of all TFC homes that had not accepted a placement in the last 120 days. During this period, DHS decided to establish as an ongoing practice that any home that remains vacant for at least 150 days will be closed. This effort resulted in additional TFC home closures and contributed to the net loss of TFC homes reported for this period. For several report periods, DHS has reported efforts to establish an accurate baseline of TFC homes that are genuinely available, not just technically open, to receive TFC placements. Assessing the true availability of open resource homes must be an ongoing practice if DHS is to maintain an accurate baseline and understanding of the state's placement resource capacity and needs. However, notwithstanding this continuous process, DHS reported that the pool of 333 TFC homes open on January 1, 2017 represents an accurate data point.

Summary of DHS' Findings

DHS reported that the information gathered from the overall program assessment will be applied to its ongoing work with the TFC agency providers to examine: recruitment needs and strategies; pre-service and in-service training needs for TFC families and agency behavioral

health providers; and, how the case practice of DHS and TFC agencies can better support children placed in TFC homes with respect to their safety, well-being and permanency, as well as the quality of services they receive. To help ensure that DHS and its private agencies are aligned in their expectations of all that is required to support TFC families and provide quality care to children placed in TFC homes, DHS is in the process of developing new performance based contracts for this program. The Co-Neutrals expect DHS to finalize the new contracts by June 30, 2017.

Core Strategies

During the last report period, DHS committed to propose new core strategies to expand the number of TFC homes and the quality and operation of the TFC program based on lessons learned from the comprehensive program review outlined above. Informed by this review, DHS proposed at the end of this period, and the Co-Neutrals approved, core strategies and enhanced activities for the TFC program in four key areas: quality of care and service, safety, increased utilization and ongoing recruitment and retention.

Quality of Care and Services

As noted above, DHS' program assessment identified some concerning issues with the quality of TFC services. These concerns surfaced consistently in cases managed by some providers and in more discrete child specific cases for others. The issues presented an urgent need to improve the quality of care provided through the TFC program. While DHS is meeting with TFC agencies individually to address agency specific concerns, DHS leadership has met with all TFC provider agencies together to review the findings from the qualitative reviews and continues to meet monthly as a full group to establish clear expectations and guidelines for the TFC program, TFC agencies and DHS child welfare leadership and staff moving forward.

To support strong matches between TFC homes and children who need a TFC placement, DHS has developed a comprehensive application for TFC placement requests. The application is designed to ensure that the TFC agency and home where a child is placed have a comprehensive understanding of each child's history and therapeutic treatment needs prior to placement. The new application will replace the current one-page placement worksheet that DHS caseworkers have used to request a TFC placement. DHS and the TFC agencies found that this one-page placement worksheet is too limited in the information it provides the TFC agencies to support their making the most appropriate TFC home match for each child. (See Appendices C and D for copies of the new draft application and TFC placement worksheet.) The new application requires more information about each child, including details on the child's behavioral health history and treatment and information gathered from the child to understand

their point of view. DHS' efforts in SFY17 must include implementation of the new application and ongoing monitoring in SFY18 of its effectiveness.

DHS also committed to establish a multidisciplinary staffing team, including a mental health consultant, for children entering and already placed in a TFC home to ensure each child receives high quality TFC care tailored to their individual needs. The teams will also review each child's permanency case goal to align TFC placements and services to support those goals. DHS has tasked each DHS TFC liaison with coordinating efforts between TFC providers and DHS caseworkers and field staff to prepare for each child's 90-day assessment and treatment team meeting. DHS' efforts in SFY17 must include implementation of this new model and ongoing monitoring of its prevalence and effectiveness.

DHS' qualitative review found a need for improved coordination between DHS caseworkers and the TFC agencies. In particular, the review identified that in some cases DHS caseworkers and the TFC agencies documented two distinctly different perspectives on how the same child fared with respect to their treatment plans. DHS also observed a disconnect between a child's documented behaviors and the child's treatment plans. Given this, the work of the TFC liaisons is critical since DHS intends for them to lead a change in practice that better synchronizes the assessment of, and appropriate follow up, to meeting a child's service needs. The Co-Neutrals have noted concerns regarding the limited number of staff assigned to the TFC program. DHS must ensure that a sufficient number of TFC liaisons are assigned to the TFC program to carry out this key responsibility.

After the end of the report period, in January 2017, DHS began a new leadership training initiative and has dedicated a significant amount of the DHS' TFC leadership's time and attention to this effort. DHS reported that this training is intended to guide DHS leadership in developing new protocols to more efficiently and effectively determine when a child should be placed in a TFC home and ensure that children and resource families in the TFC program receive high quality services. DHS' TFC staff will, in turn, guide a similar initiative working with the Oklahoma Health Care Authority (OHCA) and TFC agencies to ensure all key partners are working with the same protocols to provide adequate supports and services to children and families involved in Oklahoma's TFC program. This training will conclude in June 2017, which the Co-Neutrals will confirm in advance of the next Commentary.

Further, for any child who is on the waitlist for a TFC placement, DHS committed to work with Behavioral Health Consultants from the Oklahoma Department of Mental Health and Substance Abuse Services to identify and coordinate the delivery of community-based services to the child in their current placement to ensure their needs are met until they can be placed in a TFC home. DHS reported that this effort was set to begin by the end of January 2017, and the Co-Neutrals will evaluate implementation in advance of the next Commentary.

Increased Utilization

As noted above, DHS has reported challenges in working with its TFC agency partners to establish consistent and well-coordinated processes to maintain a real-time view of available TFC homes, the characteristics of these placements and an efficient way to match children to these placements in a timely fashion. As discussed, DHS has worked to establish an accurate baseline of the TFC homes that are interested in accepting placements of TFC authorized children. As a next step, DHS committed to complete resource profiles on all TFC homes by the end of February 2017 and work with its Continuous Quality Improvement and KIDS teams to track and monitor vacancies. DHS further plans to build enhanced capacity to track these homes not only for matching purposes but also to inform the quality of services provided by TFC homes, as well as the state's resource capacity and needs. Ongoing, accurate tracking and matching is critical, and the Co-Neutrals will evaluate implementation in advance of the next Commentary.

Reducing Maltreatment in TFC Homes

During this report period, DHS' TFC program began to heighten its focus on the safety of children in TFC placements. TFC program staff now participate in the MIC core strategies and activities established for traditional foster homes. As discussed in the Maltreatment in Care section below, among all types of family-based resources, TFCs have the highest rate of substantiated abuse and neglect, making additional safeguards in the TFC program essential.

In October 2016, TFC program staff began to review all of the abuse/neglect investigations and referrals (including those screened out) that DHS receives on TFC homes. DHS also committed to establish, in conjunction with the TFC provider agencies, new protocols to address any ongoing safety or policy concerns in TFC homes. In advance of the next Commentary, the Co-Neutrals will evaluate how DHS responded in SFY17 to the prevalence of child abuse and neglect in TFC homes, and what specific efforts the agency undertook to identify and mitigate risk.

Recruitment and Retention

For the first time since the reform effort began, DHS requested that each of the TFC agencies develop and submit for DHS' review individual plans to recruit, retain and maximize the use of TFC homes. DHS charged the agencies with developing strategies focused on four key areas: recruiting new TFC homes; supporting and retaining new and existing TFC homes; maximizing open TFC homes by understanding the reason(s) for any ongoing vacancies and proactively working to match children on the TFC waitlist to their open homes where the capacity exists; and, enhancing partnerships with local communities to increase local involvement, awareness and support for TFC families. As has been the case for the 18 agencies working with DHS to

develop traditional foster homes, DHS' national consultants have provided training and guidance to the TFC agencies in their efforts to develop and implement recruitment plans. The Co-Neutrals will evaluate the development, implementation and results of these recruitment efforts in advance of the next Commentary to inform a judgment whether DHS has made good faith efforts to achieve substantial and sustained progress toward the TFC Target Outcomes.

Some agencies have committed to examine matching opportunities between children on the waitlist and TFC homes that are within a week of their final certification or approval as a TFC home in order to expedite children's TFC placements. DHS has also incorporated the recruitment of TFC homes into the Oklahoma Fosters Initiative as well as DHS' Foster Care and Adoption Resource Center which, among other services, fields inquiries from families who are interested in becoming a foster and/or adoptive home. DHS has established a process to track and follow up with the agencies that receive from the Foster Care and Adoption Resource Center information about families who inquired and expressed interest in serving as a resource family, including those who inquired about the TFC program.¹⁸

For all levels of resource placements, family-based and higher-level care, upfront and ongoing effective training is essential to prepare caregivers to provide quality care and respond therapeutically to children who sometimes display typical childhood behaviors as well as children whose past traumatic experiences lead to more challenging behaviors. Quality training for TFC and all resource caregivers is necessary to develop skilled and stable care, safety and permanency for children in DHS custody, particularly for children who require advanced therapeutic care. Effective training and supports are also key components to help retain TFC families.

DHS is currently reviewing the effectiveness of all standardized training provided to resource families and the supplemental training that TFC families must complete to assess if the training adequately prepares TFC families to work with and provide a stable placement for children with challenging behavioral needs. As DHS reported from its quantitative review of 1,686 TFC placed children, the two most frequently documented reasons children disrupted from TFC care was because the placement could not meet the child's needs and the TFC family requested the change in placement.

¹⁸ As noted above in the Foster Care section, DHS is working to expand family-based resources to serve children with developmental and intellectual disabilities and other special needs. DHS has committed to continue its work with the OHCA to explore options to provide family-based placements for children with these disabilities who, to date, have not been authorized by OHCA for TFC placements. TFCs have not been trained to care for and meet the needs of these children.

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 5: Pinnacle Plan Caseload and Workload Standard Commitments¹⁹

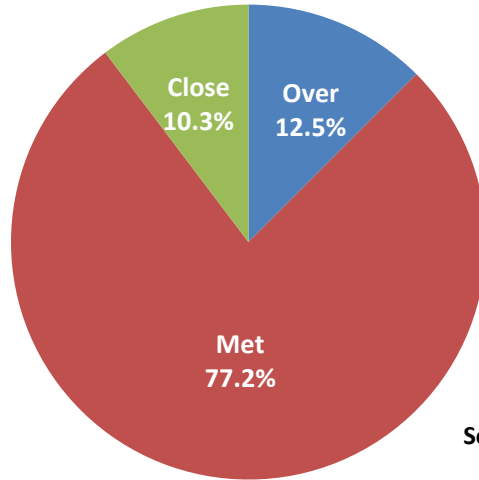
| Role | Standards | Weight Per Case |
|----------------------------|---------------------------------------|-----------------|
| CPS | 12 Open Investigations or Assessments | 0.0833 |
| OCA | 12 Open Investigations | 0.0833 |
| Family Centered Services | 8 Families | 0.125 |
| Permanency Planning |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

Performance – Target Outcomes

DHS reported that as of December 31, 2016, 77.2 percent of all caseworkers met the established standard, with 10.3 percent of workers close to the standard and 12.5 percent over the standard. Since June 30, 2016, the end of the last report period, DHS increased compliance by 6.1 percent from 71.1 percent. Equally important is that the number of caseworkers over their workload standard decreased by five percent, falling from 17.6 percent over the standard on June 30, 2016 to 12.5 percent on December 31, 2016. This represents 85 fewer workers with caseloads over the standard this period when compared to last.

¹⁹ Through the foster care and adoption programs' integration, adoption and foster care resource workers now carry the same case weight for the resource homes they are assigned. Prior to the integration, the standard for adoption workers was eight families and eight children, at a case weight of .0625 per child or family. Adoption specialists who support children in the adoption process still have a case weight of .0625 per child. Adoption resource workers now have a case weight of .0455 per resource home, which has been the same for foster care resource workers. If DHS' caseload compliance for all adoption workers was calculated using the old case weight, DHS' compliance would decrease by .9% to 76.3 percent. DHS caseworkers who manage open resource homes are now, through the integration, called resource family specialists.

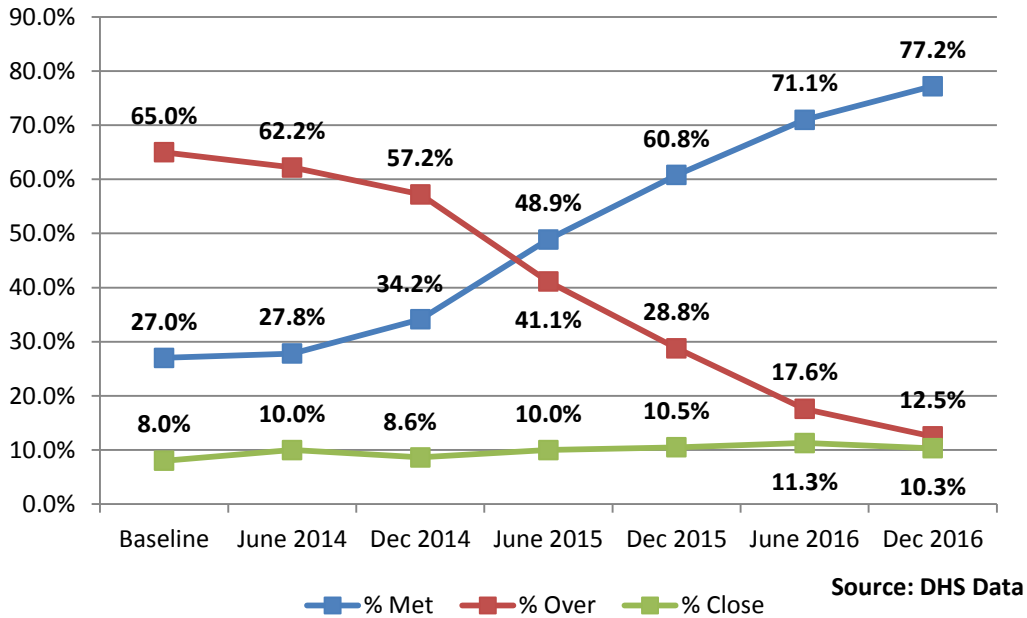
Figure 11: Workers Meeting Caseload Standards, December 31, 2016



Source: DHS Data

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 to 12.5 percent of workers. In just the past year, caseload compliance has increased by 16 percent when DHS reported on December 31, 2015 that 61 percent of caseworkers met the standard. Notwithstanding the critical work that remains for DHS to maintain its caseload improvements and achieve 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



For this report period, DHS’ caseload compliance positively increased from last period. Despite this increase in compliance, DHS’ data shows a decrease of 33 caseworkers statewide from last period and a decline in the percentage of new staff who are meeting graduated caseload standards. DHS’ decline in the total number of staff on-board reflects DHS’ decision to allow, through normal attrition, a reduction in the number of filled caseworker positions for some districts and/or regions where it determined that additional hiring was not necessary given current caseload capacity to meet the total need, such as in District 7 (which is also known as Oklahoma County or Region 3).²⁰ The Co-Neutrals have discussed with DHS, and department leadership has acknowledged, the state must continue to monitor and assess these staffing numbers closely, particularly in light of the ever-present potential for fluctuations in number of cases DHS must manage.

Statewide Caseworker Staffing Levels and Case Carrying Capacity

At the end of the report period on December 31, 2016, DHS reported having on board a total of 1,759 case carrying staff, of whom 1,651 were carrying at least one case. Of the remaining 108

²⁰ DHS’ original projections for the number of case carrying positions needed in Region 3 took into account a previously high backlog of overdue CPS investigations. DHS has significantly reduced its CPS backlog and pending cases in Region 3, leading in part to a reduction in the number of caseworkers needed in the region to meet 90 percent caseload compliance.

caseworkers not carrying a case, 66 were still early in their training and not yet eligible to receive case assignments.

As mentioned above, DHS also reported that since June 30, 2016, the total number of caseworkers on board statewide decreased by 33 from 1,792 to 1,759 caseworkers. However at the same time, the combined case weight carrying capacity of all caseworkers on board increased from 1,475 on June 30, 2016 to 1,553 on December 31, 2016 despite there being fewer caseworkers on staff. The increase in case carrying capacity is attributed to caseworkers who, in June 2016, were on reduced, graduated caseloads (25 or 50 percent) and have since transitioned to carry a full caseload following the successful completion of their training on graduated caseloads.

District by District Caseload Management

Two years ago when only 34 percent of caseworkers met the caseload standard, DHS' primary effort to improve caseload compliance focused on hiring a large number of new caseworkers based on an estimate of the aggregate need from each district's caseloads and assigned positions, and making concerted efforts to retain caseworkers with graduated caseloads and mentor support. Over the last year, DHS recognized that meeting the caseload Target Outcome would also require DHS leadership and managers to closely manage, maximize and monitor, at the district level, the assignment of cases to caseworkers.

Through a close review of DHS' caseload data, DHS and the Co-Neutrals found that in some districts DHS needed to increase staffing levels and case carrying capacity by hiring additional staff into new positions and backfilling current positions in order to improve caseload compliance. However, it also became clear that for numerous districts, DHS already had a sufficient number of staff on board, and if managed effectively, DHS could achieve significantly higher caseload compliance with its current staffing levels.

Looking at the staffing capacity of all 29 child welfare districts as of December 31, 2016,²¹ only five districts did not have the caseworker staffing capacity to meet their total workload, while the other 24 districts had the capacity to either meet or exceed their total workload. Further, for this report period, DHS' data shows that 171 caseworkers (10 percent) fell in the close category, meaning these workers almost met the caseload compliance standard, but were over the standard by four or fewer cases. Of these 171 workers, 77 (45 percent) were over by one

²¹ The 29 districts include both adoption and foster care as districts.

case, 61 (36 percent) were over by two cases, 32 (19 percent) were over by three cases and one worker was over by four cases.²²

As a result, the work of managing caseload compliance is challenging, as it must be monitored consistently at a granular level, and can be uncertain as the number of cases a system must manage fluctuates. For DHS, the number of children in DHS custody has declined steadily over the last year, and at the same time, DHS has experienced an increase in the number of reports of abuse/neglect, which has resulted in a spike of CPS cases. DHS must continue to plan and prepare for potential shifts in the number of cases it manages while also managing its limited resources.

A closer review of Districts 7 and 9 below provides some insight into the complexities and rapidly changing nature of managing staff resources and case assignments toward caseload compliance. These districts also illustrate how the careful management of caseworkers' caseloads can, in some cases, significantly change a district's caseload compliance.

District 7

A review of District 7's caseload data shows that DHS' intentional reduction in the total number of staff on-board this period was an appropriate adjustment to better align the district's staffing levels with the number of cases the district is charged to manage.

As of June 30, 2016, District 7 reported having 286 caseworkers who carry at least one case and a total case carrying capacity of 261. With a total case weight of 214, 86 percent (245) of the 286 workers carrying at least one case met the workload standard.

Six-months later, on December 31, 2016, District 7 reported having 253 caseworkers who carry at least one case (33 fewer workers than June 2016) and a total case carrying capacity of 245 (16 workers less than June 2016). With a total case weight of 195, 88 percent (223) of the 253 workers carrying at least one case met the workload standard this period. DHS was able to report a two percent higher caseload compliance this period over last period, despite a reduction in both case carrying staff and capacity due to it having maintained a sufficient number of caseworkers to meet its overall caseload.

District 7 also has opportunities to further increase its caseload compliance with its current, on-board staff. Of the 30 caseworkers who did not meet the caseload standard this period, 19 were in the close category and carried three or fewer cases over the standard. With the

²² In calculating the number of cases that caseworkers in the "close" category served over the standard as of December 31, 2016, a close approximation to the actual number of cases was used for some caseworkers with mixed caseloads.

adjustment of a few cases for the 19 caseworkers who are close to meeting the caseload standard, District 7's caseload compliance could spike well above 90 percent.

In addition, District 7 had 11 workers assigned graduated caseloads (25 or 50 percent) and one worker was not yet eligible to carry a caseload during this period. In time, these workers will carry a full caseload and increase District 7's case carrying capacity above 245. With a case weight of 195, on December 31, 2016, District 7 reported having the appropriate number of staff on board to carry all currently assigned cases and accommodate an increase in assigned cases.

District 9

A review of District 9's caseload data shows that while the district had sufficient case carrying capacity to meet its workload on December 31, 2016, the district had relatively low caseload compliance due to some workers being over the caseload standard by just one or two cases.

As of December 31, 2016, District 9 had 41 caseworkers carrying at least one case, 73 percent (30) of whom met the standard. While only 73 percent of workers met the standard, District 9 reported having enough caseworkers and case carrying capacity to fully cover its total number of assigned cases.

District 9's lower compliance rate reflects that of the 11 caseworkers not meeting the standard, eight (20 percent of all 41 district caseworkers) are close and three (seven percent of the 41) are over the standard. Of the eight workers who are close to the standard, two workers are one case over the standard, two more are two cases over the standard, and the other four are three cases over the standard. It appears that through close caseload management, District 9 may be able to move some of its workers who are close to meeting the standard into compliance through efforts to make sure staff who are eligible to carry a full caseload have, as appropriate, full caseloads to prevent other workers from being over the caseload standard by one or two cases. However, as the Co-Neutrals and DHS agree, adjusting case assignments to support better compliance and distribution of work should only be made when case practice and children's best interests are not compromised.

Further, District 9 has 16 workers assigned graduated caseloads and once these workers are able to carry a full caseload, the district should grow its total capacity to 47 workers. And, finally, while District 9 has the authorization to hire eight additional staff, DHS may understandably hold on filling all of these additional positions as the district currently has enough staff on board to cover their current caseloads and accommodate additional case assignments. DHS must continue to assess the number of new hires it needs to keep moving through the training pipeline in order to fill new vacancies quickly as they occur and are needed.

In discussions with DHS, the Co-Neutrals heard from regional and district directors how they are working meticulously to manage and review their districts' caseloads each week to ensure, as much as possible, their caseworkers are meeting the caseload standard. The close supervision of case assignments, case closures and overall caseloads is most important to ensure that children and families are receiving from their caseworkers the level of attention and services required to advance the goals of safety, permanency and well-being.

Graduated Caseloads and Mentor Program – Retention Core Strategies

DHS continues to require that all districts implement graduated caseload assignments and a mentor program for new caseworkers. DHS leadership reported that they continue to observe a growing and positive change in supervisors' recognition of the benefits of graduated caseloads, particularly as a strategy to retain new caseworkers. However, during the current report period, DHS' data showed a decrease from 86.3 to 78.8 percent of caseworkers eligible for graduated caseloads who met their 25 or 50 percent caseload standard.

DHS requires that every district report monthly to DHS leadership on its efforts to implement graduated caseloads and to train and assign field mentors who can support new workers. DHS leadership reported that it will continue to monitor and take appropriate steps to support and guide districts in their efforts to maintain graduated caseloads. The Co-Neutrals will review and report on DHS' efforts and progress to implement graduated caseloads in the next Commentary.

Priority Districts

In May 2016, DHS identified a new set of priority districts that needed guidance and 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 districts²³); caseworker turnover (DHS selected 13 districts); and workload management (DHS selected 12 districts) as illustrated above with the example of District 9.

For the 10 districts that DHS identified as needing to focus on filling vacant positions, six had filled at least 90 percent of their caseworker level II positions by the end of December 2016. In addition, three of these 10 districts had at least 85 percent of staff meeting the caseload standard this period, and the other seven districts have, as of this writing, a sufficient number of new staff with graduated caseloads to either meet or exceed the caseload standard based on current assigned cases once these workers graduate to full caseloads. DHS also showed that

²³ 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.

statewide 15 out of 29 districts had at least 90 percent of all caseworker positions filled and for the remaining 14 districts, on average, 85 percent of their positions were filled.

Of the 12 districts DHS identified as needing to improve caseload management, six have at least 80 percent of caseworkers meeting the workload standard and one of these districts reports all its workers met the standard as of December 31, 2016. Of the other six 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.

Caseload Compliance by Worker Type

DHS reports caseload data by worker type, as shown in Table 6 below. As the table presents, caseload compliance varies by worker type. For example, all recruitment workers (54) met the caseload compliance standard while only 33 percent (9 of 27 workers) of Adoption Transition Specialists (ATU) workers met the standard on December 31, 2016.

Table 6: Caseload Compliance Classification by Worker Type²⁴

| Worker Type | MET | CLOSE | OVER | TOTAL | % Meeting |
|--------------------------------|-------------|------------|------------|-------------|--------------|
| INVESTIGATION | 352 | 28 | 64 | 444 | 79.3% |
| PERMANENCY PLANNING | 571 | 101 | 96 | 768 | 74.3% |
| PREVENTIVE/VOLUNTARY | 78 | 11 | 2 | 91 | 85.7% |
| ADOPTION SPECIALIST | 62 | 10 | 12 | 84 | 73.8% |
| ADOPTION TRANSITION SPECIALIST | 9 | 1 | 17 | 27 | 33.3% |
| RECRUITMENT | 54 | 0 | 0 | 54 | 100.0% |
| RESOURCE FAMILY SPECIALIST | 148 | 20 | 15 | 183 | 80.9% |
| TOTAL | 1274 | 171 | 206 | 1651 | 77.2% |

This period, DHS began to include the Adoption Transition Specialists (ATU) in its count of case carrying staff. ATU workers specialize in searching for and finding potential adoption or

²⁴ Due to the integration of the adoption and foster care programs this period, DHS modified some of its positions to reflect the reorganization of these units. In particular, DHS formerly titled all adoption workers as “Bridge-Adoption.” Following the integration, DHS developed the title of “Adoption Specialist,” workers who are assigned to serve children in trial adoption to process and finalize their adoptions. The ATU worker position existed prior to the integration; however, these workers were not formerly counted as case carrying staff. In the area of foster care, DHS formerly titled these workers as “Bridge-Foster Care.” Following the integration, DHS developed the title of “Resource Family Specialist.” These workers reflect the former foster care workers who support resource homes. The title of “Recruitment” is new this period and consists of the 54 workers who are solely responsible for recruiting new foster homes.

guardianship homes for children who are legally free. A child who is assigned an ATU worker counts on the caseload for both the ATU and permanency planning worker. As discussed in the permanency section below, there is a significant demand for ATU workers, who, as now reported and included in DHS' caseload data, have the lowest caseload compliance of all worker types.

Over the last three report periods, DHS has made substantial gains in the number of caseworkers meeting their caseload standard and did so during a time of severe budgetary strain for the state. As stated at the beginning of this report, it appears that Oklahoma's and DHS' budget pressures will continue at least into the next fiscal year, and possibly beyond. Despite these fiscal challenges, DHS has made it a priority to protect and uphold its commitments to hire additional case carrying staff (and avoid coordinated staff reductions that have affected other areas of DHS) in order to achieve reasonable caseloads for child welfare workers. These gains in caseload compliance are essential to help DHS continue to advance its core strategies and focus on strengthening and elevating case practice to ensure the safety, permanency and well-being of all children in DHS custody.

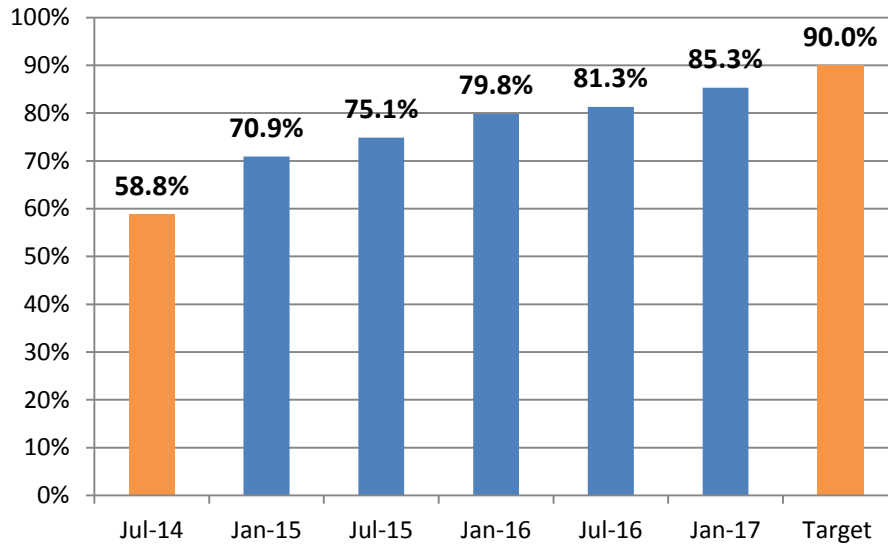
The Co-Neutrals find that during this six-month report period, DHS made good faith efforts to achieve substantial and sustained progress toward the caseload Target Outcome.

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.

Although DHS has not yet achieved the target of 90 percent of supervisors meeting the 1:5 workload standard, DHS has continued to show substantial and sustained progress with the number of supervisors meeting the standard. As of December 31, 2016, DHS' data showed that 85.3 percent of supervisors met the 1:5 workload standard, compared to 81.3 percent on June 30, 2016. DHS also reported a positive decline (5.3 percent down to 2.6 percent) for the percent of supervisors managing workloads over the standard. Overall, DHS' compliance with supervisor workloads continues to trend positively. DHS also reported an increase in the number of frontline supervisors from 379 on June 30, 2016 to 387 on December 31, 2016.

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



Source: DHS Data

DHS reported an 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 December 31, 2016, 21 supervisors carried more than two cases, a negative turn from the 11 supervisors who carried more than two cases on June 30, 2016. DHS will need to monitor closely this increase in supervisor carried cases, which the Co-Neutrals will discuss in the next Commentary. 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 reached a significant milestone during this period. For the first time in the reform effort, DHS reported that zero children under two years old spent a night in a shelter, and also reported that they narrowly missed the goal of zero children ages two to five experiencing shelter stays. While DHS did not see a decrease in shelter nights for all age groups this period, DHS leadership continued to review every shelter placement request, signaling the expectation that staff must make exhaustive efforts to secure a family or other needs-based placement before placing a child in a shelter.

The closure of multiple higher-level care facilities this period appears to have contributed, in part, to the increase in shelter-nights experienced by children six years of age and older. Some

of these facility closures reflect DHS leadership's prudent decision to cease any placements of children in facilities it found to be unwilling to make necessary improvements to ensure child safety. There may be other contributing factors to the increase in shelter usage for older children this period. DHS must continue to use data and other case review methods to understand shelter usage, particularly for children six years of age and older who experienced an increase in shelter care this period.

DHS' ongoing work to recruit and build its pool of foster homes has further advanced DHS' efforts to reduce shelter care. Through this period, DHS has continued to diligently work to transform Oklahoma from a system that once relied heavily on shelter care for routine, unplanned placements to a system that is working toward the goal that every child and young adult should live with a family. The Co-Neutrals find DHS made good faith efforts during this period to achieve substantial and sustained progress toward the shelter Target Outcomes.

Performance Standards

The CSA requires that DHS establish performance targets related to the placement of children in shelters. More specifically, 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 metric 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).²⁵ 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.

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

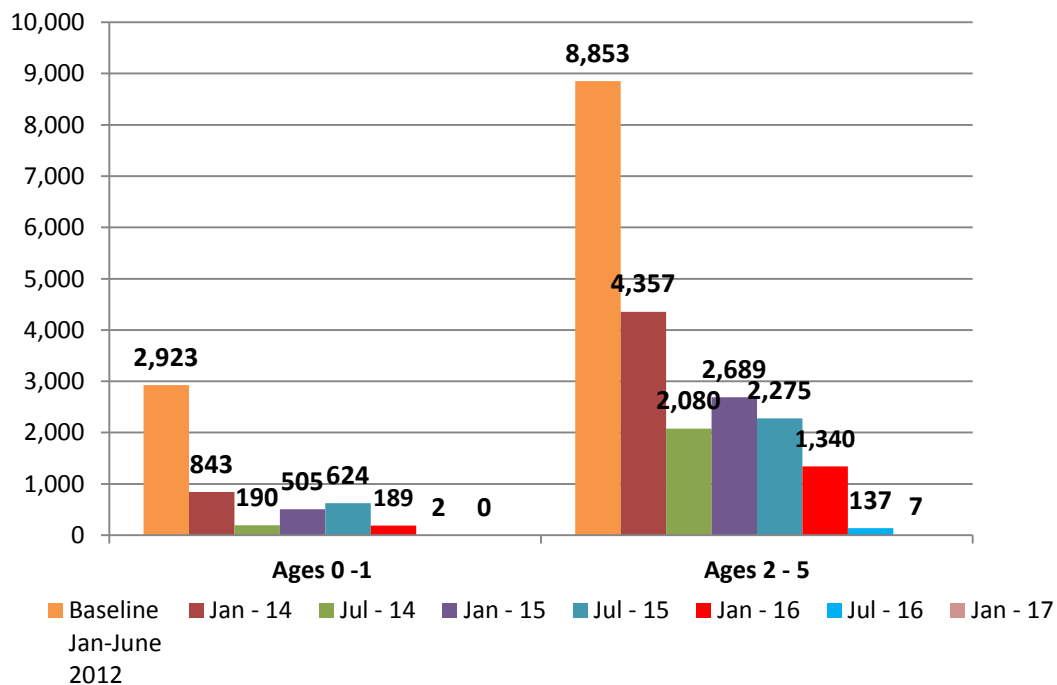
For the first time, DHS has achieved this period the Target Outcome of zero child-nights in shelters for children under two years of age. DHS has successfully reduced the number of child-

²⁵ Children who meet the criteria for one of the two exceptions are included in the shelter outcomes data.

nights of this youngest cohort of children from its baseline of 2,923 child-nights to zero this period. DHS' progress this period is a continuation from last report period when DHS reported two unique children spent two nights in a shelter.

For children ages two to five, the original baseline recorded was 8,853 child-nights, and DHS' most recent data shows that DHS narrowly missed the Target Outcome of zero-child nights for this age group. For this period, July 1, 2016 to December 31, 2016, two children spent seven nights in a shelter, one of whom met an automatic exception. In comparison to the last report period, DHS' data shows a continued decline in child-nights for this age group – a reduction of 130 child-nights from July 2016. The data also shows that DHS has achieved a 97 percent reduction in the number of children ages two to five who experienced a shelter stay during the same six-month period one year prior, from July 2015 to December 2015.

Figure 14: Metrics 5.1 and 5.2 – Shelter-Nights, Children Ages 0 - 5



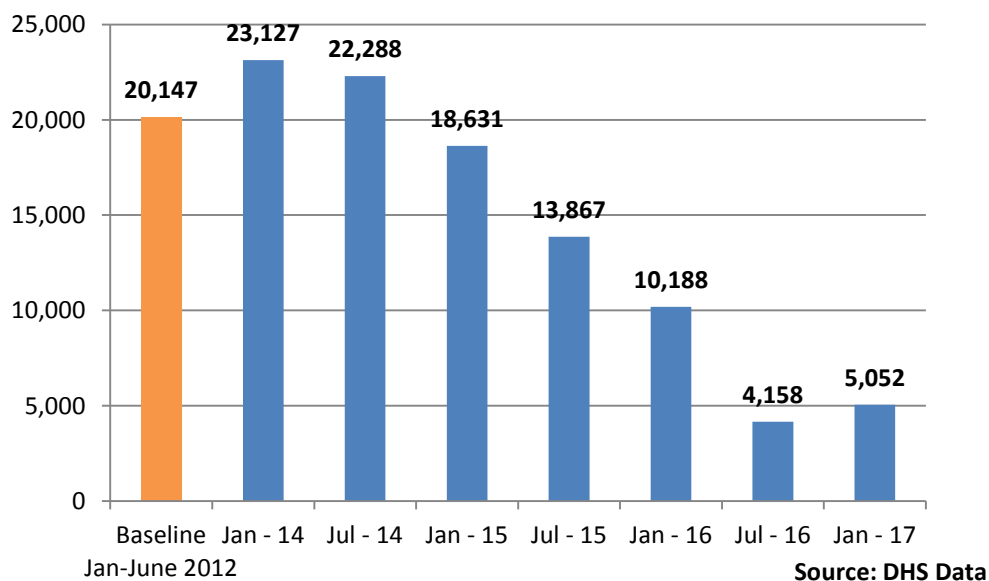
Source: DHS Data

Shelter Metric 5.3 – Children Ages Six to 12

Following a nearly 60 percent drop in the number of child-nights children ages six to 12 experienced in a shelter last period, DHS reports an increase in the number of child-nights experienced by this age group during this report period. This period, DHS reported 5,052 child-nights compared to 4,158 during the previous six-month period. These shelter nights represent

121 unique children, which is nine more children than DHS reported spending a night in a shelter last period.

Figure 15: Metric 5.3 – Shelter-Nights, Children Ages 6 – 12

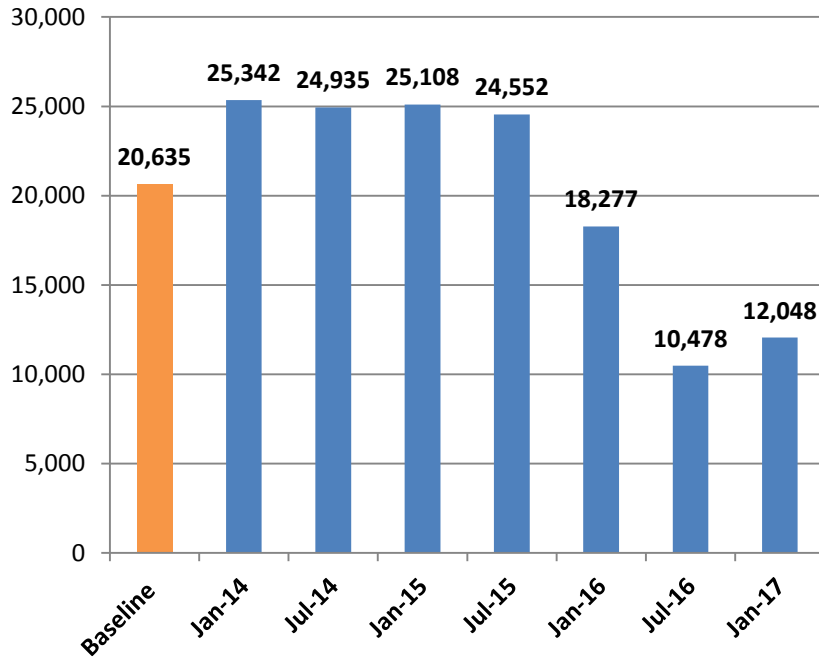


Shelter Metric 5.4 and Pinnacle Plan Commitment 1.17 – Youth 13 and Older

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 264 children in the last period to 332 children this period. DHS reported 12,048 child-nights for this oldest group of children, which represents a 15 percent increase from last period when DHS reported 10,478 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 42 percent.

Figure 16: Metric 5.4-Shelter Nights, Children Ages 13 and Older



Source: DHS Data

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 July 1, 2016 to December 31, 2016, DHS reported that 34.9 percent (116) of the 332 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17, but 216 children were not. This represents an improvement from last period when DHS reported that only 30.4 percent of children were compliant with Pinnacle Plan 1.17. For the first time, DHS has improved performance above the baseline set for this performance outcome at 33.7 percent.

Table 7: 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% | 332 | 100.0% |
| Shelter Placements Compliant with Pinnacle Plan 1.17 | | | | |
| Those with 1 stay, less than 31 days | 200 | 33.7% | 116 | 34.9% |
| Compliant TOTAL | 33.7% | | 34.9% | |
| Shelter Placements Not Compliant with Pinnacle Plan 1.17 | | | | |
| Those with 1 stay, 31 or more days | 136 | 22.9% | 87 | 26.2% |
| Those with 2 or more stays, less than 31 days | 74 | 12.5% | 33 | 9.9% |
| Those with 2 or more stays, 31 or more days | 183 | 30.9% | 96 | 28.9% |
| Not Compliant TOTAL | 66.3% | | 65.1% | |

Reduction in Shelter Usage Across all Age-Groups

While the number of child-nights experienced by children ages six and older increased this period from the last report period, Table 8 below shows that DHS has accomplished a significant reduction in the overall total usage of shelters for children of all-ages in DHS custody. In particular, Table 8 highlights the 68 percent reduction in child-nights between the baseline and the current report period. The Table also displays the continued work that lies ahead of DHS to further reduce shelter usage for children six years of age and older.

Table 8: Child-Nights in Shelters by Age, July 2016 – December 2016

| Child-Nights in Shelters by Age | Baseline (Jan 2012-June 2013) | Performance (July 2016-December 2016) | Change (n) | Change (%) |
|---------------------------------|-------------------------------|---------------------------------------|----------------|-------------|
| 0 to 1 | 2,923 | 0 | -2,923 | -100.0% |
| 2 to 5 | 8,853 | 7 | -8,846 | -99.9% |
| 6 to 12 | 20,147 | 5,052 | -15,095 | -74.9% |
| 13 & Older | 20,635 | 12,048 | -8,587 | -41.6% |
| TOTAL | 52,558 | 17,107 | -35,451 | -68% |

Preventing and Shortening Shelter Placements

As reported in the Co-Neutrals’ prior Commentaries, a central strategy DHS has implemented over the last year focuses on preventing children’s placement in shelters through the use of enhanced protocols and case practice for staff. The protocols are designed to ensure that all

steps necessary to identify and secure non-shelter placement options, preferably in a family-like setting, have been completed before a child is placed in a shelter. Central to the protocols are heightened oversight and accountability of decisions to approve a child's placement in a shelter. Specifically, it requires that, for children 13 years of age and older to be placed in a shelter, both the District Director and Regional Director must agree that exhaustive efforts have been made to prevent the child's placement in a shelter. For children 12 years of age and younger to be placed in a shelter, the Permanency Planning or CPS Worker, Resource Family Worker, Supervisors, District Director, Regional Director, Specific Program Staff, and Child Welfare Director must participate in a conference call (regardless of the time of day or night) to staff the case, with final approval required by the Child Welfare Director. Through this enhanced case practice that prioritizes securing needs-based placements for children, DHS has successfully prevented shelter placements. DHS has made clear that shelter placements are no longer common case practice and should only occur in unavoidable and rare circumstances.

DHS' efforts to reduce the number of shelter nights have also focused on securing needs-based placements for children who have been placed in a shelter to ensure children do not languish in these settings for extended periods of time. As detailed in the last two Commentaries, DHS' approach for moving children out of shelters had been a child-focused review process led by a multidisciplinary team of specialists from DHS' central office, including foster care, TFC, legal services and developmental disabilities, among others, as well as some partners outside of DHS. The multidisciplinary team staffed each child placed in a shelter to assess the child's specific needs, and identify and secure a placement that could meet those needs. These team staffings were also the driving force in identifying placements for children who were living at the now closed Pauline E. Mayer (PEM) public shelter as well as the Laura Dester (LD) public shelter.

During the current report period, DHS has shifted the responsibility of multidisciplinary staffings from its centralized state office to the regional offices. DHS reports that many of the tools and skills developed in the initial use of the multidisciplinary staffings have been transferred to the regional offices to support and advance the same casework at the local level. While DHS has acknowledged that this change has impacted the effectiveness of the staffings as the new teams build expertise and establish protocols to guide their efforts, DHS expects that this new decentralized model will encourage more accountability and improved shelter outcomes for each region. During the next report period, the Co-Neutrals will review DHS' efforts to transfer to the regional offices the skill set and accountability to effectively and expeditiously move children out of shelters and into needs-based placements.

Lack of Needs-Based Placements for Children and Youth

DHS' strengthened case practice, designed to prevent shelter placements and to reduce the length of time children are placed in shelters, has resulted in the use of shelters for the population of children for whom it is most difficult to find placements due to their specific and, often, significant special needs, including children who are part of larger sibling sets. While DHS is in the process of building a continuum of care to meet the diverse needs of all children in DHS custody, both the Co-Neutrals and DHS recognize that such a continuum does not yet exist. The consequence is that shelters fill a placement gap for certain populations of children, including teens, sibling groups and children with special medical, behavioral and/or developmental needs, for whom there are no readily available family or needs-based placements.

The lack of needs-based placements for certain populations of children is reflected in DHS' continued use of the Laura Dester (LD) shelter to serve children in the state's custody. 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 the second state-operated shelter, LD, 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.

Since the last report period, the population of children placed at LD has decreased. DHS reports that on December 31, 2016, the population at LD was 18 children. DHS reported that it has increased staffing levels at LD, including professionals with training to support the medical and other special needs of children placed in the shelter. In particular, since June 2016, DHS has hired 12 additional staff members who are responsible for providing direct care for children. In March 2017, DHS also hired a registered nurse to ensure the shelter has sufficient nursing coverage seven days a week.

The Co-Neutrals continue to review incident reports from LD that raise concerns about the shelter environment, including the ability to handle children with complex medical and behavioral needs. DHS must, through ongoing and frequent assessments of the shelter, ensure that the facility is adequately equipped with staff and trained professionals to meet the needs of the children placed at LD. DHS reports that it is continually assessing the needs of children placed at LD to ensure both a sufficient number of staff are hired to care for children, and also that the facility is appropriately staffed with trained professionals to meet the special behavioral, medical or developmental needs of the children placed at the shelter.

In addition to the regional staffings that take place for children living in shelters, DHS is in the process of expanding targeted recruitment efforts for these children to shorten their lengths of stay in shelters. These targeted recruitment efforts include: assigning a CWS Foster Care recruiter to focus recruitment efforts solely on children placed at LD; developing and distributing profiles for each child to support child specific recruitment and placement matches; introducing children to available placement options through ongoing “Meet and Greets;” and, highlighting through media and communication activities the need in Oklahoma for foster parents who are willing and able to care for children with special needs.

While LD provided placement for an average population of 23 children at any time during the report period, the majority of children who experienced a shelter stay during the period were placed at Youth Service Agency (YSA) shelters across Oklahoma. The population of children served by YSAs often present with increased emotional and/or behavioral needs and the great majority of children (75 percent) placed at YSA shelters are teen-agers, for whom DHS has been challenged to identify foster homes willing to accept their placement.

Table 9: Unique Children by Shelter, July 1, 2016 to December 31, 2016

| 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 | 2 | 1 | 1 | 50% | 50% |
| Age 6-12 | 121 | 101 | 26 | 83% | 21% |
| Age 13+ | 332 | 306 | 52 | 92% | 16% |
| Total Children | 455 | 408 | 79 | 90% | 17% |

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.

As described in greater detail later in this report, the Co-Neutrals conducted a case record review this period to assess DHS’ efforts to achieve permanency for 50 legally free teen-agers, and observed a significant number of YSA and public shelter placements for these teenagers. The review found that 50 percent of the youth had experienced at least one shelter stay during an 18-month review period (July 2015-December 2016) and 22 percent of youth had two or more shelter stays during the period under review. For this population of youth, the review

highlighted that shelter placements contribute to placement instability, correlate to AWOL episodes and engagement in risky behaviors, and further delayed permanency.

Strengthening Care of Children in Shelters

While DHS is committed to reduce the number of children who experience a shelter stay, DHS must ensure that for those children who are placed in shelters throughout the state, each child's medical, mental and behavioral needs are met during their stay at a shelter, in addition to supporting their overall well-being.

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. As of this report writing, two rounds of trainings have been completed for staff at YSA shelters. The first training sessions focused on helping staff better understand trauma, and how trauma can manifest itself in staff's daily interactions with the children they care for at shelters. The second training concentrated on enhancing staff's understandings of child behaviors and skills to better engage children who have experienced trauma in order to help them feel safe and cared for while living in a shelter. DHS is in the process of launching two final sets of trainings over the next six months that focus on caring for children with intellectual and/or developmental disabilities as well as children who are prescribed psychotropic medications.

In November 2016, DHS also began partnering with the division of Developmental Disabilities Services (DDS) to enhance the services and supports offered to children with developmental disabilities who use shelter care, primarily those children placed at LD. DDS, in collaboration with the JD McCarty Center for Children with Developmental Disabilities, has begun conducting comprehensive assessments of children at LD to better identify these children's specific needs, and determine their eligibility for a developmental disabilities waiver, which expands children's access to specialized services and placements options. In addition, these assessments evaluate if the child would benefit from placement at JD McCarty Center, a hospital that specializes in the treatment of children with developmental disabilities diagnoses. Through this partnership with JD McCarty, DDS is looking to share its expertise with staff to improve care of children with developmental disabilities who are placed in shelters and to implement an intensive training program for foster parents interested in caring for these children in their homes.

While these efforts to improve the quality of shelter care are important, DHS needs to assess what additional services and/or supports are necessary for shelters to ensure the safety and well-being of children placed in these facilities. In particular, DHS must ensure that shelters are

appropriately staffed to meet children's needs, especially in recognition that some children may require intensive care, such as 24-hour supervision.

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 will also review DHS' efforts to improve the quality of shelter care for children placed in shelters during the next report period.

E. Child Maltreatment in Care

During this reform, DHS has struggled to achieve substantial and sustained reductions in the rate of maltreatment of children (MIC) in DHS custody. In August 2015, in response to an increase in the prevalence of abuse and neglect among children in care, DHS began to implement a series of core strategies to improve the safety of children in the state's custody. The strategies were designed separately to improve the safety of children in foster homes and in institutional settings, growing from specific concerns identified by both the Co-Neutrals and DHS in their respective case record reviews of all foster homes and facilities where children were abused and neglected from October 2013 to September 2014 (FFY14).

Last period, DHS began to make progress toward improving child safety in institutional settings through its focused implementation of its core strategies. These core strategies apply heightened monitoring to those facilities that present potential and real safety risks to children and youth, as well as mining and using data (referral and substantiation information) to guide intensified oversight. During this current period, DHS continued its targeted engagement with facilities to reduce safety risks and improve the quality of care for children through enhanced staff trainings that emphasize de-escalation techniques. DHS' ongoing engagement with multiple higher-level facilities this period resulted in DHS ceasing placements and/or ending contracts with those facilities deemed unsafe for DHS children and youth.

In their last Commentary, the Co-Neutrals reported that DHS had not sufficiently implemented its core strategies to improve child safety in foster homes. During this report period, DHS demonstrated a high level of focused attention and action to implement a robust set of targeted core strategies aimed at reducing abuse and neglect for children placed in foster homes. DHS enhanced efforts to monitor children's safety and well-being and understand when additional precautions and supports are needed for children and their foster families.

For this report, which covers the period of October 1, 2015 to September 30, 2016, DHS' performance data for MIC by a resource caregiver (Metric 1a) and parent (MIC 1b) indicates

incremental but steady progress. For MIC by a resource caregiver, DHS has achieved two consecutive report periods of improved performance toward the Target Outcome and for MIC by a parent DHS has shown improved performance over the last four report periods.

Even with DHS' gradual performance improvement on both MIC metrics, both the Co-Neutrals and DHS recognize that Oklahoma's rate of maltreatment in care remains far too high and DHS' top priority must be to continue to improve safety for children in DHS custody. Through DHS' efforts this period to implement the MIC core strategies in foster homes and institutional settings, there is some evidence, as detailed below, that an enhanced case practice that prioritizes child safety is beginning to emerge within Oklahoma's child welfare system. This is supported by the Co-Neutrals' third independent case record review of maltreatment investigations, conducted this period, which identified initial progress on concerning issues previously identified by both the Co-Neutrals and DHS in foster homes and facilities. However, it is also clear that these shifts to place child safety at the forefront of case practice are early in development and DHS leadership must continue to prioritize, support, guide and continually assess their progress. For the reasons described in this section, the Co-Neutrals find 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.²⁶

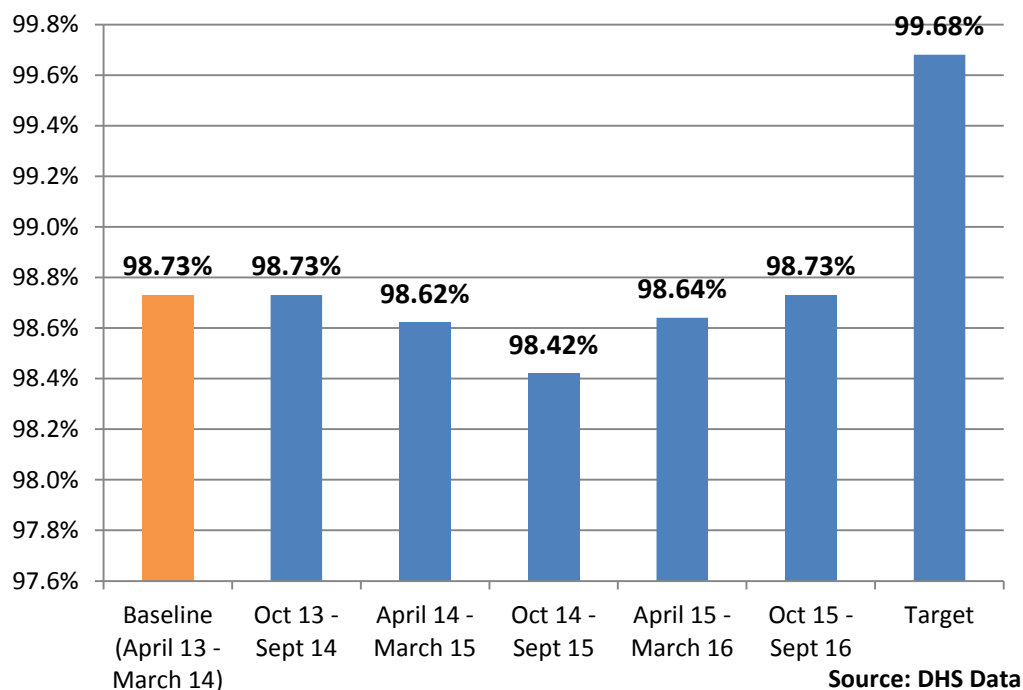
For this Metric's report period, which covers the 12-month period of October 1, 2015 to September 30, 2016, DHS reported that 206 children out of 16,244 in DHS custody were victims of child maltreatment. This represents a rate of 98.73 percent of children in DHS custody during the period who were not victims of child maltreatment. For DHS to have met the Target

²⁶ 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 listed here in their reporting.

Outcome of 99.68 percent of children safe in custody, DHS would have had to keep an additional 155 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. Last period, DHS' performance showed some improvement, but remained below the baseline for the third consecutive period. This report period, DHS' performance showed continued gradual improvement and for the first time in three periods returned to baseline performance of 98.73 percent.

Figure 17: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers



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, October 1, 2015 to September 30, 2016, DHS reported 247 substantiations of child abuse and neglect by a resource caregiver. Of these, 41 substantiations are not included in the federal metric adopted by the Co-Neutrals as Metric 1a for two reasons: (1) 36 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;²⁷ and (2) five 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 247 substantiations of maltreatment reported in the monthly data, 188 substantiations (76 percent) are for children in foster care, while 59 substantiations (24 percent) are for children in facilities or higher-level institutions.

Comparative MIC Rates by Placement Types

To further support the department’s reform efforts, the Co-Neutrals reviewed whether children are maltreated by a resource caregiver more often in certain placement types through calculating MIC rates for each placement type (see Table 10 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 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 10 shows that children in congregate care had the highest rate of maltreatment in care by a resource caregiver of any placement type. Children placed in congregate care experienced about four times more maltreatment by a resource caregiver than children placed in family-based care. Children placed in TFCs had the second highest MIC rate—about 70 percent higher than other types of family-based care. Following TFC homes, children placed in kinship relative care experienced the next highest level of MIC by a resource caregiver, specifically these children in kinship relative placements experienced 15 percent more MIC by a foster caregiver than children in regular foster care homes.

²⁷ DHS has reduced the number of MIC substantiations that are excluded from the Target Outcome analysis. By completing investigations more timely and maintaining a substantially lower backlog of overdue investigations, DHS saw fewer referrals with an investigation closure or disposition date that falls outside of the same federal report period. In the last report period, DHS excluded 22 percent (65) of all MIC substantiations (292) reported in its monthly data, consistent with the federal methodology in place at the time the Metrics Place was established. For this period, DHS excluded only 15 percent (36) of all monthly reported MIC substantiations (247). If DHS had maintained a 22 percent exclusion rate based on less timely completion of investigations, DHS would have reported this period an exclusion of 55 instead of 36 MIC substantiations. This would result in an increased performance rate of 98.84 percent for Metric 1.a this period.

Table 10: Rate of MIC by Placement Type, October 1, 2015 to September 30, 2016

| Placement Type | Care Days | # of Child Victims | MIC Rate (Victimizations per 100,000 Care Days) |
|---|------------------|--------------------|---|
| Regular Foster Family Care | 659,416 | 42 | 6.37 |
| Foster Family Care - Supported Home | 519,015 | 11 | 2.12 |
| Kinship Foster Family Care Relative | 1,323,473 | 97 | 7.33 |
| Kinship Foster Family Care Non-Relative | 322,010 | 16 | 4.97 |
| Therapeutic Foster Family Care | 189,338 | 18 | 9.51 |
| Congregate Care | 247,664 | 59 | 23.82 |
| Other Foster Family Care | 186,807 | 4 | 2.14 |
| Other Placements | 31,327 | - | -- |
| Total | 3,479,050 | 247 | 7.10 |

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; some 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; some 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 had multiple placements that included special needs children.

To assess DHS' efforts to address these specific concerns related to maltreatment in care, the Co-Neutrals in the last report period undertook a second, comprehensive case record review of 60 child maltreatment referrals (substantiated and unsubstantiated) in foster homes from March through May 2016. Through this case record review, the Co-Neutrals identified the same issues of concern that surfaced one year earlier. Along with the Co-Neutrals, DHS conducted a second review of a more limited set of foster home referrals substantiated for maltreatment and also identified the same concerns.

Short-Term MIC Strategies

In response to the continued prevalence of the same issues of concern, DHS submitted at the end of June 2016, and the Co-Neutrals approved in July 2016, a set of short-term MIC core strategies for foster homes to improve child safety. In these strategies, DHS committed to analyze the factors that may be correlated with maltreatment in foster homes, and to take immediate action based on the findings. (See Appendix E for short-term strategies.)

In December 2016, DHS submitted to the Co-Neutrals its findings. DHS' review consisted of a data and record review of a sample of 128 foster homes. Through its sampling methodology, DHS attempted to include in its review those foster homes that presented heightened safety risks for the children placed within them. Foster homes included in DHS' record review had the following characteristics: had multiple maltreatment referrals, had a corrective action plan known as a written plan of compliance (WPC), and/or had more children placed in the home than the home was approved to serve. (See Appendix F for DHS' 2016 MIC Review.) To identify their sample of foster homes, DHS used its field managers' report, which gathers in one document pertinent information about foster homes.²⁸ The field managers' report is shared monthly with each foster care field manager so they are able to regularly review the placements in their region and identify any concerning homes that may require immediate attention due to having, for example, a high number of referrals or written plans of compliance.

DHS developed a qualitative tool to guide its review of the 128 homes. DHS reports that through its review, staff found 14 program issues or policy violations and made three child abuse or neglect referrals to the Hotline due to safety concerns identified.

DHS' review focused in part on the quality of foster parent assessments during the new home approval process and subsequent re-assessments. DHS identified that in some cases foster families were not adequately assessed to determine if they had the capacity and skills to care for children. In particular, the review found that in 18 percent of cases reviewed (23 of the 128 homes) the home study did not provide a clear overview of a foster family's history and ability to care safely for and meet the needs of children placed in their home. The review also identified that in 16 percent of cases reviewed (20 of the 128 homes) the parenting skills and the behavioral and mental health of foster parents were not adequately assessed. Informed, in part, by these findings, DHS revised its MIC core strategies to include efforts to strengthen the quality of foster home assessments completed during the approval process.

²⁸ The field managers' report, which is also referred to as the "Y1025 – CPS Referral and WPC for Open Resource Homes Report," includes all foster homes with an open written plan of compliance (WPC) and/or open investigation, and shows for each home its total number of referrals and investigations and whether it is over-bedded, that is, serving more children than the home is authorized to care for.

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

The Co-Neutrals conducted their third comprehensive, case record review of all referrals substantiated for child maltreatment in foster homes (53) from July through December 2016. (See Appendix G for Summary of Findings.) In follow up to the Co-Neutrals' prior two case record reviews, this review focused on assessing DHS' progress toward adequately mitigating the specific areas of risk identified in earlier case reviews. The review identified that DHS has made initial progress toward reducing the prevalence of certain areas of concern when compared to earlier reviews. In particular, improvements were observed in the areas of: 1) foster homes with extensive and concerning referral histories; 2) foster homes that had concerning child welfare or criminal histories that raised questions about the approval process; and 3) foster homes that were overfilled at the time of the referral incident. While the incidence of these concerns declined in the current review, it is important to note that these issues still surfaced in the review, indicating that DHS must continue to strengthen its case practice. The most common concern that emerged from the Co-Neutrals' recent review was the presence in foster homes of unapproved individuals who were in some cases responsible for the abuse or neglect that took place in the foster home.

Described in the sections below are specific areas of concern identified by both DHS and the Co-Neutrals in their respective reviews that are related to maltreatment in foster homes. For each concern, this report provides a review of DHS' efforts through this report period to enhance child safety.

Foster Homes with Concerning Referral Histories

In response to concerns regarding foster homes with prior child abuse and neglect referral histories, in February 2016, DHS began implementation of heightened, joint reviews by the 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.

For referrals that have been accepted for investigation, a form of this joint review, known as the 10-day staffing conference, was already an established DHS practice to determine if the children placed in the investigated home should be moved, if the home should be closed, or if additional services are needed in the home. Beginning in February 2016, DHS began to require that during 10-day staffing conferences workers must review a foster home's referral history in its entirety (including all screen-out, unsubstantiated and substantiated referrals) to identify 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. DHS updated KIDS to include a standardized guide to document this 10-day review and beginning this period began to require higher level management to document their review and approval of the outcome of the 10-day staffing and

resource recommendations.

For referrals that have not been accepted for investigation, but instead have been screened-out by the Hotline, DHS requires, as of February 2016, a similar staffing called a screen-out consultation. This strategy is a response to findings in the Co-Neutrals' 2015 MIC case record review that a significant number of homes substantiated for child maltreatment were previously the subject of a screened-out MIC referral. The screen-out consultation includes a staffing of the current screened-out referral, all other referrals and written plans of compliance the home may have previously received, and any other concerns related to the home to identify if any new supports or actions are needed to ensure children's safety in the home.²⁹

To understand how frequently staff is completing these new joint staffings, DHS established this period a baseline for each post-referral staffing process. For the months of September through November 2016, the baseline performance for screen-out consultations was 39 percent. DHS reports that for the subsequent quarter (December 2016 to February 2017) performance improved – for screen-out consultations, 80 percent of required staffings were completed. This represents immediate and substantial progress in completing the screen-out reviews.

For the same baseline period of September through November 2016, DHS reported that 98.9 percent of the 10-day staffings were completed, with the following quarter showing 99.5 percent were completed. DHS acknowledges that these metrics measure only whether the staffings are performed, and not the quality of the staffings to sufficiently assess child safety.

In March 2017, DHS developed enhanced guidance to support staff in performing 10-day staffings and screen-out consultations that thoroughly assess child safety. The guidance aims to help staff, as necessary, make appropriate recommendations to support child safety. While still relatively new for caseworkers and supervisors, these new staffings, even at the early stage, represent an important and positive shift in case practice. They reinforce the critical role caseworkers play in ensuring child safety and the importance of having permanency staff, foster care staff and all caseworkers supporting an individual child collectively and review together a child's safety.

In addition to the screen-out consultation, in January 2016, DHS began a second-tier review of all screened-out referrals to confirm if the referral had been correctly screened-out and did not meet the definition of abuse and neglect. To guide this review, DHS developed a comprehensive tool to assess, among other factors, the allegations of the referral, the referral

²⁹ DHS reports that in August 2016 KIDS was updated to allow caseworkers to document the occurrence and outcomes of screen-out consultations.

history on the home, and any vulnerability specific to the child. (See Appendix H for Tool). Supervisors use the tool to review one screened-out referral per day, and apply the concepts outlined in the tool in their review of all screened-out referrals. DHS reports that as of January 6, 2017, 13 out of the 1,406 screened-out referrals were sent back to the Hotline for assignment and investigation. This ongoing quality assurance of screened-out referrals is a sufficient alternative to the point in time qualitative review that DHS previously committed to complete.³⁰

Background Checks and Foster Home Approvals

The Co-Neutrals' case record reviews have revealed concerns regarding the approval of some foster homes with concerning child welfare and/or criminal 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. This period, the Co-Neutrals' most recent case record review identified fewer cases that raised concerns around the home approval process than in previous reviews. As noted above, DHS' review of 128 homes this period also identified some weaknesses in the home approval process for a minority of cases reviewed, particularly in terms of the quality and thoroughness of some home studies to comprehensively assess a family's capacity to care for children safely.

To address these concerns, DHS' revised core strategies include efforts to strengthen the home approval process through the establishment of ongoing Quality Assurance (QA) of foster home assessments. This new practice will consist of a second level review of a sample of foster home assessments from all resource types (traditional, kinship, private agency homes and TFCs) to identify any qualitative concerns in the home assessments. DHS reports that any patterns of concern that surface from the QA process will be addressed with the field to improve practice. The Co-Neutrals and DHS also are planning a joint review of a sample of foster home assessments to further inform DHS' efforts to strengthen the home approval process. The Co-Neutrals' will provide the findings from this joint review in their next Commentary.

Overfilled Foster Homes

Overfilled homes can place additional stressors on foster parents and children, which can lead to instability in the home, particularly when children with special needs are placed in the same home. To address this area of concern identified in the Co-Neutrals' first two case record reviews, DHS committed to strengthen the process to approve placement of children in foster

³⁰ In its Hotline Improvement Plan, DHS committed to have its Quality Assurance (QA) staff complete a qualitative review of screened-out referrals for one 90-day period.

homes that are already at maximum capacity. DHS' regulations define maximum capacity for foster homes as a family providing care for five children in DHS custody or more than six children in total, including their own children, or two children younger than two years of age.

Effective September 2015, DHS established a protocol for overfill requests that involves heightened scrutiny of any foster home being considered for the placement of a child in excess of its licensed capacity. Guided by the Foster Care Overfill Checklist, the protocol requires that a thorough assessment of the home be conducted, including identification and review of any referrals and/or written plans of compliance that a home may have received, and an assessment of parenting capabilities and skills, and whether the family has completed all required foster parent trainings. The protocol also requires a comprehensive review of all children placed in the home, in addition to the child seeking placement, to identify the behaviors and needs of the children. Lastly, and critically, the protocol requires a plan to provide additional services to the home to support a safe and stable placement. The Co-Neutrals have observed the use of the Overfill Checklist in their case record reviews.

As a part of DHS' short-term MIC strategies, DHS conducted a review in August 2016 of all foster homes that were overfilled or over-bedded.³¹ The review required that every home that was identified as an overfill or over-bed placement receive an in-home visit by the assigned resource family's worker by August 31, 2016. During the in-home visit, workers used the Foster Care Overfill Checklist to assess if additional services/supports were needed and if any safety risks were present in the home. If potential safety risks or other concerns emerged, workers conferred about the case with their supervisor and, if necessary, field manager. DHS reports that the review identified primarily technical issues that require DHS to provide additional training to caseworkers to utilize KIDS accurately to input and understand how many children are approved for a home.

In both the Co-Neutrals' and DHS' separate MIC reviews conducted this period, the number of overfilled homes among the MIC cases was statistically insignificant and did not support a correlation between overfilled homes and maltreatment. However, given the historic prevalence of this concern in prior MIC reviews, DHS must remain committed to comprehensively assessing each request to overfill a foster home to ensure that the home has the capacity to safely care for additional children and receives any additional services necessary to safely maintain the home.

³¹ DHS used the following definitions for these terms: Overbed is the number of children placed in the home is higher than the number of beds the home is approved for in KIDS. Overfill represents more than the maximum number of children – more than five foster children, more than six children total, or more than two children under the age of two.

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.

In both of the Co-Neutrals' two most recent case record reviews, the Co-Neutrals confirmed that caseworkers are 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. 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 other cases, 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. For example, following a screened-out referral that contained allegations of corporal punishment in the foster home, the caseworker did not discuss with the children the types of discipline used in the home. The Co-Neutrals' case record reviews also surfaced the reoccurring concern of unapproved individuals living in or frequenting foster homes, which currently is not something permanency workers are prompted to review in the safety contact guide for monthly visits. DHS, in reviewing this area of concern, found that permanency workers will at times assume that individuals present in a foster home have been approved to be there by the resource family worker assigned to the home. DHS is reviewing how best to broaden permanency workers' scope, practice and thinking in this area.

While in some cases permanency case workers' assessment of safety during monthly visits needs to be strengthened, it is important to remember that prior to one year ago, permanency workers were not expected to include in standard practice the assessment of child safety during monthly visits. Leveraging the capacity, experience and skill of permanency workers to strengthen child safety represents an important step forward.

To further support child safety, during this period resource family workers began to have monthly, instead of quarterly, contact with homes, with at least one contact each quarter taking place in the foster home. During their monthly visits, resource family workers began using a new contact guide this period to inform their assessment of child safety in the home. (See Appendix I for the Guide for Monthly Resource Home Contact.) This contact guide for resource family workers does prompt a discussion about any changes in the members of the household, which would include any unapproved individual who has moved into or is frequently staying at the home.

The Co-Neutrals have found, and DHS has concurred, that resource family workers have not yet made it standard practice to document in KIDS important interactions or findings from visits or discussions with foster parents. As such, it is often not possible to fully assess resource family workers' case practice. However, DHS understands that historically, the focus of resource family workers in Oklahoma has been insufficiently placed on assessing child safety and providing services and supports to foster parents to mitigate risk and advance safety. DHS leadership has committed to enhance resource family workers' case practice and guide staff to prioritize monitoring and assessing child safety, as well as proactively support foster parents to help prevent maltreatment and retain good foster homes.

Expanded Core Strategies

DHS submitted, and the Co-Neutrals approved in January 2017, a strengthened set of core strategies which include additional activities to address the specific findings identified in DHS' 2016 MIC review and other concerns that had not yet been addressed in prior iterations of the core strategies. (See Appendix J for Revised MIC Core Strategies.)

A central component of DHS' revised core strategies involved designating a full-time program supervisor to lead and track DHS' MIC core strategies. This program lead is responsible for assessing if core strategies implementation is progressing as planned and if they are effectively addressing the factors and practice concerns that are related to maltreatment in care. This position was filled in October 2016. The MIC lead is conducting monthly joint reviews with the Co-Neutrals of all substantiated MIC referrals and a random sample of unsubstantiated MIC referrals in family-based placements.

Beginning in October 2016, DHS and the Co-Neutrals began this joint-review of referrals and together identified concerns, trends, and practice areas needing continued improvement. The MIC lead has proactively engaged caseworkers, supervisors and DHS leadership when ongoing concerns are identified so that real-time interventions can be undertaken as needed to secure safety and stability for children, as well as foster parents. These follow up quality assurance reviews also provide DHS with an ongoing mechanism to observe how caseworkers are incorporating new practices and protocols on child safety into their case practice, and to provide additional guidance to the field when practice concerns are identified. 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.

The revised core strategies also established MIC regional team leads, which consist of five district directors, two field managers, and program staff, who were appointed to the MIC Regional Workgroup. The Workgroup meets routinely to assess core strategy implementation

and to develop guidance to support staff in performing new practices, such as the screen-out consultation. During the Workgroup's December 2016 meeting, the group focused on developing a qualitative review process for worker visits and 10-day staffings, particularly in terms of reviewing if workers are performing quality safety assessments and sharing any relevant information with all parties involved in a case to inform better decision-making.

Through its implementation of activities such as the 10-day staffing and screen-out consultation, DHS is integrating important quality checks into case practice to help ensure child safety is critically assessed after a foster home receives a referral of any disposition. The enhanced role of both permanency and resource family workers in assessing safety during every monthly contact is further supporting efforts to improve child safety. Lastly, the efforts of the MIC lead to integrate real-time quality assurance into daily case practice of working with children and families offers real opportunities for improvements. Collectively, these diverse efforts are in the early stages of building a risk mitigation and safety enhancement system for children placed in foster homes. The Co-Neutrals recognize that DHS has during this period implemented its core strategies to reduce maltreatment in foster homes with focus.

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 Managing Aggressive Behavior (MAB), which is a model selected by DHS because it was designed to prevent restraints and de-escalate behavioral challenges presented by children and youth. These commitments also seek to strengthen monthly visits by permanency workers with children residing in facilities to effectively and thoroughly assess a child's safety.

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 July and December 2016, a total of 18 cases. The Co-Neutrals' review identified that DHS has continued to make focused efforts to implement these core strategies, particularly in terms of the engagement of the DHS Specialized Placements and Partnerships Unit (SPPU) workers with facilities to address and remedy any identified areas of concerns. However, the review also raised concerns about the limitations of DHS and SPPU workers to effectively engage facilities to make system changes when needed to establish a safe environment. Lastly, while the incidence of abuse and neglect in institutional settings has positively declined from last period, work remains for DHS, in conjunction with facilities, to strengthen the skills and capacity of facility staff to effectively de-escalate incidents. This is

particularly true when children's behaviors become more aggressive. DHS remains committed to reduce the use of restraints only to those circumstances where de-escalation has failed and the child presents an immediate safety threat to him/herself or others.

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 are satisfactorily embracing and implementing corrective action.

During this review period, the Co-Neutrals observed in case records that SPPU workers have made focused efforts to monitor and enforce corrective action plans (CAP). In addition, DHS reported that SPPU workers closed out corrective action plans only after the requirements contained within them were completed by the facility, which is a substantial improvement from past practice. The Co-Neutrals in their case record review found this to be the expected practice.

DHS often initiated CAPs following an investigation to address any employee-specific concerns identified through an investigation. Under DHS' new comprehensive protocol, DHS also committed 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. DHS established that SPPU must also require the development of Facility Action Step (FAS) plans to correct facility-wide concerns. 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. DHS leadership has acknowledged that SPPU workers need additional guidance and support in elevating facility or agency wide concerns to the managers of these entities and ensuring that corrective actions are addressed as needed. This is an area the Co-Neutrals will closely monitor.

This period DHS did, however, place significant pressure on several private facilities that were not taking the necessary steps to improve conditions. As a result, four facilities either ended their contract with DHS or DHS discontinued placing children in those facilities that presented safety concerns for children.

As mentioned above, DHS mandated through its updated group home contracts that all staff in level B through E group homes undergo training by January 2017 to implement the MAB positive behavior management model. As of this report writing, DHS reports all group home

staff have been trained on MAB.³² This behavior management model focuses on prevention and de-escalation techniques to safely care for children and youth. The model also includes instruction on the safe use of non-pain producing physical interventions. Since the population of children and youth who reside in institutions can include children and youth who present significant behavioral health needs, facilities must be sufficiently equipped with the tools, training and staffing levels needed to responsibly and safely care for them.

In the Co-Neutrals' spring 2016 case record review of facilities, 11 of the 22 referrals reviewed by the Co-Neutrals involved facility staff performing unnecessary and/or improper restraints on children, whereas the most recent review of July through December 2016 substantiated referrals identified slightly fewer referrals (7 of 18 referrals), which involved facility staff performing unnecessary and/or improper restraints on children. In some cases, the review observed that facility staff failed to prevent or de-escalate a child's behaviors before performing the restraint and in other cases the actions of facility staff escalated the encounter through the staff's use of inappropriate or forceful language or actions. DHS has committed to provide ongoing MAB coaching support to facility staff to enhance the skill set and consistent use of the MAB model to reduce the number of restraints that are performed in facilities.

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. DHS reports that effective October 1, 2016, the interview guide was in use by workers completing visits with children and youth in facilities. The guide is comprised of a comprehensive 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 reports that use of the guide is still limited in the field and additional training may be required to support workers in assessing the safety of children in higher-level settings. Since most children in DHS custody are placed in family-based placements, some workers are less familiar with assessing child safety in institutional settings.

Heightened Monitoring of Facilities

As a part of DHS' core strategies, DHS committed in 2015 to 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

³² As new direct care staff are hired into level B through E group homes, they are not allowed to engage in de-escalation activities until they have received MAB training, which must be completed within 30 days of the hiring date.

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. On December 31, 2016, seven facilities were subject to heightened monitoring, two of which were hospital settings.

Of the seven facilities subject to heightened monitoring, five participated in a comprehensive program assessment, conducted by an independent entity, to identify any factors that may be influencing, either positively or negatively, a facility's capacity to provide safe and therapeutic care.³³ The program assessment also includes recommended actions for the facility to undertake to reduce maltreatment in care.

The Co-Neutrals found that these program assessments highlighted some consistent themes, including: 1) some staff show strong competence in caring for youth, including using de-escalation techniques and developing positive relationships with youth; however, 2) some staff engage in frequent power struggles with youth and use verbal strategies such as yelling, demanding and threatening to achieve behavior control; and, 3) some staff do not have the necessary skills and knowledge to effectively care for youth, particularly skills to effectively manage crisis. The program assessments showed significant differences between facilities, particularly in terms of each facility's cultural norms that influenced if staff routinely engaged with youth through control and punishment or through a more therapeutic approach. Some of these differences also reflected that these facilities serve populations of youth with different levels of need and behavioral challenges.

In response to the program assessment's findings, each of the five facilities developed an action plan to address any identified concerns. DHS reported that SPPU staff review and update the action plans monthly. This period, DHS expanded the criteria facilities must meet to exit an action plan to include a final assessment during which a facility must demonstrate it has corrected the identified concerns, including changing facility-wide practices and behaviors.

As DHS committed in its core strategies, each facility subject to heightened monitoring had an active Facility Services Plan (FSP) during the report period, which is a comprehensive rolling document created and maintained by SPPU facility liaisons. The FSP tracks and monitors a facility's referral history and all risk concerns. DHS reports that an electronic version of the FSP will be released in the KIDS child welfare data system in June 2017, after which DHS will maintain an FSP record for all facilities where children in DHS custody are placed.

³³ Despite DHS' ongoing engagement efforts, two facilities (both inpatient residential settings) declined to participate in program assessments. DHS is currently working with the Oklahoma Health Care Authority (OHCA) to help engage these facilities as OHCA holds the contracts with these highest-level of care facilities.

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. The Co-Neutrals have discussed with DHS the need to ensure SPPU facility liaisons elevate concerns when they may require additional support from their supervisors or DHS leadership to ensure facilities are appropriately and timely addressing identified concerns.

Last period, DHS reported that the required, quarterly, heightened monitoring meetings of key stakeholders were not yet occurring consistently at each facility subject to heightened monitoring. DHS reports some progress has been made over this period to increase the consistency of quarterly meetings. It is important that DHS meets at least quarterly with facility leadership to jointly review and monitor facility progress to ensure all areas of concerns are promptly addressed and resolved. This is particularly important as DHS encourages facilities to pursue, in some cases, significant shifts in practice through their adoption of MAB.

Last period, the Co-Neutrals reported serious concerns about certain facility personnel decisions. In particular, 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, DHS has diligently worked with Oklahoma State legislators to introduce a bill that would expand the Child Care Restricted Registry, which currently includes the names of individuals who have been substantiated for abuse or neglect in a child care facility. The draft bill would expand the registry to include all individuals found to have abused or neglected a child in any facility that either DHS or the Office of Juvenile Affairs (OJA) licenses, operates or contracts with to care for and/or provide placement for children. DHS reports it will continue its engagement with the legislature and support for this legislative change.

Over this period, DHS has continued work to better engage higher-level institutions where DHS children are placed to both identify and address safety concerns. While work in this area remains, DHS has been focused on reducing the number of children who are victims of maltreatment in higher-level care settings and shifting the practices of DHS staff who work with facilities and the staff who provide direct care for children in these placements.

It is important to re-state and acknowledge that the incidence of maltreatment in DHS' custody remains far too high. Again, DHS has made significant progress to institute new safeguards and enhance its case practice to protect children in custody. However, to maintain a good faith finding in this area next period, DHS must thoroughly implement its core strategies with great focus by leadership, managers and staff at all levels to ensure they are consistently and

effectively applied in the field. DHS must also ensure that timely interventions are employed if it appears that the core strategies are not proving effective or are not implemented to their full effect.

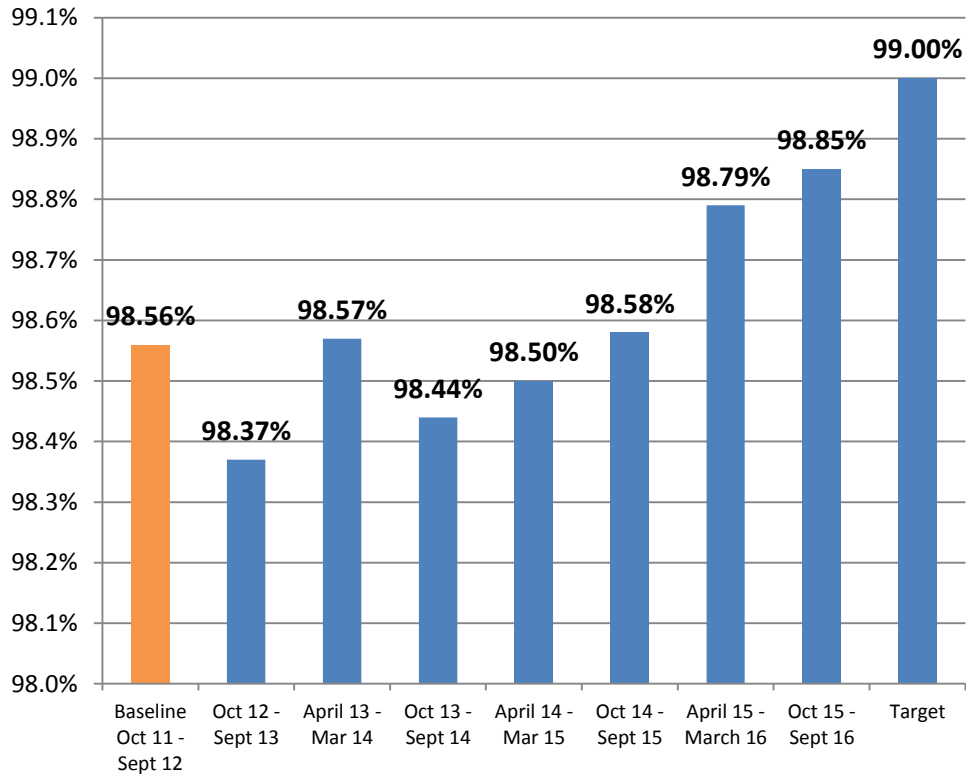
Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b

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, October 1, 2015 to September 30, 2016, DHS served 16,244 children in custody, 187 of whom had parents who abused or neglected them while the children were in DHS custody, yielding a performance rate of 98.85 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 25 children. DHS improved its performance this period compared to the previous 12-month report period, April 2015 through March 2016, where 200 children were maltreated by their parents while in DHS’ custody. This represented a performance rate of 98.79 percent.

Figure 18: Metric 1b – Absence of Maltreatment in Care by Parents



Source: DHS Data

In DHS’ monthly-reported data for this 12-month period, DHS shows an additional 39 substantiations of maltreatment of children by their parents while in DHS custody. These 39 substantiations are not included among the 187 children reported in the measure because of the same federal exceptions applicable in Metric 1a: 38 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 or due to multiple substantiations on the same child; and, one is excluded due to not being in care at the time of the referral.

This is the fourth consecutive period DHS has increased the percent of children in custody who remained safe from abuse and/or neglect by their parents. 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

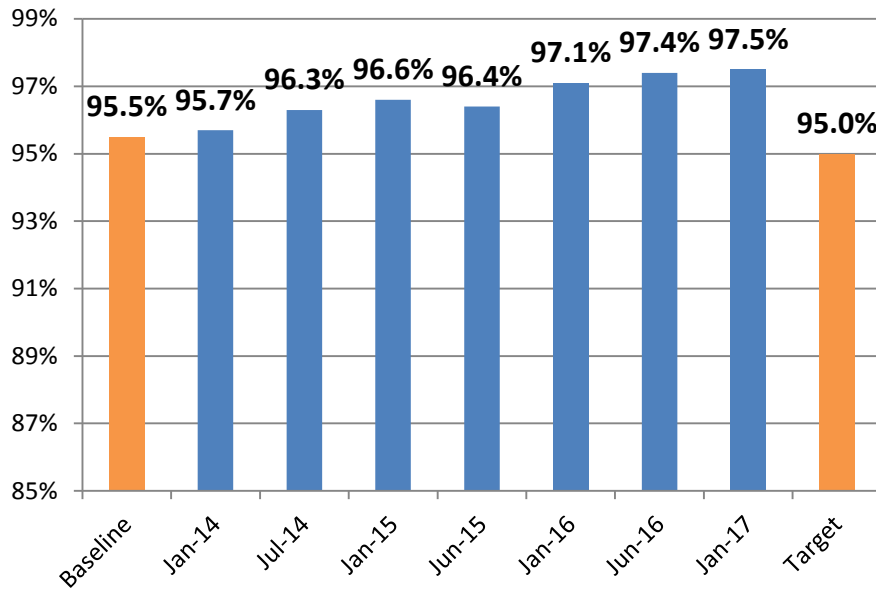
DHS leadership understands that quality visits by the same caseworker with the same child is fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. 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 111,659 (97.5 percent) out of 114,567 required visits with children during the reporting period of January 1, 2016 to December 31, 2016. 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 19: Metric 3.1 – Frequency of Visits by All Workers

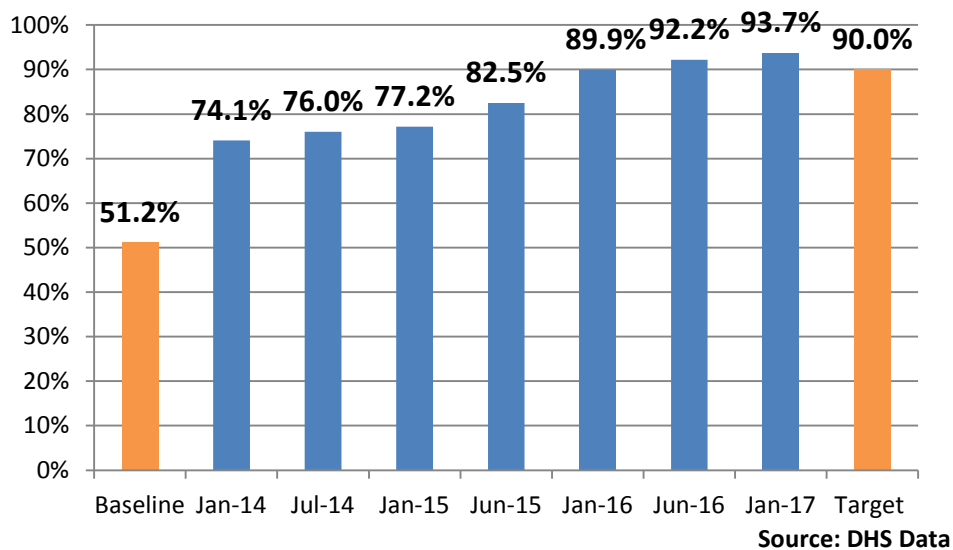


Source: DHS Data

DHS' continued, 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 (January through December 2016), DHS reported that primary workers made 103,881 (93.7 percent) of the 110,830 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 at the end of last period on June 30, 2016. DHS surpassed the final target for the last period, and reports continued improved performance above the target this period.

Figure 20: 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

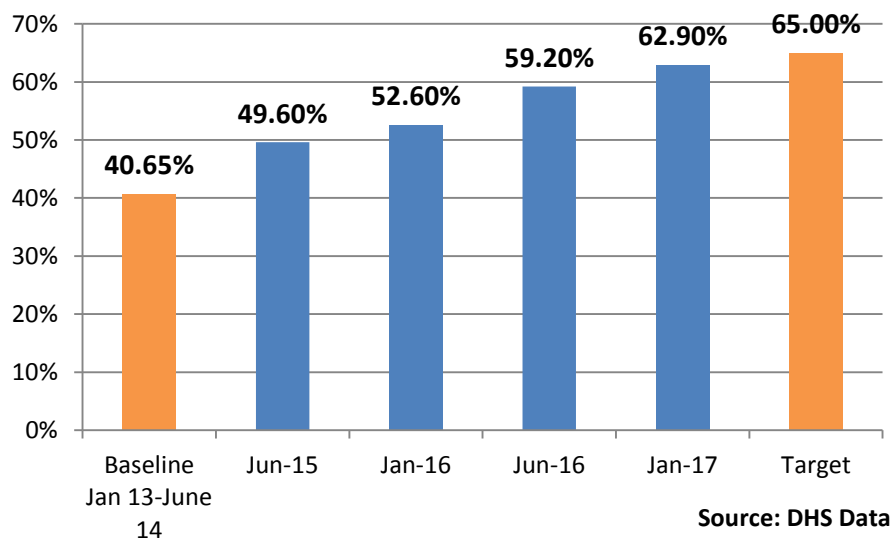
The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).³⁴ DHS is now in the second phase, reporting for the fourth time its performance 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 custody during the reporting period, the six months prior to discharge.

³⁴ DHS is no longer required to report on Metric 3.3a, which measured three month continuity of visits with the same primary caseworker.

DHS' performance for this period continued to improve from the baseline that was set at 40.65 percent. For this reporting period from January 1, 2016 to December 31, 2016, DHS reports that 9,094 children required at least six consecutive visits. Of these 9,094 children, 5,717 children (62.9 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 59.2 percent and shows that DHS is closely approaching the final Target Outcome of 65 percent.

Figure 21: 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.

Quality Monthly Visits

Fundamental to DHS' ability to improve outcomes for children in multiple performance areas (MIC, placement stability, foster homes, and permanency) is the quality and thoroughness of workers' monthly visits. The time that workers spend with children in custody each month during visits must be used to assess, discuss and plan for every child's safety, well-being, stability and permanency. Acknowledging the importance of quality monthly visits, DHS' core strategies rely significantly on caseworkers using their monthly visits to advance better outcomes in most of DHS' performance areas.

While caseworkers recognize there is a new and heightened expectation for them to use their monthly visits to assess children's safety, stability and permanency, caseworkers are still developing the expertise and skills to thoroughly and thoughtfully address these areas. During this period, DHS has provided staff with guidance and instruction to enhance case practice in a number of areas. This includes an enhanced contact guide to support caseworkers in assessing child safety in facilities and a contact guide for resource workers to use to better understand the needs of foster children and foster parents so that DHS can enhance supports or services as appropriate. Through the Co-Neutrals' case record reviews of maltreatment in care referrals and permanency efforts tied to older youth, the Co-Neutrals have observed the complex issues that DHS caseworkers, many of whom are new, must assess and discuss during their monthly visits. Ensuring these frontline workers have the supports, skills and guidance they need to effectively support resource families and children in DHS custody must continue to be one of DHS' top priorities.

G. Placement Stability

DHS understands that placement instability is associated with increased behavioral challenges, poor educational and health outcomes, and longer waits to permanency. Achieving stable placements requires that DHS establish a robust pool of foster homes and continuum of care of placements that are able and willing to meet the diverse needs of children in DHS custody. It also requires a well-implemented case practice that prioritizes providing foster families and children with the appropriate services and supports to ensure homes are stable and safe for the children that reside in them.

Over the last two years, DHS has struggled to identify and implement a set of core strategies that are likely to produce substantive improvements in the placement stability experienced by children in DHS custody. As previously reported by the Co-Neutrals, DHS' initial efforts to strengthen placement stability focused on improving supports and services for foster families through expanded access to wrap-around services. In particular, DHS planned to use Region 4 as a pilot to teach the agency how to achieve improved placement stability for children through these enhanced services to foster families. Due to financial and resource constraints, DHS was able to impact only a small number of children in DHS custody with this strategy, rendering it neither sustainable nor effective as a primary effort to improve placement stability for foster children across the state. Resource constraints also resulted in very limited findings from the pilot in Region 4 to identify what worked best to ensure placement stability for children.

In light of the limitations of this initial strategy, during the last period, DHS identified and began implementation of a new core strategy to reduce placement instability. DHS developed and

began use of a report to focus on and increase accountability for all children who have already experienced two placements while in DHS custody in an effort to prevent their third placement. Through this strategy, DHS intended to both stabilize these children in their second placements and to create an opportunity to assess and enhance overall case practice.

In their last report, the Co-Neutrals reported that DHS' new report, if strategically implemented, could support DHS' efforts to advance placement stability for this defined cohort of children who are in their second placements. However, the Co-Neutrals acknowledged that this singular strategy was insufficient on its own to significantly strengthen placement stability for all children. As a result, the Co-Neutrals recommended that DHS expand its existing placement stability core strategies with new efforts "that are based upon its assessment of barriers that undermine stable placements for children" and thereby have the capacity to meaningfully impact placement stability for all children in Oklahoma's custody.

This period, DHS developed and began implementation of a revised set of core strategies that focus on enhancing case practice in two ways: first, to support caseworkers in identifying and securing first placements for children that meet their needs, and second, to strengthen engagement between caseworkers and the children and families they serve to timely assess and initiate the appropriate services and supports the home and child may need. DHS believes these case practice enhancements will positively impact placement stability for children in DHS custody.

During this report period, DHS, in collaboration with its national consultants, undertook two analyses to better understand the factors that act as barriers to placement stability. The findings of these analyses were intended to inform DHS' development of new core strategies. Through these analyses, DHS was able to identify some important findings that shaped its revised core strategies this period. However, due to the small sample size of DHS' primary qualitative analysis to identify factors that contribute to instability, it remains to be seen if this analysis provides the breadth of insight necessary to pinpoint case practice enhancements that may best improve placement stability.

The Co-Neutrals raised questions with DHS about the viability of its revised core strategies to substantively improve placement stability for all children in DHS custody given the limitations of DHS' qualitative analysis. In addition, the Co-Neutrals raised specific concerns with DHS in relation to the capacity of certain strategies to impact placement stability and recommended that DHS include an additional strategy that targeted children who have experienced numerous placements while in care. In response to the Co-Neutrals' concerns, DHS expressed confidence that the revised set of strategies are adequate to address specific practice areas DHS had identified through its assessments as needing to be strengthened, and that these strategies reflected DHS' best thinking on how to improve placement stability.

During the next report period, the Co-Neutrals will assess DHS' efforts to implement its new core strategies, to continually review the impact these strategies have on reducing placement instability, and, as appropriate, to adjust or add new strategies if the agency is not making substantial and sustained progress toward its placement stability Target Outcomes. Since much of the agency's implementation and evaluation of its new core strategies began at the conclusion of the reporting period, the Co-Neutrals reserve judgment whether DHS made good faith efforts to achieve substantial and sustained progress on the placement stability Target Outcomes. In the next Commentary, the Co-Neutrals will consider 12 months of efforts. Central in that consideration will be DHS' implementation of its new core strategies, its continuous monitoring of these strategies' impact and, as appropriate, its adjustments in light of its ongoing self-evaluation.

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 October 1, 2015 to September 30, 2016 for Metrics 4.1 a, b and c and Metric 4.2.

Performance Outcomes

For this report period, DHS' performance improved modestly in two of the four placement stability metrics, while performance declined in the other two metrics, as detailed in Table 11 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 c, DHS' performance has gradually improved over the last two report periods. For Metric 4.1 b, the performance outcome improved slightly last period, but declined this period. For Metric 4.2, DHS' performance declined for the third consecutive period and remains below the Target Outcome.

Table 11: 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 | 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% | 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% | 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% | 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% | 88.0% |

Assessments of Placement Stability

As the Co-Neutrals reported in the last Commentary, DHS’ development of new core strategies this period were to be informed and supported by DHS’ findings through a qualitative assessment of the factors that contribute to placement instability. During this period, DHS conducted two analyses to better understand those factors that either support or deter stable placements for children in DHS custody. In addition to these analyses, DHS continued to use and track its monthly report that monitors children who have experienced two placements while in care.

Quantitative Analysis of Placement Moves

In partnership with its national consultants, DHS performed a quantitative analysis this period to identify any trends or patterns in children’s placement moves. DHS identified as the most important finding that a child’s first placement impacted the total number of placements a child experienced. In particular, the review found that children initially placed in kinship homes experienced more stability.³⁵ Sixty-two percent of children whose first placement was in a

³⁵ This finding further corroborates DHS’ earlier analysis in 2015 which found that kinship homes are the most stable placements of the following three placement types - traditional foster home, supported foster home, or

kinship home did not experience a second placement compared to 27 percent of children initially placed in traditional foster homes who did not experience a second placement. In addition, a greater number of children initially placed in kinship homes, who did not experience a second placement, exited to permanency.

The review also found that of the 73 percent of children whose first placement was in a traditional foster home and experienced an additional placement(s), most children's second placements were to another traditional foster home (37 percent) or to a kinship home (30 percent).

Qualitative Analysis of Placement Stability and Case Practice

DHS' Continuous Quality Improvement (CQI) team performed a qualitative case record review this period of 27 children to begin to understand any patterns of case practice that may explain why some children in the sample (15) experienced placement stability, while the other children (12) experienced placement instability resulting from the placement provider requesting that the child be moved from the home. As noted above, these are very small sample sizes upon which to draw conclusions.

In March 2017, following the close of this report period, DHS provided the Co-Neutrals with its finalized report on this analysis. Some of DHS' primary findings were:

- DHS reports that the majority of children who experienced placement instability (67 percent or 8 children) required more frequent caseworker visitation to address their specific needs than they received, while the majority of children in stable placements (80 percent or 12 children) received sufficient visitation to address their needs.
- All children with stable placements received the appropriate services to address their mental/behavioral health needs, while only 60 percent of children in unstable placements received appropriate mental/behavioral health services.
- Children who experienced placement stability were more likely to be placed with siblings and have frequent visits with their birth mothers and extended family than children who experienced placement instability.
- DHS conducted interviews with the foster parents of children included in the analysis. In interviews with foster parents who requested that a child be moved from their home

kinship home. DHS' 2015 analysis was based on placement disruption data for the 12-month periods ending in September, October and November 2015 in Districts 2, 5, 13 and 7 and Region 4.

due to the child's behaviors, the majority of foster parents reported to DHS that they believed they were initially prepared to meet the needs of the child placed in their home; however, when the child's behaviors escalated, foster parents reported feeling unprepared or unsupported to continue caring for the child. Half of foster parents who experienced a disruption reported that their needs were assessed by their caseworker and their caseworker was readily available and accessible if needed.

DHS' analysis confirmed that the best way to prevent placement disruptions is to robustly support foster families and children. The Co-Neutrals have expressed to DHS that the limited sample size (27 children) of this analysis makes it challenging to draw any conclusions about specific case practice patterns or other systemic issues. Without further analysis, it is not evident at this time what specific cause(s) or gap(s) drive a placement provider to request a child's removal from their home, and what specific actions DHS should pursue to prevent such removals. DHS must dive deeper in its analysis to better understand the reason(s) placements disrupt and identify what specific supports and/or services foster families and children need to be stable and determine if these services are readily accessible. As discussed below, DHS has committed to perform an ongoing analysis of monthly placement disruptions to better inform their efforts in this area.

Monthly Two-Moves Tracking Report

The objective of DHS' monthly two-moves tracking 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, are receiving the supports and services needed to prevent a third placement. To foster accountability at all levels, district directors were asked to report monthly on each child who exited their second placement, including a detailed description of the efforts pursued to prevent each child's exit from their second placement. The district directors' monthly reports are submitted to the one district director designated to represent each region as the regional placement stability lead.

In June 2016, DHS reported that statewide 129 children reviewed from the two-moves tracking report exited their second placement. DHS reported that for the majority of these children who exited their second placement, the third placement was with siblings, relatives or an adoptive home. DHS reports that for the month of December 2016, six-months after the June 2016 report, 87 children exited their second placement statewide. This represents a 33 percent reduction of children exiting their second placement, which may indicate that DHS' efforts to stabilize children in their second placements are beginning to have a positive impact. For the majority of the 87 children who exited their second placement in December 2016, the third placement was with siblings, relatives, or placement into a lower level of care. Twenty-nine percent of children exited their second placement due to a foster parent's request. If DHS

continues to consistently reduce the number of children who exit their second placements and enter a third placement, DHS' performance on its placement stability metrics should improve in the coming periods.

This period, the Co-Neutrals' recommended that DHS perform ongoing, monthly reviews of cases that involved placement providers requesting that a child be moved from their home due to the child's behaviors, as identified through the monthly two-moves tracking report. These ongoing, monthly reviews supplement and build upon the information gathered through DHS' initial qualitative analysis of the placement stability experience of 27 children. In January 2017, DHS began its monthly review of all children who moved from their second placement at the request of foster parents. For the month of January 2017, DHS identified that statewide 34 children exited their second placement due to a foster parent's request. These reviews include supervisors calling foster parents to understand what additional information, communication, services, supports, if they had been provided, may have stabilized the placement. Through these case specific reviews of placement disruptions, DHS should be 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 were not provided.

In most circumstances, DHS will continue to use homes that requested a child's removal for other child placements. As a result, DHS reports that each month the Foster Care and Adoption Field Administrator will review the information provided by supervisors on each disruption, and engage with each region's resource family field manager to address, as appropriate, any issues or concerns identified by the foster home or supervisor. In addition to using these reviews to identify case specific issues, DHS is developing a process to use the monthly reviews to identify common themes and to disseminate this information to the field to improve overall case practice. Lastly, through its first month of conducting these reviews, DHS has identified that supervisors need additional guidance to support these post-disruption discussions with foster families. The Co-Neutrals will review DHS' analysis of these reviews and report in the next Commentary how the agency made efforts to apply its observations to achieve progress toward the placement stability Target Outcomes.

In addition to these reviews, DHS committed each of the five regions to perform a comprehensive analysis of two placement disruption cases a month. Similar to the call with foster parents on all second placement disruptions of children in the two move report, this in-depth case review will involve district directors reviewing the cases to understand the causes of the placement disruptions, and how DHS could have better supported the homes. The regional placement stability leads will 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. DHS reports that it is developing additional tools and/or

mechanisms to ensure the information DHS learns through these ongoing reviews is shared with the field to improve practice. The Co-Neutrals have encouraged DHS to conduct these reviews as a way to both augment the small number of cases included in their qualitative review, and to embed ongoing case reviews into field practice.

Revised Placement Stability Core Strategies

DHS submitted in December 2016, and the Co-Neutrals' approved in January 2017, a revised set of core strategies that aim to reduce placement instability for children in DHS custody through case practice enhancements. Through the development of five new strategies, DHS is seeking to address the two primary findings from the analyses conducted this period, which are: 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; and, second, 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.

As described in detail below, the revised core strategies focus on strengthening case practice with children and families at the beginning of a child's time in custody. Through this enhanced, early engagement with children and families, DHS aims to develop a case practice that prioritizes placing children in first placements that best meet their needs, and then strongly supporting these placements to ensure they are stable overtime. DHS' implementation of these strategies is still in its initial stages, and will be assessed and discussed by the Co-Neutrals in the next Commentary.

First Placement as the Best Placement

To strengthen caseworkers' ability to identify and secure safe and stable first placements for children entering custody, DHS has committed to use child safety meetings (CSM) as an early opportunity to explore the best placement options for children. CSMs occur prior to a child's removal from his or her parent's home and are held to, among other purposes, assess a child's safety in his or her home and develop and monitor a safety plan which aims, if possible, to keep the child safely in their home. Over the last two years, DHS has begun to roll-out CSMs in each of the five regions of the state. As of December 31, 2016, four regions (Regions 1,3,4 and 5) have fully implemented CSMs into their case practice, while Region 2 is expected to have CSMs fully implemented by summer 2017.

DHS reports that CSMs also provide an ideal forum for DHS to engage families and children about potential placement options in the event that DHS decides that placing the child in the state's custody is necessary. If used effectively, a caseworker may be able to identify and begin

to assess a list of potential placement options for a child before she or he has come into care. This advanced planning supports DHS' ability to identify first placements for children that best meet their needs and support stability.

To help caseworkers engage with families and children to identify potential placement options during the CSM, DHS developed a family tree form to guide workers and families through all the potential individuals that may be able to serve as a placement option for a child. This period, DHS also developed a Placement Guidance Scale to support workers who may have multiple potential placement options to consider for a child. The guide lists numerous stability factors for workers to assess and weigh when considering each possible placement option. These stability factors include such elements as the provider's willingness and ability to emotionally support the child and maintain the child until permanency is achieved.

One of DHS' goals is to place more children in kinship homes through early engagement with families. To ensure workers make sufficient efforts to place children in kinship homes, DHS began to require this period the review and approval by a district director of any decision not to place a child in a kinship home, regardless of whether it resulted from a new removal or placement disruption. 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.

The benefits and reasons for placing children with kin are vast and clear. DHS leadership has shared that it is keenly aware that DHS staff at all levels must ensure that child safety is not compromised through its determined efforts to increase the number of children whose first and subsequent placements are with kin. As discussed in the Maltreatment in Care section of this report, children in kinship homes experienced a higher rate of substantiated maltreatment than children placed in traditional foster homes during the current period. DHS must ensure that it thoroughly identifies, considers and mitigates potential safety risks in homes, including kinship homes, as part of the placement process.

The Co-Neutrals will monitor the implementation of these new strategies during the next report period and discuss the agency's implementation in the next Commentary.

Supporting Foster Parents and Children for Stable Placements

This period, DHS' qualitative case record review of 27 children found 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. In recognition of this fact, DHS included in its revised core strategies two activities it believes can improve placement stability through enhanced supports for 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 reports the objective of the call is ensure the child's and foster family's needs are met in terms of information sharing, resources and services. To inform caseworkers' discussions with foster parents during the two-day call, DHS developed a guide that includes topics workers should cover during the call. (See Appendix K for guide). DHS caseworkers and supervisors making these 2-day calls are required to document the phone contact in KIDS.

The Co-Neutrals raised concerns with DHS about the feasibility of this strategy to improve placement stability. While the Co-Neutrals recognize that early engagement with foster parents is critical, the Co-Neutrals expressed concerns that this initial call may not be a productive and useful forum for identifying and assessing the needs of foster parents, particularly considering that workers are required to do an in-person visit the day a child is placed, and seven days thereafter with foster parents. In response, DHS informed the Co-Neutrals that it believes this strategy, based on the agency's experiences in the field, will advance placement stability.

In addition to the development of the two-day call, DHS has 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). DHS reports 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. (Formerly, these meetings typically did not gather all of these individuals involved in a child's case.)

Beginning February 1, 2017, DHS requires that during the initial meeting, a family support plan is developed, detailing the specific supports and services necessary to meet the child's and family's needs to maintain a safe and stable placement in the new foster home. 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. DHS reports 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. DHS is in the process of developing guidance for resource family workers in preparing, implementing and monitoring the family support plan.

Lastly, to support caseworkers in developing and refining the skills necessary to complete these practices proficiently, DHS is in the process of creating three short videos that demonstrate through role-playing how workers should engage in these activities.

During the next report period, the Co-Neutrals will assess whether DHS has made good faith efforts to achieve substantial and sustained progress toward the placement stability Target Outcomes through the implementation of its revised core strategies. DHS will need to use its ongoing, monthly reviews of children who experience a placement disruption at the foster parents' request as one tool to assess whether its core strategies are having the intended effect and if adjustments to DHS' efforts to improve placement stability are needed.

H. Permanency

As discussed in previous commentaries, DHS has developed 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; and for children who are legally free and have an identified permanent placement. The specific core strategies for children and youth with reunification and adoption goals are discussed in detail below.

Throughout this reform, efforts to achieve substantial and sustained progress toward the permanency Target Outcomes have been decidedly mixed. In this report period, that continued. DHS met the Target Outcomes for children who have achieved permanency within 48 months of removal (6.2.d) and for the stability and durability of adoption placements and finalized adoptions (6.6 and 6.7). DHS also made incremental progress toward achieving the permanency Target Outcomes for specific cohorts of legally free children and youth (6.1.a and 6.1.b); for children who exit care within 36 months of removal (6.2.c); for children who re-enter foster care (6.3) and for the timely adoption of legally free children (6.5). However, DHS has struggled and has not yet made significant progress toward achieving the Target Outcomes for children in foster care for shorter periods of time (6.2.a, 6.2.b) and for older legally free youth (6.4). Performance has remained at or dipped below the baselines established for each of these three metrics.

DHS has made statewide, focused efforts to implement core strategies to achieve timely, stable and safe permanency for children in the state's custody, with one exception. As such, the Co-Neutrals find that during this reporting period DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcomes for 10 of the 11 permanency metrics.

For one permanency measure, Metric 6.4, the Co-Neutrals do not find that DHS made good faith efforts to achieve substantial and sustained progress toward achieving permanency for older youth who are legally free and approaching their 18th birthday. Most of the youth reviewed in this measure, in the current and previous report periods, have not been assigned one of the three recognized permanency goals (adoption, guardianship or reunification) and have been, as a result, on a path to exit foster care without a permanent family.

Permanency Performance

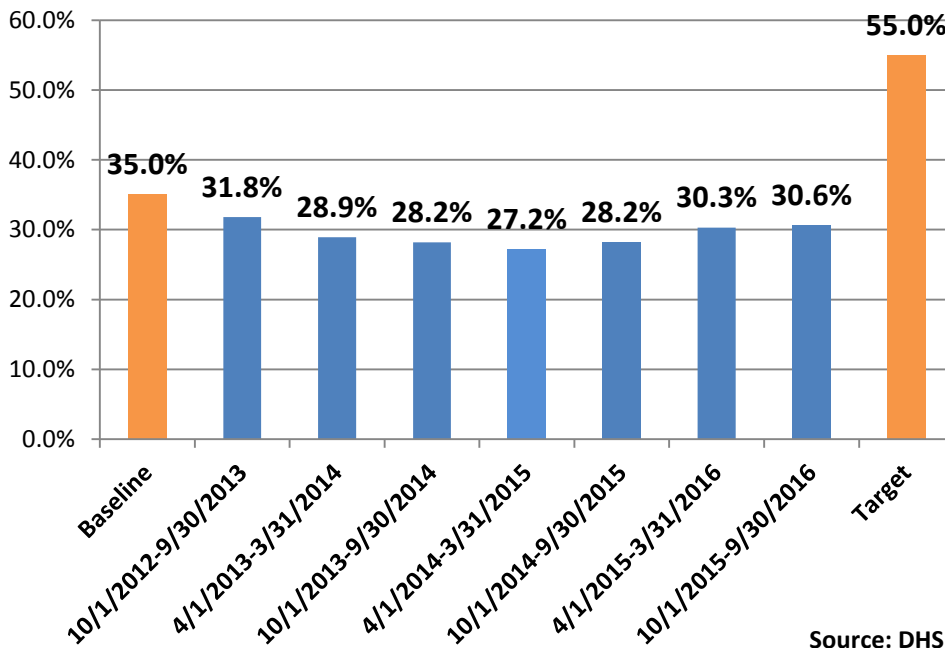
Timeliness of Children’s Permanency, Metrics 6.2 (a-d)

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 2,741 children who entered foster care between April 1, 2015 and September 30, 2015, 840 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 30.6 percent for Metric 6.2a, which is marginal improvement of 0.3 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.

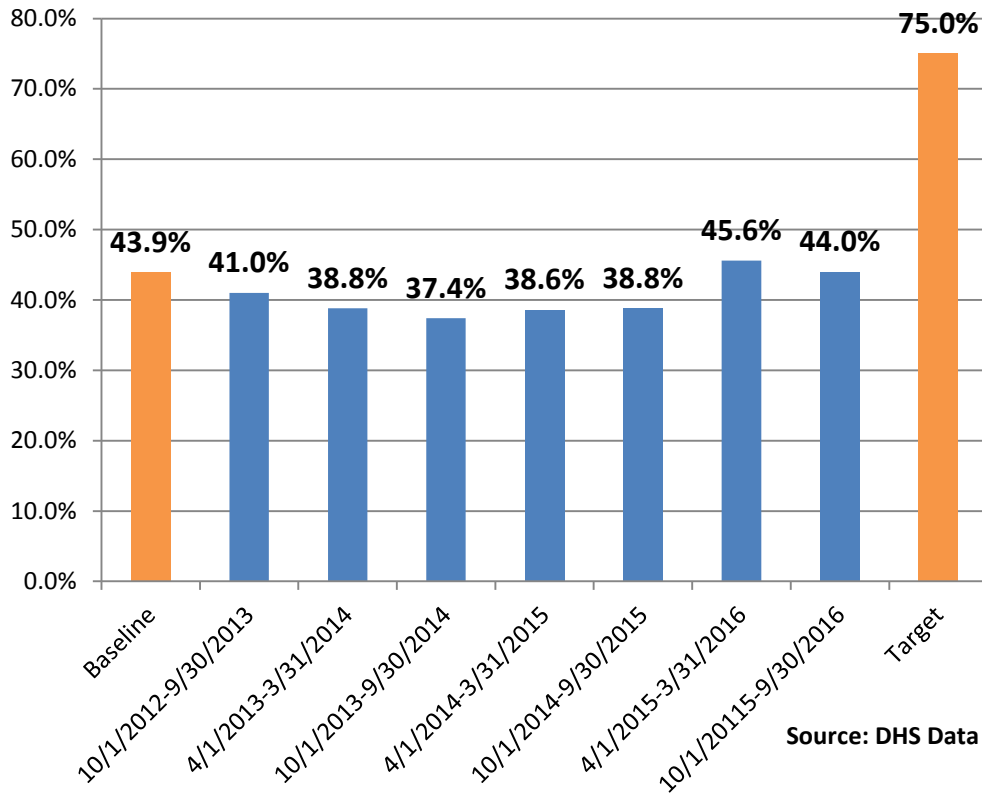
Figure 22: Metric 6.2a – Permanency within 12 Months of Removal



Source: DHS Data

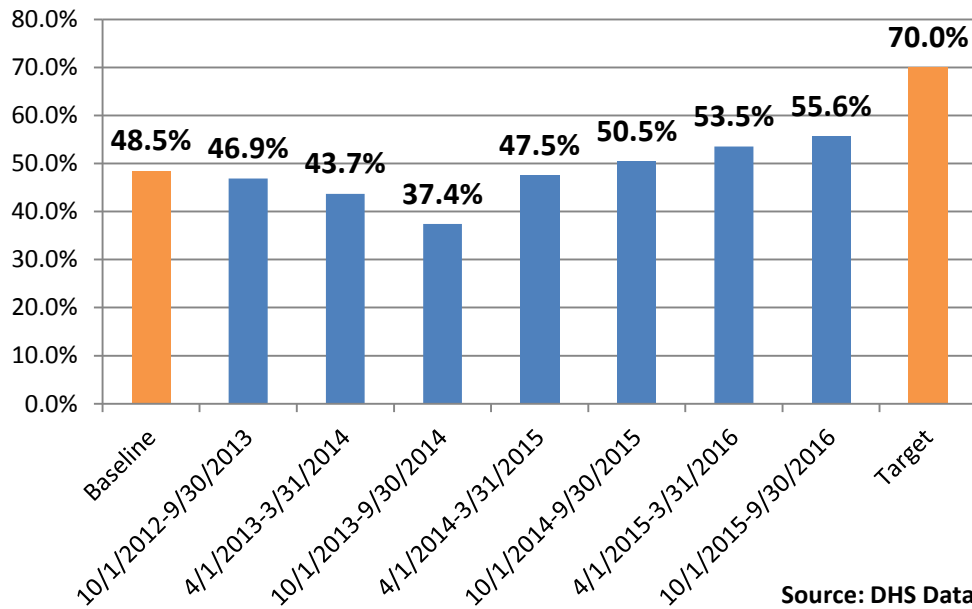
Metric 6.2b, Permanency within two years of removal: DHS reported that of the 1,865 children who entered foster care between April 1, 2014 and September 30, 2014 and stayed in foster care for at least 12 months, 821 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 44 percent for Metric 6.2b, and a decrease of 1.6 percent since the last report period. The starting baseline for this metric was set at 43.9 percent.

Figure 23: Metric 6.2b – Permanency within 2 years of Removal



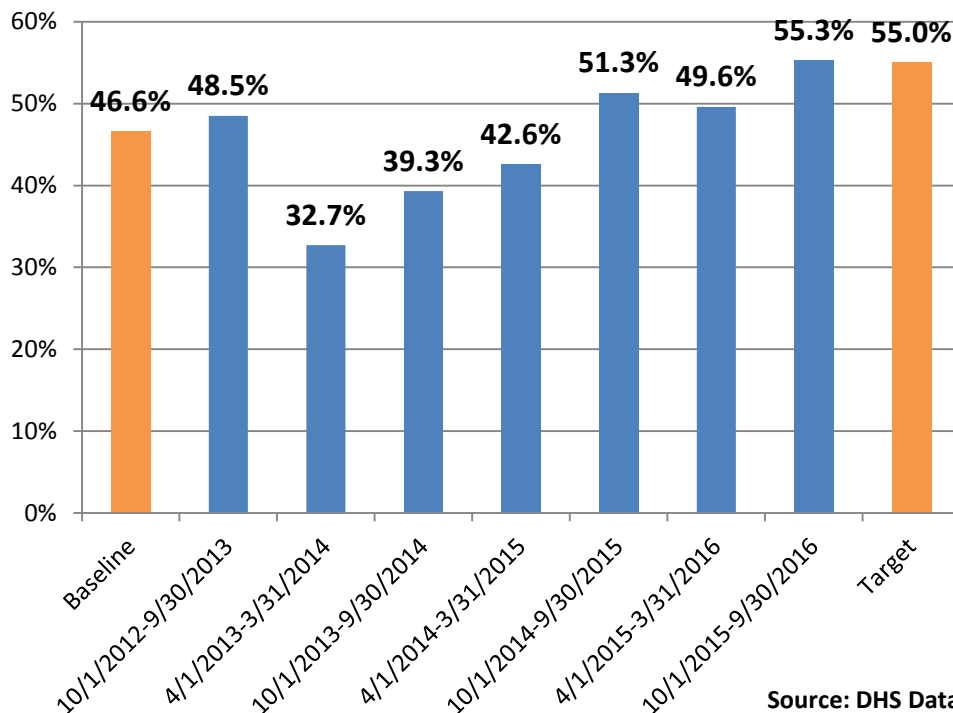
Metric 6.2c, Permanency within three years of removal: DHS reported that of the 1,174 children who entered foster care between April 1, 2013 and September 30, 2013 and stayed in foster care for at least 24 months, 653 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 55.6 percent for Metric 6.2c, which represents 2.1 percent improvement since the last report period. For the last four report periods, DHS has trended positively toward the Target Outcome of 70 percent. The baseline for this Metric was set at 48.5%.

Figure 24: Metric 6.2c – Permanency within 3 years of Removal



Metric 6.2d, Permanency within four years of removal: DHS reported that of the 503 children who entered foster care between April 1, 2012 and September 30, 2012 and stayed in foster care for at least 36 months, 278 children achieved permanency within four years of their removal date. This represents a permanency achievement rate of 55.3 percent for Metric 6.2d, which is a performance increase of 5.7 percent improvement since the last report period. DHS has reached and exceeded the Target Outcome set at 55 percent.

Figure 25: 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 offer permanency caseworkers team support (from other caseworkers, county supervisors, district directors and program staff) through a case conference process designed to assess the viability of safely reunifying children in DHS custody with their birth parents. If a pathway to reunification is identified, a plan of action is designed at the PSC to move children safely and timely back home. In order to strengthen the PSC process, DHS reported during this period that it is developing a PSC Practice Guide and Quality Review Tool to increase the consistency and quality of the PSC consultations.

DHS reported that during this report period, 1,680 children with a case plan goal of return to home had a PSC completed to review if and how DHS could best proceed to reunify each child with his or her parents. Between September and December 2016, DHS reported a consistent, upward monthly trend in the number of children entering Trial Reunification (TR), as represented by 175 children who entered TR during the month of September 2016 compared to 264 who entered during December 2016.

PSCs are particularly important for Metrics 6.2 a and b, which focus on the children who have been in custody for the shortest length of time (less than two years) and more often have a permanency goal of reunification. However, PSCs have been ineffective, to date, to meaningfully improve permanency outcomes for these children as demonstrated by the performance in Metrics 6.2 a and b against the Target Outcomes and the original baselines. Achieving timely reunification is, of course, not always possible, but DHS' performance for children included in these metrics remains stalled and requires DHS' immediate attention.

For this reporting 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 process through the development of a Practice Guide and Quality Review Tool. However, considering the substantial gap that exists between DHS' current performance outcomes and the Target Outcomes set for these permanency measures, particularly Metrics 6.2 a and b, the Co-Neutrals expect DHS to meaningfully and quickly supplement its current core strategies to improve permanency outcomes, including intensified management focus and additional resources as needed, to improve outcomes for children in Metrics 6.2 a and b. It is insufficient for DHS to continue to rely primarily on a singular strategy – the PSCs – which to date have not made a significant impact on the permanency outcomes of children who have the shortest stays in DHS custody.

To demonstrate good faith efforts in the next reporting period on the 6.2 Metrics, DHS must ensure every eligible child receives an effective PSC, that field staff receive adequate support to apply the PSC Practice Guide, that the Quality Review Tool is implemented to assess the efficacy of this strategy, that any barriers in services and supports for birth parents who are committed to doing the work necessary to achieve safe reunification with their children are systemically addressed by DHS and that DHS effectively responds to lagging performance in the 6.2 a and b Metrics by adopting additional strategies to achieve substantial and sustained progress toward the Target Outcomes.

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,

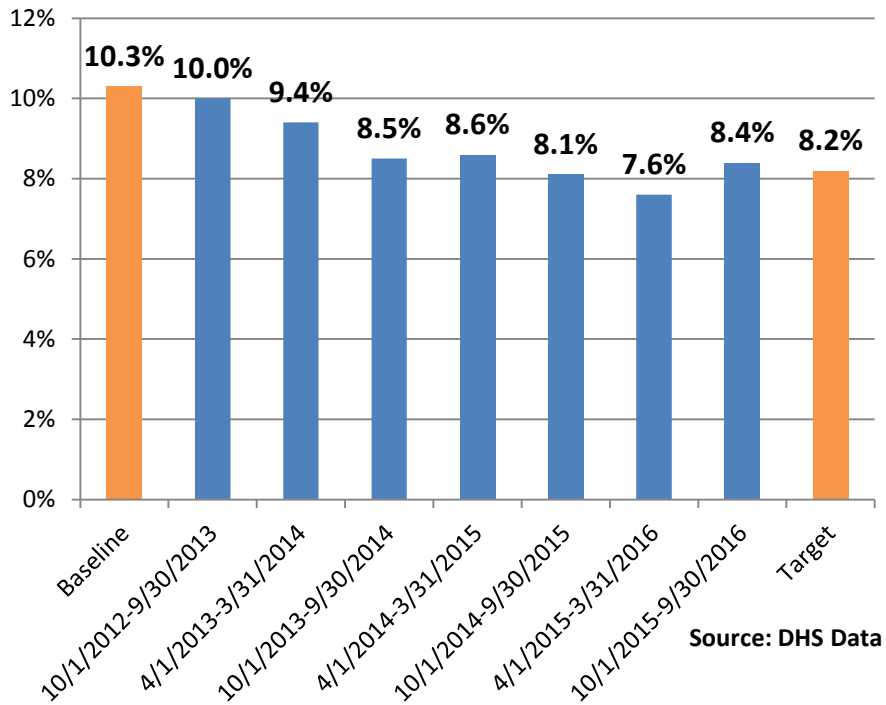
Metric 6.3 measures re-entry to foster care within 12 months of a child's discharge to permanency (not including adoption) in the 12-month period prior to the reporting period.

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 2,822 children who discharged to permanency (not including adoption) between October 1, 2014 and September 30, 2015, 238 children re-entered care within 12 months, which represents 8.4 percent of child re-entries and a slight negative turn of 0.8 percent since the last report period. In the previous two report periods, DHS met and exceeded the final Target Outcome of 8.2 percent for this permanency metric; however, for this report period DHS showed a slight 0.2 percent negative increase over the 8.2 percent Target Outcome. To preserve its performance at the Target Outcome, DHS would have had to safely maintain seven more of the 2,822 children in their homes during the reporting period.

This measure involves a look back at the final permanency outcomes DHS achieved for children from October 1, 2014 to September 30, 2015. During this time period, DHS had not yet adopted PSCs as a strategy to ensure safe reunification. However, the permanency decisions DHS made during this current reporting period to reunify children with their birth families were informed by the PSC process discussed above. The results of those decisions will be known after September 30, 2017 when foster care re-entries for children reunified during the current reporting period can be evaluated. Through the practice of PSCs, DHS is working to advance case practice to support a more comprehensive review of the safety factors that must be considered and addressed before deciding to reunify children with their birth families. While the Co-Neutrals expressed concerns regarding the effectiveness of PSCs, as currently performed by DHS, to meaningfully improve permanency outcomes for children included in the 6.2 Metrics, PSCs can serve as an important practice tool to ensure children are safely returned home and do not re-enter DHS custody. Through DHS' efforts to develop a PSC Practice Guide and Quality Review Tool, the quality of PSCs should be further strengthened to better ensure the safety and well-being of children returned to their birth families.

Based on the permanency efforts DHS undertook this report period, particularly the many PSCs performed and DHS' efforts to enhance and improve the efficacy of these consultations, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3. To continue to demonstrate good faith efforts in the next reporting period, DHS must analyze the causes for the uptick in child re-entries, monitor closely child re-entries to foster care, evaluate the quality and consistency of PSCs to safely return children home, and implement, as necessary, expanded or revised strategies in SFY17 to avert negative trending for this metric.

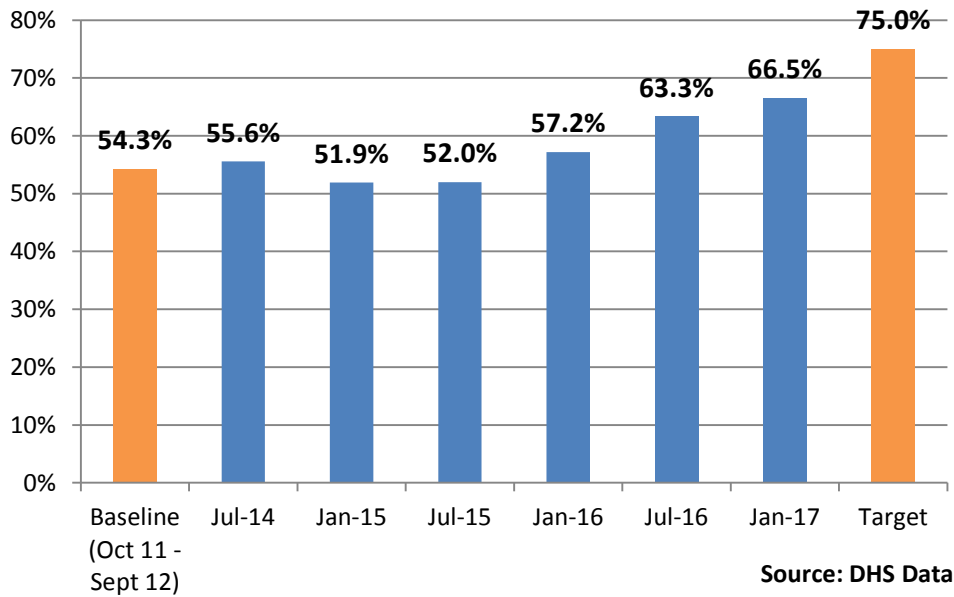
Figure 26: Metric 6.3 – Re-entry within 12 Months of Exit



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 2,355 children who became legally free between October 1, 2014 and September 30, 2015, 1,567 (66.5 percent) were adopted within 12 months of becoming legally free. This represents a positive increase of 3.2 percent since the last report period, and DHS’ strongest performance during the course of this reform effort.

Figure 27: Metric 6.5 – Permanency Performance



DHS’ regional Adoption Timeliness Accountability Teams (ATATs) continue to set and track dates for finalizing adoptions and addressing barriers that have delayed achieving permanency for legally free children who have an identified adoptive family. DHS reported that it is reviewing the ATATs and their processes to keep adoption cases moving forward to assess if changes are warranted given the integration of DHS’ foster and adoption programs. The Co-Neutrals will review and discuss in their next Commentary any changes that DHS has proposed or implemented.

The sustained progress achieved under this metric is the result of concentrated attention applied to children’s individual cases to achieve timely permanency. 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

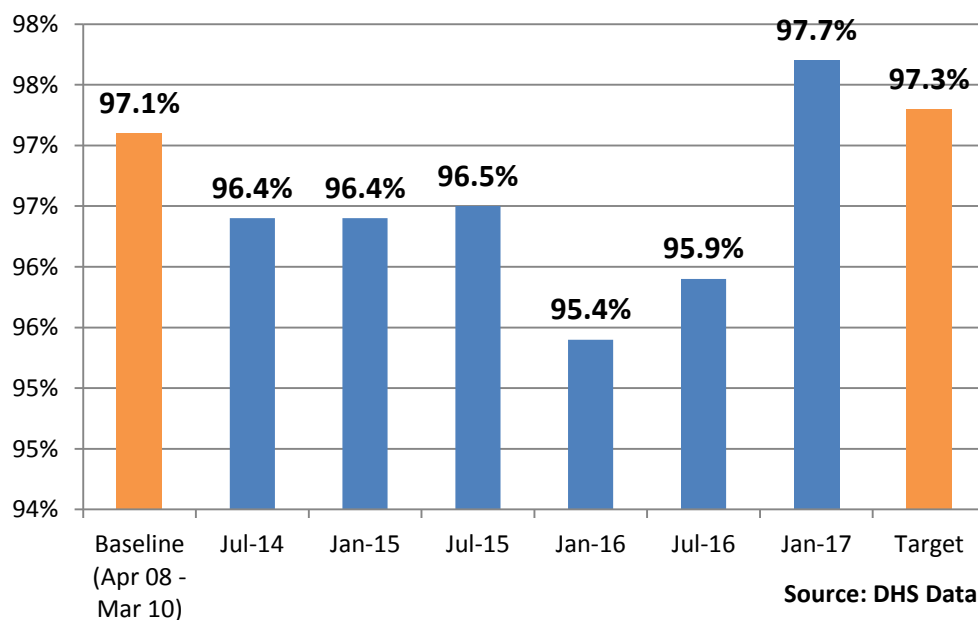
Permanency Metrics 6.6 and 6.7 measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

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 2,189 children who entered a trial adoption placement between October 1, 2014 and September 30, 2015, 2,138 children

(97.7 percent) did not disrupt from their placements within 12 months of entering trial adoption.

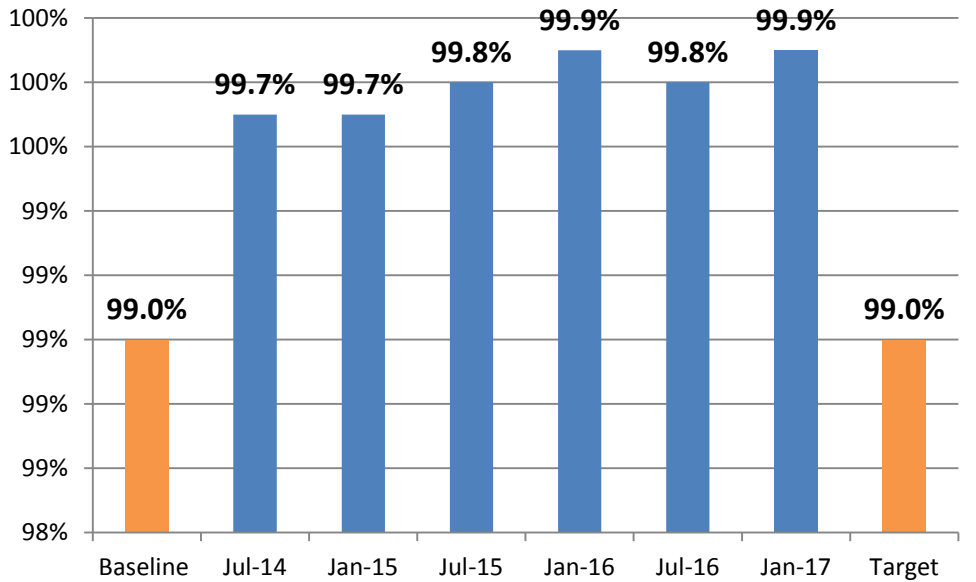
For the first time, DHS has exceeded the starting baseline and met the Target Outcome for this metric. The department’s performance is a result of focused efforts to achieve stable adoptive placements for children. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.6.

Figure 28: 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 2,741 children who were adopted between October 1, 2012 and September 30, 2014, the adoptions of 2,737 children (99.9 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 29 below). The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 29: Metric 6.7 – Permanency Performance



Source: DHS Data

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 156 (75.4 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of December 31, 2016. This is an increase of 19 children since June 30, 2016 when DHS last reported to the Co-Neutrals that 137 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 34 youth (40 percent) achieved permanency as of December 31, 2016, an increase of two youth since

June 30, 2016. DHS also reported that as of December 31, 2016, 27 youth (31.8 percent) in the older cohort have aged out of custody without achieving permanency, an increase of four youth since June 30, 2016, the end of the previous report period.

Efforts to Identify Permanent Families for Children in the 6.1 Cohort

Throughout this report period, DHS assigned Adoptions Transition Unit (“ATU”) workers to 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 each child’s permanency planning caseworker, worked to review each child’s progress toward permanency, and to develop plans to identify permanent placements for each child and youth. ATU workers specialize in locating permanent homes for children by performing diligent searches for each child to identify family connections and by using information gathered from meaningful discussions with children and youth to help identify potential adoptive families.

Through the integration of the foster care and adoption programs, DHS established the Adoptions Transition Unit as a standing, individual unit that consists only of ATU workers, who focus solely on children’s adoption transition cases, and one newly assigned field manager who leads the unit. This team, which is organizationally housed within DHS’ new integrated resource family program office, works closely with permanency planning and resource family workers to coordinate their permanency efforts on behalf of legally free children who have a permanency goal of adoption but no identified placement.

Table 12: Metric 6.1 – Permanency Performance

| Permanency Metric | Baseline | Permanency Target by June 30, 2016 | Permanency Achieved as of December 31, 2015 | Permanency Achieved as of June 30, 2016 | Permanency Achieved as of December 31, 2016 |
|---|-----------------------------------|------------------------------------|---|---|---|
| 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 under | 90% | 119 children (57.5%) achieved permanency | 137 children (66.2%) achieved permanency | 156 children (75.4%) achieved permanency |
| | 85 children- Age 13 and older | 80% | 23 children (27.1%) achieved permanency | 32 children (37.6%) achieved permanency | 34 children (40%) achieved permanency |

While work remains for DHS to improve the permanency outcomes for children in this cohort who are still in DHS’ custody, DHS has implemented solid strategies, including the focused family finding and targeted case reviews conducted by ATU workers, which will support improved performance for children in this cohort if rigorously implemented, supported and

continually assessed by DHS leadership. These strategies have resulted in steady progress as more children in the younger cohort achieve permanency each report period.

Using these same strategies, DHS made significant progress to achieve permanency for the 6.1 older cohort; however, progress slowed during the current report period. As discussed further in the next section of this report, achieving permanency for older youth often presents greater challenges than achieving permanency for younger children. To demonstrate good faith efforts in the next reporting period, DHS will need to rigorously pursue permanency for each of these older youth, and, when possible, bridge any gaps and address any barriers between these children and the potential adoptive or guardianship families who may be interested in providing permanency for these youth. DHS will need to move swiftly to achieve permanency for youth in the older cohort since little time remains before these youth age-out of DHS custody. The Co-Neutrals intend to closely examine DHS' specific efforts for this cohort of youth in the next reporting period, including an examination of randomly selected children's case files.

Permanency for Older Legally-Free Youth, Metric 6.4

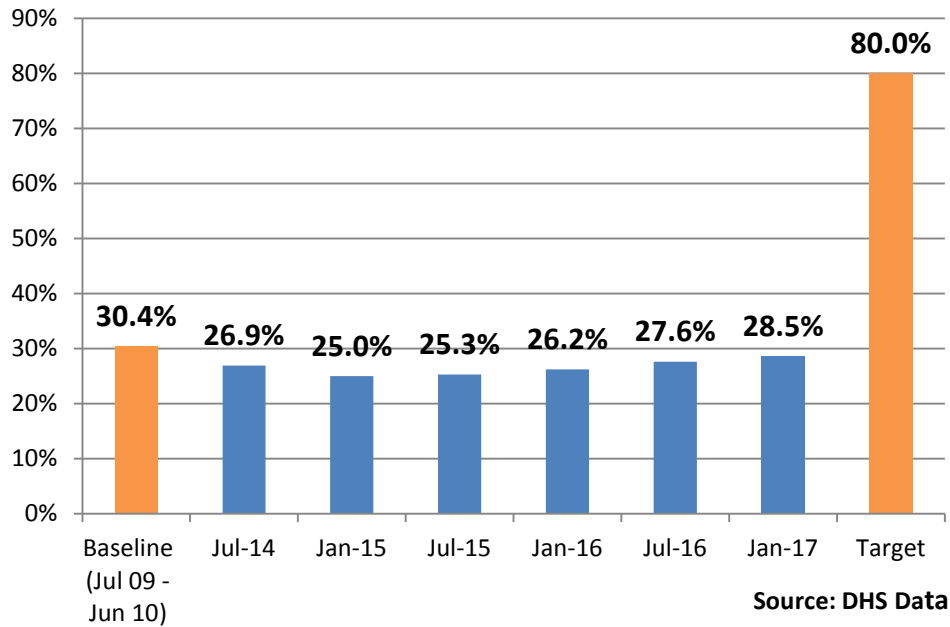
This metric measures the experience of a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those children to measure the percentage of them who exited foster care to permanency, defined as adoption, guardianship or reunification, by age 18. The 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 123 legally free youth turned 16 years of age between October 1, 2013 and September 30, 2014. Thirty-five of these youth, representing 28.5 percent, achieved permanency as follows: 32 youth were adopted, two youth exited through guardianship and one youth exited through custody with a relative. Seventy-four youth exited without permanency (60.2 percent) and 14 youth remained in DHS' care.³⁶ As shown in Figure 30 below, performance outcomes for this metric have shown very slight improvements over the last four periods but all performance outcome data remained below the original baseline and the majority of children reviewed each period aged-out of DHS custody without a permanent family.

³⁶ One of the 74 youth who exited without permanency transferred to another agency, and the child's final permanency outcome is, as a result, unknown and one child was identified as AWOL.

Figure 30: Metric 6.4 – Permanency Performance



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

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 Co-Neutrals also sought to identify any patterns of practice or systemic issues that either presented or addressed barriers to permanency for this older cohort of youth.³⁷

The sample of 50 youth was drawn from a point-in-time population of 167 youth who were legally free, who were 16 or 17 years old and who had a case plan goal of adoption, adoption preparation, guardianship, return to own home or planned alternative permanent placement (PAPP). The Co-Neutrals excluded 26 youth with long-standing PAPP goals, reducing the sample

³⁷ The Co-Neutrals gathered all information for the review from DHS’ KIDS data system. An inherent limitation of this case record review is that any efforts, circumstances or additional case specific information not documented by DHS in the electronic case record is unavailable to the Co-Neutrals to assess and inform findings. As such, the Co-Neutrals recognize that in some cases their understanding of an individual youth’s circumstances and the permanency efforts made on their behalf may not be complete. The review did not focus on efforts made by DHS to provide youth with independent living or other services to prepare for emancipation from DHS custody as, again, the review was focused on efforts to achieve permanency.

population to 141 youth. The 50 youth were then drawn as a random, stratified sample, representing 35 percent of this modified population of 141 older legally free youth.³⁸

Because the review was focused on assessing permanency efforts made by DHS, the reviewers did not include in the sample youth with a PAPP goal that was assigned prior to the period under review, as it was reasonably expected that permanency efforts on behalf of youth with a PAPP goal would not have been conducted or recorded for these youth. For youth with a PAPP goal, DHS, for the most part, does not pursue efforts to locate a viable and committed home where a child could achieve legal permanency with a family. For example, children with a PAPP goal are not assigned an ATU worker who would otherwise focus on finding a permanent family for the child and who would support the permanency caseworker to prepare the child for a life-long, stable commitment with a family.

Table 13 below shows 24 of the 50 youth had a case plan goal of adoption at the time the sample was pulled. Thirty-two percent (16) of the 50 youth had a case plan goal of another permanency type, such as adoption prep, guardianship and return to own home. The remaining 20 percent of youth (10) had a more recently established case plan goal of PAPP. At the time the sample was pulled, the majority of youth (56 percent or 28 youth) were living in family-based placements.

Table 13: Case Plan Goal and Placement Type of Sample (N=50)

| Case Plan Goal | Placement Type | | | | | | Grand Total |
|----------------------|----------------|--------------|------------|-----------|--------------|----------|-------------|
| | Foster Home | Kinship Home | Group Home | Inpatient | Pre-adoptive | AWOL | |
| ADOPTION | 9 | 4 | 4 | 4 | 2 | 1 | 24 |
| ADOPTION PREPARATION | 3 | 2 | 3 | 3 | 0 | 0 | 11 |
| GUARDIANSHIP | 2 | 1 | 0 | 0 | 0 | 0 | 3 |
| PAPP | 3 | 1 | 3 | 2 | 0 | 1 | 10 |
| RETURN TO OWN HOME | 0 | 1 | 1 | 0 | 0 | 0 | 2 |
| Grand Total | 17 | 9 | 11 | 9 | 2 | 2 | 50 |

The length of time the 50 youth had been in care at the time the sample was pulled varied between one and 13 years. The majority of the youth (78 percent or 39 youth) had been in care for at least three years, while 11 youth (22 percent) had been in care for two years or less. Table 14 below also shows the number of years the 50 youth had been legally free. Almost half of the youth (23) had been legally free two years or less, while the majority of youth (54

³⁸ To make the sample representative of the population of older, legally free youth in DHS custody, the sample was stratified by the following characteristics: length of stay in care, placement type, case plan goal, and region.

percent or 27 youth) had been legally free for three or more years. In this case review, the number of years a youth had been in care correlates with the number of years a youth had been legally free. For example, all 11 youth who had been in care for two years or less had only been legally free for one or two years, whereas the 22 youth who had been in care for six or more years had been legally free for three or more years.

Table 14: Length of Stay in Care of Sample (N=50)

| Length of Stay | # of Youth | # of Years Legally Free | | | |
|--------------------|------------|-------------------------|-----------|-----------|-----------|
| | | 1-2 years | 3-6 years | 7-9 years | 10+ years |
| 0-2 years | 11 | 11 | 0 | 0 | 0 |
| 3-6 years | 17 | 12 | 5 | 0 | 0 |
| 6+ years | 22 | 0 | 10 | 10 | 2 |
| Grand Total | 50 | 23 | 15 | 10 | 2 |

Permanency Outcomes

During the period under review (PUR) of July 1, 2015 to December 31, 2016, 12 of the 50 youth reviewed exited DHS custody. On the last day of the PUR (December 31, 2016), 38 of the youth reviewed remained in DHS custody. Of the 12 youth who exited care during the PUR:

- seven youth aged out of care (2 of whom signed themselves back into care);
- four youth were adopted; and,
- one youth achieved permanency through guardianship.

While six of the seven youth who aged out during the PUR exited care with a case plan goal of PAPP, all six of these youth had either an adoption or guardianship case plan goal up until a few months prior to their 18th birthday when the goal was changed to PAPP.

For the 38 youth who remained in DHS custody at the close of the PUR, the review identified that nine of these youth appear to be on the path towards permanency, 21 youth do not appear to be on a path towards permanency, and for eight youth, their permanency path is unclear.

Characteristics of 50 Youth

In reviewing the records of the 50 youth, the Co-Neutrals attempted to gain an understanding of some of the defining characteristics of this population in order to help inform strategies and practices that DHS could consider to advance permanency for older youth. The review identified the following five reoccurring characteristics:

1. **Most youth experienced placement instability.** During the 18-month PUR, the average number of placements experienced by the 50 youth was five placements.³⁹ The majority of youth (64 percent or 30 youth) experienced 3 or more placements during the PUR, and thirty percent of youth (15) experienced six or more placements during the PUR. As of December 31, 2016 (the last day of the PUR), 24 of the 38 youth (63 percent) still in care had been in their current placement for less than six months, while less than a third of the 38 youth had been stable in their current placement for a least one year. The average number of placements experienced by the 50 youth over the entire time of their current removal was 16.⁴⁰
2. **Most youth had at least one higher-level placement.**⁴¹ Fifty-sixty percent of youth (28) experienced at least one higher-level placement during the PUR and twenty-two percent of youth (11) experienced three or more higher-level placements during the PUR. The review identified the following two primary explanations for the high rate of higher-level placements: 1) due to trauma, many of the youth had behavioral/mental health needs that necessitated a higher-level of care; and 2) there was a lack of family-based placements, in particular therapeutic foster care placements, available and willing to accept the placement of teens, which resulted in these youth being placed in and experiencing longer stays in non-family based settings.
3. **Half of youth experienced a shelter stay.** Exactly half of youth reviewed experienced at least one shelter stay during the PUR. Nine youth (18 percent) experienced four or more shelter stays during the PUR. The use of shelter care for these youth was the result of a lack of available, needs-based placements for older youth, particularly for those youth who needed an immediate placement following a placement disruption or discharge from a residential treatment center. For some of the youth who experienced

³⁹ The review did not include in its count of placements the following: respite stays, AWOL episodes, and any OJA juvenile detention placements.

⁴⁰ The average number of placements experienced by the 50 youth during their current removal reflects disparate lengths of stay among the youth. For example, some of the youth have been in care over 10 years, while other youth have only been in care for two years.

⁴¹ For the purposes of this review, higher-level placements are defined as group home (any level) and residential treatment placements.

shelter stays, incidences of AWOL episodes increased, which further increased instability for these youth.

4. **The great majority of youth experienced at least one family-based placement during the PUR.** Eighty-two percent of youth (41) had at least one family-based placement during the PUR and twenty-two percent of youth (11) had been stable for at least one year in a family-based placement. The high rate of family-based placements for youth during the PUR is positive; however, many of these family-based placements were short in duration due to placement disruptions. It is not clear from the case records if these families were adequately trained and supported to care for older youth, particularly in instances where a youth was stepping down from a higher-level of care and may have required intensive services to be stable in a family-based placement.
5. **Many youth's case plan goal was changed to PAPP shortly before their 18th birthdays.** For most of the youth reviewed during the PUR, DHS had assigned the youth a case plan goal of adoption, guardianship or return to home. As noted in Table 13 above, at the beginning of the PUR, 20 percent of youth had a PAPP goal. Again, it is important to highlight that the review intentionally excluded many youth who had long-standing PAPP goals. In a minority of cases, DHS had assigned a youth a PAPP goal due to extenuating circumstances, such as youth who have been AWOL. By December 31, 2016 (the last day of the PUR), the percent of youth assigned a PAPP goal doubled to 40 percent of the sample. The case review revealed that in some instances caseworkers changed a youth's goal from adoption and/or guardianship to PAPP as the youth approached his or her 18th birthday and the prospects for permanency diminished.

Case Themes

The cases reviewed reflect the distinct circumstances of 50 unique youth in DHS custody and, thereby, defy easy categorization; however, the review identified themes that emerged across numerous cases. The themes below highlight areas of permanency case practice that DHS must consider to strengthen permanency efforts and improve outcomes for youth. The review also identified areas of permanency case practice that appear to be effectively supporting older youth's achievement of permanency.

1. **Youth assigned ATU workers experienced more concerted permanency efforts.** The case records evidenced substantially less effort to achieve permanency for the many youth who were not assigned an ATU worker as compared to those youth with an adoption case plan goal and an assigned ATU worker. In general, the review surfaced that ATU workers, often in conjunction with permanency workers, made concerted efforts to identify potential placement options for youth. The case record showed that

ATU workers completed diligent searches to identify family and non-family members who may be interested in adopting a youth and participated in monthly case reviews with youth and other adoption outreach opportunities. In some cases, the case record showed that ATU and permanency workers developed a strong rapport with their assigned youth and were important individuals in the youth's life. In a few cases, the ATU workers' permanency efforts were less clear.

- 2. For some youth in stable family-based placements, permanency did not appear to be pursued.** The review observed that for some youth placed in stable family-based placements, permanency efforts were not sufficiently pursued with foster families. For some youth placed in specialized homes (i.e., TFC and DDSD homes), permanency efforts were not pursued at all with families as these types of homes appear not to be considered as potential permanent homes for youth, but instead temporary, treatment based placements. In other cases, youth were stable in traditional or kinship homes, and it is not clear from the record if foster parents were sufficiently engaged by workers about their interest in adoption and/or guardianship. In a few cases, foster parents expressed interest in adoption and/or guardianship; however, it is not clear from the record if workers maintained consistent engagement with these families to support permanency. The reviewers observed a consistent lack of documentation by both foster care and permanency workers concerning their engagement with foster parents regarding their interest in pursuing adoption or guardianship of the youth placed in their homes. In particular, the documentation by resource family workers in resources files is often limited or non-existent. Lastly, it was observed that some foster parents were not interested in adopting the youth who had been stable while placed in their home, but were committed to providing the youth with care and shelter after she/he exited DHS custody at 18 years of age.
- 3. Some youth express they do not want to be adopted and want to age-out of care.** The review confirmed DHS' assessment that many youth express to their workers that they do not want to be adopted, but instead want to age-out of DHS custody when they turn 18 years old. Some of these youth wavered during the PUR, vacillating between wanting to be adopted and wanting to age-out, while others appeared adamant in their desire to age-out throughout the entire period. More than 30 percent of the youth had experienced at least one failed adoption, trial reunification and/or trial adoption. In some cases, it is not clear from the record if these youth were meaningfully engaged by their workers to attempt to work through the reasons they are unwilling to be adopted

and the benefits of adoption/guardianship.⁴² Some of these youth expressed that they would like to age-out of the stable, family-based placements they lived in during the PUR. It is not clear from the record if workers sufficiently engaged both youth and foster parents in these cases about adoption and/or guardianship, particularly in instances where both the youth and foster parents appeared to have a strong commitment to one another.

4. **Some foster parents and youth did not appear to be adequately supported in family-based placements.** Many youth experienced at least one family-based placement disruption. Some of the disruptions were from trial adoption and trial reunification placements. From the case record, it does not appear that workers consistently developed transitional plans to ensure the appropriate services and supports were put in place to support both youth and foster parents in new placements. In particular, the case review identified that youth stepping down from higher-level care into family-based placements did not appear to be sufficiently supported in this transition to reduce the severity and/or frequency of behavioral/mental health challenges in the new home. In some cases, foster parents expressed that they were not fully informed about the youth's behavioral/mental health needs, and/or personal history prior to placement, and were unprepared.
5. **High-quality mental health services are necessary for properly diagnosed youth to achieve permanency.** The review clearly showed the prevalence of mental health/behavioral challenges among this population of youth. Many of the youth in the sample experienced higher-level placements, including inpatient residential stays, to provide them with treatment(s) and service(s) to ensure their safety, stabilize their behaviors, and, thereby, advance their likelihood of being placed with a family in the future. The review showed that in some cases youth received effective treatment at higher-level facilities and then successfully transitioned into family-based placements. In other cases, it was not clear from the record if youth's therapeutic needs were being adequately met in the higher-level placement, and in a few cases, it appeared that a youth's mental health needs were unmet and instead escalated in the higher-level placement. For this latter group of youth, placements in higher-level care were often for long periods of time and sometimes included movement among multiple facilities over a number of years. It was common for this group of youth to have PAPP case plan goals.

⁴² It appears some caseworkers may not yet be effectively communicating the benefits of adoption/guardianship to youth, while instead highlighting the benefits youth may be entitled to if they age-out. It appears some caseworkers need more training and support to inform their discussions with youth around permanency.

Permanency efforts to identify a permanent family for these youth were in some cases minimal during the PUR.

6. **Some youth wanted to return home to their birth parents.** The review observed that in some cases youth wanted to return home to their birth parents or family members when they turned 18 years old. In some cases, DHS actively facilitated youth's return to their birth families by putting into place services to support the family, facilitating trial visits between the youth and his or her family in advance of reunification, and incorporating the birth family into the youth's therapy sessions. In other cases, it did not appear that DHS had taken sufficient steps to facilitate and support a safe and stable transition of the youth to his or her birth family, despite it being clear that the youth intended to return home at 18 years of age.
7. **For some youth with a PAPP goal, permanency efforts were much less focused and concerted.** Youth with a PAPP goal did not have an assigned ATU worker to pursue focused permanency efforts on their behalf. Instead, a youth's permanency worker took the lead in attempting to identify an individual (typically a family member) who would care for the youth once he or she turned 18 years old, or a non-family-based placement to support the youth once he or she aged-out, such as an assisted living facility. Frequently the case records showed that youth with a PAPP goal expressed to their workers that they preferred to age-out of care. As a result, the case records generally showed minimal permanency efforts because the worker accepted the youth's decision to age-out and did not engage in permanency efforts, or the youth was emotionally unstable and thereby efforts were focused largely on stabilizing the youth during the PUR. In some cases, the review observed that caseworkers were committed to pursuing permanency efforts on behalf of youth with PAPP goals. However, due to the complexity of these cases, workers appeared to struggle to identify what actions to take to advance permanency, underscoring the need for DHS to assign permanency experts, such as ATU workers, to work on behalf of all youth in the 6.4 cohort.
8. **Case plan goals for some youth changed frequently.** The review observed that the case plan goals of some youth changed frequently both during and before the PUR. In some cases, a youth's case plan goals changed for understandable reasons, such as it being determined that a foster family was more likely to pursue guardianship than adoption of a youth. In other cases, it was unclear from the case record why a youth's case plan goal was changed, particularly if the goal changed from adoption to PAPP, and in some cases, the record clearly showed that a youth's case plan goal changed to PAPP from adoption and/or guardianship following a youth's decision that he or she no longer wanted to be adopted. The review observed that a consequence of changing case plan

goals was that permanency efforts were not consistently pursued for some youth during their time in care, but instead were interrupted, sometimes for extended periods, while a youth's case plan goal was PAPP and permanency efforts were generally limited, as a result. The review showed that it was not uncommon for a youth's case plan goal to shift between adoption and PAPP numerous times.

The factors identified in the sample review that contributed to many older youth being at risk for aging-out without permanency make abundantly clear that DHS must focus systemically on barriers to permanency and implement strategies to improve case practice and permanency performance for all older legally free youth in Oklahoma's foster care system, especially youth whose case plan goal is PAPP.

Achieving Permanency for Older Legally Free Children – Metric 6.4

Over the last year, DHS sought to enhance its core strategies designed to advance permanency outcomes for all children in DHS custody. DHS designated one district director in every region to serve as a regional permanency lead and track permanency data and outcomes. The permanency leads are also assigned to help guide supervisors and caseworkers on the implementation of the permanency core strategies as well as the regional permanency plans developed for each region during this review period.

In July 2016, DHS shared with the Co-Neutrals the draft of its five regional permanency plans. As noted in the November 2016 Commentary, the Co-Neutrals, in response to reviewing the regional permanency plans, strongly encouraged DHS to consistently incorporate in all five plans what the agency viewed as the best practices and/or permanency efforts that could help improve permanency outcomes if implemented statewide. The Co-Neutrals particularly stressed the need for more focused strategies and case practice guidance to help achieve permanency for children included in this 6.4 Metric who are 16 and older and close to exiting DHS custody without a permanent family.

Over the last six-month period, DHS and the Co-Neutrals had numerous communications, meetings, and information exchanges to review various DHS proposals and ideas to improve permanency outcomes for youth included in the 6.4 Metric. By the end of the report period, DHS presented a set of strategies to reduce the number of youth who would become part of the 6.4 Metric through focused efforts to achieve permanency for youth before they turn 16 years of age, and by assessing the appropriateness of removing older youth from their birth parents' custody, while not compromising a youth's safety and well-being. These strategies include:

- Require a multi-level case staffing that include the district director, for all youth within 30 days of their 15th birthday, to identify barriers to permanency and create action steps to permanency. Require a follow up case staffing to ensure permanency efforts and opportunities will occur monthly between the child’s permanency worker and supervisor until the youth exits care. District directors are to join monthly staffings every six months.
- Require that district directors staff all referrals that involve the possible removal of youth 13 years of age and older. If executed with every child’s safety as the paramount criterion, this effort could reduce the number of older youth who are removed from their families, who become legally free and then become at risk for aging out.

DHS struggled throughout this report period to apply the necessary focus to identify a specialized set of strategies that would benefit youth who are already in the 6.4 Metric and who have a PAPP case plan goal. The Co-Neutrals’ case record review surfaced missed opportunities, unfocused interactions and a lack of strategy for helping older youth with a goal of PAPP to achieve permanency. Such focus is imperative to further reduce the number of youth in the 6.4 Metric who are aging out rather than achieving permanency.

The Co-Neutrals conclude that as of the end of the report period, DHS has not yet made good faith efforts to achieve substantial and sustained progress toward the 6.4 permanency Target Outcome for older youth. The absence of targeted strategies contributed to DHS’ lack of permanency outcomes for this period in this measure. Eighty-one of the 123 youth (66 percent) reviewed this period in the 6.4 Metric had a PAPP case plan goal and 78 (96 percent) of the 81 youth with a PAPP goal aged out of foster care without a permanent family. The data shows the correlation between a PAPP goal designation, requested by the youth or not, and a lack of permanency. In most instances, the PAPP goal is detrimental to youth’s prospects for achieving permanency and virtually assures, or confirms, youth will age-out if their goal is not changed.⁴³

On November 15, 2016, the Co-Neutrals met with a large group of DHS staff and leadership who are involved in efforts to achieve permanency, including deputy directors, regional leads, ATU workers, and permanency workers. It was clear from this discussion that DHS did not yet have strategies or clear guidance, or plans to develop either, to help 6.4 youth with a PAPP goal achieve permanency. This discussion also revealed that staff struggle with having conversations with older youth about achieving permanency once the youth decide that they would rather age out. Staff shared that even in cases where potential adoptive families were available, they

⁴³ On September 29, 2015 a new federal law went into effect and no longer allows child welfare systems to establish PAPP as the case plan goal for children ages zero to 15. As a result, the number of children under 16 years of age with PAPP as a goal decreased from 114 to four from June 30, 2015 to June 30, 2016.

did not know how to work with youth to shift their opposition to adoption. The Co-Neutrals' case record review showed similar themes, as noted above.

Through its practice of conducting interviews with older youth with a PAPP goal, which are led by DHS' newly assigned "Permanency for Teens" coordinator, DHS further confirmed that caseworkers need additional training and guidance to improve how they engage youth and structure discussions about permanency efforts, especially when older youth say they want to age-out of foster care. The Co-Neutrals' case review found that ATU workers have developed a specialized practice to engage youth in their family-finding permanency efforts and seem to be the logical DHS support source to help children who request a PAPP goal consider permanency options and planning. DHS previously committed to assign by October 2016 an ATU worker to all 6.4 youth with a goal of adoption. This was a positive development but it still left a gap for 6.4 youth with a PAPP goal who are not assigned an ATU worker.

As highlighted in the last Commentary, DHS needs to implement strategies that can support permanency for children with all types of case plan goals, including PAPP. DHS and the Co-Neutrals had numerous discussions during this period about the need to identify new approaches with accompanying resources to confront the unique circumstances and challenges of this relatively small population of older legally free youth with a PAPP goal in DHS custody. Notwithstanding the limited number of youth in this category, the consequences of DHS not applying good faith efforts to achieve permanency for these youth are dire.

At the time of this report writing, DHS was still in the process of developing the framework, job duties, and supervision structure for a newly proposed strategy to create a centralized team of five or six staff experts to work as "permanency expeditors" (PE) for older youth with a case plan goal of PAPP. The Co-Neutrals will provide an update in the next Commentary. DHS must expeditiously implement an approved strategy for older youth with a PAPP goal to reduce the number of older youth who age-out of DHS custody.

DHS has highlighted its ongoing efforts to make contact with older youth on the cusp of aging out of custody and to prepare youth with independent living services and informal adult connections. The Co-Neutrals understand and agree with the importance of providing independent living services and planning for older youth in DHS custody, but this is distinctly separate and apart from the permanency planning work that is central to the 6.4 Target Outcome. For youth who are now in the 6.4 cohort and who each day grow closer to aging out of DHS custody without a family, time is of the essence.

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 ⁴⁴ , 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% |
| 6.2(d): 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. | Same | Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4% | Total = 55% |

⁴⁴ 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.

| 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: <i>27% - meet standard</i> <i>8% - 1-20% above standard</i> <i>65% - 21%+ above standard</i> | Same Interim Target for All Case Carrying Workers – by Dec 31, 2013: <i>45% - meet standard</i> <i>30% - 1-20% above standard</i> <i>25% - 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: TFC Core Strategies and Enhanced Activities

January 2017

Core Strategy 2: Resource Home Recruitment – TFC (Therapeutic Foster Care)

Data: SFY 2017 TFC recruitment goal is set at 176 homes for the year, with a net gain of 55 homes. Child Welfare Services (CWS) began SFY 2017 with a baseline of 367 open and available TFC resource families.

Strategy 2: Placement availability and transition for children in need of therapeutic family care

Strategy Activities:

1. Maintain the safety of children in TFC placement. TFC Program staff will review all abuse/neglect investigations and screened-out referrals on children placed in TFC/coordinated foster care (CFC) homes. TFC Program staff will monitor over-placements and establish protocols addressing ongoing policy and safety concerns with TFC resource families by providing training and support to the TFC agencies. CWS began monitoring and reviewing investigations and screened-out referrals in October 2016 and continues to do so as an ongoing activity with no definite end date.
2. Focus on streamlined and strategic admission/transition requirements for a TFC level of placement. CWS will develop a child-focused needs assessment to gather detailed information about the child's specific needs to better match children with available TFC resources that will include gathering information from the child's perspective, as well as gathering current and historical information on the child's behavioral health treatment. Child-focused needs assessment will begin by 2/28/17.
3. Develop new internal protocols for placement of children on the recommended list for TFC. CWS will be engaged in a Lean Six Sigma Green-Belt Project beginning in January 2017 to ensure processes within the overall TFC program are developed to effectively and efficiently ensure high quality services to the children and resource families within the TFC program. A parallel project with Oklahoma Health Care Authority (OHCA) and TFC provider agencies will also begin to ensure high quality services occur through the TFC model. Better engagement and overall interaction between CWS, OHCA, and the TFC provider agencies is expected to occur. CWS will regularly train staff at the deputy, district, and supervisor level on any policy or protocol changes that may result. The process will begin January 2017 and conclude in June 2017.
4. Identify community-based services that children should use in the interim while awaiting placement into a TFC home. At the time a child is placed on the TFC waiting list, TFC Program staff will engage the Oklahoma Department of Mental Health and Substance Abuse Services Behavioral Health Consultants in service coordination for the child and their current placement to ensure needs are met while awaiting placement. Implementation of this process will begin by 1/31/17.

5. a. Establish a multi-disciplinary staffing team, including a mental health consultant from outside OHCA, to review children currently placed in TFC care to better align the length of stay with case plan goals.
b. CWS will engage in a staffing at the time of each child's admission into TFC family care. CWS will establish for each child an individualized multi-disciplinary staffing team to ensure high-quality TFC care continues. Beginning in January 2017, the assigned TFC Liaisons will begin coordination efforts between the TFC providers and CWS field staff for those children who are scheduled for their 90-day reassessment and treatment team meeting.
6. Establish new placement opportunities for youth with special medical, intellectual, or developmental needs, involving OHCA, Foster Care and Adoption, and dual TFC/resource family partner (RFP) providers. By the end of January 2017, CWS will develop a workgroup to focus on establishing feasible solutions and unique placement opportunities for this expanding population within the existing continuum of care and establish a meeting schedule for the coming months. The workgroup will meet on a monthly or more frequent basis beginning in February 2017.
7. Continue to develop performance-based contracts with the assistance and guidance of the Annie E. Casey (AEC) Foundation, to ensure children's needs are thoroughly addressed through the contracts. CWS is aligning, where possible, the RFP and traditional foster care program contracts to establish measurable outcomes for children who use these levels of care. CWS began development efforts in October 2016 and established 7/1/17 as the implementation date for the re-designed contracts.

Strategy 3: Implementation of TFC resource recruitment and retention efforts.

Strategy Activities:

1. Assist in developing new and innovative strategies for recruitment of TFC homes, beds, and service providers statewide. CWS will establish recruitment and retention plans with all TFC agencies indicating individualized agency goals. CWS established a 12/15/16 completion date for the recruitment and retention plans with plan implementation to begin 1/1/17. CWS will set an overall recruitment goal and monitor each plan's progress through SFY 2017. CWS will also engage the TFC agencies in the "recruitment boot camp" program offered by the AEC Foundation, along with continued activities within the Oklahoma Fosters Initiative.
2. Develop a strong, working partnership between all levels of the placement continuum. CWS will continue to explore child-specific targeted recruitment strategies and other levels of care for children identified in need of TFC. CWS will establish protocols to manage children moving up and down the entire placement continuum and how to easily transition children in-between those levels. This activity began December 2016 and will be an ongoing activity with no definite end date.
3. Establish training and retention efforts based on the needs of TFC resource families and identify approaches to assist TFC families through DHS and other known resources. In January

2017, CWS will explore opportunities for shared skill building among RFP and TFC providers and incorporating additional support group options specifically for TFC resource families to the existing traditional foster care groups operating throughout the state. By the end of May 2017, CWS will explore options for standardizing pre-service and ongoing training availability across foster care and TFC programs to ensure foster parents are provided with a strong foundation to safely care for children. A review of the current supplemental training, Behavior Crisis Management Training, provided to the TFC foster parents will occur no later than the end of May 2017 to determine if this training adequately prepares foster families with the necessary skills to work with children who have challenging behavioral needs. CWS is reviewing the current annual re-assessment process to establish annual training goals for all foster care levels. This effort will be completed by the end of April 2017 and should intentionally identify the individual training needs of each foster family.

4. CWS will work with the Continuous Quality Improvement and KIDS teams to develop ongoing evaluation and feedback loops in the areas of recruitment, resource capacity, and quality of services provided. CWS will have completed resource profiles on all available resource homes no later than the end of February 2017. All available information on new TFC resource homes will be put into the enhanced resource profile at the time of certification allowing for regular tracking and monitoring of resource vacancies, certifications, re-assessments, and also serving as a mechanism to begin using some characteristics for matching available families with children needing TFC services.

Appendix C: DRAFT Application for Therapeutic Family Care

To be completed by TFC Program Staff only

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, Crones, 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 D: TFC Placement Worksheet (To Be Phased Out)

Region 3 TFC Placement Worksheet

Date: / Select / 2015 Case KK # : _ Social Security: #

Case Name: _ Client Name: _ Medicaid #:

OHCA initial authorization date: _ OHCA Contact Name: _ Current PA expiration date: _____

: Date placement recommendation was approved on Kids.

Sex: M F DOB: _____ Height: ___ ft. ___ in. Weight: ___ lbs. Race: Unknown

County of Jurisdiction: Select (1) Primary Worker: _ Cell Phone:

(2) Supervisor: _ Cell Phone: _ (3) District Director: Select

(4) Regional Director: Select (5) State Office Program Admin:

Current Placement: Select Placement History: Select - Select - Select - Select

Proximity preferences: 1st - None 2nd - Select 3rd - Select 4th - Select

Copy and paste (Reasons for Recommendation) and (Current Reason for Placement in TFC) from placement recommendation in Kids.

School Status: Select Grade: _ Special Education? No Unknown Yes - Date of IEP: _____

Last school attended: _ Contact: Select Name: _ Records Fax: _____

Address: _ PO Box: _____ City: _ OK, Zip _ Phone:

Have parental rights been terminated? Yes No Custody Status: Select Tribal Affiliation: _____

Does the child have any siblings? Yes No If yes, where are they located: Select Other: _____

Does the child have visits with family members? Yes No How often:

Does the child practice a particular religion? No Unknown Yes If yes, explain: _____

Will the child's parents or the child have any objections to attending church with the foster parents? Yes No

Child's Diagnosis: Depression ADHD RAD Mood Disorders Disruptive Behavior Disorder

PTSD ODD Anxiety Disorders Suicidal/self-mutilation Select Primary Abuse: (removal screens)

Other:

Placement Assessment Issues:

Handicapped: No Yes - Select Tobacco: No Alcohol use/abuse: No

Drug use/abuse: No Explain: _____

Aggressive: No Yes - If yes: Physical: Verbal: , With Peers: Yes No

Adults: Yes No, Teachers: Yes No, Younger children: Yes No

Sexually active: Yes No Explain: _____

A sexual perpetrator: Yes No AWOL Risk: Yes No

Placement risks: Select Explain:

RRC Fax: Select Cell:

Region 3 RRC Supervisor:

Appendix E: MIC Short-Term Core Strategies

Core Strategy 6: Maltreatment in Care (MIC) - Foster Care:

Strategies:

1. Review kinship and foster home cases that have the highest number of referrals, whether screened out or accepted to identify and address any safety concerns or needs of the family or children in placement.
2. Review safety concerns, risk factors, and possible needs of all kinship and foster homes that have more children in placement than approved for, who have not had an overfill request completed.
3. Utilize the data analysis to make adjustments for ongoing supervisory review of foster home studies and reassessments and for determining when higher level reviews are needed. (“this has been moved from Overfilled Homes activity #4 below as we believe this is more of an overall strategy”.)
4. Increase the quality and assessment of ongoing safety in worker visits.

Strategy Activities:

Referrals:

1. Develop a tool for reviewing foster home cases for possible safety issues or risk factors that could lead to maltreatment in care by July 28, 2016.
2. Determine criteria for cases reviewed by July 22, 2016 and complete review by September 15, 2016.
3. Develop strategies for staffing cases that appear to have high levels of risk factors or safety concerns to address the needs of the children and families involved by August 1, 2016.

Overfilled Homes:

1. Develop a tool to assess current foster homes with more children placed than currently showing approved for in KIDS and identify possible services or supports to assist them in caring for the children placed by July 30, 2016.

2. Prioritize homes with more children placed than approved for quarterly visit during the months of July and August 2016.
3. Develop strategies for immediately providing the needed services and supports following the review including engaging leadership if needed by July 22, 2016.

Worker Visits:

1. Assign regional MIC leads and develop a maltreatment in care plan by July 1, 2016.
2. Develop an ongoing safety assessment for regional training for district directors by July 1, 2016.
3. Distribute guidelines for staff regarding what constitutes quality/safety focused worker visits by August 15, 2016.

Appendix F: DHS Maltreatment in Care Review 2016

Introduction

The Oklahoma Department of Human Services (DHS) has developed a number of strategies to prevent maltreatment in care (MIC) and assure greater safety for children in foster homes. To better understand those targeted strategies, and with consideration of the Co-Neutrals recommendations, Child Welfare Services (CWS) conducted a review of a sample of cases represented by foster homes that were the subject of multiple referrals for maltreatment in out-of-home care or had/have a written plan of compliance (WPC). This review looked at safety, practice, policy, and compliance of the home assessment process and how those areas could impact MIC.

A sample was pulled from the Oklahoma Statewide Automated Child Welfare Information System (SACWIS), KIDS. The KIDS data is extensive, with 1,979 cases (KIDS Report Y1025 CPS, Run date 7/18/16) at the time this review began. A qualitative ***Maltreatment in Care (MIC) – Foster Care Review Instrument*** was developed by CWS Continuous Quality Improvement (CQI) unit and Foster Care program staff to conduct case reviews of the selected cases. All cases were reviewed, including the resource cases, bio-cases, and any associated referrals.

The review focused on the analysis of very specific areas of practice possibly related to MIC: overfills/overbedding, written plans of compliance, and foster home assessments.

Methodology

An initial activity in the review was to construct a sample of resources identified in KIDS. The first step in drawing the sample was to include homes that were subject to a significant number of referrals or WPCs.

To define what would be considered statistically significant, CWS staff from KIDS, CQI, and Foster Care decided to create a ratio of the number of referrals for the number of open bed days provided by a given home. This created a range of 1 referral per 12 placement days to 1 referral per 17307 placement days. Next, CWS created a subset of this number consisting of the median number of cases. The median consisted of 1 referral per 680 placement days or 851 resources.

The KIDS, CQI, and Foster Care staff created a scoring system to weight the number of cases by critical factors that could be related to MIC. In addition to the placement days/referral rate median, scored 1, the sample resource was scored 1 point per number of investigations, 1 point per number of referrals in the past 12 months, 1 point per child considered to be overbedded in the home, and 1 point per recorded WPC. This led to the inclusion of homes that had experienced one or more WPCs in addition to referrals defined by the sampling strategy. Any substantiated investigations were also included in the sample. The substantiated investigations

were significantly over weighted at 10 points to be certain that all such cases were included in the sample. This created a scoring range of 0 to 21.

To conduct an appropriate in-depth case review process, CWS then examined these case-weighted totals based on the number and score of the risk factors identified. CWS needed a process allowing reviewers the ability to assess the safety of the children and to gather sufficiently detailed case review data in order to understand the needs of children and foster families. This process will be used to strengthen training and support strategies to meet those needs. The weighted sample created a score of 1-21 to include the homes that had WPCs, screen-outs, and substantiated investigations. To manage sample size while getting adequate representation of resource types, the scoring range was cut off at 7 and included all resources that were in the range of 7 to 21. This yielded a sample of 128 reviews. The sample captured a significant range of risk factors relevant to the review, as well as a good distribution of cases across types of foster care setting.

Review Sample Characteristics

The following tables reflect the various attributes that were gathered through the qualitative review process. The sample's focus was on foster home referrals. Specific emphasis was placed on the number of referrals per home over a three-year period and the disposition of said referrals. Referrals were also broken out by resource type and by region. The referrals in the areas found in Table 1 have a three year review period.

| Sample Summary | # | Mean | Range |
|--|-----|--------------|---------|
| Cases Reviewed | 128 | | |
| Referrals Received in the Last 3 Years | 633 | 4.9 per case | 0 to 23 |
| Referrals Assigned in the Last 3 Years | 295 | 2.3 per case | 0 to 15 |
| Substantiated in the Last 3 Years | 21 | 0.2 per case | 0 to 1 |
| Substantiation Rate | 3% | | |

Table 1

A total of 128 resources were reviewed, **MIC Review Sample**, as described in Table 1. The review data explored a variety of characteristics of the foster homes included in the sample. Of the 128 resources reviewed, those resources included 633 total referrals received in the last three years. Of the 633 reports of alleged abuse and neglect, 295 were assigned for investigation. A total of 21 investigations were substantiated indicating 3 percent of the referrals in the sample were substantiated. However, because the sample rationale weighted substantiations to ensure that they were reviewed, the percentage of substantiations in the general population to total referrals is much lower. It should be noted that Foster Care program staff wait for CPS program staff to conduct their program review prior to closing a resource.

After discussing and processing the review, CWS believes there are factors that should have been considered that were not at the time of sample development, such as duplicate referrals. For example, if a home had four referrals called in on one incident, three would be screened-out and one would be accepted, but those screen-outs were considered in the total and weighted. In addition, if a resource home is identified as more than one resource type such as kinship, supported, or therapeutic foster care (TFC) a referral is placed on one resource to not duplicate work, and the other referrals would be screened-out as duplicates. This; however, was not considered and the first resource type to get the referral was the resource type it was counted on, which didn't take into account that it could appear that kinship homes had more referrals than TFC homes, when really it was just the first investigation assigned.

| Resource Type | # of Homes | % of Homes |
|--------------------|------------|------------|
| CW FOSTER HOME | 48 | 37.5% |
| KINSHIP HOME | 27 | 21.1% |
| SUPPORTED HOME | 25 | 19.5% |
| TFC HOME | 23 | 18% |
| TRIBAL FOSTER HOME | 5 | 3.9% |
| Total | 128 | 100% |

Table 2

As depicted above in Table 2, the sample contains 128 homes categorized in the following resource types: 48 Child Welfare (CW) foster homes or 37.5 percent, 27 kinship homes or 21.1 percent, 25 supported homes or 19.5 percent, 23 therapeutic foster care homes or 18 percent, and 5 tribal foster homes or 3.9 percent.

| Region | # Resource Homes | % Resource Homes |
|--------|------------------|------------------|
| 1 | 19 | 14.8% |
| 2 | 22 | 17.2% |
| 3 | 20 | 15.6% |
| 4 | 49 | 38.3% |
| 5 | 18 | 14.1% |
| Total | 128 | 100% |

Table 3

Table 3 illustrates the regional breakdown of the sample, with Region 5 having the fewest number of resources reviewed at 18. The greatest number of homes were located in Region 4 with 49 resource homes. Region 4 accounted for 38 percent of the sample size, which is more than twice the number of homes reviewed in any other region. Historically, Region 4 has

contained significantly more TFC homes than other regions, and this could explain the overrepresentation of Region 4 in the sample.

| | CWFC | | Kinship | | Supported | | TFC | | Tribal | | Total |
|--------------------------------|------|-------|---------|-------|-----------|-------|-----|-------|--------|-------|-------|
| | # | % | # | % | # | % | # | % | # | % | # |
| Referrals in Last 3 Years | 266 | 42% | 112 | 17.7% | 139 | 22% | 100 | 15.8% | 16 | 2.5% | 633 |
| Accepted Referrals | 125 | 42.4% | 55 | 18.6% | 51 | 17.3% | 46 | 15.6% | 18 | 6.1% | 295 |
| Allegations of Physical Abuse | 83 | 41.3% | 37 | 18.4% | 37 | 18.4% | 42 | 20.9% | 2 | 1% | 201 |
| Allegations of Neglect | 181 | 43.6% | 78 | 18.8% | 78 | 18.8% | 61 | 14.7% | 17 | 4.1% | 415 |
| Allegations of Sexual Abuse | 13 | 54.2% | 3 | 12.5% | 4 | 16.7% | 4 | 16.7% | 0 | 0% | 24 |
| Substantiated | 6 | 28.6% | 7 | 33.3% | 4 | 19% | 0 | 0% | 4 | 19% | 21 |
| Physical Abuse Substantiations | 3 | 42.9% | 1 | 14.3% | 2 | 28.6% | 0 | 0% | 1 | 14.3% | 7 |
| Neglect Substantiations | 3 | 50% | 6 | 27.3% | 2 | 9.1% | 0 | 0% | 3 | 13.6% | 22 |
| Sexual Abuse Substantiations | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 1 |

Data Source: MIC-Foster Care Review Instrument

Table 4

The characteristics of referrals by resource type show some patterns differentiated by resource type. CW foster homes, representing 37.5 percent of the review sample, accounted for 42 percent of the total number of referrals. These homes represented a similar percentage of accepted referrals by case type, though sexual abuse referrals jump to 54.2 percent of those referrals.

For kinship homes, the percentages of referrals are smaller than the percentage of kinship homes in the sample. Kinship homes make up 21 percent of the sample. However, they account for 17.7 percent of the overall referrals and 18.6 percent of the accepted referrals. There are similar percentages for allegations of physical abuse and neglect case types, but are lower for sexual abuse allegations at 12.5 percent. Kinship homes do account for the highest number of substantiated findings, however.

Supported homes, at 19.5 percent of the sample total, account for approximately that proportion of referral types.

While therapeutic foster care homes account for 18 percent of the sample, they account for 15.8 percent and 15.6 percent respectively of referrals and accepted referrals. Other percentages are approximately proportionate, though TFC homes in the sample show zero incidences of substantiated findings.

Tribal foster homes represent 3.9 percent of the sample overall, but account for only 2.5 percent of the total referrals. With four substantiations, tribal foster homes account for a disproportionate share of substantiations.

Overfilled Homes

The first part of the analysis focused on looking at the samples to determine if overfills and overbedding contribute to more MIC instances or allegations that MIC could occur. The review assessed when there were more than five children with no biological children in the home or when there were six children total in the home and an allegation was received or assigned, if they were overfilled.

| Was the Home Overfilled? | | | | | | |
|--|------------|----------|-----------|----------|------------|----------|
| | N/A | % | No | % | Yes | % |
| Total Resources | 1 | 0.8% | 99 | 77.3% | 28 | 21.9% |
| # Referrals Received | 10 | 1.6% | 465 | 73.5% | 158 | 25% |
| # Referrals Assigned | 9 | 3.1% | 222 | 75.3% | 64 | 21.7% |
| Total Substantiated | 0 | 0% | 20 | 95.2% | 1 | 4.8% |
| Data Source: MIC-Foster Care Review Instrument | | | | | | |

Table 5

Table 5 examines resource homes and referrals in relation to overfilled homes. The data shows that 99 homes in the sample or 77.3 percent were not overfilled during the period under review. The homes that were not overfilled accounted for 465 or 73.5 percent of total referrals, as well as 222 or 75.3 percent of accepted or assigned referrals. By contrast, those homes that were identified as overfilled represented 28 homes or 21.9 percent in the sample, 158 or 25 percent of total referrals received, and 64 or 21.7 percent of the assigned or accepted referrals. Noteworthy, is the fact that of the total number of 21 substantiations, 20 were accounted for by homes that were identified as not overfilled.

Overbedded Homes

A KIDS review does not provide adequate or appropriate information on the history of overbeds. A home is considered to be overbedded if they have more children in the home than the total number of children allowed. Although the fields exist in KIDS, they were not created to maintain a history of the approved number of beds. An individual can analyze if a home is overbedded on a given day, but cannot determine if the home was overbedded in the past. Therefore, inferences cannot be made about what occurred in the past and if a home was overbedded on a certain date. Resources were examined to determine if the home was overbedded at the time of the review.

| Overbed and Approval | | | | | | |
|---|------------|----------|-----------|----------|------------|----------|
| | N/A | % | No | % | Yes | % |
| Resources | 96 | 75% | 14 | 10.9% | 18 | 14.1% |
| Referrals Received | 482 | 76.1% | 55 | 8.7% | 96 | 15.2% |
| Referrals Assigned | 230 | 78% | 25 | 8.5% | 40 | 13.6% |
| Substantiated | 19 | 90.5% | 1 | 4.8% | 1 | 4.8% |
| Data Source: MIC-Foster Care Review Instrument | | | | | | |
| Resources marked N/A were not overbedded during the period under review 7/28/13 to 7/28/16. | | | | | | |

Table 6

Table 6 displays homes in which more children were placed than the approved bed number, and whether this increase was documented. The measure compares the overbed status with number of referrals received, the number of referrals assigned, and the number of referrals substantiated. Those cases marked N/A were not overbedded during the period under review. Although this is comparing referrals during the period under review and the homes in the sample, making an inference on if the home was overbedded on the actual date of the referral is not possible to determine since the history is not held in KIDS. Those homes found to be overbedded were found to be overbedded at the time of the review. This status does correlate with the overall number of referrals as defined for the review; however, it is important to recognize that incidence of overbedding cannot, in this data, be connected to any particular referral in a significant way.

With the information provided on the date of review, 96 homes or 75 percent had never been overbedded, 14 homes or 10.9 percent were overbedded at the time of the review and did not have an approval for the overbed documented, and 18 homes or 14 percent were overbedded at the time of the review and did have an approval documented in KIDS. Foster Care program staff indicated homes can be overbedded for several reasons, such as accepting a sibling group/in order to keep siblings together, taking children back who disrupted from a previous placement to allow them to suffer less trauma, etc. What this suggests is that overbedding may occur as a result of practice decisions that are in the best interest of the child that may contribute to the safety and well-being of the child while working towards a permanency outcome.

In reviewing the sample homes, 90.5 percent of substantiated referrals were not associated with an overbed situation during the review.

Written Plans of Compliance

Another area the review team explored was the WPC. WPCs are completed for a myriad of reasons that range in scope. For example, WPCs in practice have been used to get information that is needed, such as animal vaccine records, in a timely manner and all the way to controlling for supervision or discipline issues. The process has also been initiated to address compliance and policy issues that could lead to additional risk, which if not addressed could impact safety. The written plan of compliance identifies action steps the resource parent and CWS can take to

bring the resource home into compliance. It should be noted, the sample was weighted to include more homes that had a WPC.

| Number of Written Plans of Compliance (WPCs) During the Period Under Review | | |
|---|------------|-------------|
| WPCs | # | % |
| 0 | 68 | 53.1% |
| 1 | 44 | 34.4% |
| 2 | 13 | 10.2% |
| 3 | 2 | 1.6% |
| 4 | 0 | 0% |
| 5 | 0 | 0% |
| 6 | 1 | 0.8% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument Period under review 7/28/13 to 7/28/16. | | |

Table 7

Table 7 displays how many WPCs have occurred during the period under review. 68 homes or 53 percent had no WPC during the period under review. 57 homes or 45 percent had one or two WPCs during the period under review, and 3 homes or 2 percent had three or more WPCs during the period under review.

| Number of Homes With a Written Plan of Compliance (WPC) Related to Risk and Placement Stability Issues | | |
|---|------------|-------------|
| | # | % |
| No WPC | 14 | 10.9% |
| Non-Risk or Non-Placement Stability Related WPC | 57 | 44.5% |
| Risk Related or Placement Stability Related WPC | 57 | 44.5% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument | | |

Table 8

Table 8 shows that WPCs are used for issues that include those *not* related to potential risk or placement stability for children in the home, as well as for issues that may be related to risk and/or placement stability. The 114 WPCs reviewed showed an equal number of each type of WPC. The data does not distinguish WPC types any further.

In discussing the findings of various WPCs it was determined other processes need to be put into place rather than use a WPC for every documentation issue. Additional methods to track information need to be put in place. Foster Care is setting up training on when to utilize a WPC

as well as other processes to gather additional needed information without having to complete a WPC.

Foster Parent Assessment

This section examines the foster parent assessment process and if enough information was gathered to make an informed safety decision about the individuals in the certification process. The standards set forth in the approval of these families should reduce predictable risks to the health, safety, and well-being of children in out-of-home care.

| Background Checks Completed Timely | | |
|--|----------|----------|
| | # | % |
| No | 24 | 18.8% |
| Yes | 104 | 81% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument | | |

Table 9

The CQI staff reviewed background check timeliness to determine if not having timely background checks could impact maltreatment in care. Background checks are completed on all persons, as applicable, living in the home. In the review, 81 percent of background checks were completed on all persons living in the home as according to the time standards set in place. Most of the 18 percent of cases in which the background was scored as not completed was primarily confined to re-assessments on foster homes not being completed timely.

| Mental/Behavioral Health Assessment of Foster Parent | | |
|--|----------|----------|
| | # | % |
| No | 21 | 16.4% |
| Yes | 107 | 84% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument Applies to the most recent assessment. | | |

Table 10

CQI staff explored whether or not the mental and behavioral health of foster parent's was adequately assessed to determine if they had the ability to safely parent children placed in their home. In 83 percent of the cases reviewed, it was determined that the foster parents' behavioral and mental health was adequately assessed. In 16.4 percent of the cases reviewed, it was determined that the behavioral and mental health needs were not addressed; this included homes that did not have a reassessment in a timely manner. It should be noted,

homes were rated "no" based on missing information in the reassessment process rather than any other assessed attribute.

| Parenting Skills and Abilities Assessment | | |
|--|------------|-------------|
| | # | % |
| No | 20 | 15.6% |
| Yes | 108 | 84.4% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument Applies to the most recent assessment. | | |

Table 11

CQI staff reviewed the case file and KIDS to determine if the parenting skills and abilities of the foster parents were adequately assessed. In 108 or 84 percent of the cases, the reviewer determined that CWS or a contracted agency did adequately assess their parenting abilities and skills. However, in 15 percent of the cases it was determined that CWS or a contracted agency did not adequately assess the parenting abilities and skills of the foster parents. Overdue reassessments automatically fell into the "no" category.

| Foster Parent's Ability to Safely Parent | | |
|--|------------|-------------|
| | # | % |
| No Concerns | 115 | 89.8% |
| Concerns | 13 | 10.2% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument Applies to the most recent assessment. | | |

Table 12

Table 12 displays the information gathered to answer, "In consulting with personal and professional references, are there any concerns that the foster parents would not/could not be able to safely parent the children placed in their home?" 115 or 89.1 percent of the cases did not have concerns that the foster parent would not be able to safely parent the child(ren). Overdue reassessments automatically fell into the "concern category.

| Required Training Hours Completed | | |
|--|------------|-------------|
| | # | % |
| No | 51 | 39.8% |
| Yes | 77 | 60.2% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument Applies to the most recent assessment. | | |

Table 13 displays the information about whether or not foster parents completed their required training hours. The answer to this question was "no" if the parent did not complete the required training hours or if there was no reassessment within the last 18 months. 77 cases or 60 percent reviewed had completed the required training hours.

| Completed Training By Resource Type | | | | | |
|--|-----------|--------------|------------|--------------|--------------|
| | No | % | Yes | % | Total |
| CW FOSTER HOME | 26 | 54.2% | 22 | 45.8% | 48 |
| KINSHIP HOME | 12 | 44.4% | 15 | 55.6% | 27 |
| SUPPORTED HOME | 7 | 28% | 18 | 72% | 25 |
| TFC HOME | 3 | 13% | 20 | 87% | 23 |
| TRIBAL FOSTER HOME | 3 | 60% | 2 | 40% | 5 |
| Total | 51 | 39.8% | 77 | 60.2% | 128 |
| Data Source: MIC-Foster Care Review Instrument | | | | | |

Table 14

Table 14 further breaks down the homes reviewed by resource type and whether or not those homes had completed training hours. TFC had 20 out of 23 or 87 percent of their foster parents reviewed who completed training. In comparison, only 22 out of 48 or 45 percent of CW foster homes reviewed had completed training. All overdue assessments would automatically fall into the "no" category.

| Thoroughness of Home Study | | |
|--|------------|-------------|
| | # | % |
| No | 23 | 18% |
| Yes | 105 | 82% |
| Total | 128 | 100% |
| Data Source: MIC-Foster Care Review Instrument Applies to the most recent assessment. | | |

Table 15

CQI staff reviewed the home study to determine if it provided a clear overview of the family's history, current situation, and their ability to safely care for and meet the needs of children placed in their home. The review determined that 105 or 82 percent of resources did have a home study that provided a clear overview of the resource family, while 23 or 18 percent did not have a home study that provided a clear overview.

| Thoroughness of Home Study by Resource Type | | | | | |
|--|-----------|----------|------------|----------|--------------|
| | No | % | Yes | % | Total |
| CW FOSTER HOME | 7 | 14.6% | 41 | 85.4% | 48 |
| KINSHIP HOME | 6 | 22.2% | 21 | 77.8% | 27 |
| SUPPORTED HOME | 3 | 12% | 22 | 88% | 25 |
| TFC HOME | 4 | 17.4% | 19 | 82.6% | 23 |
| TRIBAL FOSTER HOME | 3 | 60% | 2 | 40% | 5 |
| Total | 23 | 18% | 105 | 82% | 128 |
| Data Source: MIC-Foster Care Review Instrument | | | | | |

Table 16

Table 16 breaks down the home study thoroughness by resource type. Reviewers felt that for most, 105 or 82 percent, of the different resource home types the home study does provide a clear overview of the family’s history, current situation, and their ability to safely care for and meet the needs of children placed in their home. The exception is the tribal resources at 3 of 5 or 40 percent of the resources.

Summary & Next Steps

The sample focus was placed on homes that had the highest number of referrals, WPCs, and homes with substantiations. Specific emphasis was placed on the number of referrals per home over a three-year period and the disposition of said referrals. The sample design posed particular challenges in analyzing specific aspects of the qualitative data regarding practice, such as worker contacts. While some of the data was informative as to supporting foster parents and visiting children in care, it was difficult to tie the practice back to specific instances of maltreatment in care or even specific referrals.

This review has yielded quite a bit of data that the agency can turn into actionable information. It has also given CWS a base foundation of case review data to build upon and refine. The evaluation showed WPCs were being completed on foster homes that did not have any issues related to risk or safety in the home, but were being used as a way to keep track of what information was missing or needed. This showed a need to provide another mechanism to track needed items without rising to the level of a WPC.

Foster Care is working on a documentation process and direction to staff on when/if a WPC should be completed or if the new process should be utilized. This will allow for WPCs to be written for issues that are considered to be higher risk. Additional cleanup will need to occur on outstanding WPCs to provide a true account of the WPCs linked to risk or that could lead to safety issues. Enhancements to KIDS have been proposed and scheduled in order to have a visual reminder that a WPC is open on a home, as well to let the Permanency worker know at a glance that they have a child placed in a home that has an open WPC. Foster Care program staff and field managers received the KIDS WPC report and will continue to receive it monthly.

KIDS Reports staff are also working on a report that will have provide historical information on WPCs. Foster Care programs staff is in the process of developing a tracking mechanism to gather the needed or missing information on foster homes.

Resource home reassessments are being reviewed to address timeliness issues. Meetings with KIDS staff have been set up to discuss the function of the reassessments screen and issues around the date fields that are causing issues with documentation. A qualitative review on home assessments will be conducted at a later date.

The CQI unit that conducted the review developed a process to notify program staff when issues were found in order to keep children from remaining in an unsafe situation. When information during the review was obtained that alleged abuse or neglect a referral was made to the Hotline. The CQI reviewer notified the CQI program manager and administrator by email. When a child was found to be at risk, but did not meet the criteria of an alleged incident of abuse and/or neglect, the CQI program manager was notified. The CQI manager would notify the CQI administrator and foster care field administrators and deputies by email and/or text to follow-up with the staff assigned to the resources. Programmatic issues were addressed as they were found in the review. Three referrals were called into the Hotline during the review period. Fourteen program issues or policy violations were found. The type of policy violations noted generally confirmed the need for the ***Guide for Monthly Resource Home Contact***, a draft the DHS Forms unit is working on, to assure better communication and follow-up on noted policy concerns and earlier identification of any supports that may be needed in the home.

Appendix G: Co-Neutral Review of Maltreatment in Care Substantiations in Foster Homes and Facilities, July-December 2016

The Co-Neutrals' team conducted a case record review of the 97 substantiations of abuse and neglect of children in DHS custody that took place in foster homes and institutional settings reported during the months of July through December 2016.

For substantiations that took place in institutional settings, the Co-Neutrals were particularly interested in understanding DHS' practice of identifying and remedying any deficiencies through the implementation of corrective actions to avoid additional maltreatment substantiations in the same institutional placements. With respect to substantiations in foster care settings, the Co-Neutrals sought to understand any issues that surfaced as patterns of practice or systemic concerns, which DHS could address to prevent future maltreatment in care substantiations.

The following is a summary of the findings of this review.

Context

The 97 child substantiations reviewed are contained in 53 referrals: 35 of these referrals represent maltreatment substantiations of 64 children placed in foster homes, and the other 18 referrals involve 33 children who were placed in institutional settings.

The tables below show the breakdown of substantiations by placement types in foster care and institutional settings. As Table 1 shows, during the period under review, the majority of substantiations of abuse and neglect in foster homes (61 percent) took place in kinship homes.⁴⁵

⁴⁵ To arrive at the percent of substantiations that took place in kinship homes during the period under review, all kinship placement types (Kinship/Non-Relative, Kinship/Relative Non-Paid, Kinship/Relative, and Tribal/Kinship) were added together.

Table 1: Substantiations by Placement Type in Foster Care

| Placement Type | No. of Substantiations | Percentage by Disaggregated Placement Type | Percentage by Aggregated Placement Type |
|---|------------------------|--|---|
| CW FOSTER FAMILY CARE | 9 | 14% | 31% |
| CW FOSTER FAMILY CARE - SUPPORTED HOME | 11 | 17% | |
| KINSHIP/NON-RELATIVE/CW FOST. FAM. CARE | 5 | 8% | 61% |
| KINSHIP/RELATIVE NON-PAID | 2 | 3% | |
| KINSHIP/RELATIVE/CW FOST. FAM. CARE | 31 | 48% | |
| TRIB APRVD FOSTER CARE-KINSHIP/RELATIVE | 1 | 2% | |
| TRIBAL APPROVED FOSTER FAMILY CARE | 1 | 2% | 2% |
| THERAPEUTIC FOSTER CARE HOME | 4 | 6% | 6% |
| Grand Total | 64 | 100% | 100% |

As Table 2 below illustrates, during the period under review the majority of institutional abuse and/or neglect substantiations occurred in Level E group homes, which serve children and youth that often present with severe behavioral/mental health challenges. Following Level E group homes, shelters represent the second largest concentration of abuse and/or neglect substantiations (18 percent) by placement type for this review period.

Table 2: Substantiations by Placement Type in Institutional Settings

| Placement Type | No. of Substantiations | Percentage |
|---------------------------------------|------------------------|-------------|
| OCA-ACUTE PSYCHIATRIC HOSPITAL | 1 | 3% |
| OCA-DETENTION | 1 | 3% |
| OCA-LEVEL D+ - RES. RESOURCE/FACILITY | 1 | 3% |
| OCA-LEVEL E - RES. RESOURCE/FACILITY | 21 | 64% |
| OCA-PSYCHIATRIC RES. TREATMENT CENTER | 3 | 9% |
| OCA-SHELTER – OKDHS | 2 | 6% |
| OCA-SHELTER - YOUTH SERVICES | 4 | 12% |
| Grand Total | 33 | 100% |

Methodology

The Co-Neutrals developed two review tools, one for substantiated referrals in institutional settings and one for substantiated referrals in foster home settings. The review tools were shared with DHS and reflect DHS’ feedback. The Co-Neutrals gathered all information for these reviews from DHS’ KIDS data system. The reviewers focused primarily on the following locations in KIDS: 1) Referral records, including the DA report, interviews, assessments of child safety and the file cabinet; 2) Resource

records, including the referral and placement history, contact notes, resource status and the file cabinet; and 3) Child/client records, including contact notes, placement history, and the file cabinet. As part of the case review, we also assessed if the investigation, foster home, facility and child records presented the same patterns of concern that the Co-Neutrals and DHS identified in their FFY14 and Spring 2016 MIC case reviews or any new patterns of concern.

In this current record review, we coded substantiations in foster homes by six categories of concerns: referral history, quality of visits, overfills, home approval, special needs children and unapproved individual(s) in the foster home. For substantiations in institutional settings, four categories of concerns were used: corrective action plan(s) does not adequately address concerns identified during investigation, failure of staff to use de-escalation techniques, the use of an improper and/or unnecessary restraint by staff, and special needs children. In the summary findings sections below for foster care and institutional settings, an explanation of each category of concern is presented.

Summary Findings for Foster Care:

The table below summarizes the findings of the 35 referrals reviewed. Any referral could be coded with one or more of these six areas of concern or as having no concerns.

| Code | Concerns | # of Referrals | % of Referrals (N=35) |
|------|----------------------------------|----------------|-----------------------|
| A | Referral History | 8 | 23% |
| B | Quality of visits | 4 | 11% |
| C | Overfills | 1 | 3% |
| D | Home approval | 6 | 17% |
| E | Special needs children | 1 | 3% |
| F | Unapproved individual(s) in home | 9 | 26% |

This is the Co-Neutrals’ third case record review of MIC substantiations in foster homes. While work remains for DHS to continue its efforts to strengthen practices and systems that support the safety of children placed in foster homes, this case record review identified that DHS has made progress in addressing some of the six areas of concerns previously identified by both the Co-Neutrals and DHS in their case record reviews. In particular, initial progress can be observed in the areas of “referral history” and “home approval,” as indicated by a decline in the percent of referrals coded with these concerns in the current review as compared to prior case record reviews.⁴⁶

⁴⁶ In terms of “referral history,” the Co-Neutrals’ FFY14 case record review coded 30 percent of referrals (N=104) with the concern of “referral history.” In the Co-Neutrals’ subsequent case record review in Spring 2016, the percent of referrals coded with this concern increased to 38 percent of the 21 referrals reviewed. In the current review, the percent of referrals coded with the concern of “referral history” declined to 23 percent. For the category of “home approval,” the Co-Neutrals’ FFY14 case record review identified 11 percent of referrals with this

In the area of “referral history,” DHS has committed to address the safety of children placed in homes with referral histories through an enhanced 10-day staffing that takes place after all foster home investigations. The staffing includes a new requirement for staff to review investigated foster homes’ referral histories to identify any potential safety risks and to incorporate this information into staff’s decision-making on if the child should be removed from the home, or if the home should be closed. In addition, DHS has committed to a new practice of screen-out consultations, which require children’s workers to jointly review any referral that is screened out and determine if any follow-up action is required to ensure child safety. For both of these practices, DHS has established a baseline to measure the frequency by which these staffings take place and to monitor and track progress going forward.

One area in which this current review did not identify progress is “unapproved individual(s) in home.” The percent of referrals coded with this concern has remained relatively constant from past to current reviews. It should be noted that while the current and prior reviews identified a similar percent of referrals involving an unapproved individual(s) in the home, the current review did show a decline in the percent of these referrals that are related to kinship homes.⁴⁷

The following is an explanation of each category of concern used to code the substantiated referrals in foster homes:

- A. Referral History.** The records show prior (sometimes multiple) referrals of concern that had been screened out, ruled out, or unsubstantiated. For some homes, the history of referrals reveals a pattern of concerning conditions that went unaddressed until the current substantiation, including prior referrals containing allegations similar to those substantiated in the current referral reviewed. Questions additionally emerged about why some referrals were screened out when the caller (school counselor, child’s caseworker, etc.) had legitimate concerns that would appear to fall within the definition of abuse or neglect. Lastly, a pattern of unsubstantiated findings suggests that the home/child should receive additional supports and/or closer monitoring, yet from the review, it was not clear if unsubstantiated findings resulted in heightened oversight or supports for the child and foster home. (Note, a home is coded with the concern “referral history” if the home has prior, relevant referrals during the time the home was an approved foster home. If the home has a relevant referral history prior to home approval, the referral is coded with the “home approval” concern.)
- B. Quality of Visits.** The records reveal concerns or questions regarding the quality of caseworker visits – for both permanency and foster care workers. While DHS data shows that monthly visits are occurring, it appears that significant issues/concerns may be going undetected by workers during these visits. CPS investigators’ notes sometimes reveal new concerns – beyond the

concern and the Spring 2016 review identified 48 percent of referrals with the concern of “home approval.” The current review coded 17 percent of referrals with the concern of “home approval.”

⁴⁷ The Spring 2016 MIC review identified that of the referrals coded with the concern “unapproved individual(s) in home,” 86 percent of these referrals occurred in kinship homes. This current review showed that 56 percent of referrals coded with this concern involved kinship homes.

matter of the substantiated referral – that appear to have gone undocumented in the foster home or children’s records. The review also raised questions about whether permanency workers are sufficiently addressing discipline and safety during visits, particularly in assessing if unapproved individual(s) are in the home. It is important to note that the reviewers were cautious in coding referrals as having concerns with “quality of visits” as it is challenging to assess the thoroughness of visits through KIDS records.

- C. Overfills.** The records show approved and unapproved placement overfills beyond the number of children originally approved for the home. It is important to note that this finding was made when a home was overfilled, independent of whether the overfill was an apparent contributing factor to the child abuse or neglect substantiation.
- D. Home approval process.** The records present concerns regarding the decision to approve a foster home/foster parent, particularly given their child welfare or criminal histories. In some instances, the suitability of foster parents came into question due to histories of drug and/or alcohol abuse, sexual abuse, domestic violence and/or anger management problems. (Note: Six homes reviewed did not have a home study located in KIDS for reviewers to review. Four of these six homes were kinship homes.)
- E. Special needs children.** The records show children with special needs or challenges placed in homes that appear not to have the supports or skills to properly care for them. Record may also show multiple children with challenging behaviors placed together.
- F. Unapproved individual(s) in the home.** The records show that unapproved individual(s) were living or frequently present in some foster homes. In some cases, these individuals were the perpetrators that caused the abuse or neglect that resulted in the substantiation. The reviewers also found that in some cases there was a pattern of unapproved individuals in the home and that the caseworker had warned the foster family that the individual must not be in the home. Lastly, it appears that in some cases unapproved individual(s) are in the home to support foster parents in their care of the children, including providing child care. (Note: this concern was identified mostly in kinship homes (56 percent)).

Summary Findings for Institutional Settings:

The table below summarizes the findings of the 18 referrals in higher level settings reviewed. Any referral could be coded with one or more of these five areas of concern or as having no concerns.

| Code | Concerns | # of Referrals | % of Referrals (N=18) |
|------|---|----------------|-----------------------|
| A | Corrective action does not adequately address identified concerns | 2 | 11% |
| B | Failure to de-escalate | 7 | 39% |
| C | Improper and/or unnecessary restraint | 7 | 39% |
| D | Child with severe behavioral/mental health challenges | 5 | 28% |

This is the Co-Neutrals' second case record review of MIC substantiations in institutional settings. Since the first review performed in 2015, DHS has developed and implemented an enhanced corrective action protocol that has resulted in improved identification, monitoring, and resolution of Areas of Concern identified during the investigation to support child safety in institutional settings. In all group homes, DHS has implemented a positive behavior management model, Managing Aggressive Behavior (MAB), to equip facility staff with the skills and tools to therapeutically de-escalate children and youth, and when appropriate, correctly and safely perform restraints. This review identified that further work remains for DHS to ensure all group home staff are trained and skilled in MAB in order to reduce the incidence of staff performing unnecessary and/or improper restraints on children and youth, particularly in institutional settings that serve children with behavioral/mental health challenges.

The following is an explanation of each category of concern used to code the substantiated referrals in institutional settings:

- A. Corrective action (IPAP/CAP/FAS) does not adequately address identified concerns.** The record shows that for some referrals, the investigation identified Areas of Concern (AOC) that were not sufficiently addressed or resolved through a corrective action plan. For example, the review observed that in some cases Corrective Action Plans (CAP) were initiated to address concerns related to a staff person; however, Facility Action Steps (FAS) were not developed to address systematic or cultural concerns within facilities, such as multiple staff not being adequately trained on facility protocols. In a few cases, a CAP or FAS was not found in the file cabinet of the referral record in KIDS when the findings of the investigation appear to warrant such plans or the record indicates a plan was developed.

- B. Failure to de-escalate.** The record shows that in some cases facility staff did not utilize de-escalation techniques to stabilize the behaviors of children, but instead pursued actions that escalated the encounter between the child and staff person, such as engaging in name calling or other unprofessional behaviors.

- C. Improper and/or unnecessary restraint.** The record shows that facility staff performed improper and/or unnecessary restraints on children and youth in some cases reviewed. In particular, the record shows that staff performed restraints on children before employing de-escalation techniques that aim to prevent the use of restraints when possible. The review also observed staff performing restraints incorrectly and/or with excessive force, sometimes resulting in an injury to a child or youth.
- D. Child with severe behavioral/mental health challenges.** The record shows that in some cases the child or youth that was abused and/or neglected presented severe behavioral/mental health challenges. While it was observed in the review that some of these children demonstrated challenging behaviors at the time of the incident, it was also noted that facility staff did not appear equipped with the skills to effectively and therapeutically respond to these children's needs.

Appendix H: Statewide Child Abuse and Neglect Hotline Screen Out

Date of review: _____

Reviewer name: _____

Referral #: _____

Referral date: _____

Worker taking report: _____

Supervisor approving: _____

| | | |
|--|---|---|
| <p>1. Was the age of the child(ren), who is the alleged victim(s), documented anywhere in the referral?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported</p> | <p>Practice Notes:</p> |
| <p>2. Was the age of the alleged victim(s) a contributing factor for the screen out decision?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported</p> | <p>Practice Notes:</p> |
| <p>3. What was the abuse or neglect alleged as to all child(ren) in the home? Select all that apply below.</p> | | <p>Practice Notes:</p> |
| <p>Sexual Abuse</p> | <p>Physical Abuse</p> | <p>Neglect</p> |
| <ul style="list-style-type: none"> <input type="radio"/> Sexual Abuse- Age Inappropriate Sexual Behavior <input type="radio"/> Sexual Abuse- Anal Penetration through Instrument <input type="radio"/> Sexual Abuse- Anal Penetration through Intercourse <input type="radio"/> Sexual Abuse- Bestiality <input type="radio"/> Sexual Abuse- Death <input type="radio"/> Sexual Abuse- Digital Anal Penetration <input type="radio"/> Sexual Abuse- Digital Vaginal Penetration <input type="radio"/> Sexual Abuse- Exhibitionism <input type="radio"/> Sexual Abuse- Exposure to Adult Sexuality <input type="radio"/> Sexual Abuse- Fondling <input type="radio"/> Sexual Abuse- Near Death <input type="radio"/> Sexual Abuse- Oral/ Genital Contact <input type="radio"/> Sexual Abuse- Pornography- Exposure <input type="radio"/> Sexual Abuse- Pornography- Participation <input type="radio"/> Sexual Abuse- Sexual Exploitation <input type="radio"/> Sexual Abuse- Vaginal Penetration through Instrument <input type="radio"/> Sexual Abuse- Vaginal Penetration through Intercourse <input type="radio"/> Sexual Abuse- Voyeurism <input type="radio"/> Sexual Abuse- Other | <ul style="list-style-type: none"> <input type="radio"/> Abuse- Beating/ Hitting- Instrument <input type="radio"/> Abuse- Beating/ Hitting/ Slapping <input type="radio"/> Abuse- Biting <input type="radio"/> Abuse- Burning/ Scalding <input type="radio"/> Abuse- Choking <input type="radio"/> Abuse- Confinement <input type="radio"/> Abuse- Cutting/ Puncturing <input type="radio"/> Abuse- Death <input type="radio"/> Abuse- Fabricated or Induced Illness (MSBP) <input type="radio"/> Abuse- Injury from Spanking <input type="radio"/> Abuse- Kicking <input type="radio"/> Abuse- Mental Injury <input type="radio"/> Abuse- Near Death <input type="radio"/> Abuse- Pinching/ Twisting/ Gouging <input type="radio"/> Abuse- Poisoning <input type="radio"/> Abuse- Ritual Abuse <input type="radio"/> Abuse- Shaking <input type="radio"/> Abuse- Suffocating <input type="radio"/> Abuse- Threat of Harm <input type="radio"/> Abuse- Thrown <input type="radio"/> Abuse- Other | <ul style="list-style-type: none"> <input type="radio"/> Neglect- Abandonment <input type="radio"/> Neglect- Death <input type="radio"/> Neglect- Educational <input type="radio"/> Neglect- Exposure to Domestic Violence <input type="radio"/> Neglect- Failure to Obtain Medical Attention <input type="radio"/> Neglect- Failure to Obtain Psychiatric Attention <input type="radio"/> Neglect- Failure to Protect <input type="radio"/> Neglect- Failure to Provide Adequate Nutrition <input type="radio"/> Neglect- Failure to Thrive <input type="radio"/> Neglect- Inadequate or Dangerous Shelter <input type="radio"/> Neglect- Inadequate Physical Care <input type="radio"/> Neglect- Lack of Supervision <input type="radio"/> Neglect- Near Death <input type="radio"/> Neglect- Sexual Behavior- Lack of Supervision <input type="radio"/> Neglect- Threat of Harm <input type="radio"/> Neglect- Other |

| | | |
|--|---|-----------------|
| 4. Did the referral identify the alleged perpetrator? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |
| 5. Did the referral identify a name as to the alleged perpetrator? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported | Practice Notes: |
| 6. Was a child welfare search completed as to the identified alleged perpetrator(s)? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported | Practice Notes: |
| 7. Did the report include names of PRFCs and all persons in the home that have access to the child(ren) that were identified by the reporter? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported | Practice Notes: |
| 8. Was a child welfare search completed as to all known PRFCs and persons that have access to the child(ren)? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported | Practice Notes: |
| 9. Were the results of the child welfare search on the alleged perpetrator or PRFC a contributing factor to the screen out decision? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |
| 10. Was a child welfare search completed as to all identified children in the home? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |
| 11. Were the results of the child welfare search on all children a contributing factor to the screen out decision? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |
| 12. Did the referral identify the alleged victim(s) to be a vulnerable child(ren)? ❖ Vulnerable criteria: <ul style="list-style-type: none"> ▪ Younger than 5 years old ▪ Perceived or diagnosed disability ▪ Disability could be physical, emotional or cognitive | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported | Practice Notes: |
| 13. Have there been three or more reports that were previously accepted for assessment or investigation regarding the alleged victim(s)? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |
| 14. Have there been deprived petition(s) previously filed on the child(ren)? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |
| 15. Have there been deprived petition(s) previously filed against the alleged perpetrator or any PRFC? | <input type="radio"/> Yes <input type="radio"/> No | Practice Notes: |

| | | |
|---|---|-----------------|
| 16. What was the screen out reason given? | <ul style="list-style-type: none"> ○ Additional Information Received ○ Alleged perpetrator not PRFC ○ Cannot located family- location unknown ○ Child 18 or over ○ Contract/ licensing violation ○ Duplicate report ○ Family Resides Out of State ○ Insufficient info to identify family ○ Not child abuse/ neglect ○ OTI/ OWR ○ Policy violation ○ Referred to assigned FCS/PP worker ○ Referred to Tribe- no OKDHS jurisdiction ○ Subsequent Referral | Practice Notes: |
| 17. Was the screen out rationale documented in the Recommendations for Disposition screen? | <ul style="list-style-type: none"> ○ Yes ○ No | Practice Notes: |
| 18. Is the rationale for screen out supported by OKDHS policy? | <ul style="list-style-type: none"> ○ Yes ○ No | Practice Notes: |
| 19. If the rationale is not supported by policy is there documentation as to the other reason(s) for the screen out decision? | <ul style="list-style-type: none"> ○ Yes ○ No | Practice Notes: |
| 20. Based on the information was the correct determination for screen out made? | <ul style="list-style-type: none"> ○ Yes ○ No | Practice Notes: |
| 21. Have any referrals been received regarding the family, up to 6 months following this current screened out referral? | <ul style="list-style-type: none"> ○ Yes ○ No ○ None reported | Practice Notes: |

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GUIDANCE

- When there have been three reports accepted for assessment or investigation or a deprived petition was previously filed on the child, any subsequent accepted report is assigned as an investigation per 10A O.S. §1-2-102.
- The report must meet criteria for acceptance and if it does not meet criteria it may be screened out.

Reports appropriate for screening out that are not accepted for assessment or investigation are reports:

- that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- where there is insufficient information to locate the family and child;
- where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410. The screened out report is referred to Foster Care as a policy violation; and
- that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement.
- Duplicate reports of child abuse or neglect. Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports. When a duplicate report is received and the initial report is assigned for assessment or investigation, the duplicate report may be screened out and associated with the assigned assessment or investigation.
- Subsequent reports of child abuse or neglect. Allegations concerning the same child and family received within 30-calendar days of a previously accepted and assigned report may be screened out and the allegations addressed in the on-going report.

Appendix I: Guide for Monthly Resource Home Contact

Prior to initiating the monthly contact with resource parents, review the resource file to determine if there is an ongoing written plan of compliance (WPC), open overfill request, or recent referrals on the home. You must be prepared to address the action steps in the WPC and the overfill support plan during the monthly contact.

Prior to the in-home quarterly visit, contact the permanency planning specialist for each child placed in the home. This contact is made to gather feedback on the child and the resource home, the child's ongoing adjustment in the home, and to discuss the child and resource family support plan.

What follow-up was completed from the previous month?

Resource Information

Note: you must answer the following question to display the full form before printing.

Are any children placed in the home? Yes No

Resource name Resource number

Contact date: Contact type: phone in-home

Number of max approved beds in KIDS:

Number of children placed:

When the number of children placed in the home exceeds the number of max approved beds in KIDS, complete the Request to Increase Maximum Number of Approved Beds.

Build rapport with your resource family by asking how they are doing and following up on information shared the previous month.

Are there any changes in the home or with the household members? For example, is anyone staying overnight, or moving in or out of the home? Are there any changes in jobs, health, behavioral health, or stress? Ask about their stress level. Is there anything they need?

Update contact information such as phone number(s) or email(s):

How is everyone adjusting, including the resource family, biological children and children placed?

Ask the family about the type of discipline used for each child in the home and describe it's effectiveness:

Are the children placed in your home receiving the services they need? List additional services needed and plan to follow-up. Identify if the follow-up is to be completed by the worker or the family.

Discuss and document the overfill support plan if the home is overfilled:

Discuss and document the progress on an open WPC:

Has the family completed any in-service training this month? List the training received:

Document which Monthly Resource Reminder was discussed:

Does the family have any questions or concerns?

In-Home Quarterly Visit

Observations made during walk-through of the home. Are there any changes in the home environment; for example, are there any new pets, water structures, vehicles, weapons, or sleeping arrangements? List any further assessment needed and the time frame for completion:

Observations of family interactions made during visit. Who was present? Describe any interactions observed, positive or negative:

Are there any changes in household income, such as TANF or Social Security payments?

Discuss and document the child and resource family support plan:

Worker Follow-up

Concerns that need to be addressed:

Describe any follow-up needed after today's contact, for example, child's needs, family's needs, contact with children's workers, or updating KIDS information:

Describe any follow-up needed after today's contact on a WPC, the overfill support plan, and the child and resource family support plan.

Signatures

Resource specialist signature

Date

Date

Resource supervisor signature

Appendix J: Maltreatment in Care Revised Core Strategies

Maltreatment in Care (MIC)-Foster Care Core Strategy #6, Pinnacle Measure 1.1

Strategy 1: Establish a full-time MIC Lead to oversee and coordinate the comprehensive Continuous Quality Improvement (CQI) process for MIC-Foster Care strategies.

1. Develop MIC Lead job description by October 20, 2016.
2. Select MIC Lead by October 27, 2016.
3. Re-assess current MIC strategies to enhance and supplement in a coordinated and targeted manner, as necessary starting January 30, 2017.
4. Coordinate reviews and findings on factors that could impact MIC such as quality assessment of approvals, quality worker visits, and joint review staffing starting January 30, 2017.

Strategy 2: Risk assessments of children in foster care.

1. Require full participation of all assigned workers and supervisors (Resource, CPS, and Permanency Planning staff) in the established 10-day staffing protocol by October 31, 2016. This protocol is a joint review of current out-of-home investigations. Upon completion of the staffing, the Resource staff provides recommendations regarding continued use of the resource home as well as recommendations for added supports or services for the resource home.
 - Any worker responsible for a child victim or sibling and the Resource worker will confirm in KIDS participation in the 10-day staffing and if unable to participate, will document review of the staffing results.
 - Add a mechanism in KIDS to track the 10-day staffing and correct any identified issues by October 31, 2016.
 - Provide an area for higher level management to document their review and approval on the outcome of the 10-day staffing and resource home recommendations by October 31, 2016.
 - Establish a baseline for the joint review process of the 10-day staffing to track progress on measure by December 30, 2016.
2. Continue implementation of a joint review process on all screened-out referrals within 10 business days of the receipt of the screened-out referral. The review includes all assigned workers and supervisors (Resource, CPS, and Permanency Planning staff) with a child placed in the affected resource. The resource supervisor schedules a conference call to discuss the current screened-out referral, including a review of all previous referrals, Written Plans of Compliance (WPCs), and other concerns surrounding the resource home. Documentation is entered in the Resource Contact screen with the code

“screen out consultation.” When duplicative referrals are received they are reviewed by resource worker and supervisor to determine if further information is included, requiring additional consultation.

- Send out instructions via numbered memo by February 28, 2016 outlining protocol of screen-out consultation.
 - Add the screen-out consultation to KIDS by October 15, 2016 to document the results of the conversation.
 - Develop a baseline on screen-out consultation occurring and a monitoring mechanism with KIDS Reports staff by December 30, 2016.
 - Develop and implement process and tool to evaluate the quality of the Screen out consultation process by April 30, 2017.
3. Establish a Quality Assurance tool and process for reviewing the quality of contacts with children in foster care by April 15, 2017.

Strategy 3: Enhance resource home approval and on-going assessment processes.

1. Update current WPC policy and instructions to staff to develop criteria of when a WPC is needed and whether the WPC should prevent placements of additional children into the resource home by March 31, 2017.
2. Develop KIDS enhancements to track WPCs and when appropriate alter availability of the resource home by June 17, 2017.
3. Provide additional training to staff regarding the use of WPC's and any changes to policy, beginning in March 2017 and completed by May 31, 2017.
4. Establish a KIDS indicator on the resource home workload and the assigned Permanency Planning workload for easy identification of open WPCs by June 17, 2017.
5. Develop tools and approval processes for determining when it is safe to increase the number of children that can be placed in a particular resource home for all resource types by April 28, 2017.
6. Develop and implement a tool to capture the second level review of substantiations on resource foster homes to ensure uniformity in the review process and identify gaps and trends by March 31, 2017.
7. Establish a second level Quality Assurance process on approvals of all types of foster home assessments by April 30, 2017.

Strategy 4: Conduct a qualitative and quantitative data analysis to better understand the factors related to MIC.

1. Conduct a quantitative analysis utilizing several years of data linked back to review MIC indicators in order to determine where additional focused efforts will be needed by January 30, 2017.

2. Analyze the information obtained during the CQI MIC review to enhance the current assessment/reassessment process and to develop an ongoing Quality Assurance (QA) review process by April 1, 2016.
3. Create a WebFOCUS dashboard, which includes items that may be related to MIC indicators by January 30, 2017.

Appendix K: Resource Parent Check-In Call

The information below provides the assigned child welfare specialist with guidance related to the Resource Parent Check-In call required within 2 business days of placing the child.

- **Introduction**
 - Name
 - Child Welfare Specialist Role
 - Contact Information for Child Welfare Specialist, Supervisor and District Director
- **Purpose of Call**
 - How long have you been a Resource Family?
 - How many children are in your home?
 - How are things going?
 - How is the Child?
 - Ensure Resource Family Feels Supported.
- **Expectations**
 - Reason for Removal
 - Overview of Case Process
 - Placement Documents
 - 7 Day Worker Visit
 - Case Transfer/New Child Welfare Specialist
- **Medical Information**
 - Medications
 - Medical Number
- **Important Documents**
 - Social Security Card
 - Birth Certificate
- **Education:**
 - School
 - Grade
- **Services, Resources and Supports**
 - Parenting – Bridging with bio parents
 - Behavioral Health Services
 - Connections
- **Questions/Concerns**

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 |
| CWS⁴⁸ | 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 |

⁴⁸ 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 |