

Co-Neutral 14th Commentary
June 2020

Compromise and Settlement Agreement

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

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I. Introduction

This is the Fourteenth Commentary issued by the Co-Neutrals to report progress made by the Oklahoma Department of Human Services (“DHS”) to improve its child welfare system. In order to improve performance for children toward the Target Outcomes identified at the outset of this reform effort, DHS must make good faith efforts to achieve substantial and sustained progress in each of the measured areas described in this Commentary. The period covered by this report, June 1, 2019 to December 31, 2019,¹ represents the first full period of service by DHS Director Justin Brown and Child Welfare Director Deborah Shropshire, M.D. For this period, the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in 29 of 30 areas, and are reserving judgment with respect to one performance measure (supervisor workloads) due to a change made mid- period to the methodology used to assess performance, which did not allow the state the standard six months to demonstrate good faith efforts. The Co-Neutrals will evaluate this area in the next Commentary.

As described throughout this report and summarized in Table 1 below, DHS has achieved substantial and sustained progress in most areas and the Co-Neutrals commend the department’s leadership team and staff at all levels who have worked hard to improve outcomes in child safety, permanency and well-being in Oklahoma. At the same time, it is important to recognize that more progress must be made. DHS has plateaued in some performance areas and has struggled in others to achieve substantial and sustained progress toward the Target Outcomes. Future assessments of DHS’ efforts by the Co-Neutrals will be informed by the agency’s planning and implementation activities to improve its performance. In other words, this current assessment that DHS has made good faith efforts in 29 of 30 areas is neither binding on future judgments of the Co-Neutrals nor cause for relaxation by DHS. This report represents the collective judgment of the Co-Neutrals that DHS is generally on the right path, but the agency must continue to make good faith efforts to achieve substantial and sustained progress in future periods. As described in detail in this Commentary, DHS has made great progress in important areas – such as child safety and caseloads – and there are also areas where the Co-Neutrals assess DHS must employ additional and immediate strategic shifts in practice – such as shelter utilization for older youth and permanency within 12 months – in order to make substantial and sustained progress toward the Target Outcomes or risk a plateau or, even worse, a decline.

¹ In numerous instances, as described in this Commentary, data and information are only available through September 30, 2019 (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 agency’s performance.

During the period July 1, 2019 through December 31, 2019, the department began to implement new programs and approaches to provide the level of care and services needed for children who require therapeutic foster care. That is the only measured performance area where the Co-Neutrals have never assessed DHS was making good faith efforts to achieve substantial and sustained progress before this period. In many respects, DHS is only at the beginning of its work to ensure that the placement and service needs of children in DHS custody who require family-based therapeutic care are met timely and adequately. The department's leadership team must remain focused, which means tracking performance in real time, observing areas of deficiency and springing into action to improve performance substantially and sustainably. In areas where the agency has lost ground or plateaued, the Co-Neutrals expect DHS to diagnose the cause, adjust its plans, expand its strategies and implement practice, program and policy shifts.

The COVID-19 pandemic has forced child welfare systems across the country to alter certain practices to protect children, families and child welfare staff from the virus. In March 2020, DHS implemented COVID-19 response plans to maintain the necessary social distancing during this pandemic while also carrying out its core mission of keeping children safe, healthy and with their families, whenever possible. The department's core strategic plans, efforts and performance outcomes presented in this report precede changes in practices that took effect as a result of the pandemic. In the next Commentary, the Co-Neutrals will review the impact of the pandemic on DHS' efforts to continue making good faith efforts toward the Target Outcomes under this settlement.

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;
- 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 2015.²

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

² 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.

leverage and evaluate its information 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 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.

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
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 Baseline: 98.73% Outcome: 99.33% Target: 99.68%	Yes	Yes
1.B: Of all children in the 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 Baseline: 98.56% Outcome: 98.93% Target: 99.00%	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	Not Due until End of SFY20	Yes	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	Not Due until End of SFY20	No	Yes
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	Not Due until End of SFY20	No	Yes

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
Net gain/loss in TFC homes for the reporting period.	Not Due until End of SFY20	No	Yes
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 Baseline: 95.5% Outcome: 97.4% Target: 95.0%	Yes	Yes
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 Baseline: 51.2% Outcome: 95.0% Target: 90.0%	Yes	Yes

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
<p>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.</p>	<p>No Baseline: 40.65% Outcome: 57.8% Target: 65%</p>	<p>No</p>	<p>Yes</p>
<p>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.</p>	<p>No Baseline: 70% Outcome: 79.5% Target: 88%</p>	<p>Yes</p>	<p>Yes</p>

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
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 Baseline: 50% Outcome: 63.1% Target: 68%	Yes	Yes
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 Baseline: 23% Outcome: 33.1% Target: 42%	Yes	Yes
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 Baseline: 74% Outcome: 79.8% Target: 88%	Yes	Yes

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
5.1: The number of child-nights during the past six months involving children under age 2 years.	Yes Baseline: 2,923 Outcome: 0 Target: 0	Yes	Yes
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Yes Baseline: 8,853 Outcome: 0 Target: 0	Yes	Yes
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No Baseline: 20,147 Outcome: 5,063 Target: 0	Yes	Yes
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No Baseline: 20,635 Outcome: 11,427 Target: 8,850	Yes	Yes
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 Baseline: 33.7% Outcome: 31.42% Target: 90%	No	Yes

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
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 Baseline: 207 children Outcome: 86% Target: 90%	Yes – for children ages 12 and under	Yes – for children ages 12 and under
	N/A	N/A – for children ages 13 and older DHS no longer reports on this measure as all children in this cohort achieved permanency or reached the age of 18 in a prior period.	N/A
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 Baseline: 35% Outcome: 35.4% Target: 55%	No	Yes
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 Baseline: 43.9% Outcome: 53.1% Target: 75%	No	Yes

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
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 Baseline: 48.5% Outcome: 55.8% Target: 70%	No	Yes
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 Baseline: 46.6% Outcome: 59.8% Target: 55%	Yes	Yes
6.3: Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Yes Baseline: 10.3% Outcome: 7.3% Target: 8.2%	Yes	Yes

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
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 Baseline: 30.4% Outcome: 52.8% Target: 80%	Yes	Yes
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 Baseline: 54.3% Outcome: 74% Target: 75%	Yes	Yes
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.	No Baseline: 97.1% Outcome: 96.7% Target: 97.3%	No	Yes

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
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 Baseline: 99.0% Outcome: 99.8% Target: 99.0%	Yes	Yes
Caseworkers	No Baseline: 27% Outcome: 86.7% (PIT); 79.9% Quarterly Target: 90%	Yes	Yes
Supervisors	No Baseline: 58.8% Outcome: 81.5% with old methodology; 70.1% with new methodology. Target: 90%	No	Reserve Judgement

For this period, the Co-Neutrals conclude that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in 29 of 30 distinct performance areas. The Co-Neutrals, as discussed in greater detail below, have reserved judgment for one measure (supervisor workloads) until the next period.

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 thousands of child and foster home records, policies, memos, and other internal information relevant to DHS' work during the period.

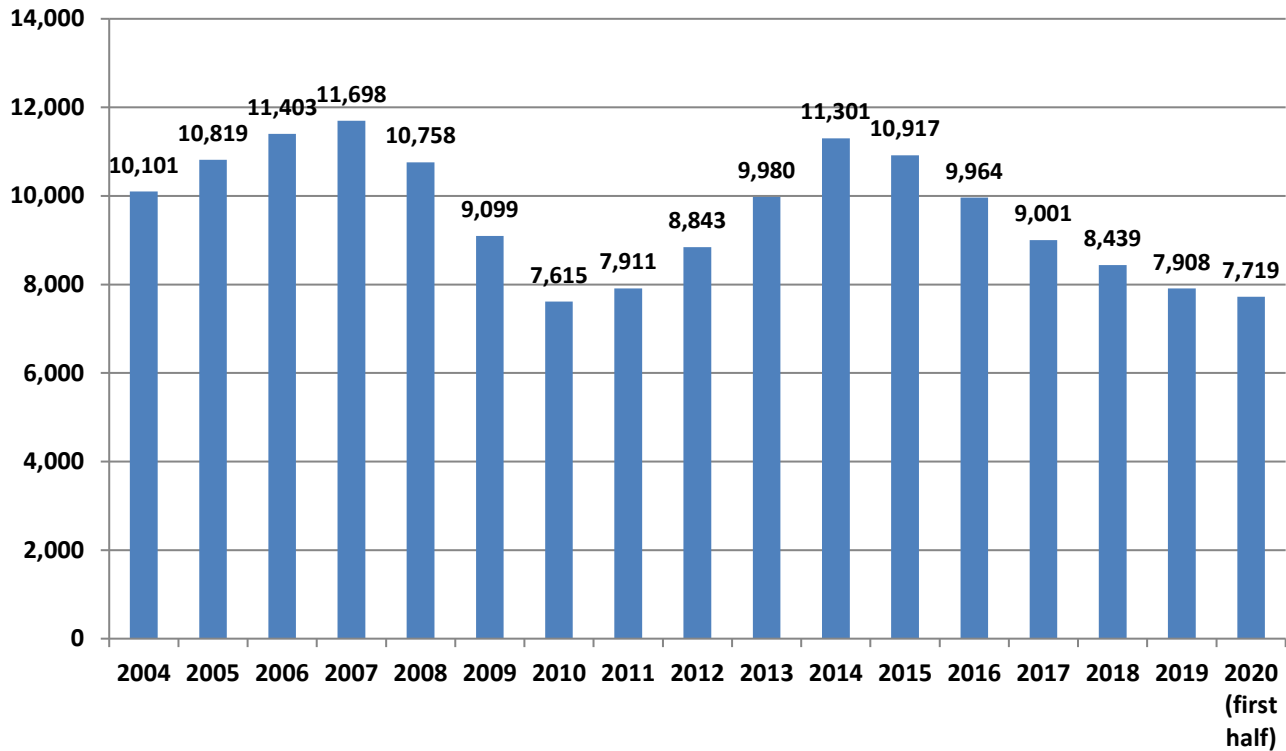
The remainder of this report includes:

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

II. Context Data of Children in DHS Custody

DHS has experienced a steady decline in the number of children in its custody over the last six years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Five and a half years later, on December 31, 2019, there were 7,719 children in DHS custody, a 32 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.

Figure 1: Number of Children in DHS Custody at the End of SFY - 2004 to 2020



Source: DHS Data

Demographics

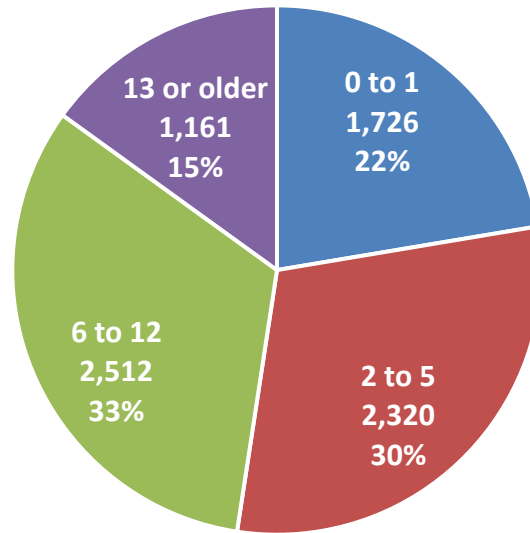
DHS data show that there were 7,719 children in custody on December 31, 2019, while there were 7,916 children in custody on July 1, 2019.³ During the reporting period from July 1, 2019 to December 31, 2019, 2,227 children entered care and 2,424 children exited care.

Young children aged zero to five years make up the largest portion (4,046 or 52 percent) of children in care. Children aged 6 to 12 years comprise 33 percent (2,512) of the population in care, and 15 percent (1,161) are 13 years or older, as detailed in the following Figure:⁴

³ In the prior Commentary, the Co-Neutrals reported 7,908 children in care on June 30, 2019. Due to data entry lag and merged identifying numbers, OKDHS data now indicates there were 7,916 children in care on July 1, 2019. These types of adjustments are common in child welfare administrative data.

⁴ Percentages in this section may not add up to totals due to rounding.

Figure 2: Children in Custody on December 31, 2019 by Age Group (Total = 7,719)

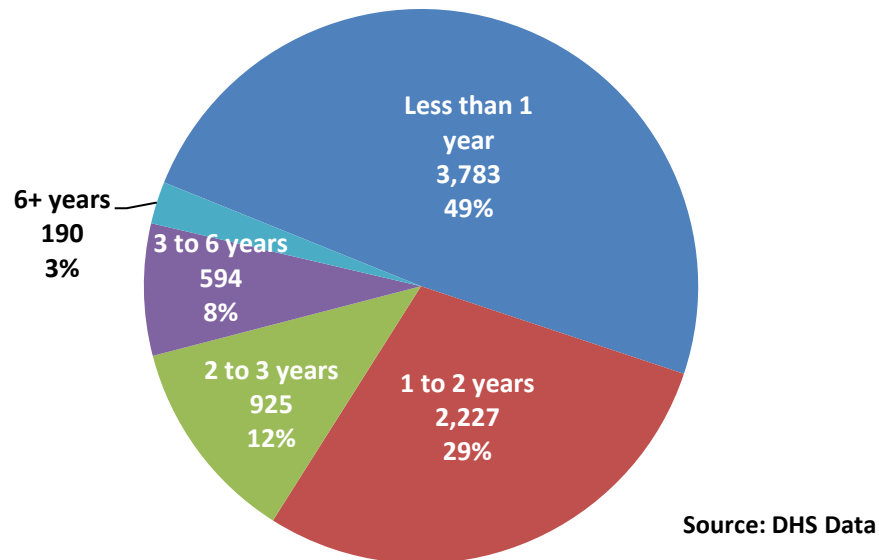


Source: DHS Data

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 38 percent White, nine percent African American, and seven percent Native American. Overall, 33 percent of children identified as Native American including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 18 percent of children identified with Hispanic ethnicity (and can be of any race).

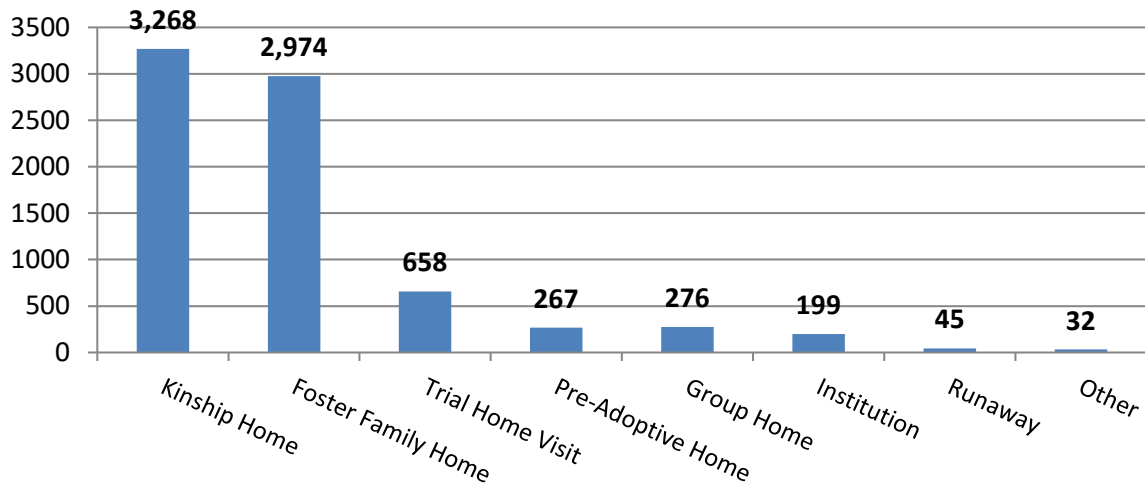
As presented in Figure 3 below, DHS’ data shows that of the children in care on December 31, 2019, 49 percent (3,783) were in care for less than one year; 29 percent (2,227) between one and two years; 12 percent (925) between two and three years; eight percent (594) between three and six years; and three percent (190) for more than six years.

Figure 3: Children in Custody on December 31, 2019 by Length of Stay (Total = 7,719)



As Figure 4 below demonstrates, 93 percent of children (7,167) in DHS custody on December 31, 2019 lived in family settings, including in relative and non-relative kinship homes (42 percent), with foster families (39 percent), with their own parents (nine percent), and in homes that intend to adopt (four percent). Of children in custody, 475 (six percent) lived in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining one percent resided in unidentified placements (listed as “other” in the Figure below) or have left care without permission (listed as “runaway” in the Figure below).

Figure 4: Children in Custody on December 31, 2019 by Placement Type



Source: DHS Data

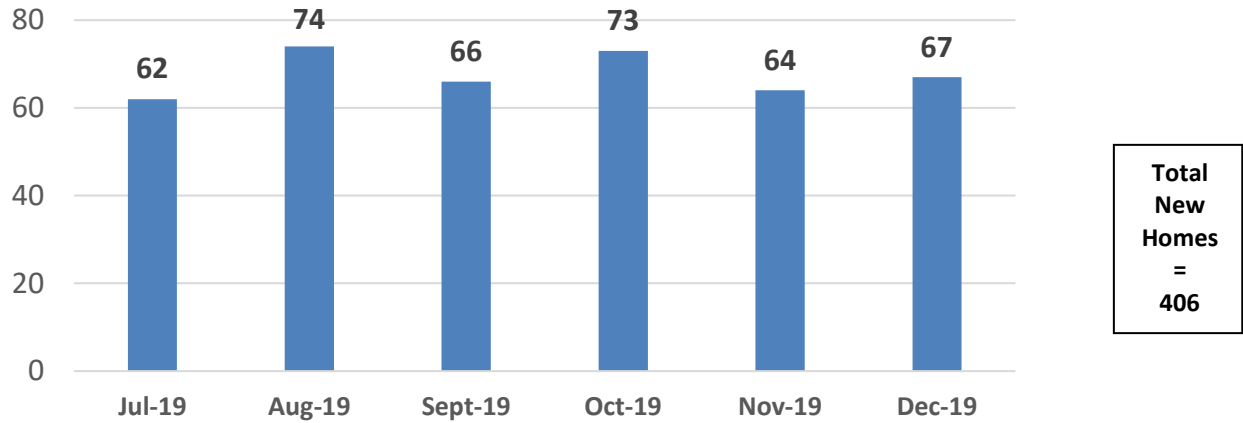
Of the 7,167 children living in family settings, 1,710 (24 percent) are less than two years old, 2,296 (32 percent) are two to five years old, 2,393 (33 percent) are six to 12 years old, and 768 (11 percent) are 13 years or older. Of the 475 children living in institutional settings, six (one percent) are less than two years old, 16 (three percent) are two to five years old, 112 (24 percent) are six to 12 years old, and 341 (72 percent) are 13 years or older.

A. Foster Care

Foster Care Target Outcomes: New Foster Homes and Net Foster Home Gains

For SFY20, DHS committed to develop 898 new traditional, non-kinship foster homes. Over this six-month report period from July 2019 through December 2019, DHS, along with its private agency partners, collaborated with community organizations across the state to recruit and approve 406 new traditional foster homes. This represents 45.2 percent of DHS’ annual target, which placed the department on pace with developing close to 50 percent of its SFY20 target by the end of the first half of the fiscal year. The Co-Neutrals find that DHS made good faith efforts during this six-month period to achieve substantial progress toward the SFY20 foster home targets.

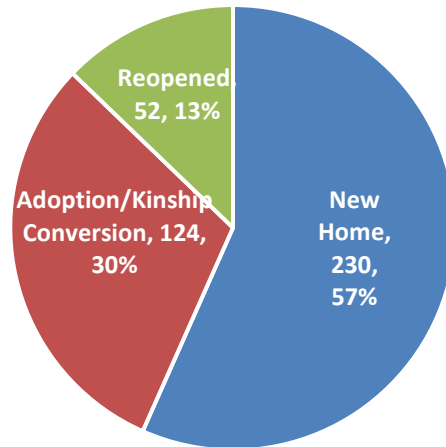
Figure 5: New Foster Care Homes Developed by Month, July 2019 - Dec 2019



Source: DHS Data

Of the 406 new foster homes approved during this six-month period, 230 families (57 percent) were newly recruited by DHS and the private agencies, 124 homes (31 percent) were already approved by DHS as adoption homes or kinship homes and were then converted to traditional foster homes to serve non-kin children, and 52 (13 percent) were DHS resource homes⁵ that were closed for more than a year and reopened during this report period.

Figure 6: New Foster Homes by Type, July 2019 – December 2019 (N=406)



Source: DHS Data

Of the total new home target (898) established for SFY20, DHS committed to develop 475 new homes with its internal foster care recruitment team. By the end of the first half of SFY20, DHS

⁵ DHS resource homes that are reopened could have been previously approved as a number of different types of DHS resources, including traditional, kinship, emergency foster care, TFC, and DDS homes.

developed 215 new homes, representing 45 percent of their target of 475 new homes for the full fiscal year. DHS' agency partners committed to develop 423 new homes during SFY20. By the end of this six-month period, the private agencies had developed 191 foster homes, which also represents 45 percent of their target. Half (seven) of the 14 agencies that developed foster homes during this period recruited at least 45 percent of their individual agency goal established for the full year.

Collaborative Efforts to Recruit and Support New Foster Homes

During this period, DHS reported that its foster care leadership team continued to meet with all its partner agencies to review strategies the department could implement to further support the agencies' recruitment teams. For the agencies that did not achieve at least 45 percent of their annual recruitment goals by December 31, 2019, DHS met with each partner organization to review their SFY20 recruitment plans and implementation efforts, as well as any identified challenges impeding their recruitment progress.⁶ DHS reported that two of the agencies developed additional action plans to address barriers to recruitment.

DHS and its partners have maintained joint efforts to continuously monitor families whose progress appeared to have stalled during the approval process and timely resolve any organizational barriers. DHS reported that, during this period, 102 families who were in the foster home approval process for more than 90 days were surveyed to understand the reasons for any delays that the department and the private agencies could address. The department reported the following results from the 102 surveys: 59 families reported they chose to move slowly due to a variety of personal reasons and changes in their family dynamic; 11 families reported no barriers as they were in the final stage of the approval process; and, for the 32 families that reported barriers, common reasons for their delays were out-of-state background checks and technical challenges using the website to complete their online foster parent training. DHS reported that most of these 32 families also reported that their specific barriers had been resolved.

In addition, DHS reported that a system-wide upgrade was implemented to fix the problem some families experienced when logging into their pre-service training online. Addressing this technical challenge was important as DHS increasingly offers families the option to complete their required pre-service training online to better accommodate families as they work toward their approval as a new foster home. DHS reported that during this report period, 560 individuals completed the training online and 136 individuals were in the process of finishing at the end of the period.

⁶ One of these agencies newly signed a contract in October 2019 with DHS to develop traditional foster homes. As such, this agency was not expected to meet close to half its annual target by the end of December 2019.

As the Co-Neutrals highlighted in the last Commentary, the online training requires direct interaction with a trainer who is assigned to each individual completing the training. After every three training modules, the trainer conducts an interview with the trainee before they proceed to the next level. At the end of each module, the trainee must take and pass a test before the next module is unlocked and available for review. The tests are designed to capture the trainee's authentic review of the material and prevent moving to the next level anyone who may not have completed a training module.

DHS continues to require that each agency update annually their individual, targeted recruitment plan, with each agency assigned a portion of the statewide recruitment goal for the year. The department also reported that it encouraged each agency to prepare a backup plan in the event they again experience, as they did in SFY19, staff turnover at a level that negatively impacts their ability to meet their recruitment goals.

Each of DHS' ten foster care units also develops a targeted recruitment plan for their respective areas, which are updated quarterly and incorporate the placement needs of children in custody in the counties they cover. The department reported that the private agencies and DHS recognize the unparalleled value of using foster parents as recruiters and have made it a priority to have foster families speak about their experiences at recruitment and other outreach engagements.

To encourage other broadscale collaboration, DHS reported that its recruitment units are planning quarterly meetings to bring together their multiple partners working to develop new foster homes, including homes that can meet the specialized placement needs of children in custody. DHS plans to bring together recruitment staff in DHS and the private agencies to galvanize regional efforts and share ideas to better recruit new families.

Net Gain Target and Performance

DHS' net gain Target Outcome for the full 12 months of SFY20 was set at 54 foster homes, and the department commenced the fiscal year on July 1, 2019 with 2,016 open foster homes. For the first half of SFY20, DHS reported a net loss of ten foster homes, as the department ended the six-month period with 2,006 open foster homes.

Of the 2,016 foster homes open at the beginning of SFY20, 433 were no longer open at the period's end, which represents a closure rate of 21 percent over six months. Of the 406 new foster homes approved during SFY20, 25 of these homes closed by December 31, 2019. Since the reform began, DHS has achieved an overall net gain in the number of open foster homes. As of December 31, 2019, DHS had 313 more foster homes than at the outset of this effort on July 1, 2013, when the department reported a starting baseline of 1,693 homes. At the same time, DHS

ended the period with 7,719 children in custody, 2,261 fewer than the 9,980 children in custody at the beginning of July 2013.

Efforts to Understand and Reduce Closures Rates

DHS has undertaken a two-pronged effort to reduce the rate of foster home closures. First, DHS established an evaluation and data reporting process to understand the reasons foster homes close. Second, the department committed to use information gathered about the reasons for home closures to broaden and strengthen its customer service and supports for foster parents to improve foster home retention.

Foster Home Closure Reasons Data and Evaluation

As shown in Table 2 below, DHS staff recorded that 474⁷ homes closed during the first six months of SFY20, and 139 (29.3 percent) of the closures were the result of families finalizing an adoption, which is the most frequently recorded closure reason. For 110 homes (23 percent), the closure reason appeared to be outside the department's control, such as families experiencing an illness, a physical move or other changes in their family dynamic. Only ten families (2.1 percent) families reported closing their homes as a result of displeasure with the process associated with foster parenting. It was DHS' decision to close 39 (8.2 percent) of the homes.

⁷ The Co-Neutrals included the closure of a total of 458 homes, 433 homes that were open at the beginning of the period and 25 homes that were included in the count of new homes developed during the period to determine the net gain. The additional 16 foster homes included in DHS' total count of 474 closures were opened during the same, current report period but did not meet the criteria established for counting new homes. While these 16 homes are removed from the net gain analysis, the department includes all home closures in their review of home closure reasons.

Table 2: Traditional Home Closure Reasons, July 2019 – December 2019

Resource Closures SFY20	# Resources	% Resources
RESOURCE REQUEST-NO DESIRE TO FOST/ADOPT	153	32.3%
ADOPTION SERVICES COMPLETED	139	29.3%
RESOURCE REQUEST-FAMILY DYNAMIC CHANGED	75	15.8%
RESOURCE REQUEST-MEDICAL/ILLNESS	23	4.9%
AGENCY DECISION	21	4.4%
AGENCY DECISION- REFERRAL/INVESTIGATION	18	3.8%
RESOURCE REQUEST-MOVING	12	2.5%
RESOURCE REQUEST-DISPLEASED WITH PROCESS	10	2.1%
AGENCY TRANSFER	10	2.1%
OTHER	4	0.8%
RESOURCE REQUEST-UNABLE TO MEET CHILD NEEDS	4	0.8%
RESPIRE ONLY	3	0.6%
RESOURCE REQUEST-PLCMT PREFER NOT MET	2	0.4%
TOTAL CLOSURES	474	100%

To gather more specific information from families as to why they had decided to close their foster homes, DHS' Foster Care and Adoption Support Center (FCASC) staff conducts exit surveys with families that have voluntarily closed their homes. DHS uses a short list of questions to understand what led to the closure, what families found to be most challenging and what families recommend DHS or the private agency do differently to enhance the experience of foster parents. DHS reported that its most recent exit survey responses gathered from 71 families who voluntarily closed their homes between July 2019 and November 2019 showed the following:

Information Obtained from the Surveys

- 72 percent reported a desire to focus on their own family as part of the decision to no longer foster.
- 39 percent experienced issues with their agency or DHS that influenced the desire to no longer foster.
- 72 percent stated they would consider fostering after time has passed.
- 41 percent would consider fostering in the future if changes were made to the child welfare system.

- 72 percent would recommend or consider recommending fostering/adopting with DHS or one of their private partner agencies.

Challenging Aspects of Being a Foster Parent

- 82 percent reported the adjustment to being a foster parent, which includes attachment issues, working with birth parents, lack of support, time commitment, etc.
- 55 percent indicated issues with the child welfare system, which includes general policies, court processes, inadequate training, and paperwork.
- 48 percent identified the foster child's needs, which includes a child's specific needs related to medical, discipline, or behaviors.
- 38 percent stated issues with a caseworker, which includes a lack of information at placement, being unable to reach caseworker in times of crisis, and a lack of response to telephone calls.

Ways to Enhance their Experience as a Foster Parent

- 69 percent identified child welfare system improvements, which includes better trained staff, lower staff turnover rate, streamlining requirements for foster parents, more lenient rules for foster parents, and changes to the court system or processes.
- 58 percent stated improved communication, which includes communication between caseworkers, with parents, and providing all known information at the time of placement.
- 58 percent stated more support, which includes access to resources, respite care, childcare, foster parent education, and child welfare staff availability.

Supporting Foster Parents to Reduce Closures and Improve Fostering Experience

DHS has emphasized with all DHS caseworkers the importance of supporting foster parents in their everyday practice, including the need to establish clear and open communication with foster families, to be responsive to their calls and to timely address their needs and those of the children placed with them. During this period, DHS also continued its collaboration with the University of Oklahoma's National Resource Center for Youth Services (NRCYS) to host 24 foster family support and network groups that cover 32 counties in all five DHS regions. This includes four new support groups established this report period in these counties: Pawnee, Kay, Osage and Bryan/Atoka/Coal combined. The department reported during this period 1,638 adults attended 81 foster parent support group meetings. DHS also reported that foster families play a primary role in establishing the time and day for these meetings to accommodate their schedules and setting the meeting agendas, which often include in-service training sessions. A new foster parent network group recently established in Tulsa County focuses on providing a supportive forum for new families that only recently began to foster within the last year.

As discussed in greater detail in the placement stability section of this Commentary, DHS continued this period to focus on improving the implementation and quality of Initial Meetings, during which assigned caseworkers develop support plans for foster families based on the needs of the foster parents and the children placed with them. During this report period, DHS made changes to how Initial Meetings are conducted to increase the effectiveness of these gatherings for foster and birth families and to better achieve the intended outcomes focused primarily on placement stability.

Finally, in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), DHS continues to promote and make available to foster parents in every district a Mobile Crisis Response Team (MCRT). MCRTs respond to calls from foster parents who may need on-site assistance to help stabilize and de-escalate a mental or behavioral health crisis that a foster child may experience. As a follow up to an immediate emergency, local mental health providers will offer follow-up evaluations, crisis planning and referrals for ongoing therapy and supports, as needed. This service is important, as foster parents often report challenges with managing the behaviors of some foster children, and without the necessary supports for the children and foster parents, these challenges can lead to placement disruptions and foster home closures.

DHS has identified through foster parent exit surveys important feedback from foster families regarding issues that influenced their decision to close their homes. DHS and its private agencies partners must continue to focus on the support, service provision and responsiveness to foster parents in order to ensure a robust pool of family-based placements is available to meet the needs of children in its custody.

B. Therapeutic Foster Care

As chronicled in many reports by the Co-Neutrals, DHS has struggled with its TFC program, which has decreased in size dramatically over the past several years. At the beginning of this report period, DHS' new child welfare leadership team committed to implement significant practice, process and programmatic changes to its therapeutic foster care (TFC) program and ensure that more child-focused decisions would be made with respect to TFC authorizations and placements. DHS also committed to expand family-based therapeutic placements and provide additional supports to therapeutic foster homes. The department team carried through on their commitments resulting in significant changes to the program. As such, the Co-Neutrals find that DHS made good faith efforts during this report period to meet the needs of children in custody who require family-based therapeutic care and achieve the annual (SFY20) Target Outcomes established for new and net gains in therapeutic foster homes. This is the first period since the

beginning of this reform in which the department's overall efforts have resulted in a good faith finding in this performance area.

While this is a positive step, it will take significant time and investment of department leadership to create a fully turned-around program. In previous report periods, DHS was not able to sustain the necessary planning, resources and focus to break through long-standing challenges and deficiencies in the state's TFC program. The efforts made by the department during this period represent the beginning of DHS' work to build a child welfare system that timely and systematically assesses the therapeutic needs of children in care and ensures those needs are met, when appropriate, in a family-based setting. At the beginning of this reform in 2013, DHS had 530 TFC homes; at the beginning of this period in July 2019, DHS had 97 open TFC homes -- a net loss of over 80 percent of the state's TFC homes. It is impossible to overstate how much work remains for DHS to build its therapeutic foster home capacity and placement continuum to meet the higher-level behavioral health needs of children in custody.

As the Co-Neutrals have consistently urged in the past, DHS leadership must maintain a high level of attention, forward-thinking and action as it did during this report period to improve its system, practice and placement array to meet the family-based therapeutic needs of children. As described in greater detail below, many of the new approaches and changes enacted by the department this period represent promising, yet nascent, programs and efforts to meet the family-based therapeutic needs of children. Therefore, it remains imperative that DHS leadership is diligent in its continuous assessment of these new efforts and committed to making timely adjustments as needed to achieve substantial and sustained progress in future report periods.

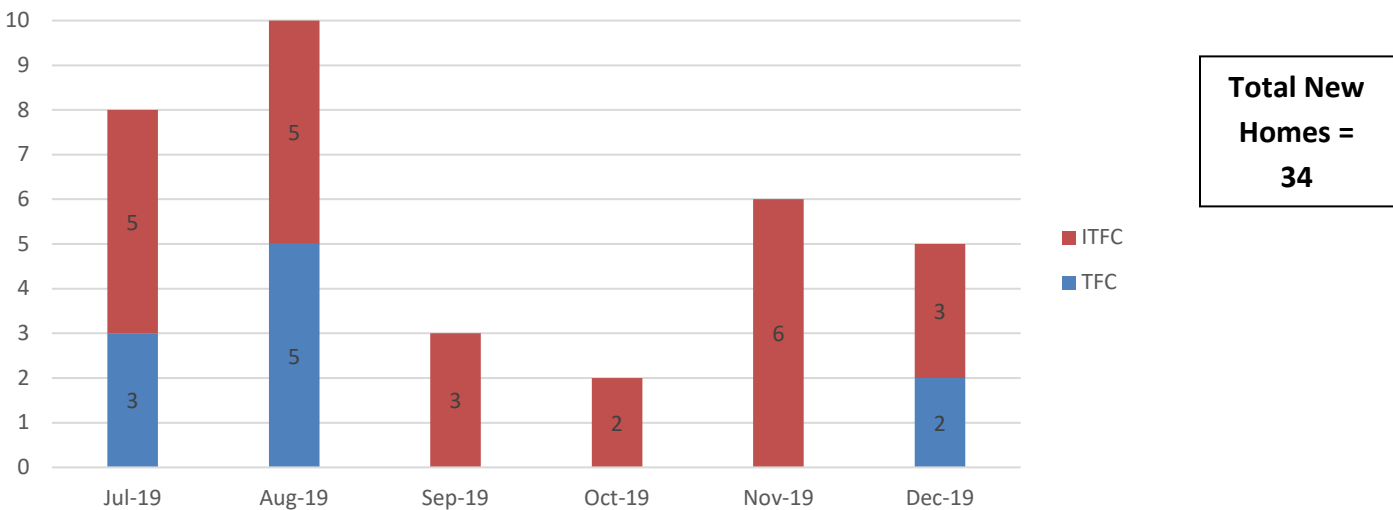
TFC New Home Development and Net Gain/Loss

Throughout this reform, DHS has relied on private, contracted agencies to recruit, approve and manage TFC homes for children in custody. TFC homes are intended to provide children in need of behavioral health treatment with family-based placements and appropriate services, thereby avoiding or limiting placement in congregate care settings, including shelters.

For the first time this period, DHS and the Co-Neutrals agreed to include Intensive Therapeutic Foster Care (ITFC) homes in the new and net gain counts and targets, along with regular TFC homes. DHS and the private agencies collaborated to develop ITFC homes for children who previously may have been denied placement and services in a regular TFC home based on an assessment that their behavioral needs were too severe and required a more intensive level of care than a home-based setting. At the end of the last report period, the department's private agency partners began working closely with DHS to identify and approve families who could provide ITFC-level care for children with greater behavioral health needs than children in TFC placements.

The Co-Neutrals accepted DHS' proposed Target Outcome for new therapeutic home development for SFY20, which was set at 106. Of those 106 new homes, 50 were to be Intensive Therapeutic Foster Care (ITFC) homes. In the first half of SFY20, DHS reported that the private agencies developed 34 TFC and ITFC homes combined. Ten of these 34 homes are TFC and 24 are ITFC.

Figure 7: New Therapeutic Foster Homes by Month, July 2019 – December 2019



Of the ten new TFC homes, eight were newly developed homes, one was an adoption/kinship home conversion, and one was a reopened home. Of the 24 new ITFC homes, one was a newly developed home, and the remaining 23 had been previously opened as a TFC or other type of home.

TFC Net Gain/Loss

DHS began the current report period on July 1, 2019 with 97 open TFC homes and ended this six-month period on December 31, 2019 with 107 open therapeutic homes (ITFC/TFC combined), which resulted in a net gain of ten therapeutic foster homes for this report period. This is the first net gain in therapeutic homes the department has recorded since July 2015 and reverses four consecutive years of annual net losses. The SFY20 net gain target was established at 58 therapeutic homes (ITFC/TFC combined).⁸ Of the 97 therapeutic homes open on July 1, 2019, 15

⁸ Existing TFC homes that are newly approved to also serve as an ITFC home count toward the combined TFC/ITFC new home target but do not count toward the TFC/ITFC net gain since the home was already open as a TFC home. DHS does not close the TFC resource of these homes as they are considered dually approved as TFC and ITFC. This

were no longer open on January 1, 2020, resulting in a therapeutic home closure rate of 15 percent over six months.

Development of New ITFC Program and Homes

ITFC has been designed to meet the higher-level needs of some children, including those who may be dually diagnosed with an intellectual disability and a mental or behavioral health diagnosis. The goal is to be able to stabilize these children and meet their needs in a family setting. The leading tenets of the new model are:

- Only one child can be placed in a home by DHS. Some closely reviewed, case-by-case exceptions are allowed.
- At least one caregiver must be a stay-at-home parent.
- Foster parents must be actively involved with the child's treatment planning, discharge planning and identified permanency goal.
- The foster parents will have access to emergency or crisis respite care as well as 24/7 access to crisis management support.
- The child's treatment plan will be reviewed and updated every 30 days with the team, including the child, the ITFC family, the child's caseworker, any identified permanency source, and the assigned therapist, clinical supervisor, treatment coordinator, as well as any other individual deemed appropriate.
- The ITFC family will meet weekly with the treatment coordinator.
- The ITFC providers will establish affiliate agreements with acute facilities, psychologists and psychiatrists, and medical and other specialized providers as needed.
- The ITFC caregivers will receive a higher daily reimbursement than TFC families.

DHS approved 24 ITFC homes by the end of December 2019. The Co-Neutrals reviewed case records of these 24 homes and the children who were placed in them to receive ITFC level care. In summary, most children placed with these ITFC families appear to have shown improvement in their behaviors, stability and well-being. Three children placed in ITFC homes required even higher-level care and supervision in an institutional setting, at times for their own safety. Four children placed with a new ITFC family required a brief, stabilizing placement in an acute inpatient setting but were welcomed back to their ITFC home where they have shown positive progress.

allows a child to remain stable in the same home and step down from ITFC level care to TFC level care when appropriate. If DHS converts a traditional foster home to TFC or ITFC, the converted home counts toward the TFC/ITFC new home target and net gain. However, DHS closes the traditional foster home resource, which counts against the traditional home net gain target for the fiscal year.

One child placed in an ITFC home had experienced only institutional care placements for multiple years prior to being placed with a family through the ITFC program and has shown progress in their new family-based placement. In addition, several children who substantially progressed in their treatment in an ITFC home no longer presented with behavioral treatment needs that required either TFC or ITFC level care. However, DHS considers and provides the option to keep these children in the same ITFC/TFC home in what is known as a companion placement to support child well-being, stability and, at times, exit to permanency if remaining with the same family best serves the child's interest.⁹ The children reviewed who received ITFC-level care this period represent a small but promising sample in terms of therapeutically treating and maintaining children with significant needs in family-based settings.

The ITFC program is in the early stages of implementation and, due to the high-level needs of the children approved for these placements, the case records also show some challenges with respect to making good matches of children to families and ensuring that ITFC families are fully prepared to support these children with their therapeutic care needs. DHS must give close attention to these challenges to ensure that the children and families who are approved for the ITFC program experience stable and supportive placements.

Expanding Supports for TFC and ITFC Families

During this period, in October 2019, DHS increased the rate paid to TFC agencies to build their recruitment staff and efforts as well as support services for TFC families. DHS reported that part of the agency rate increase is passed on to TFC families as an increase in the monthly board rate provided for every TFC-approved child placed in their homes. Also during this period, DHS approved for - the first time - paid childcare, including afterschool care, for children placed in TFC homes based on the needs of the individual child and/or family. Paid childcare services have been a long-standing support provided to traditional foster families.

Improvements in the TFC Authorization Process

DHS and the Co-Neutrals have previously reported concerns regarding children with mental and behavioral health challenges being denied OHCA authorization for TFC-level care. In the last Commentary, the Co-Neutrals reported a trend showing a growing increase in the monthly average percentage of applications denied over a six-month period. See Table 3 below comparing the percent of authorizations denied during the last period (January-June 2019) with the initial six-months (May-October 2017) when DHS first began to report monthly authorization data.

⁹ DHS has long allowed TFC families to maintain or accept placement of a child in custody who is not approved for TFC level care: such placements are called companion homes. In the past, this option has been used to allow a child who does not require TFC-level care to be placed with a sibling who does require and is approved for the TFC program. DHS has also used companion placements as noted above: to keep a child stabilized in the same home after they have completed or are no longer approved for TFC level care.

Over the last two report periods, the Co-Neutrals conducted two case record reviews of children who were denied TFC authorization by OHCA. The reviews found concerning inconsistencies in OHCA authorization decisions, and a lack of in-depth consideration to the individual needs of each child for whom DHS requested OHCA’s approval. Most concerning was the high percentage of children being denied TFC-level care when many of their case records indicated a need for such additional supports and services. The Co-Neutrals repeatedly urged DHS leadership to address a long-standing lack of coordination and collaboration between the two agencies to address the worsening trend that resulted in OHCA’s rejection of the majority of DHS’ requests (52 percent) for TFC placements and services during the previous report period.

In a marked turn around, DHS leadership during this report period made it a priority to work closely with OHCA and establish a more child-focused process and decision-making approach to TFC authorizations. One result of DHS’ and OHCA’s inter-departmental work is a substantial decrease in the percentage (from 52 to 36 percent) of TFC/ITFC applications denied during this six-month review period (July-December 2019) compared to the last (January-June 2019). See Table 3 below.

Table 3: Applications for TFC Placement and Service Authorization

6-Month Timeframe	Monthly Average Applications Submitted	Monthly Average Applications Approved	Monthly Average Percentage Denied
May – October 2017	82	51	40%
January – June 2019	55	27	52%
July – December 2019	49	31	36%

Table 3 above also shows that the monthly average number of TFC authorization requests that DHS sends to OHCA has also decreased. As previously reported, the Co-Neutrals learned from field discussions with caseworkers and supervisors that staff had become discouraged from requesting TFC placements most likely due to the lack of available homes and the increasingly high rate of denials. As noted below, DHS established this period a new strategy aimed at informing and increasing awareness among front line staff about placement and treatment options, including new child-centered approaches to approve and provide therapeutic family-based care for children in custody.

Specifically, to better engage field staff in TFC/ITFC authorization decisions, DHS and OHCA worked together to revise the TFC/ITFC application and build in more open-ended questions, allowing the child’s caseworker to explain why they believe the child needs a TFC placement and

services. Previously, the application contained narrowly posed questions that limited a caseworker's ability to fully describe the child's behaviors and therapeutic needs.

Importantly, the revised authorization application also requires DHS to assess and explain the child's ability to benefit from cognitive behavioral therapy if the child has been tested and shows an IQ of 70 or below. In the past, it was accepted practice for children with developmental disabilities or low IQ scores to be denied authorization by OHCA based on the assumption that a child with an IQ of 70 or below could not benefit from TFC-level care. This is no longer an accepted practice.

Further, during this review period, DHS and OHCA agreed to a reconsideration process for children denied TFC placement authorization by OHCA. DHS reported, "This process allows [DHS'] program staff or the child's specialist to provide to OHCA any additional information obtained to assist in the determining whether the child meets the medical necessity criteria. All denials are now reviewed by the TFC program staff. If it is determined a reconsideration request should be made, the child's specialist or the program staff may initiate that process with OHCA." (DHS February 2020 Semi-Annual Report, pg. 101)

For years, DHS had reported concerns that the department was limited in its latitude to present a child's therapeutic treatment needs and progress from a strengths-based perspective. The department reported that OHCA would likely deny a TFC authorization or re-authorization request if a child's problematic behaviors had been significantly mitigated while in a TFC or higher-level placement. As a result, children could be moved from a TFC placement where they were thriving. Also, children would be denied the opportunity to step down to a TFC home from an institutional setting even if their worker believed a child was not yet ready for a regular foster family. Such authorization denials resulted in some children regressing in their treatment. To address this long-standing concern, DHS and OHCA collaborated to change the TFC medical necessity criteria – through formal rule-making that requires legislative and Governor approval – to allow a child to maintain or enter a TFC placement to sustain their treatment progress in the absence of severe or even moderate behavioral symptoms. The following is the new TFC/ITFC criteria language:

The current disabling symptoms could not have been/have not been manageable in a less intensive treatment program, or the level of care is warranted in order to reduce the risk of regression of symptoms and/or sustain the gains made at a higher level of care.

As of this report writing, DHS and OHCA continued joint efforts to improve the processes and information they share to authorize children for TFC-level care and to ensure that each child's

individual therapeutic needs are met based on a clear and comprehensive assessment. For example, despite a continued decline in the rate of OHCA authorization denials, the Co-Neutrals found through a record review of 67 OHCA authorization denials from September to December 2019 that OHCA provided less information regarding the specific reasons for their denials compared to last and previous periods. DHS leadership shared in this concern and discussed the same with their OHCA partners who, according to DHS, readily acknowledged the importance of providing more details regarding denial decisions.

Further, to help ensure that DHS and OHCA staff have clarity regarding expectations with respect to the TFC authorization process, including the need to share robust and complete information exchanges about each child, the two departments drafted an MOU outlining their respective responsibilities. The draft MOU also includes, as of this report writing, language regarding changes to the TFC authorization reviews, including the new reconsideration process and assessments of children with low IQs.

Moreover, DHS has established a new process to identify support for children who do not meet TFC criteria where DHS decides not to request a reconsideration (or in those instances where reconsideration results in the same denial outcome). For these children, the department has made a commitment to understand and address the identified higher-level needs that led a worker to submit a TFC/ITFC application to OHCA. The process involves a more systematic review from DHS' clinical team, particularly the regional mental health consultants (MHC). DHS' team of regional MHCs are officially employed under the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) but, through interagency cooperation, are embedded in and work full-time with DHS to support the behavioral health needs of children in custody.

Under this new process, where a child is denied TFC/ITFC authorization, the department's TFC program staff notifies the child's caseworker, supervisor and the appropriate regional MHC so that together they can discuss and identify behavioral health services to best meet the child's needs outside of the TFC program. DHS follows the same process for children who are approved for TFC/ITFC level care but are placed on a waitlist until a TFC or ITFC placement is located for them. This is important, as the waitlist of children who have been approved for the TFC/ITFC program but are waiting for a placement match has increased significantly over the last year. As of this report writing (mid-April 2019), there were approximately 75 children on the TFC waitlist, which is more than double the number who were reported on the waitlist (32) in March 2019. Clearly, the progress DHS and OHCA made together this period to ensure children are appropriately authorized for TFC-level care has outpaced the development of new family-based therapeutic placements, causing growth in the waitlist.

To understand the new TFC/ITFC authorization process, the Co-Neutrals reviewed 100 TFC/ITFC requests that OHCA approved between September and December 2019. As of mid-April 2020, only thirty of these 100 children had been placed in a TFC or ITFC home. However, 23 of the 30 children who were placed with a TFC or ITFC family entered their new therapeutic foster home within 30 days of their authorization date.

Of the 70 children who were authorized but not placed in a TFC or ITFC home, 37 experienced at least one shelter stay, with 20 of these 37 children placed in a shelter as their first placement after their TFC/ITFC application was approved by OHCA. Forty-seven of the 70 authorized youth who were not placed in a TFC or ITFC home experienced a higher-level congregate care placement, such as an inpatient facility or group home.

The shelter and congregate care placement experience of these 70 children who were clinically assessed as needing TFC-level care but did not receive it reflects the gap in DHS' placement continuum and the critical need to significantly increase the state's pool of therapeutic foster homes.

Needs Assessment

During this period, DHS committed to complete a needs assessment to project the number of therapeutic foster homes the department must develop to meet the family-based therapeutic needs of children in custody and help fill the state's placement gap. For the analysis, DHS identified a cohort of 187 children who fell into one of four categories: (1) denied TFC authorization from January 1 to June 30, 2019; (2) on the TFC waitlist as of August 29, 2019; (3) under the age of 13 in a group home as of August 29, 2019; and (4) under the age of 13 on a waitlist for group home services as of August 29, 2019. DHS gathered data on these 187 children regarding: demographics; placement types and stability; education; medical, mental and developmental health diagnoses; and connection to services to meet the children's needs. DHS reported this information was collected from a caseworker questionnaire, case reviews and the KIDS child welfare data system.

The Co-Neutrals found that the department's final summary of this review provided some useful data analysis of the 187 children in the cohort, including an identified correlation between sibling visitation and greater placement stability and the types of mental health diagnoses most associated with placement instability and congregate care placements. It appears that these and some other findings in the analysis can be used to support DHS' commitment to key practice areas (i.e., sibling visitation). However, in the end, the Co-Neutrals found that this initial analysis did not meet the primary goal of estimating the number of children in DHS custody with behavioral health and other therapeutic needs, and therefore did not support DHS' ability to project the number of family-based therapeutic placements needed to fill its continuum of care gap. DHS leadership concurred with this conclusion, and, at the end of the period, dedicated a

considerable amount of time and attention, particularly of its data team, to conduct an analysis that would allow it to make this projection. This data analysis included all children in custody, allowing for a more comprehensive assessment and identification of children whose therapeutic needs potentially could be met in a family-based setting.

Moving forward, DHS leadership committed to continue evaluating the best method to assess placement needs and allow the department to target efforts to build the necessary continuum of care. The next step is for DHS to use this placement needs analysis and projections in setting new therapeutic foster home targets for SFY21. The Co-Neutrals will report on the analysis and the SFY21 targets in their next Commentary.

Efforts to Expand Recruitment of TFC/ITFC Homes

DHS committed to expand efforts to recruit TFC/ITFC homes, starting with the department's own staff. For this period, DHS reported that its "Foster Care and Adoptions (FC&A) staff are actively recruiting for TFC/ITFC homes both through review of current homes providing traditional foster care services and through recruitment efforts by the entire Foster Care and Adoption recruitment team." (Ibid. pg. 102)

During this period, DHS brought together its internal foster home recruiters as well as TFC agency recruiters and directors to discuss recruitment strategies and build collaborative efforts to develop the state's pool of therapeutic foster homes. Also during this period, DHS brought in national consultants to train the department's recruitment staff on targeting the development of homes for children with higher-level therapeutic needs.

To further expand recruitment capacity, DHS offered TFC contracts to private agencies that already hold DHS contracts to recruit and manage traditional foster homes. DHS reported one new contract was signed and discussions are ongoing with other agencies that have expressed interest. As noted above, DHS also increased funding to its TFC agencies so that they can hire additional recruitment staff and increase monthly support payments to TFC families.

As with traditional foster homes, DHS and the TFC agencies understand that a well-supported therapeutic foster parent who can speak about a positive experience is Oklahoma's best recruiter for new TFC/ITFC homes. DHS' decision this period to provide TFC families with paid childcare services on par with the same services provided to traditional foster families is the type of increased support that will not only better serve the children and families of TFC homes but also strengthen the department's ability to attract and retain therapeutic foster homes.

DHS reported that it is committed to strengthen its collaboration with its TFC partners at all levels. This includes ongoing bi-weekly calls with each TFC agency to provide technical assistance and address any barriers to advance families currently in the TFC/ITFC home approval pipeline. During this period, new TFC program staff also completed train the trainer sessions on Pressley Ridge – the pre-service training required of all TFC/ITFC families – so that these DHS staff can help train, when needed, prospective TFC/ITFC families and achieve more timely approval of new therapeutic foster homes.

DHS reported that, together with OHCA and the TFC agency providers, the department has focused on practice improvements, which includes completing consistent and thorough reviews during the 90-day treatment team meetings held for each child placed in a TFC home. These treatment team meetings provide the opportunity to ensure the treatment services and supports provided to each TFC-placed child and their families are helping the child meet their treatment goals and that their treatment progress is well-documented.

Continuum of Care

During this report period, DHS created a set of eight strategies to build the state’s continuum of care, along with a series of activities to implement each of the strategies. Some of these strategies are new, some began at the end of the last period and others are a continuation, at a more focused level, of ongoing efforts, such as expanding Oklahoma’s TFC placements. The strategies include:

- Strategy 1: Develop a process for systematic evaluation and planning for children and youth with complex needs to increase supports and service array for children and families.
- Strategy 2: Reduce the number of children and youth 13 and under in congregate and shelter care.
- Strategy 3: Reduce the length of time children and youth are placed in congregate and shelter care.
- Strategy 4: Expand and enhance the current Therapeutic Foster Care (TFC) program.
- Strategy 5: Develop an Enhanced Foster Care program with additional supports and services to serve children with complex needs in family-based settings.
 - Phase 1: Pilot the program to serve children who are currently awaiting higher level treatment.
 - Phase 2: Develop Enhanced Foster Care Program.
- Strategy 6: Expand and enhance current Specialized Foster Care Program (DDS).
- Strategy 7: Create an avenue for information sharing and ongoing education with front line staff, supervisors, district directors, field managers and other key stakeholders, increasing

knowledge about placement and treatment factors contributing to negative childhood experiences.

- Strategy 8: Request engagement with Annie E. Casey Program to assist with development of the Continuum of Care and ongoing work with the Building Bridges Initiative.

To support the development and seamless use of a continuum of care in Oklahoma, DHS made two new organizational changes. First, DHS merged its TFC program with its Foster Care and Adoptions Program to streamline its family-based placement process, strategies and resources. The Co-Neutrals have long supported this merger. Second, DHS created a new position to lead and manage the development of the state's continuum of care, as outlined in the eight strategies above.

During this period, DHS leadership made clear that it cannot continue to depend exclusively on private agencies to develop all the foster homes needed for children who require family-based therapeutic care. This declaration represents a long and much-needed paradigm shift in DHS' commitment and approach to ensure children receive the therapeutic treatment they need in a foster home that can best support the child's stability, permanency and well-being.

Enhanced Foster Care

Under Strategy 5 listed above, DHS began this period to pilot an Enhanced Foster Care (EFC) program. DHS describes the EFC pilot as an effort "to serve children with complex needs in family-based settings by providing an increased rate of payment and comprehensive evidence-based treatment to the child and family. The program is intended to provide services and supports much like those provided to TFC families, while allowing a child to remain with or be placed with kin or in a traditional foster home." (Ibid. pg. 104)

Toward the end of the period, DHS identified seven children who were on the waitlist for a TFC placement and living with a kinship or traditional foster family. The goal is to stabilize and fully support these seven children in foster homes where they are already connected to the families. The department reported that it first assessed, through consultation with the assigned DHS permanency and foster care workers, if the EFC program was appropriate based on each child's needs and each family's ability and willingness to participate. Each family that participates in the EFC pilot currently receives a \$400 supplement to their monthly foster care reimbursement rate.¹⁰

¹⁰ DHS is using difficulty of payments (DOC) as the funding mechanism to provide the additional EFC payment to foster families. As EFC evolves from its current pilot phase, DHS is reviewing a more formal, individualized

During the pilot, DHS sought to develop a carefully designed package of enhanced supports for the family and treatment services required to meet each child's therapeutic needs. DHS reported that it collaborated with ODMHSAS and community-based providers to locate the specific types of therapeutic services each child needs as close to their community as possible. DHS further reported that ODMHSAS developed a new care manager position to oversee their participation in the EFC program, which includes coordinating the initial matching of services and following up to ensure such services are provided.

As of this report writing, DHS continues to identify additional children for the EFC pilot program with a focus on children whose behavioral health needs make them particularly vulnerable to placement disruptions, shelter stays and congregate care. In addition to reviewing opportunities to stabilize children with higher-level therapeutic needs in their current traditional or kinship foster home, DHS is also identifying current traditional foster families who may be appropriate for the EFC program to step down specific children from congregate care or move identified children out of a shelter.

DHS reported that it developed a multidisciplinary team (MDT) and process to identify and assess children for the EFC program and other therapeutic placements and services. The MDT includes representatives from the DHS clinical team, Tribes, child welfare nurses, developmental disability services (DDS), caseworkers, casework supervisors, the TFC program, DHS and private agency foster care staff, ODMHSAS, OHCA, Oklahoma Office of Juvenile Affairs and any others as needed.

As DHS reports, the EFC program is in the preliminary development stages and the department has much work ahead to establish the structure and service array necessary to move from a pilot phase to systemwide implementation. The Co-Neutrals encourage DHS leadership to continue to make the development of this program a priority strategy to build a robust continuum of care in Oklahoma.

Assessing Children's Needs and Strengths

Another integral component and strategy among DHS' commitments to meet the therapeutic placement and treatment needs of children in custody is the development and systematic implementation of a Child and Adolescent Needs and Strengths (CANS) assessment tool. DHS reported that it has established a workgroup to develop a CANS assessment tool specifically designed for Oklahoma's child welfare system. The CANS tool is to include criteria to identify a child's therapeutic service needs as well as the level of enhanced supports needed for a family-

assessment to determine the level of additional financial support warranted based on the needs of each child and family. The CANS tool described in this section will be used to support this assessment.

based placement (TFC, ITFC or EFC) to achieve a child's treatment goals, including stability and permanency. The need to develop and implement statewide a CANS tool in Oklahoma has been discussed by DHS leadership teams since the beginning of this reform. Here too, the Co-Neutrals encourage DHS leadership to stay the course and make it a priority to develop and implement use of the CANS tool in Oklahoma to identify and address children's treatment and placement needs as soon as DHS becomes involved with a child. The statewide application of the tool will also support the department's continuous need to understand DHS' placement needs, set appropriate annual targets and fill the gaps in the state's care continuum.

DHS summarized the changes and new efforts made this period to improve its TFC program and build a continuum of care as follows:

While progress in this area is not evidenced in the data, it is imperative to evaluate the progress made to practice in recent months and the continuing efforts made to ensure all children have the appropriate services to meet their level of need. The most striking improvement to therapeutic foster care is a cultural shift in the approach. Early in [child welfare] reform efforts, "exceptions" were utilized when children with special situations or needs were identified who did not match the typical programming. A challenge with this approach is that the need for staff to request exceptions can add a layer of extra work and complexity that could be a barrier. More recently, the therapeutic family system involved creating a fixed, time-limited therapeutic service and moving kids into and out of this service. This approach discounts the therapeutic effect that attaching to a healthy family who is also skilled at meeting a child's behavioral health needs can have and forces a child to move when they improve. The current approach values the child as the central figure to be served, placing the child's needs in the center of decision-making, with assessment, service provision, and support for the caregiving family constructed around the child and adjusted as the child's need changes. This is truly a child-focused, human-centered approach.

The following examples provide evidence of these changes. The first involves a child who was stepping down from ITFC who no longer met criteria for TFC, but was able to remain in the same family home through the supports of the EFC program. The second involves a child who had been in a group home placement for a long period of time, due to a combination of behavioral health and medical issues, who met criteria for ITFC however was able to be placed in a TFC home with additional supports. In this instance the family did not meet the criteria to

be an ITFC home as both parents worked out of the home. For this particular child, behaviors at school were significant issues, but both foster parents worked at the school which made for a perfect solution to help him in managing his behaviors. Without the ability to customize services and supports for each individual child, we would not see this type of success for children in out-of-home care.” (Ibid. pg. 105)

This summary, with specific case examples, describes important components of DHS’ good faith efforts this period to build a child welfare system that meets the needs of children rather than forcing children to meet the needs of the system. There is a long road ahead for DHS to realize this goal fully and the department’s leadership team must remain focused on building collaborative advancements with its partners in this work and developing the case practice and critical resources (homes and services) necessary to meet the therapeutic needs of children in family-based settings.

C. Caseworker Caseloads and Supervisor Workloads

Establishing and maintaining manageable caseloads for child welfare caseworkers are 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 4: Pinnacle Plan Caseload and Workload Standard Commitments

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

During this report period DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for caseloads. As described in greater detail below, at the end of the period DHS reported a point in time caseload compliance rate of 86.7 percent and an overall quarterly caseload compliance rate of 79.9 percent. Following the close of the period, DHS continued to make substantial progress in this area and exceeded the Target Outcome, which will be discussed in the Co-Neutrals’ next report. Compared to the state’s starting baseline

performance of 27 percent caseload compliance, DHS has made substantial progress in this critical performance area, which impacts caseworkers' and the department's ability to achieve improvements for children in other areas of this reform.

Mid-Period Legacy Challenge

DHS confronted again this period the reoccurring challenge of maintaining caseload compliance levels after mid-period spikes in the number of cases assigned, which has historically occurred during the months of August and September. These surges in assigned cases are mostly due to seasonal increases in the number of referrals called in and accepted for investigation when children return to school. This underscores the need for the leadership team to stay vigilant and prepared to manage rapid upticks in cases and avoid mounting caseload pressures that can quickly destabilize the workforce.

While still in transition, DHS' new leadership team experienced this same challenge. The department saw a sharp drop from 86.9 percent caseload compliance to 71.6 percent, a decrease of over 15 percent, from June 30, 2019 to September 17, 2019, which, again, was due mostly to a significant rise in the number of child abuse and/or neglect referrals received and assigned for investigation during August and September.

In response to this swift downturn in caseload compliance, DHS' leadership team took comprehensive action to recover the workload progress attained as of the beginning of the period and to set the department on a course for more sustained caseload improvements moving forward. First, as a temporary measure to curtail and reduce the growing backlog of CPS investigations, DHS approved overtime compensation plans, as well as assigned CPS investigations to non-CPS caseworkers, i.e., permanency caseworkers.

Second, DHS assigned a key member of its executive leadership team who diligently managed, tracked and supported the regions and districts in their efforts to improve caseload compliance. By the end of September 2019, DHS had developed a workload improvement plan for each region and every district that reported caseload compliance below 70 percent, which resulted in 16 separate district-focused plans, including the state's two largest districts representing Oklahoma and Tulsa counties.

In addition to implementing overtime plans in every region to address the CPS backlog, other strategies embedded in the regions' and districts' workload plans included:

- Close, daily or weekly, monitoring of workload assignments, along with an assessment of the flexibility to realign workload assignments and positions within districts and nearby districts.

- Assessing the need to readjust the number of positions allotted by caseworker type to better cover the distribution of cases assigned.
- Elevating for district director approval the assignment of caseloads above 100 or 150 percent of the caseload standard.
- Using new caseworkers in training who are not yet eligible to carry a case to help case-carrying workers with administrative tasks.
- Requiring supervisors to more timely review and approve completed investigations or timely provide guidance to staff on any additional work required in order to complete, approve and close an investigation.

DHS convened weekly working calls with members of the executive leadership team and regional directors to review: district level caseload data; the status of the regions' and districts' targeted action plans; and, any barriers to caseload improvement. Regional directors also held weekly management calls with district directors facing workload challenges. To focus and support these workload management efforts, DHS developed a new workload trends report that presents district-specific data including: workload capacity, which calculates the total case weight of all assigned cases compared to the total case carrying capacity of all caseworkers in each district; caseload compliance percentages; the number of staff in training and not yet eligible to carry a case; the number of new staff assigned graduated caseloads; and the number of staff assigned a caseload 150, 175 or 200 percent over the standard. The report also highlights and tracks: which districts are below 70 percent caseload compliance; if compliance levels increased or decreased in each district since the previous week's data report; and, if a district's workload capacity is significantly greater than their workload compliance, which would indicate a need for better resource management and distribution of case assignments. These reports were produced twice weekly to allow DHS' leadership team and regional deputy directors to review real-time district-level data with their respective district directors to assess progress and pinpoint barriers to caseload compliance improvement.

Performance – Target Outcomes

Point in Time Caseload Data – December 31, 2019

DHS' point in time caseload performance at the end of the period (December 31, 2019) was 86.7 percent. The department reported 86.9 percent compliance on the final day (June 30, 2019) of the last six-month period. As shown in Table 5 below, DHS' end of period performance outcomes have shown sustained progress over the last four report periods.

Table 5: End of Period, Point in Time Caseload Compliance

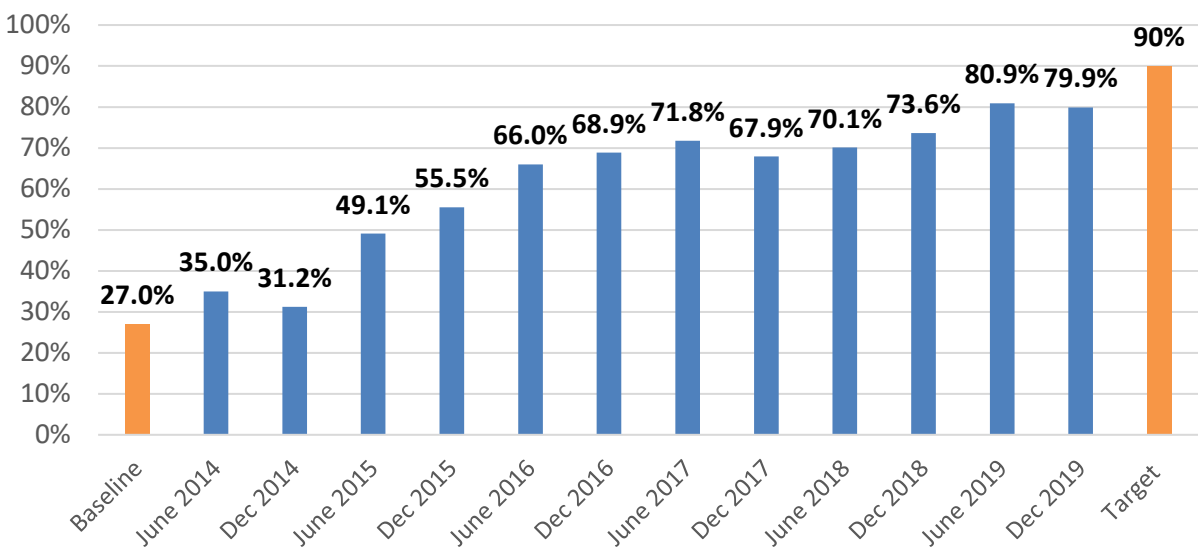
End of Period Point In Time	December 31, 2017	June 30, 2018	December 31, 2018	June 30, 2019	December 31, 2019
Compliance of All Caseload Carrying Workers	70.5% met	71.6% met	86.1% met	86.9% met	86.7% met

Quarterly Caseload Data (October – December 2019)

DHS’ quarterly caseload performance held steady with close to 80 percent of all caseworkers, who carried at least one case, meeting the caseload standard. Last period was the first quarterly period (April 1, 2019 to June 30, 2019) that DHS sustained an average statewide caseload compliance above 80 percent, with a reported performance outcome of 80.9 percent. This report period, DHS’ data showed the final, quarterly compliance at 79.9 percent.

Quarterly caseload data, compared to point in time (PIT) data, offers a more accurate representation of the workloads experienced in the field during the period, as it is much less subject to the temporary fluctuations historically depicted in the number of cases assigned on the last day of a period.

Figure 8: Worker Caseloads: Percent of Workers Meeting Caseload Standards



Hiring and Vacancies

DHS leadership supported every area of the state with a more efficient and streamlined process for hiring staff to fill vacant positions. Beginning in October 2019, DHS began using a new web-based system, known as JazzHR, that posts announcements for vacant positions on over 20 job search sites and allows managers to identify and hire qualified applicants immediately after they apply, rather than wait for a closure date on position announcements, which now stay open until a position is filled. DHS and field staff confirmed that this new hiring system allows the agency to identify applicants and fill caseworker positions much more rapidly, particularly in areas where the department has regularly experienced challenges identifying qualified applicants to fill vacancies, such as in Tulsa County.

As of this report writing, DHS reported that the Tulsa team had filled all vacant positions. In addition, the district had a pool of applicants who district directors had interviewed and were ready to hire. Statewide, DHS reduced the point in time vacancies from 288 at the beginning of this report period to 177 by the end of the period.

DHS leadership doubled the frequency of CORE trainings in order to stay on pace with the more rapid onboarding process and increase in new hires. As DHS developed its regional and district level workload management plans, the department found that new hires were having to wait one to two months to begin CORE training. Further, DHS reported that it prioritized training for individuals hired as CPS specialists in order to address the lower caseload compliance among CPS caseworkers and to ready a more stabilized CPS workforce in preparation for the next heightened influx of referrals and assigned investigations.

Net Gain in Caseworkers on Board

At the end of the report period, DHS reported having 1,719 case carrying staff, 1,516 who managed at least one case. Of the remaining 203 caseworkers not carrying a case, 153 were still early in their training and not yet eligible to receive case assignments. Since June 30, 2019, the total number of caseworkers statewide increased by 74 workers, from 1,645 to 1,719. This builds upon the net gain of 27 caseworkers DHS reported in the last period. Further, from June 30, 2019 to December 31, 2019, the number of staff carrying at least one case increased by 26, from 1,490 to 1,516.

District Level Caseload Performance, End of Report Period

As shown in Table 6 below, on December 31, 2019, 16 districts (coded in green) out of 29 met the caseload outcome standard of 90 percent, including ten districts at 100 percent compliance. Six districts (coded in yellow) achieved caseload performance between 81 and 89 percent, with

all six of these districts reporting sufficient case carrying capacity to cover more than 100 percent of all assigned cases in those districts. As such, these additional six districts were well-positioned to meet the required 90 percent caseload standard.

The seven remaining districts (coded in red) reported caseload compliance between 53 and 72 percent. As of December 31, 2019, all but one of these seven districts (District 20) were reported to have adequate case carrying capacity with current staff to cover at least 90 percent of each district's total assigned cases.

Table 6: Worker Caseloads Capacity and Compliance as of December 31, 2019

District	Capacity to Cover Workload	Capacity of Workload	90% of workers meeting standard	% of workers meeting standard
1	142%	Y	Y	100%
2	111%	Y	N	86%
3	96%	N	N	53%
4	117%	Y	Y	91%
5	96%	N	N	72%
6	112%	Y	N	89%
7	119%	Y	Y	94%
8	135%	Y	Y	100%
9	120%	Y	Y	100%
10	121%	Y	Y	96%
11	126%	Y	Y	100%
12	115%	Y	Y	100%
13	112%	Y	Y	100%
14	90%	N	N	68%
15	117%	Y	Y	97%
16	146%	Y	Y	100%
17	116%	Y	Y	100%
18	91%	N	N	71%
19	127%	Y	Y	100%
20	81%	N	N	55%
21	97%	N	N	65%
22	140%	Y	Y	100%
23	95%	N	N	58%
24	105%	Y	N	84%
25	101%	Y	N	81%
26	112%	Y	N	82%
27	113%	Y	N	87%
Adoption	169%	Y	Y	98%
Foster Care	135%	Y	Y	91%
State	115%	Y	N	87%

By mid-November 2019, DHS leadership required that all 16 districts that developed workload improvement plans in September 2019 evaluate the effectiveness of their plans and update them as needed. DHS also required new districts to develop workload improvement plans if their caseload compliance decreased significantly or below the 70 percent mark.

District 3, which is a small district comprised of 18 caseworkers, was not required to develop a plan in September 2019, as this office reported 81 percent caseload compliance at that time. However, as shown in Table 6 above, District 3 ended this report period with the lowest caseload compliance at 53 percent. The office experienced, at the same time, both a loss of several staff members and a significant increase in assigned permanency cases. Such changes in a small district can have a substantial impact and cause a sudden downturn in caseload compliance. District 3 was required to develop a workload improvement plan in mid-November, which focuses on filling vacancies, advancing legally free children to permanency, timely closing investigations and re-evaluating the district's practice of assigning, on rotation, one CPS case to permanency workers. District 3 found that this workload distribution practice does push some permanency workers just outside of the compliance threshold until their assigned investigation is complete.

Two other districts (Districts 20 and 23) that ended this report period below 70 percent compliance, showed progress since the beginning of the period. At the beginning of this report period, Districts 20 and 23 reported compliance rates of 48 and 35 percent, respectively. As shown in Table 6 above, District 20 improved compliance by seven percent, ending this report period at 55 percent and District 23 improved by 23 percent, reaching 58 percent compliance by December 31, 2019. Both districts continue to implement and adjust their workload improvement plans, which are reviewed and tracked closely by members of DHS' executive leadership team.

Another notable improvement from DHS' workload management plans during this period is the decrease in the number of caseworkers assigned caseloads above 150, 175 and 200 percent of the standard. By the end of the report period, DHS reported 14 caseworkers with a caseload above 150 percent, and none were above 175 percent. This is a substantial turnaround from the mid-period slump when 71 workers were above 150 percent, 22 were above 175 percent and one was at 208 percent. This is also an improvement from the start of the period when 21 caseworkers reported caseloads above 150 percent.

Establishing a Stable, Competent, Supported Workforce

DHS' new leadership team committed to implement strategies that will ensure DHS' workforce is equipped to manage spikes in casework assignments and minimize the impact of seasonal surges on the child welfare system. This includes a continuous and more comprehensive and focused analysis by DHS leadership of workload flows (past, present and future) at the district

level to ensure DHS has an accurate number of positions needed in each district. DHS' efforts in this regard resulted in ten additional positions being allocated to Tulsa County. DHS also committed to anticipate and prepare for future workload increases by aggressively hiring to eliminate all vacancies and to over-fill positions in districts that consistently report high turnover and high workloads.

During this period, DHS has also dedicated a considerable amount of time and focus, with the assistance of a federal grant, to field test a new competency-based selection process for hiring new caseworkers with the goal of elevating the skill level of its workforce and reducing turnover. The department is testing enhanced and standardized interview and selection tools as it seeks to hire individuals with the right skills and other unobservable factors, such as motivation level and personality, that best match the work of a child welfare caseworker. With turnover being a challenge for all child welfare systems, DHS is looking to reduce its rate of attrition and the adverse impact it has on caseload compliance, employee morale of those who remain, and outcomes for children and families.

DHS identified numerous short and long-term strategies and commitments to strengthen its caseload and workforce management and withstand future cycles of workload increases. The Co-Neutrals urge DHS leadership to stay the course in implementing these activities and remain constantly vigilant in monitoring the department's caseload tracking reports to be able to anticipate, plan for and mitigate any potential backsliding in caseload compliance at any point in a period moving forward.

Performance Standards and Target Outcomes – Supervisor Workloads

Strong supervisory support for caseworkers, especially new caseworkers, is essential to support 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.

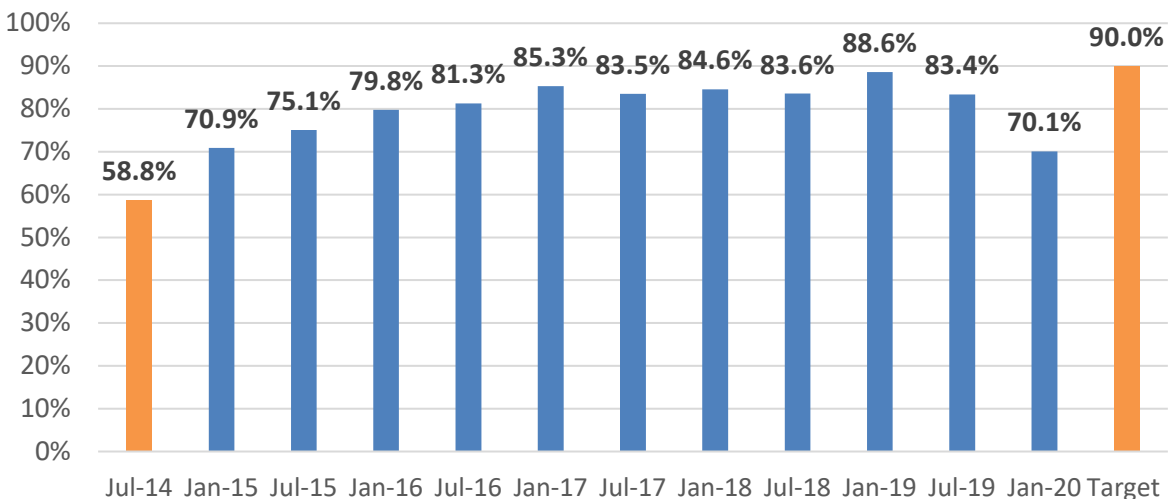
In all previous report periods, DHS has calculated supervisor's workloads reflecting child welfare cases managed by supervisors. The original methodology established for this measure allowed DHS to discount, or remove from a supervisors' workload count, up to two child welfare cases if a supervisor carried any of these cases. The Co-Neutrals approved this approach based on DHS representations and the Co-Neutrals' validation that such assignments, at that time, were short-term for reasons discussed below. As such, a supervisor's workload counted child welfare cases assigned to them only when they were reported to have more than two. Following an assessment by the Co-Neutrals of supervisor workloads in 2019, as discussed below, the Co-Neutrals found that such assignments are no longer short-term. In September 2019, the Co-Neutrals revised the methodology that DHS uses to calculate the department's performance outcome for this

measure. As such, the Co-Neutrals are reserving judgment in order to give the department a full six-month period under the revised methodology to demonstrate good faith efforts and make substantial and sustained progress toward the Target Outcome. The Co-Neutrals will render a judgment in the next Commentary.

When DHS and the Co-Neutrals first established the methodology for counting supervisor workloads, the Co-Neutrals approved DHS’ request to discount from its supervisory workload calculations two cases assigned to any supervisor. The Co-Neutrals’ approval was based on DHS’ concern that at any point in time, a supervisor’s workload could include cases that were not case assignments managed directly by the supervisor, but instead, cases in the process of being assigned or reassigned to a caseworker by the supervisor. This was true at the time, given that higher rates of caseworker turnover and routine reassignment of cases resulted in cases sitting on supervisor’s workloads temporarily. As part of the Co-Neutrals’ assessment of the methodology, DHS and the Co-Neutrals reviewed 205 cases assigned to 105 supervisors as of June 30, 2019. That review found that most supervisors were fully managing these cases for extended periods, not transitioning them quickly to primary caseworkers. Based on this review, the Co-Neutrals concluded that it was no longer appropriate to discount two cases from a supervisor’s workload and thereby set a revised methodology to assess the department’s performance under this metric.

Applying the new methodology to DHS’ December 31, 2019 end of period, point in time supervisor workloads resulted in a performance outcome of 70.1 percent, which represents a significant decrease from the 83.4 percent compliance outcome reported under the prior methodology at the beginning of the period, as reflected in Figure 9 below.

Figure 9: Supervisor Workloads: Percent of Supervisors Meeting Workload Standards



The supervisor workload analysis and comparison below show that the decrease in compliance is driven by the elimination of discounting up to two child welfare cases assigned to any supervisor. As noted in Table 7 below, if DHS still discounted for this report period up to two cases from each supervisor’s workload, the performance outcome would have been 81.5 percent instead of 70.1 percent.

**Table 7: Supervisor Workload Compliance Comparison – December 31, 2019
With and Without Two Discounted Cases**

Compliance Category	Supervisor Performance (without two cases discounted)		Supervisor Performance (with two cases discounted)	
	Count	Percent	Count	Percent
MET	265	70.1%	308	81.5%
CLOSE	72	19.0%	51	13.5%
OVER	41	10.8%	19	5.0%
Total	378	100.0%	378	100.0%

Holding constant the comparison of the supervisor workload compliance level last period to this period (in other words comparing apples to apples) the decrease is substantially less from 83.4 to 81.5 percent. Nevertheless, it is important to mark this change and the fact that, moving forward, the department has a more accurate assessment of the workload pressures that supervisors are experiencing.

D. Shelter Use

During this report period, DHS met some important milestones related to shelter use, but also experienced some challenges. For the first period during this reform, DHS achieved the Target Outcome of zero child-nights in a shelter for young children ages two to five. This is important progress. For the seventh consecutive period, DHS successfully ensured that no child in the youngest age group (ages 0 to 1) experienced a shelter stay. For children and youth ages six to 12 in DHS custody, the department reported that fewer children experienced a shelter stay this period compared to last period, but the lengths of stay lengthened. The department must intensify its efforts to reduce shelter nights for this population, which the Co-Neutrals will monitor closely. Overall, the Co-Neutrals conclude, for this period, that DHS met the standard of good faith efforts in this report period for children ages 0 to 12.

The department lost ground on both the number of unique children ages 13 and older who spent a night in shelters and the number of shelter nights they experienced. Assessing DHS' performance with respect to shelter nights for this oldest group of children is the Co-Neutrals' most difficult judgment in this Commentary. The Co-Neutrals took into consideration not only the efforts and outcomes described in this section, but also the department's considerable work this period to stem the net losses of family-based, therapeutic placements and grow a new part of its placement continuum for children as discussed earlier. Taken together, and at least for this period, the Co-Neutrals are persuaded that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome. That said, the regression this period is a red flag that the state must effectively implement strategies that in fact reduce shelter nights for children ages 13 and older. Absent that effort, the Co-Neutrals will not continue to find that DHS is making good faith efforts to achieve substantial and sustained progress in future Commentaries.

Performance Standards

DHS committed to "ensure all children are cared for in family-like settings" and "stop its use of temporary placement in shelters for all children under 13 years of age." In the Metrics Plan, the Co-Neutrals selected the number of "child-nights" spent in shelters as the measure to assess Oklahoma's progress in eliminating and reducing shelter use. One "child-night" is defined as "one child in a shelter at midnight." The total number of child-nights is calculated by summing the number of children in shelters at midnight for each night of the reporting period. The Pinnacle Plan includes an exception for shelter placement if the child is part of a sibling set of four or more being placed together. The Co-Neutrals have also allowed for the exception to place a minor parent with their child if necessary to keep the parent and child together (note that the child must, in fact, be placed with their minor parent).¹¹ 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. For this report period, DHS did not report any children placed in a shelter under the exception criteria.

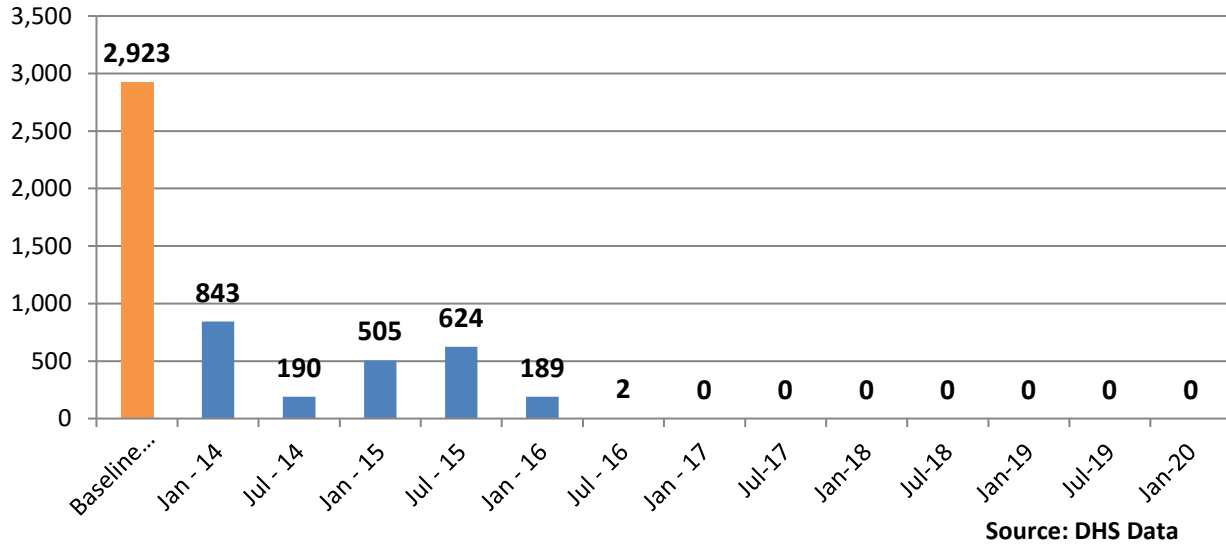
Performance for Children under Age Six, Shelter Metrics 5.1 and 5.2

As noted above, in this report period, DHS achieved the Target Outcome of zero child-nights in shelters for children under two years of age. From its baseline of 2,923 child-nights, DHS is

¹¹ Children who meet the criteria for one of the two exceptions are included in the shelter outcomes data. For this report period, DHS reported that none of the children who experienced a shelter stay met the exception criteria.

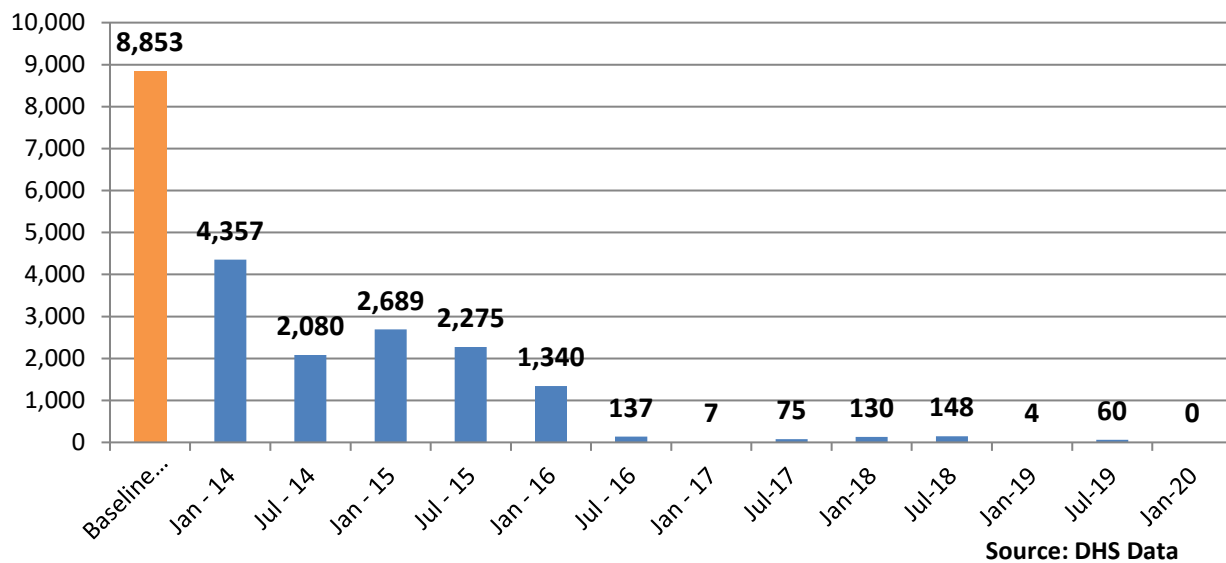
approaching four consecutive years of successfully eliminating shelter care for this youngest cohort of children.

Figure 10: Metrics 5.1 – Shelter-Nights, Children Ages 0 - 1



For children ages two to five, the original recorded baseline was 8,853 child-nights. For this period, July 1, 2019 to December 31, 2019, zero children in this age group spent a night in a shelter. Compared to last period, this represents a reduction of three children in this age group who experienced a shelter stay, and a decrease of 60 shelter nights. This is the first performance period in which DHS achieved the Target Outcome and successfully eliminated shelter nights for young children ages two to five.

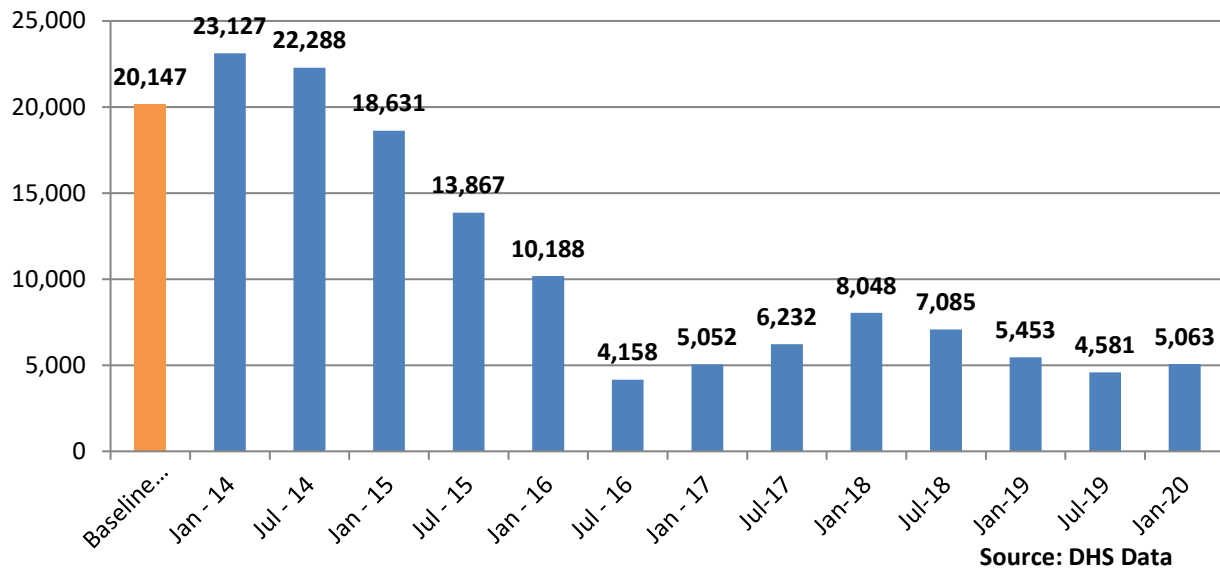
Figure 11: Metric 5.2 – Shelter-Nights, Children Ages 2 – 5



Shelter Metric 5.3 – Children Ages Six to 12

For children ages six to 12, DHS reported that 17 fewer children (a total of 127 unique children) in this age group experienced a shelter stay this period compared to last period. At the same time, the department reported 5,063 child-nights this report period compared to 4,581 during the previous six-month period. This increase in shelter-nights for this period comes after DHS reported three consecutive periods of significant reductions in shelter-nights, as shown in Figure 12 below.

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



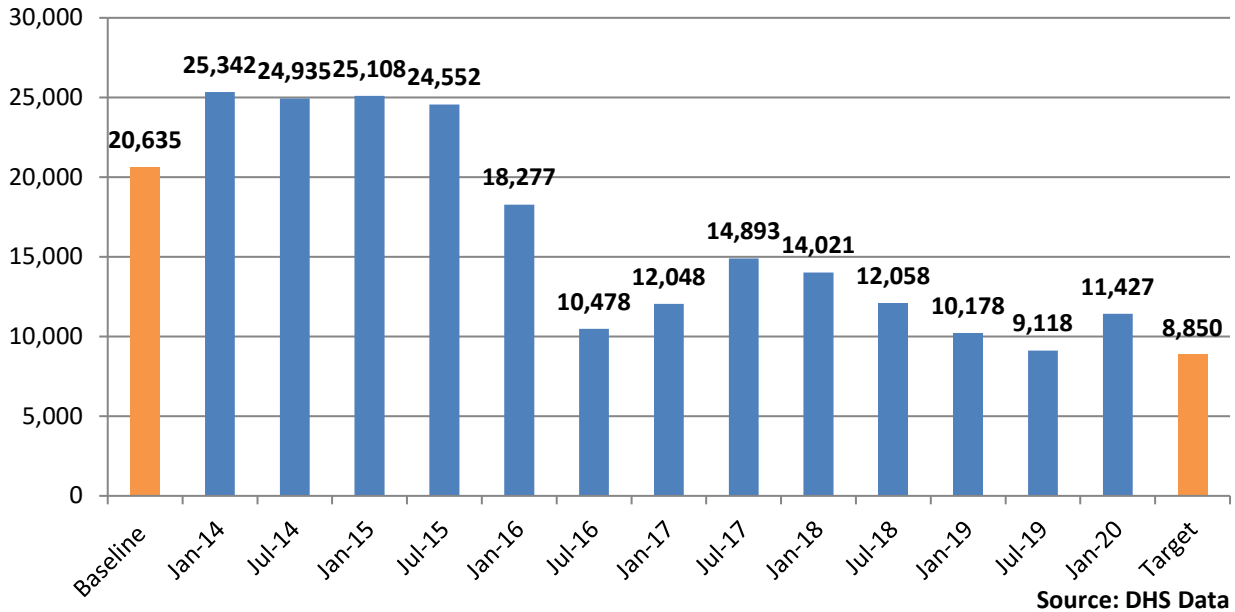
Shelter Metric 5.4 – Children Age 13 or Older

Neither DHS' Pinnacle Plan nor the Compromise and Settlement Agreement require that emergency shelter usage for children 13 years and older be completely eliminated. However, the department committed that 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, that shelter nights for children ages 13 and older would be reduced to no more than 8,850 nights. Lastly, under the Pinnacle Plan (Point 1.17), DHS committed not to place any child over age 13 in a shelter more than one time and for no more than 30 days within a 12-month period.

For this report period, the number of unique children ages 13 and older who spent a night in a shelter increased from 226 children in the last period to 261 children this period. Further, DHS reported 11,427 child-nights for this oldest group of children, which represents a significant increase from the 9,118 child-nights reported last period. During the last report period, the department came within very close range (268 nights) of achieving the Target Outcome of 8,850

shelter-nights for this age group. As shown in Figure 13 below, this is the first increase in shelter-nights for teens after four consecutive periods in which DHS had positively reduced the number of shelter-nights for older youth.

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



Reducing Shelter Usage for Children

DHS has substantially reduced shelter usage for children of all ages in Oklahoma over the past six and half years. As Table 8 below illustrates, DHS has reduced by almost 70 percent the total number of nights children of all ages, combined, experience in shelters since the start of this reform. DHS has importantly achieved the most significant percentage reduction (100 percent) for children five years of age and younger. Compared to the baseline period, DHS has reduced shelter-nights for children ages six and older by 24,292: the volume of this reduction is more than the total number of child-nights in a shelter (16,490) reported this period for children of all ages combined. This represents substantial and sustained progress.

**Table 8: Child-Nights in Shelters by Age, July 1, 2019 to December 31, 2019 and
Change from Baseline**

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (July 2019- December 2019)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	0	-8,853	-100.0%
6 to 12	20,147	5,063	-15,084	-74.9%
13 & Older	20,635	11,427	-9,208	-44.6%
TOTAL	52,558	16,490	-36,068	-68.6%

Pinnacle Plan Commitment 1.17 – Youth 13 and Older

One of the strategies DHS originally identified to support its efforts to achieve substantial and sustained progress toward the Target Outcome for older youth in shelters is embedded in DHS’ Pinnacle Plan. Commitment 1.17 requires that youth 13 years and older experience no more than one shelter stay and no more than 30 shelter-nights in any 12-month period. DHS committed that by June 30, 2016, it would conform to this standard for 90 percent of all children ages 13 and older who experience a shelter stay.

For the period of July 1, 2019 to December 31, 2019, DHS reported that 31.4 percent (82) of the 261 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As shown in the Table 9 below, significant work remains for DHS to increase the percentage of youth whose shelter stays are compliant with 1.17. At the same time, DHS has achieved significant improvements in reducing the number of teens overall (393 versus 179, a 54 percent decrease) who experienced multiple and/or extended shelter stays since the baseline period ending July 2014.

Table 9: Pinnacle Plan 1.17: Baseline and July – December 2019

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		July 2019– December 2019	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	261	100.0%
Shelter Placements Compliant with Pinnacle Plan 1.17				
Those with 1 stay, less than 31 days	200	33.7%	82	31.4%
Compliant TOTAL	33.7%		31.4%	
Shelter Placements Not Compliant with Pinnacle Plan 1.17				
Those with 1 stay, 31 or more days	136	22.9%	85	32.6%
Those with 2 or more stays, less than 31 days	74	12.5%	23	8.8%
Those with 2 or more stays, 31 or more days	183	30.9%	71	27.2%
Not Compliant TOTAL	66.3%		68.6%	

In comparison to the total number of children in DHS custody, the population of children who experience shelter care is relatively small. However, as discussed in the TFC section above, it is not uncommon for children who are approved for TFC-level care to experience a shelter stay as they await a TFC placement. The same is true for children awaiting placement in a group home or residential center. Further, as presented below, record reviews completed by the Co-Neutrals of shelter placements this period also confirmed that the majority of children approved for shelter care have demonstrated higher-level behavioral or other special needs.

Review of Children Ages 13 and Older in Shelter Care

The Co-Neutrals reviewed shelter authorization forms and placement and other case records for 91 (50 percent) of the 179 youth ages 13 and older whose shelter placements were non-compliant with Metric 1.17 standards this report period. The review included youth from all three categories of placement non-compliance: 1) youth who experienced one shelter stay for 31 or more nights (43 youth reviewed); 2) youth who experienced two or more stays for less than 31 nights total (12 youth reviewed); and, 3) youth who experienced both - more than one shelter stay for a total of at least 31 days (36 youth reviewed).

The majority of youth in each group have at least one documented mental health diagnosis for a total of 72 out of 91 youth reviewed. However, youth whose placements fall into both areas of non-compliance show a higher level of need, as evidenced by not only a high rate of mental

health diagnoses but also longer shelter stays and other specialized needs, such as autism, dual diagnoses or problematic sexualized behaviors. A total of 34 of the 91 youth reviewed had an inpatient stay, and 20 youth had a previous TFC placement as indicated in their placement records back through July 2018. It was also notable that all three groups of youth experienced notable levels of adoption disruptions. The Co-Neutrals found documented searches for kinship placements in the records for 76 of the 91 youth. However, searches for traditional foster home placements were documented less frequently (45 of 91). Most documentation of searches for traditional homes describe there being no suitable homes available, with some specific references to the youth's behaviors.

Review of Children Ages Six to 12 in Shelter Care

The Co-Neutrals reviewed shelter authorization forms for 98 distinct children ages six to twelve who were in a shelter between July and December 2019. At the time of this review in January 2020, the majority (72) of these children had more than one shelter stay during their time in DHS custody. Furthermore, of the 72 children in this review who experienced more than one shelter placement, 25 children experienced a shelter-to-shelter move during their time in DHS custody.

Many of these children also experienced higher levels of care, with inpatient care recorded as the most frequent type of higher-level placement experienced. At the time of this review, 56 (57 percent) of the 98 children had experienced at least one inpatient placement, and 14 of these 56 children experienced inpatient care both before and after their shelter placement under review this period.

Information on the shelter authorization forms is limited with respect to the children's behaviors or mental health diagnoses, despite many of these children experiencing inpatient or TFC-level care. For at least six children, their authorization form reported developmental delays. For all 98 children, efforts to secure family-based placements were documented, and some of their authorization forms noted that the child was being assessed or was on a waiting list for a higher-level placement.

The continued use of shelter placements for children six years and older beyond the Target Outcomes is connected directly to the department's need to develop an adequate continuum of care and services to meet the higher-level therapeutic treatment and placement needs of children in DHS custody, particularly in a family-like setting. Further, it is important that DHS review and ensure that congregate placements such as group homes and inpatient facilities that are intended to treat and stabilize children's mental and behavioral health challenges are indeed providing quality care and services to children in custody. Use of higher-level congregate facilities in Oklahoma is part of a cycle of multiple placements experienced by children and youth with the greatest behavioral health challenges and for whom DHS struggles to achieve placement stability

in a family-like setting. These institutions must be able and committed to effectively contribute to the child's stability, well-being and therapeutic treatment, which includes ensuring that they are not discharged to a shelter placement.

Ongoing Training on Best Placements and Reducing Shelter Stays

DHS recognized that because a relatively small percentage of children in custody experience a shelter stay, not all child welfare staff and supervisors are experienced and prepared to implement the shelter authorization and staffing protocols knowledgeably. As such, DHS' statewide shelter team developed an interactive training to enhance case practice across the state to prevent and reduce the length of shelter stays through diligent searches and efforts to secure placements that best meet a child's needs. Starting in December 2018 through August 2019, DHS' shelter reduction team conducted 20 training sessions, delivering the training to more than 700 child welfare staff across 17 county offices. Last period, a survey completed by 500 staff who received the training found that 95 percent believed the training has been beneficial to their child welfare practice. DHS reported plans to conduct four to eight additional training sessions in each region through the rest of calendar year 2020.

Efforts to Reduce the Length of Shelter Stays

During this report period, DHS relied on existing and new strategies to limit a child's stay in a shelter once they have been placed there. The department uses multidisciplinary staffings to identify needs-based placements for children placed in a shelter. The department's protocol requires that each child placed in a shelter is reviewed bi-weekly through a regional staffing that includes: the child's assigned permanency worker and supervisor; an adoption transition worker, if appropriate; a representative from foster care; and the assigned regional shelter lead. Prior to the staffing, the child's permanency worker is required to complete the Progressive Shelter Staffing Form, which asks workers to document the specific efforts undertaken to find a placement outside of a shelter and the outcomes of these efforts. The last page of the form is an "Action Plan," which is to be completed during the staffing with a listing of any follow-up actions to secure a needs-based placement. To ensure accountability, the regional shelter lead is responsible for monitoring if the items included in the Action Plan are completed timely. If the regional shelter lead determines any items have not been completed timely, the field manager and deputy director are notified.

Because shelters are currently used for placements of children who present with more specialized support and care needs, DHS must have a clear understanding of each child's individual needs to transition them from shelter care to a needs-based placement as soon as possible. To help in this effort, DHS began this period to email caseworkers a series of questions

within five days of their assigned child entering a shelter. These questions include: what are the barriers to placing the child where he/she wants to be placed; and, does the child have an intellectual disability or is he/she on the autism spectrum? The questions are intended to build on the department's team approach to expeditiously locate a least restrictive placement for children that can meet their specialized needs by ensuring that critical information about each child is available and considered fully at a child's first shelter staffing.

DHS also continued to convene elevated staffings for children who, as DHS has reported, "often have extended shelter stays because they have unique needs that are not easily matched with a typical family setting or treatment program." If any pending or recently denied kinship placements exist, the resource specialist and supervisor are also required to attend the staffing. The statewide shelter field representative and the multi-program staffing team undertake a more intensive case review of the child being staffed, including a close review of placement options that may have previously been denied or ruled out but may be appropriate for a child if additional supports can now accompany the placement. Toward the end of this period, DHS assessed if some children who entered a shelter after disrupting from a kinship or regular foster home could return to the same family with the additional supports offered through the new EFC pilot program.

Currently, elevated staffings are organized once a month by the statewide shelter field representative and include additional placement specialists as needed from programs such as DDS, TFC, and high-level care. While DHS' goal is for children under age 13 to have an elevated staffing as needed within 30 days of placement in a shelter and within 45 days for youth 13 and older, the schedule established for each regional staffing ultimately impacts how long a child may wait for an elevated staffing. DHS undertook new efforts this period with the emailed questionnaire noted above to more quickly assess a child's placement needs and barriers once they enter a shelter. However, given the understanding that most children placed in a shelter present with significant behavioral health needs and placement challenges, the Co-Neutrals encourage DHS to reassess the existing cadence of monthly elevated staffings per region, and establish a practice that convenes the department's resources and expertise as soon as possible following shelter placement to move children to a more appropriate placement. All efforts that can most effectively reduce the time a child spends in a shelter are important and should continue. However, as DHS and the Co-Neutrals have discussed, the department must also bring additional and renewed attention to building the necessary practice and resources to prevent shelter placements before they occur.

Efforts to Prevent Shelter Placements

Since February 2014, DHS has required that for children younger than 13 years of age, all shelter authorizations must be approved by the CWS Director, and for children 13 years of age and older, shelter authorizations must be approved by the regional deputy director. Before approving a child's placement in a shelter, the CWS Director or a regional deputy director is responsible for ensuring caseworkers have exhausted and clearly documented all efforts to secure an alternate, needs-based placement to prevent a shelter stay. This requirement that a member of the child welfare leadership team review efforts to prevent shelter placements before approving a shelter entry has led to the reduction in the number of children who enter a shelter and shelter nights.

As noted in the TFC section above, DHS presented new strategies at the end of this report period to build a continuum of care, including TFC, ITFC and EFC placements, and also incorporated a strategy to reduce shelter entries. This shelter-focused continuum strategy addresses the need to better plan and prepare for children who are discharging from inpatient and other higher-level placements, which are often time-limited stays. The department has redefined the roles of DHS liaisons assigned to higher-level facilities in order to guide more proactive discharge planning with each child's casework and treatment team. The goal is to better identify a child's optimal family-based placement and reinforce placement stability by having upfront discussions about the child's and family's needs and providing enhanced services and supports before or upon placement, as required.

It bears repeating that successful and timely implementation of DHS' strategies to build Oklahoma's continuum of care are critical to reduce the state's use of shelter placements. From the need to systematically assess any behavioral and other special needs a child may present as early as possible to developing, supporting and maintaining a robust pool of foster homes that can provide the level of therapeutic care children require, these efforts are essential to prevent children from experiencing not only one shelter stay, but multiple and extended shelter stays as well. As of this report writing, DHS' leadership team continues to assess additional efforts the department must employ to prevent shelter placements with a focus toward building upon field practices and strategy commitments designed to increase therapeutic foster placements, prevent family-based placement disruptions and improve placement stability.

DHS reached a new milestone this period by eliminating shelter placement for all children ages two to five, allowing the department to achieve the Target Outcomes of zero shelter entries and nights for the two youngest age groups. For children ages six and older, DHS sought this period to identify and implement new strategies to reduce both the time children spend in shelters and the number of children who enter. DHS leadership must diligently follow through to implement

these strategies with the resources and attention necessary to reduce shelter nights for children ages 6 and up.

E. Child Maltreatment in Care

This period, which reflects data from October 1, 2018 to September 30, 2019, DHS reported its best overall performance to date with respect to the safety of children in DHS custody who are placed with resource caregivers. For Metric 1a, which measures the maltreatment of children in DHS custody in foster homes and institutional settings, DHS reported the most substantial reduction in the number of children found to be victims of abuse and/or neglect during this reform. Improved safety in foster home settings, during this and the last report period, is the leading factor for the marked decrease in the number of children who experienced maltreatment by a resource caregiver. DHS reduced by 58 percent the number of children in DHS custody who experienced maltreatment in a foster home setting compared to the same 12-month period one year ago (October 1, 2017 to September 30, 2018).

DHS' implementation and ongoing refinement of core strategies the department first developed in 2015 have, over the last five years, substantially shifted the department's child welfare case practice to focus on child safety. These strategies were designed to address recurring concerns surfaced by DHS and the Co-Neutrals in their respective case record reviews of substantiated child maltreatment in foster homes. The identified areas of concern included the prevalence of maltreatment in foster homes with previous maltreatment referral histories; inadequate child safety assessments during caseworker visits with foster families and children; and the approval of foster homes that appear to lack the protective capacities to ensure the safety of children. Continuing through this report period, DHS has expanded on these core strategies with the specific purpose of ensuring caseworkers have sufficient training, guidance and resources to execute these practices as intended and thereby prevent child maltreatment in foster homes.

DHS' efforts to strengthen casework practices focused on safety also impact Metric 1b, which measures maltreatment of children in DHS custody by a parent. The department's performance this period for Metric 1b, as detailed below, remains close to the Target Outcome and improved slightly compared to the last period. For this report period, the Co-Neutrals find that DHS remained focused on implementing its core strategies to improve safety and that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for the maltreatment in care (MIC) metrics.

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

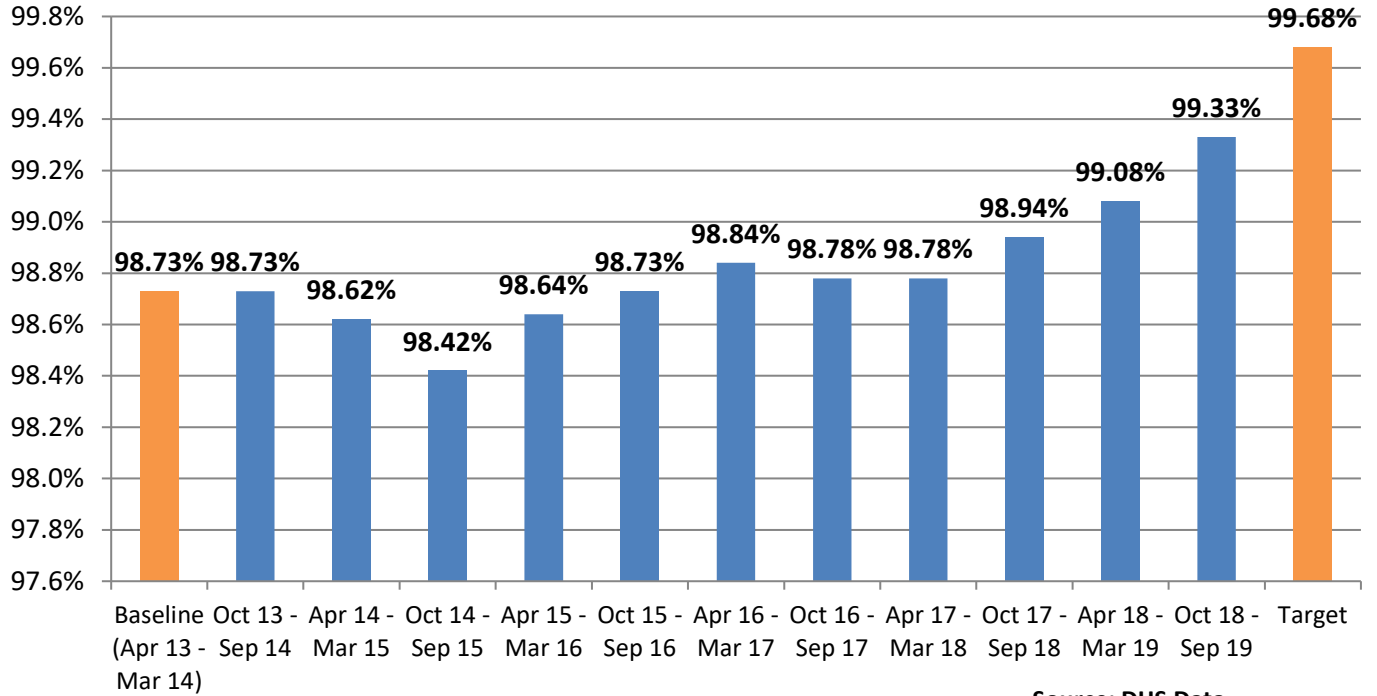
DHS tracks and reports publicly on a monthly basis the number of children abused or neglected by a resource caregiver. DHS and the Co-Neutrals adopted the federal metric applicable at the time, “Absence of Child Abuse and/or Neglect in Foster Care,” which reports the percentage of all children in foster care during a 12-month period who were not victims of substantiated maltreatment by a foster parent or facility staff.¹²

For this metric’s current measurement period, October 1, 2018 to September 30, 2019, DHS reported that 87 children out of 13,082 in DHS custody were abused or neglected while in care. This represents a rate of 99.33 percent of children in DHS custody during the period who were safe in care. For DHS to have met the Target Outcome of 99.68 percent of children safe in custody, DHS would have had to protect an additional 45 children from abuse and neglect by a resource caregiver.

As shown in Figure 14 below, during the baseline period of April 2013 to March 2014, DHS reported that 98.73 percent of children in DHS custody were not victims of child maltreatment. Over the eight subsequent reporting periods following the baseline period, DHS’ safety outcomes did not substantially or sustainably progress toward the Target Outcome. However, in the most recent three periods, as Figure 14 below shows, DHS achieved substantial progress toward the Target Outcome and reported for the current report period its best performance on this metric since the establishment of the baseline performance.

¹² In October 2014, the federal Children’s Bureau changed the metric it uses to assess state child safety 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 and DHS continue to use the two metrics and methodology originally established in the Metrics Plan.

Figure 14: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers



Source: DHS Data

In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, October 1, 2018 to September 30, 2019, DHS reported 118 substantiations of child abuse and neglect by a resource caregiver. Of these 118 substantiations, 74 (63 percent) are for children in family-based foster care settings, while 44 (37 percent) are for children in institutional placements.¹³

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 before judges

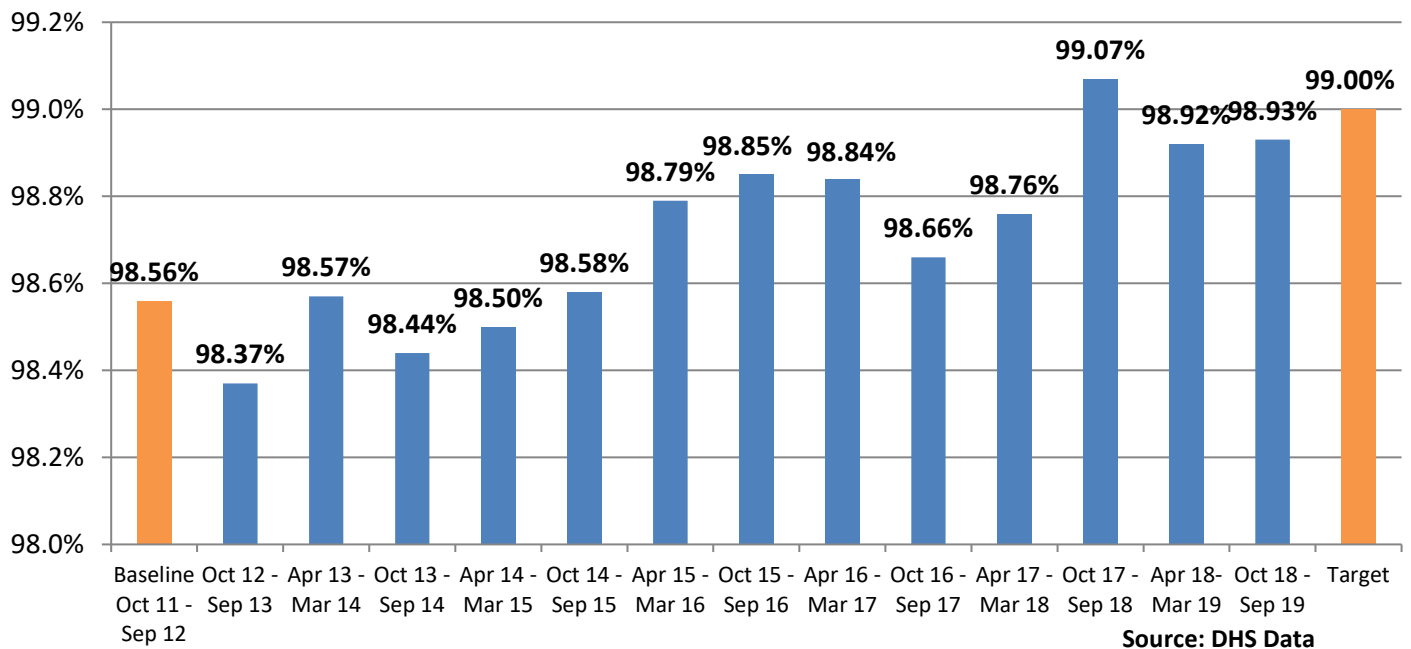
¹³ Thirty-one of the 118 substantiations reported in the monthly data are not included in the Metric 1a federal measure adopted by DHS and the Co-Neutrals for two reasons: (1) 26 child abuse or neglect substantiations were excluded because, according to the federal methodology in place at the time the Metrics Plan was finalized, both the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated by DHS) must exist in the same 12 month federal reporting period; and (2) five child abuse or neglect substantiations were not counted in the federal metric because they represent multiple substantiations for the same child.

formally close children’s cases, and DHS recognizes the importance of closely monitoring child safety during this time.

The 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, 2018 to September 30, 2019, DHS served 13,082 children in custody, 140 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 98.93 percent against a target of 99 percent. As shown in Figure 15 below, this is a slightly positive increase from last period, when DHS reported a safety rate of 98.92. DHS needed to keep nine additional children in custody safe from maltreatment by their parent in order to have met the Target Outcome for Metric 1b during this period.¹⁴

Figure 15: Metric 1b – Absence of Maltreatment in Care by Parents



¹⁴ DHS’ data excluded 37 substantiations of maltreatment of children by their parents while in DHS custody from a total of 177 substantiations because of the same federal exceptions applicable in Metric 1a: 32 are excluded because the referral date and findings dates do not exist in the same 12-month reporting period; and, five are excluded due to multiple substantiations on the same child.

Comparative Maltreatment in Care Rates by Placement Types

The Co-Neutrals reviewed whether children are maltreated by a resource caregiver more often in certain placement types through an analysis of Maltreatment in Care (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 a group of children spent in custody, the number of MIC substantiations those children experienced. In the Co-Neutrals’ analysis, lower MIC rates mean that children experienced less maltreatment by resource caregivers in that placement type, while higher rates mean children experienced more maltreatment by resource caregivers while residing in that placement type.

Table 10: Rate of MIC by Placement Type, Current, Last and Prior Report Periods

Placement Type	Current Period (Oct '18 to Sept '19)		Last Period (April '18 to Mar '19)		Prior Period (Oct '17 to Sept '18)	
	# Of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
Regular Foster Family Care	22	3.9	35	6.2	70	12.1
Foster Family Care - Supported Home	9	1.9	17	3.6	26	5.1
Kinship Foster Family Care Relative	26	2.7	37	3.7	46	4.4
Kinship Foster Family Care Non-Relative	14	4.3	12	3.8	21	6.9
Therapeutic Foster Family Care	1	1.9	3	5	8	10.3
Congregate Care	44	23.5	35	18.3	33	16.9
Other Foster Family Care	2	1.2	7	4.2	5	3.0
Total	118	4.3	146	5.2	209	7.2

When compared to the previous 12-month report period, the maltreatment rate for children in DHS custody positively decreased from 5.2 to 4.3 percent, and it decreased from 7.2 to 4.3 when compared to the prior report period. Similarly, the total number of MIC substantiations decreased by 19 percent (146 to 118) from last period and by 44 percent (209 to 118) from the prior period. As noted in Table 10 above, DHS reported a significant reduction this period of 37 fewer MIC substantiations (33 percent decrease) in foster-care settings, which supported another overall positive decrease in the rate of maltreatment for all children in DHS custody,

even though there were nine additional MIC substantiations in congregate care compared to last period. Additional information about these 44 substantiations in congregate care is noted below.

Core Strategies to Reduce MIC in Family-Based Placements

Over the past five years, DHS and the Co-Neutrals have conducted case record reviews of all substantiated child maltreatment investigations to understand the causes of child maltreatment and assess the department's efforts to prevent it. These reviews identified three primary case practice concerns that have contributed to child maltreatment in foster homes. The three primary concerns are:

1. **Referral Histories:** foster homes with extensive referral histories that contain 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 in foster homes;
2. **Quality of Visits:** some caseworkers not thoroughly assessing and/or addressing child safety and caregiver discipline during monthly visits; and,
3. **Home approval:** foster homes with concerning child welfare, criminal or personal histories that raise questions about the safety of certain new foster homes.

In response to these identified concerns, in 2015 DHS developed a set of core strategies designed to strengthen caseworkers' assessment and assurance of child safety in each of these areas. Later, in April 2018, DHS developed and began implementation of an expanded set of MIC core strategies to give caseworkers sufficient training, guidance and resources to improve the quality and efficacy of these safety-focused case practices originally designed in 2015. The strategies focus on: establishing timely and effective feedback channels to field staff on key findings from reviews of maltreatment cases; enhancing annual caseworker training on the main contributing factors to maltreatment in foster homes and providing clear instruction on the case practices necessary to identify and mitigate safety threats; and, using enhancements in the KIDS system to do so. These enhancements to the agency's child welfare information management system are intended to improve information sharing among a foster home's caseworker and children's caseworkers to ensure any pertinent safety information is known and monitored by the relevant, involved workers. The expanded core strategies reflect a comprehensive effort by DHS to resolve identified practice deficiencies.

Improving Case Practice from MIC Qualitative Review Findings

In its expanded core strategies, the department committed to enhance its quality assurance work and establish a structured information sharing process to ensure key findings from DHS' maltreatment case record reviews are discussed timely and constructively with supervisors and caseworkers. DHS' central office MIC team continued its review of all substantiated maltreatment referrals in foster homes and a monthly random sample of eight unsubstantiated investigations to assess ongoing practice issues that contribute to child maltreatment in foster homes. Within the last year, the central office MIC team began to send each of these completed case reviews to the relevant district director and foster care field manager and began routine case reviews at the regional and district levels in an ongoing effort to help local staff identify district-specific challenges and strengths in case practice and develop targeted strategies to address gaps or challenges that may not have been as visible at the statewide level.

Each district director is responsible for completing a monthly review of two substantiated and two unsubstantiated maltreatment referrals in their district in order to identify and address district-specific practice issues related to maltreatment.¹⁵ DHS developed new tools, specifically for district directors and foster care field managers, to promote consistency and objectivity in the case reviews. District directors and field managers are required to engage in timely discussions with their staff, primarily permanency planning and foster care caseworkers, assigned to the reviewed cases to identify opportunities to enhance the risk assessment skills of those workers involved in the case. The new case review tools guide district leadership to assess specific contributing factors related to the long-standing areas of concern (referral history, quality of visits and home approval).

In addition, the MIC referral case reviews completed by the district directors are provided to a regional MIC lead staff person who meets at least every other month with a MIC team established for each region to review emerging trends. The team is charged to analyze districts' MIC data and case reviews and assess the ongoing, local implementation of MIC prevention strategies.

During calendar year 2019, DHS reported that the department's program staff and district directors completed approximately 575 MIC investigation case reviews. Further, during this review period, DHS began to transfer findings from these case reviews into a data analytics program (Qualtrics) to better observe and more timely identify practice trends and concerns. Just after the end of this report period, as of January 6, 2020, DHS reported that 229 MIC case reviews had been entered into the Qualtrics system. With the capacity to analyze practice and aggregate findings on a system-wide scale, DHS reported among its preliminary findings the most

¹⁵ Not every district will have two substantiated or unsubstantiated referrals every month. Such districts will review up to two substantiated and unsubstantiated referrals each month.

prominent practice concern as a contributing factor to maltreatment in care is the quality of caseworker visits. More specifically, the department noted, “in examining the leading aspects that contribute to a poor quality contact/visit, it was discovered that discussions surrounding discipline and safety were the leading areas of deficiency. Not having unannounced visits and not sufficiently addressing safety with all members were other key factors impacting the quality of visits.”

This preliminary analysis corroborates a statewide assessment made last year when each region was charged with developing a region-specific, targeted MIC reduction plan and every region focused their plans on improving the quality of caseworker visits. Consistently, the regional plans concentrate on ensuring that staff: discuss the use of discipline; complete unannounced visits at least every three months as required; assess if any unapproved individuals frequent or live in the home and/or care for the children in custody; and, assess, monitor and address any other concerning behaviors or conditions observed. DHS reported that since these plans were initiated, supervisors have reported improvements in the quality of caseworker discussions regarding discipline and any unapproved individuals in the home.

Training Informed by MIC Case Review Findings

At the beginning of this report period, DHS launched a new online MIC Level 2 prevention training that was made available to all child welfare staff and is mandatory for all staff who work with children in custody on a regular basis. This MIC 2 training is a follow-up to the first level “MIC 1” online training that DHS required all staff to complete last year. Tailored for frontline caseworkers and supervisors, the MIC 2 training reinforces how to gather quality information during monthly and quarterly visits and assess the safety of children placed in foster homes, as well as congregate care. Consisting of six modules, the MIC 2 training also instructs staff on generating injury and resource home alerts and developing quality support plans for children and their foster parents, and, when necessary, Written Plans of Compliance (WPC) for foster parents. Specifically designed for supervisors, the MIC level 2 training also includes a Transfer of Learning – Group Case Learning Guide to support follow-up group learning sessions with caseworkers in their units and allow staff to discuss the content of the MIC level 2 online training in a supportive and interactive environment. DHS has also required that private agency staff who manage foster home placements complete both levels of the MIC prevention online training.

Assessing Safety and Protective Capacities in Foster Homes

A fundamental initiative DHS implemented in September 2018 is an alerts system in KIDS that can notify all impacted caseworkers of any safety related issues or identified stressors in a home that require increased monitoring, support and/or engagement by staff. In its review of confirmed maltreatment investigations, DHS has identified that, in some cases, a lack of

information sharing about concerns in a foster home between the resource home worker and the child's permanency or adoption worker resulted in critical safety concerns going unaddressed. As a result, DHS reported a primary purpose of the resource home alerts system is to increase communication between the different caseworkers to ensure all workers are informed of and monitoring any concerns in a foster home.

DHS has coached staff on the type of issues or concerns that warrant an alert, such as:

- A resource parent is under a high amount of stress and needs additional support;
- A resource parent has a history of substance abuse; or
- Indicators that an unapproved individual may be living in the foster home.

During this report period, DHS continued to train staff and make adjustments to enhance the effectiveness of the resource alerts as well as the department's ability to track through KIDS how staff are monitoring and resolving the issues of concern documented in the alerts.

Further, DHS' KIDS-generated report (Y1042), which tracks the resource alerts, shows that staff are increasingly using resource alerts to monitor and address concerns that caseworkers identify, including during caseworker visits. By the end of the last performance period on July 1, 2019, 148 resource alerts were open and 95 had been open and closed, for a total of 243 resource alerts activated since this MIC reduction strategy began in September 2018. During the most recent six-month performance period of July through December 2019, DHS opened an additional 145 alerts, of which 42 were resolved by the end of December 2019. The department resolved a total of 130 resource alerts during this six-month period.

The resource alert report documents that the content of the alerts focus primarily on issues that may represent safety risks, including unapproved individuals caring for or having regular access to a child in custody, the use of discipline and the potential misuse of drugs or alcohol in the home. The resource alert report also shows that DHS is closing homes and/or not approving families with pending foster home approvals if the department is unable to resolve concerns that present a safety threat. In other cases, the alerts highlight concerns that can be and have been resolved with additional supports to foster parents who may have specialized needs or are experiencing elevated stress from fostering.

Reducing the Incidence of Foster Homes with Concerning Referral Histories

The Co-Neutrals' and DHS' past reviews of foster homes that were substantiated for maltreatment identified the existence of referral histories that contained previously screened out, ruled out, or unsubstantiated allegations in some instances. These referral histories often presented a pre-existing, documented pattern of safety risks to children in the home that were

either overlooked or not considered in their entirety. As part of DHS' original MIC core strategies developed in 2015, DHS began to require screen out consultations, which are multi-staff joint reviews following DHS' decision not to accept for investigation, but instead screen out, an abuse/neglect referral for a child placed in a foster home. During this review, foster care and permanency staff are required to assess the foster home's referral history and any other information that may reveal safety concerns and require follow up action by the department. The purpose of the screen out consultation, as well as DHS' long-standing 10-day staffings that are conducted after DHS initiates an investigation of maltreatment in care, is for caseworkers and supervisors to identify any safety risks in a home and take prompt and appropriate action to mitigate unreasonable risks of harm for children.

DHS reported that over 97 percent of required screen out consultations were completed during the six-month period of April 2019 and September 2019. As reported in prior Commentaries, the Co-Neutrals have observed through case record reviews that caseworkers and supervisors are generally consistent in completing these post-referral reviews. DHS has recognized that beyond just ensuring completion of the screen out consultations, the department must provide support and guidance to field staff in order to improve the quality of this safety-driven practice. Last period, DHS embedded a screen out consultation guide in KIDS, which requires staff to assess the following information about the foster home: the number and content of referrals and investigations involving the home, the number and content of Written Plans of Compliance (WPC) involving the home, and any safety issues in the home. Most importantly, the guide requires staff to document their justification for keeping a child in the home or, conversely, removing a child following a screened out referral. If it is decided that it is in the best interest of the child to stay in the home, staff must document if a Written Plan of Compliance is necessary to secure child safety, and any additional supports that will be placed in the home to mitigate risk and promote safety for a child.

Improving the Foster Home Approval Process

For the past two years, DHS' MIC core strategies have focused on improving the department's practice of assessing and approving new foster homes through the Resource Family Assessment (RFA) Action Plan. The Co-Neutrals have previously reported on DHS' effort to implement the plan, which includes: training for staff and supervisors to enhance their assessment skills and use of new resource home review tools; the development of new training for all resource staff on conducting thorough home assessments; guidance on higher-level reviews and approval of homes with concerning histories; and ongoing, quality assurance through resource home case reviews. Expanding on the original action plan, DHS provided additional training to staff (DHS and private agencies) focused on updated protocols and ensuring all required records about a prospective foster family are obtained and assessed for safety, including criminal and child

welfare history checks. Further, throughout 2019, each of the ten field managers who lead foster care field operations across the state implemented action plans to improve the quality of resource family assessments with a focus on the practice areas in most need of improvement. Many of the plans focus on the same issues, including ensuring that staff are: thoroughly completing background checks; appropriately using the new RFA tools to complete all safety reviews; and, properly obtaining approval for policy exceptions, when required, in order to approve a home.

During this report period, DHS enhanced documents used to approve or update the approval of foster homes, including the form used to gather important information from behavioral health professionals about the mental/behavioral health history of prospective foster parents or any other adult members of the home.

As part of the RFA action plan, DHS established a quality assurance (QA) team specifically for its foster care and adoption programs. This QA team reviews samples of resource family assessments completed for newly approved foster homes and provides feedback to foster care staff. To date, the QA team's reviews have prompted updates to the department's new home assessment tools and new instructional materials for staff. The QA team has since shifted from doing reviews of a statewide sample of new home approvals and is in the process of reviewing within a focused region a sample of new homes approved in order to support more targeted evaluations and feedback to the field regarding practice strengths and areas needing improvements at the local level. DHS is also developing baseline data from these regional reviews to comparatively report on future reviews, assess if improvements, as needed, have been made in each region and identify any emerging trends and challenges.

DHS' Efforts to Reduce Child Maltreatment in Institutional Settings

During the fall of 2015, DHS began to expand and strengthen oversight, monitoring, and engagement with higher-level institutions to reduce the risk of maltreatment of children and youth living in institutional settings. These protocols require DHS to initiate and enforce corrective actions to mitigate any identified safety concerns in an institution. For those institutions with confirmed child maltreatment, DHS committed to engage in heightened monitoring and oversight to ensure the timely and full resolution of safety concerns. DHS also committed through new contract requirements to ensure that all group home facility staff are trained on Managing Aggressive Behaviors (MAB), a model of positive youth development selected by DHS to prevent child restraints and de-escalate behavioral challenges presented by children and youth.

DHS reported nine additional MIC substantiations in congregate care this period compared to last period, increasing from 35 to 44. While this represents an overall increase in the number of

confirmed cases of maltreatment in higher level care, it is noteworthy that from the first half (six months) to the second half of this 12-month report period, there was a positive decrease from 26 to 18 child substantiations in higher level care. Fifteen of these total 44 substantiations reported for the full 12-month period occurred in two facilities where DHS has ended its contracts and no longer places children. Further, DHS placed under heightened monitoring eight other facilities that represent another 16 of the 44 substantiations confirmed this report period.

Heightened Monitoring of Facilities with Prior Maltreatment

DHS committed in 2015 to undertake heightened monitoring of institutions with the highest number of maltreatment substantiations. Heightened monitoring of a facility includes, among other activities, quarterly audits with facility leadership to review agency data and performance; bi-weekly heightened monitoring meetings within DHS to track safety and progress on risk mitigation; and a formal accountability process when improvements are not implemented by established deadlines. For each facility subject to heightened monitoring, DHS develops a Facility Services Plan (FSP), which tracks and monitors a facility's maltreatment referral history and all identified child safety risk factors. The Co-Neutrals have observed that, within the FSPs established for facilities subject to heightened monitoring, the assigned liaison recorded their observations from frequent visits to the facility and documented issues that required attention, along with follow up action to address any concerns.

DHS identifies facilities that require heightened monitoring based on DHS' most current child maltreatment data. During the last six-month report period (January through June 2019), DHS initiated heightened monitoring of three new facilities not subject previously to heightened monitoring and re-instated heightened monitoring with one other. As of this report writing, DHS ended its contract with one of these facilities and is continuing heightened monitoring efforts with another. For the other two facilities, DHS discontinued heightened monitoring having concluded that these facilities effectively implemented their action plans to address concerns identified through a detailed, facility-wide program assessment. During this six-month report period (June through December 2019), DHS initiated heightened monitoring with five additional facilities that are new to this intensified process. The Co-Neutrals will monitor and provide an update in the next Commentary on the facilities where DHS is conducting heightened monitoring at the time of this report writing.

Comprehensive Protocol Following an Investigation

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

remedy child safety concerns. The Co-Neutrals have observed in numerous case records that facility liaisons in DHS Specialized Placement and Partnerships Unit (SPPU) have monitored and enforced corrective action plans (CAP) and facility action steps (FAS). The reviews have identified that DHS appropriately initiated a CAP following an investigation to address any employee-specific concerns identified. DHS also committed to develop Facility Action Step (FAS) plans to address facility-wide (or agency-wide) behaviors or conditions of concern, including contract compliance, lack of training, low staffing levels, over-use of restraints, or overall non-therapeutic environments. SPPU's heightened monitoring efforts and corresponding action plans generally have improved facility-wide concerns at selected institutions.

Expanded Core Strategies in Facilities

In April 2018, DHS issued staff instructions on the new placement protocols for group homes as part of the department's expanded core strategies to improve safety of children placed in higher-level settings. The first protocol addresses the placement of a child in a group home subject to heightened monitoring. Any group home subject to heightened monitoring may have unresolved safety and quality of care concerns that DHS must consider when making placement decisions. As a result, it may be prudent for DHS to stop any new placements, as done in the past, at any group home subject to heightened monitoring if safety concerns have not been sufficiently addressed and mitigated. Should DHS determine that it is in the best interest of a child to be placed in a group home subject to heightened monitoring, DHS agreed to develop and monitor a safety plan to secure the child's safety once placed.

The second protocol aims to strengthen the placement process for those children with known problematic sexual behaviors to help ensure that they are placed safely in care and do not expose other children or themselves to an increased safety threat. Similarly, any child with known problematic sexual behaviors who is placed in a facility must have an individualized safety plan upon placement. Central to these safety plans is a description of the level of supervision the child requires to maintain their safety and the safety of other children.

F. Caseworker Visitation

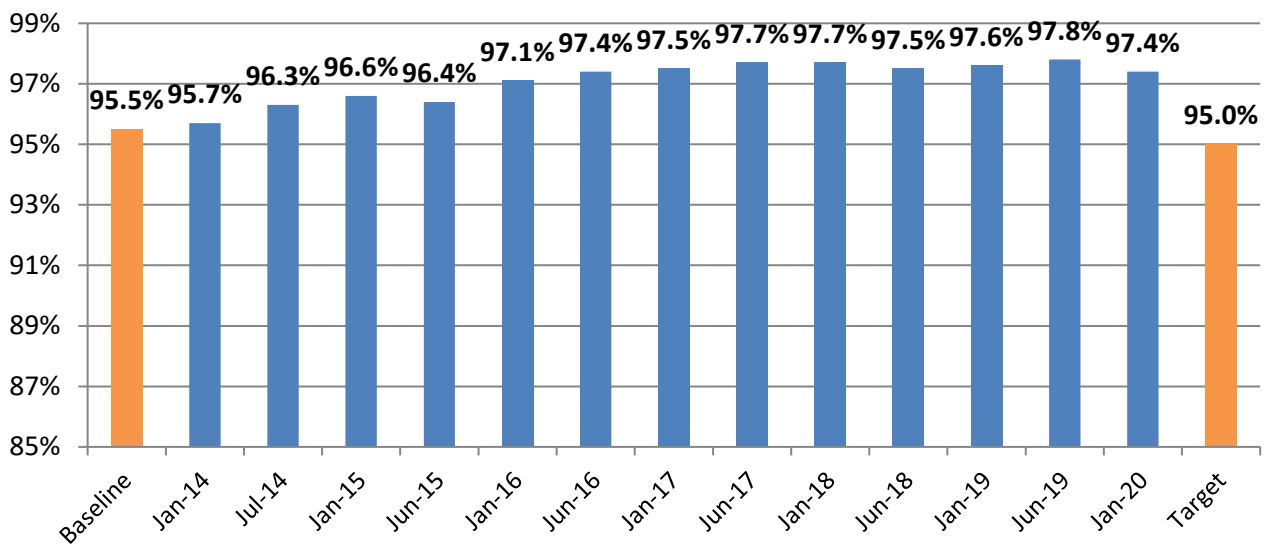
Quality visits by the same caseworker with the same child are fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. DHS reports on two performance 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 88,628 (97.4 percent) of 90,979 required visits with children during the reporting period of January 1, 2019 to December 31, 2019. DHS started strong with an original baseline performance of 95.5 percent of all required visits made. DHS has consistently shown performance that exceeds the Target Outcome of 95 percent for this metric.

Figure 16: Metric 3.1 – Frequency of Visits by All Workers



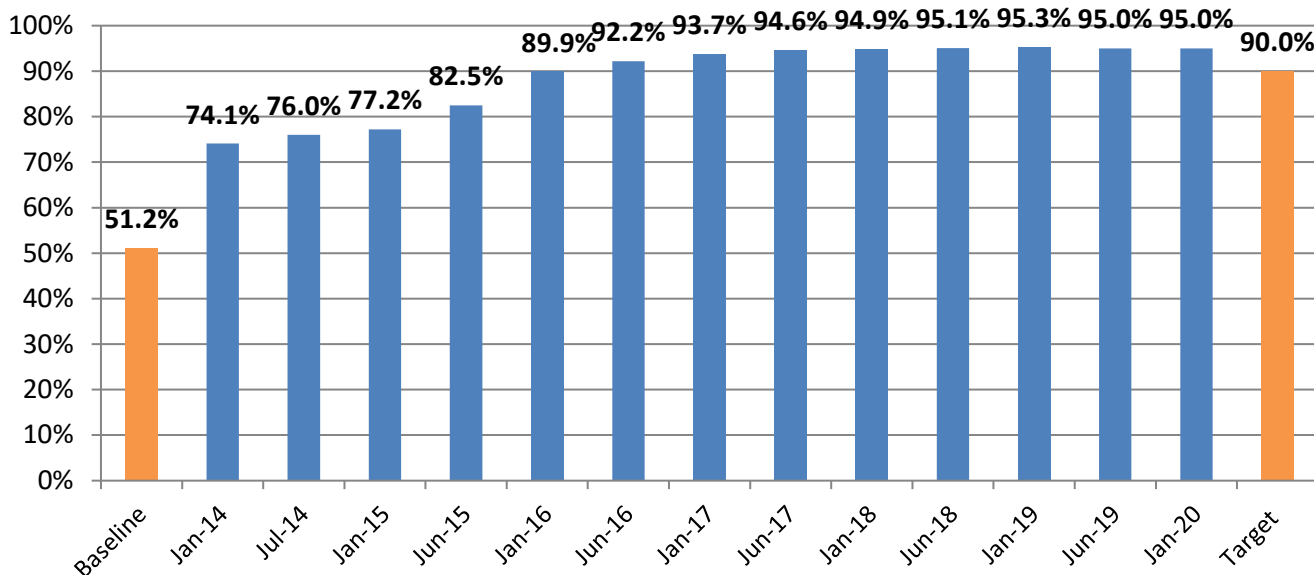
Source: DHS Data

DHS' consistent, strong performance on Metric 3.1 demonstrates a commitment to regular monthly visits between children and their 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 1, 2019 to December 31, 2019), DHS reported that primary workers made 83,617 (95.0 percent) of the 87,998 required monthly visits with children in DHS custody. For monthly visits conducted by primary workers only, the baseline for DHS’ performance was 51.2 percent and the final target of 90 percent for this metric was due on June 30, 2016. DHS has surpassed the final target for this metric for eight consecutive periods, including the current one.

Figure 17: Metric 3.2 – Frequency of Primary Worker Visits



Source: DHS Data

DHS made the commitment to end the practice of regularly assigning secondary permanency workers to children in custody. Since the beginning of this reform, DHS has substantially 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

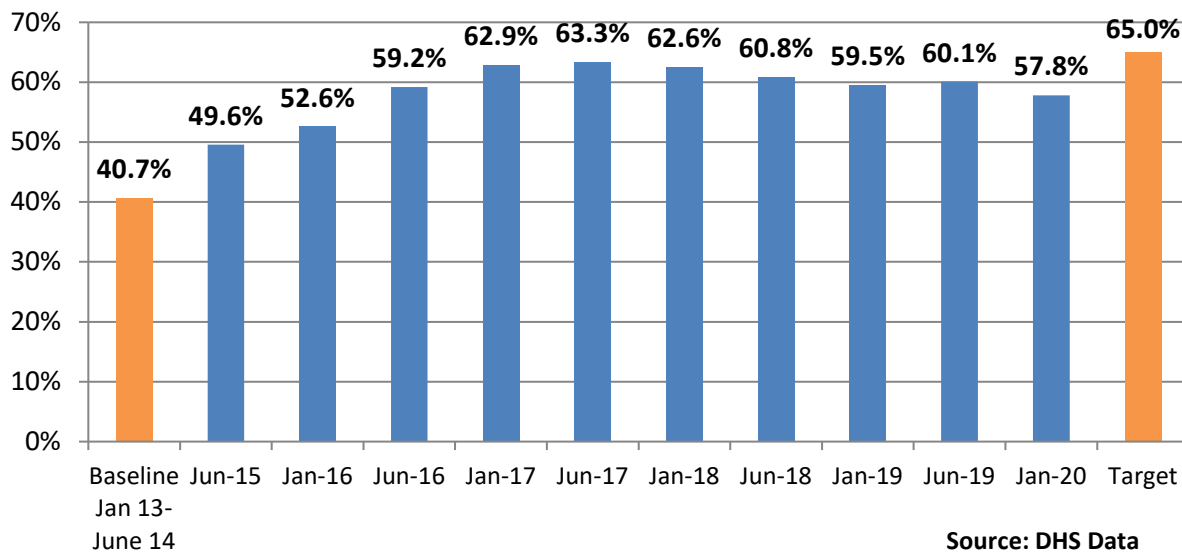
The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same primary caseworker was staged in two phases. First, DHS reported on the

continuity of visits over three months (Metric 3.3a).¹⁶ DHS is now in the second phase, reporting for the tenth 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.

For this reporting period from January 1, 2019 to December 31, 2019, DHS reported that 7,297 children required at least six consecutive visits. Of these 7,297 children, 4,216 children (57.8 percent) were visited by the same primary worker in their most recent six months in care. The baseline for Metric 3.3b was set at 40.65 percent, with a final Target Outcome of 65 percent. Two years ago, for the 12-month period ending June 30, 2017, DHS reported its peak performance outcome of 63.3 percent for this measure, which was close to the Target Outcome. Since then, while DHS has remained significantly above its baseline performance, the department has struggled to achieve its highest performance level.

Figure 18: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months



DHS acknowledges that caseworker turnover is the primary challenge to achieving the Target Outcome for Metric 3.3b and that ongoing efforts to stabilize the department’s workforce and improve retention must continue to achieve the Target Outcomes for caseload compliance as

¹⁶ DHS is no longer required to report on Metric 3.3a, which measured three-month continuity of visits with the same primary caseworker.

well as continuity of workers and visits for children in custody. As discussed in the Caseloads Section of this Commentary, DHS experienced at the mid-point of this report period a significant drop in caseload compliance, which was impacted, in part, by caseworker turnover and the decision to reassign some cases to reduce the higher caseloads experienced by certain caseworkers. Through focused management and the implementation of a new hiring system, DHS was able to regain by the end of the period caseload compliance levels very close to those reported at the beginning of the period when the department achieved the best workload outcomes during the reform. As of this report writing, DHS continued workforce management efforts that are essential to improve outcomes for Metric 3.3b and further improve caseload compliance and stability. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

G. Placement Stability

Over the last several years, DHS has implemented several core strategies to improve placement stability outcomes for children in DHS custody. These strategies have focused on two practice goals: increasing the number of children who are placed in kinship homes as their first placement and ensuring that the needs of foster parents and children are met in every foster home placement. During this period, DHS continued to assess the current quality of these practices in the field and adjusted existing protocols to improve the effectiveness of the department's placement stability strategies. The department also remained focused on guiding and supporting caseworkers and supervisors to improve case practice where necessary. As a result of these efforts described in greater detail below, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the placement stability Target Outcomes.

Specifically, over the course of the reform, DHS has made marked progress from the starting baseline established for each of the four placement stability measures. That said, the performance outcomes in several areas have plateaued, which is disappointing at this point in the reform effort, and something the Co-Neutrals are tracking carefully. As such, DHS and the Co-Neutrals have discussed the need for the department to determine what specific new or improved practices and strategies are necessary to continue to move the placement stability outcomes closer to the Target Outcomes. Future judgments by the Co-Neutrals of the state's efforts will be informed by how DHS reacts to this challenge.

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, 2018 to September 30, 2019 for Metrics 4.1 a, b and c and Metric 4.2.

Performance Outcomes

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., 0-12 months, 13-24 months, over 24 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care. As detailed in Table 11 below, for this report period, DHS' performance slightly improved in three of the four placement stability metrics (4.1 b and c and 4.2) and slightly decreased in the other one (4.1a).

Table 11: Placement Stability Baselines, Targets, and Current Performance

Metric	Baseline Oct 2011 - Sept 2012	Performance Apr 2017 - March 2018	Performance Oct 2017 - Sept 2018	Performance April 2018 - March 2019	Performance Oct 2018 - Sept 2019	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%	77.7%	80.7%	79.8%	79.5%	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%	58.2%	59.0%	61.0%	63.1%	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%	29.9%	30.8%	33.0%	33.1%	42.0%

Metric	Baseline Oct 2011 - Sept 2012	Performance Apr 2017 - March 2018	Performance Oct 2017 - Sept 2018	Performance April 2018 - March 2019	Performance Oct 2018 - Sept 2019	Target 6/30/2016
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)	79.1%	79.8%	79.5%	79.8%	88.0%

Source: DHS Data

Kinship as First Placement

DHS has made increasing the ratio of children whose first placement is a kinship relative or kinship non-relative placement a key objective to improve placement stability for children in custody. Once a child welfare system determines that a child must be removed from their family, placing the child with relatives or families who are familiar to them is most often in a child’s best interest when such placements are determined to be safe and able to meet the child’s needs. In addition to reducing the unease or trauma that children can experience when placed in an unfamiliar home, DHS’ data analysis shows that children are more stable and experience fewer placement moves and disruptions when placed with kinship families.

With a focus on stable first placements, DHS developed guidance and strategies to enhance the department’s efforts to identify kinship placements early in a case, starting with gathering pertinent information from any person who calls the statewide Hotline to report suspected abuse/neglect and during the beginning of any investigation for children living with their families. Further, DHS has worked to address barriers to kinship as a first placement, including ensuring that caseworkers understand that they do not have to wait until a child is in DHS’ physical and legal custody to request or begin an initial assessment of a prospective kinship family.

As shown in Table 12 below, DHS established baseline data for kinship first placements during the six-month period of July to December 2016, with 34.6 percent of children being placed in kinship homes as their first countable placement. For this report period, DHS reported 44.4 percent of first placements were in kinship homes. While this is 3.2 percentage points below last report period’s placement data, the kinship first placement rate remains above the baseline of 34.6 reported in 2016.

Table 12: Percent of Children Whose First Countable Placement is a Kinship Home¹⁷

Month	Children Placed in Kinship as 1st Placement	Children Removed and Entered a Countable Placement	% of Kinship as 1st Placement
Baseline:			
Jul - Dec 2016	878	2,540	34.6%
Jan - June 2017	1,001	2,598	38.5%
July - Dec 2017	1,009	2,264	44.6%
Jan - June 2018	1,049	2,138	49.1%
July - Dec 2018	959	2,113	45.4%
Jan - June 2019	974	2,045	47.6%
Jul - Dec 2019	936	2,107	44.4%

Source: DHS Data

To ensure that staff, particularly CPS investigators, have sought out and assessed all kinship placement options for children entering state custody, DHS requires a caseworker’s supervisor to document for district director review and approval all efforts undertaken to identify a viable kinship placement, including the specific kinship placement options considered and ruled out before a non-kinship placement is approved.¹⁸ DHS reported that it is not able to track that district directors and supervisors are documenting and approving their caseworkers’ efforts to identify and exhaust viable options for kinship placement before approving a non-kinship placement. Instead, DHS reported it is focused on supporting and guiding staff to implement key practices, like the importance of kinship placements, through its statewide training of supervisors. The department reported that its Supervisory Framework training gives supervisors the tools and skills to provide detailed guidance to caseworkers on practices critical to achieve better outcomes in the areas of placement stability, permanency and child safety.

As DHS has reported a decreased rate of first kinship placements since its reported high-mark for the period ending June 2018, leadership must intensify its approach. DHS needs a way to evaluate if caseworkers at each important juncture in a child’s case, starting at the time of the initial investigation, are timely and appropriately seeking out and assessing safe kinship placement

¹⁷ Countable placements include foster care, kinship, shelters, TFC, group homes, and tribal homes. Examples of placements that are not countable include inpatient, hospitals, or trial reunification.

¹⁸ Before DHS makes a decision to remove and seek custody of a child, the department’s required practice is first to hold a child safety meeting (CSM) to assess if there remains any opportunity to maintain the child safely with their birth family with supports and services from DHS and the family’s available support system. If a CSM is held where a decision is made to remove a child, and kinship options are reviewed and determined not to be an option at that time, a district director’s approval for a non-kinship placement is not required.

opportunities so that targeted practice improvements can be made as necessary. At the time of this report writing, DHS leadership is assessing additional efforts the department must undertake in critical case practices necessary to advance placement stability outcomes for children beyond the current plateaus. The Co-Neutrals will report on DHS' efforts in this area in the next Commentary.

Efforts to Stabilize First Placements

Since January 2017, DHS has focused on two specific efforts to help stabilize a child's first placement in a foster home, which includes foster homes of all types: the "two-day call" to the foster parent and the Initial Meeting. Following a child's first placement in care, DHS requires caseworkers to call the foster family within two days of placement as a mechanism to help ensure a child's needs are being met and that the resource family feels supported. Further, DHS has had a standing requirement that an Initial Meeting is held shortly after a child is newly placed in DHS custody.¹⁹ The purpose of the Initial Meeting had long been to bring together birth and resource parents to meet and help the child feel safe and comfortable and discuss the child's needs. The meeting is to include the child's parent(s), the foster family, the child's permanency worker, the foster family's resource worker and the CPS worker. DHS made it a priority to clarify with caseworkers the mandate and importance of completing the Initial Meetings. DHS also added a new requirement that during the Initial Meeting, staff must develop a child and resource family support plan, including any individualized services and/or supports identified as important to promote stable placements for children.

Shortly after DHS elevated among its placement stability strategies the two-day call and Initial Meetings for a child's first placement, the department established baseline data for the completion rate of these practices. For the two-day call, DHS reported a starting baseline for the three-month period of February to April 2017 of 13 percent of the newly required calls completed. For the last three months of this period (October to December 2019), DHS reported that 81 percent of the two-day calls were documented as complete for a child's first placement. For the same three-month baseline period (February to April 2017), DHS reported that only 11 percent of the required Initial Meetings were completed, which confirmed DHS' earlier assessment that these meetings, although a long-time requirement, were not a common practice in the field. In comparison, DHS reported during this period (October to December 2019) that 75 percent of the required Initial Meetings were documented as complete after a child's first placement.

¹⁹ Previously the requirement was for the Initial Meeting to be held within seven days, but DHS changed it to within 10 business days several periods ago. As explained later in this section, DHS changed required timeframes during this report period to complete an Initial Meeting to within 30 calendar days after a child is placed in a new family-based foster home.

In November 2018, DHS began to require that an Initial Meeting be completed for any new family-based placements for children already in care. Prior to this, DHS implemented this strategy only for children entering a first placement. DHS formally updated its policy to require the application of this practice for all family-based placements, which represents a significant expansion of this strategy to advance placement stability and support plans for foster families. DHS selected May 2019 as the month to establish baseline data for this expanded practice. During May 2019, there were 448 children who required an Initial Meeting following a subsequent family-based placement, and Initial Meetings were documented for 23 percent (103) of these new child placements. By September 2019, DHS increased to 34 percent the monthly rate of completing required Initial Meetings for subsequent family-based placements and continued sending monthly communications to staff on the importance of completing all required Initial Meetings.

Starting last period, DHS undertook considerable new efforts, which continued through this period, to assess the quality of the department's practice to implement Initial Meetings across the state. DHS reported that its Placement Stability team conducted case record reviews of documented Initial Meetings to determine if caseworkers are carrying out the key elements of the practice. As a result of these reviews, during the last period, DHS developed and distributed new guidance materials for child welfare staff to ensure there is clarity regarding the goals of the Initial Meetings and to reinforce this intention among caseworkers and supervisors responsible for implementing this practice.

After ongoing reviews this period of the quality and efficacy of the department's protocols for conducting Initial Meetings, DHS decided to make two significant changes to better support the work of DHS' staff and accommodate the families involved for improved outcomes. First, DHS initiated the process to reassign the lead role for coordinating all Initial Meetings to permanency planning caseworkers. Previously, CPS caseworkers convened all the required Initial Meeting participants (internal and external to DHS) to conduct an Initial Meeting if the CPS worker's investigation resulted in DHS placing a child in its custody. At times, the Initial Meeting would need to occur while the CPS worker was still in the process of completing the investigation, and, while also completing and initiating other time-sensitive priority investigations. Further, the CPS worker was required to hold the Initial Meeting within seven to ten business days after a child's placement in a foster home following removal. DHS determined that the placement stability and permanency goals of the Initial Meeting better aligned with the work of the permanency planning specialists, particularly now that Initial Meetings are required for first placement after a removal and for all new, subsequent family-based placements. Further, DHS determined the birth and foster families involved would be better supported if additional time is allowed before holding

an Initial Meeting and extended the timeline to within 30 calendar days after a child is newly placed in a foster home. DHS reported:

[DHS] recognizes that when an investigation leads to the removal of a child from the home it is an extremely traumatic experience not only for the child but the parents as well. During the first several weeks upon removal multiple types of assessments occur to identify the child's and resource parent's needs and the safety decision takes precedence over Initial Meetings. This does not discount the importance of bringing a child's parents and resource parents together to create a support plan; however, consideration was given to providing more time for completing Initial Meetings which would perhaps alleviate some stress upon all involved. The desired outcome is increased placement stability as a result of improved participation, Initial Meeting quality, and support plans to better support placements. (Ibid. pg. 43)

As of this report writing, DHS was still in the early phase of implementing these new protocols, as the official start date for these Initial Meeting practice changes occurred in February 2020. Importantly, DHS reported that it is communicating to staff that prior to completing an Initial Meeting, caseworkers must discuss, identify and meet any immediate needs of newly placed children and their foster parents through other standing practice requirements, including the two-day call with foster parents and caseworker visits.

Meanwhile, DHS' placement stability team reported that during this period it continued to send monthly messages to child welfare staff at all levels regarding the benefits to children, as well as birth and foster parents, of securing placement stability and thoroughly completing Initial Meetings. DHS reported that its program staff have reiterated the key elements of the Initial Meetings as well as the importance of establishing a support plan for foster parents and the children placed with them. DHS is also emphasizing the importance of properly documenting Initial Meetings and support plans.

During the last period, DHS' placement stability lead developed an example of a quality support plan, which was distributed to all child welfare staff. DHS continued this period to encourage caseworkers to review and use the sample plan as a guide to help families identify and articulate their support needs.

Tracking Implementation of Placement Stability Strategies

To support caseworkers' real-time tracking of the placement stability practices needed for new child removals, DHS developed a report (yi867b) that runs each night and provides caseworkers with a daily tracking tool. Once the practices have been completed and properly documented,

the case no longer appears on the report. DHS uses another form of this report (yi867) as a management tool to assess DHS' progress monthly towards increasing the rate of completion of each of the stability practices. The department's placement stability team sends the leadership of DHS' five regions a data report that shows how their region compares to statewide completion rates of the two-day calls, Initial Meetings, and kinship first placements. The reports also show completion rates broken down by each district within the region.

Further, DHS continued to use its One-Move report to track all children who experienced a move from their first to second placement to better understand the specific reason for the placement move. With an ongoing focus to increase the number of children whose first placement is in a kinship home, DHS is guiding staff to record any barriers that prevented a child from being placed in a kinship home as their first placement when their record shows that their second placement is with a kinship family. DHS is seeking to assess if additional upfront efforts could have been made to secure a stable kinship first placement.

New Training

DHS continued to work with the University of Oklahoma during this period to prepare a new online placement stability training for staff which focuses on: engaging families early in a case to support first and ongoing kinship placements; selecting the best placement for a child; conducting quality two-day calls and Initial Meetings; and assessing and addressing each foster family's support needs continuously. Based on the recent, new adjustments DHS implemented to its placement stability core strategies, DHS reported it is working with the University of Oklahoma to update the online training, which was near completion this period. The training is focused on five learning outcomes: applying the kinship placement process for children in DHS custody; supporting caseworkers to identify the best kinship placement for children; providing ongoing support to children and families; using the placement stability guidance documents and tools; and, documenting placement stability practices as required.

H. Permanency

In order to achieve permanency for children in DHS' custody, the department has implemented core permanency strategies for children with the goal of reunification; for children who are legally free with a goal of adoption but do not yet have a permanent family identified; for children who are legally free and have an identified permanent placement; and, for older legally free youth without an adoption goal at risk of aging out of foster care. For this report period, the Co-

Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the ten permanency Metrics²⁰.

As discussed in greater detail below, for three of the permanency measures (6.2d, 6.3 and 6.7), DHS has achieved the Target Outcome for at least four consecutive report periods, and, for another two measures (6.1 younger cohort and 6.5), the department has made substantial progress and remains close to the Target Outcome. Similar to other performance areas noted in this Commentary, the Co-Neutrals have also informed DHS leadership that for several permanency measures (6.2a, b and c, 6.4 and 6.6), the department has either plateaued in its progress toward the Target Outcomes or has not made the level of progress expected at this stage in the reform. The Co-Neutrals will continue to report in this and future Commentaries the department's efforts to assess current practice and adjust and expand upon its focus and strategies to achieve better outcomes in the permanency measures that are lagging in progress.

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 DHS' custody at a designated time and who achieved permanency in 12, 24, 36 or 48 months from the child's removal from their family. As detailed below, through this period, DHS remained focused on strengthening its efforts to achieve the individual permanency goal of each child by breaking through barriers, addressing deficiencies identified in case practice and establishing permanency for children as soon as possible after entering care.

National Standards for Timely Permanency

As previously reported by the Co-Neutrals, when the Target Outcomes for the 6.2 Metrics for timely permanency were established under the Pinnacle Plan in 2014, there were no similar national standards for these performance measures. DHS and the Co-Neutrals sought to establish progressive Target Outcomes for timely permanency that the department could strive to achieve for children in Oklahoma's custody. Since that time, the Children's Bureau, which is part of the United States Department of Health and Human Services' Administration for Children and Families, completed Child and Family Services Reviews to assess the performance of state child welfare agencies with respect to child safety and numerous other well-being outcomes for children in states' custody, including timeliness to permanency. Based on the results of these reviews and other normalizing factors, the Children's Bureau published national standards that predominantly reflect the average level of performance of all reporting states, including the

²⁰ There were 11 permanency metrics originally established in the Metrics Plan, however, the measure that covers the older cohort of youth from the 6.1 metric is no longer reported as no children in this cohort remained in DHS custody as of the beginning of this report period.

outcomes of the many states across the nation that struggle to achieve timely permanency. As such, the national standards do not represent what may be considered the reasonably optimal permanency outcomes for children and families, but they do offer a mean against which the federal government measures and establishes a minimum standard for each state’s performance. As shown in Table 13 below, the 6.2 Metric Target Outcomes established for DHS at the start of this reform are significantly higher compared to the equivalent federal standards for timely permanency. Timeliness to permanency within 24 to 36 months (6.2c) and within 36 to 48 months (6.2d) are combined into the federal measure of timeliness to permanency for any child in care for 24 months or longer.

Table 13: Comparison of Federal and Oklahoma Measures for Timely Permanency

Federal Measure (Equivalent OK measure in parenthesis)	Oklahoma Metric Target Outcome	Oklahoma Performance Outcome this Period	Federal CFSR National Standard
Permanency within 12 months (6.2a)	55%	35.4%	40.5%
Permanency within 12-23 months (6.2b)	75%	53.1%	43.6%
Permanency for children in care 24 months or longer (6.2 c and d combined)	6.2c - 70% (24-35 months)	6.2c - 55.8% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d - 59.8% (36-48 months)	

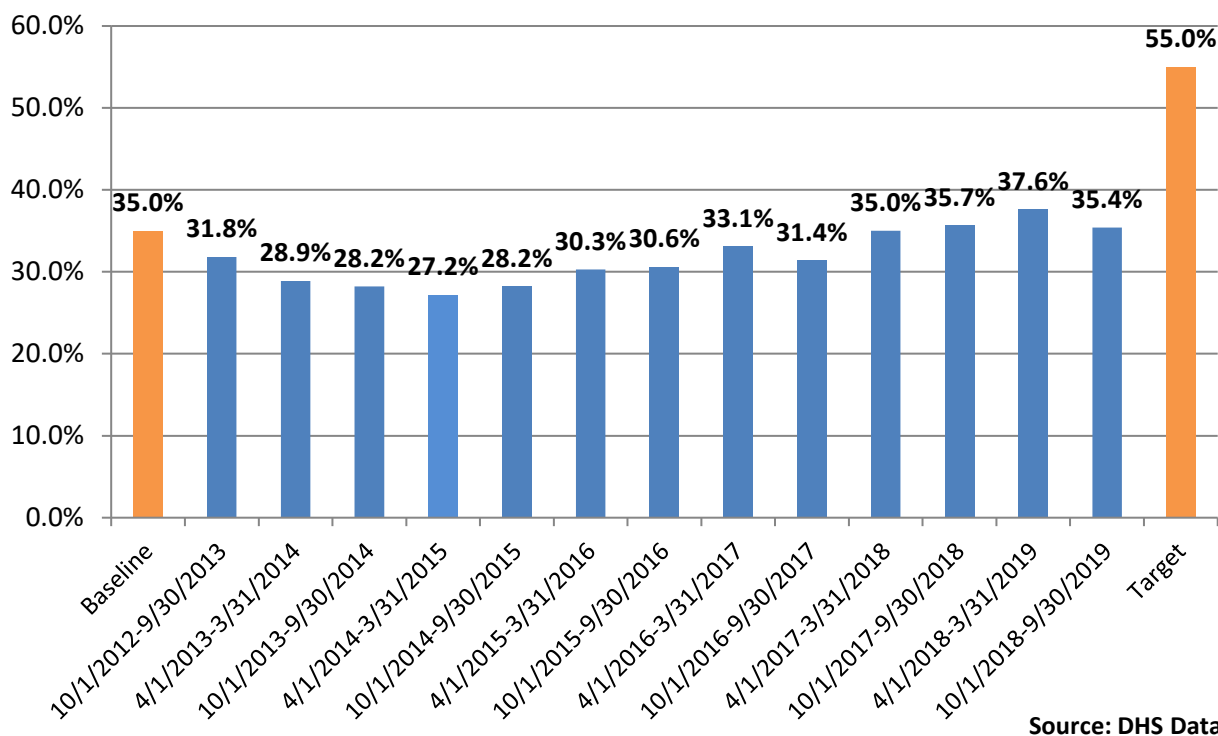
A review of DHS’ current permanency outcomes in the context of the current national average shows that DHS has made significant progress compared to states across the country and has exceeded the equivalent national standards for Metrics 6.2 b, c and d. However, DHS remains committed to achieve the Target Outcomes established for each of the 6.2 Metrics, and the Co-Neutrals evaluated DHS’ good faith efforts to achieve these specific Target Outcomes for the 6.2 metrics as described below.

The following summaries and tables detail the baseline, performance to date and Target Outcome for each of the 6.2 Metrics.²¹

²¹ For this report period, the Co-Neutrals counted in the 6.2 Metrics children who in their 12th month of care entered trial reunification as having achieved permanency.

Metric 6.2a, Permanency within 12 months of removal: DHS reports that of the 2,247 children who entered foster care between April 1, 2018 and September 30, 2018, 795 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 35.4 percent for Metric 6.2a, which represents a decrease of 2.2 percent since the last period, which was DHS’ highest reported performance during this reform.

Figure 19: Metric 6.2a – Permanency within 12 Months of Removal



Source: DHS Data

The vast majority of children who achieve permanency within 12 months of removal do so through reunification. This makes it critical for DHS to have in place a strong practice model to return children to their own homes as soon as safely possible in order to achieve substantial and sustained progress under Metric 6.2a, and also underscores the value of efforts made by DHS to have the first placement be a kinship placement, wherever appropriate and possible. Of the 795 children in the 6.2a cohort who achieved permanency this period, 609 (77 percent) were reunified, 81 (10 percent) were adopted, and 105 (13 percent) achieved permanency through guardianship or custody with a relative.

**Table 14: Measure 6.2a, Permanency Rates by Report Period
Children Who Achieved Permanency within 2 years (*Most Recent on Left Side*)**

	12-Month Data Report Period End			
	Sept-19	March-19	Sept-18	Mar-18
Reunification	77% (609)	75% (597)	78% (662)	78% (650)
Adoption	10% (81)	11% (89)	8% (70)	9% (79)
Guardianship/Custody to Relative	13% (105)	13% (106)	14% (115)	12% (103)
Permanency Total	100% (795)	100% (792)	100% (847)	100% (832)

Source: DHS data

Permanency Safety Consultations (PSCs) to Expedite Reunification

As discussed in previous Commentaries, DHS has implemented Permanency Safety Consultations (PSCs) as the primary core strategy to achieve timely permanency for children with the goal of reunification. For children who have a permanency plan of adoption, DHS has implemented several strategies to finalize timely each child’s life-long connection with an adoptive family. These adoption strategies are described throughout the remainder of this permanency section.

DHS reported that it has maintained its priority strategy of building the quality and effectiveness of its PSC practice so that when a child’s permanency goal is to return to their own home, ongoing and timely safety assessments are conducted, and families are supported in their efforts to reunify with their children. PSCs are structured case conferences convened at regular intervals to assess through a team approach the viability of a child’s safe reunification with his or her family. PSCs are required for every child whose permanency plan is reunification. PSCs begin 90 days after a child’s removal from his or her birth family to identify and support opportunities for safe reunification as well as to address ongoing concerns preventing a child from returning to the parental home. At the conclusion of each PSC, the participating team records a recommendation of “safe” or “unsafe” to indicate if a pathway for safe reunification has or has not been identified. When reunification is determined to be possible, staff develop a plan of action to move the child timely back home with their family, with the supervisor and permanency worker completing a follow up case review every 30 days until the child is placed in trial reunification. For PSCs that conclude with an unsafe finding, subsequent PSCs are required at least every 90 days if reunification remains the child’s permanency goal.

DHS has trained select staff in every region to complete a fidelity review for every PSC convened to assess practice strengths and areas that require improvement. The department also assigned quality assurance staff to each region in order to better identify trends and more effectively use the PSCs to remediate any common barriers to permanency. Further, to help district directors and supervisors remain on track in completing all required PSCs, DHS' statewide PSC coordinator distributes monthly reports showing the children who are due or overdue for their next PSC. The monthly report also lists all children who were identified more than 90 days previously as having a "safe" pathway to reunification but are not yet placed in trial reunification, so that supervisors can review the factors that may be impeding their progress. DHS leadership requires that district directors review systematically the case status of all children who had a safe recommendation 90 or more calendar days ago and are still not in trial reunification. In addition, supervisors and caseworkers are asked to identify and address any barriers to permanency that may exist and ensure that follow up PSCs are conducted within the required timeframes to eliminate any unnecessary delays to permanency.

DHS reported that through staff training and guidance, it has established the expectation that permanency caseworkers must present in each PSC a thorough and current understanding of any ongoing safety threats preventing reunification and take the necessary follow up actions assigned to address those threats within the designated timeframes. As such, PSCs are designed to also help prepare caseworkers to more thoroughly and clearly articulate to the court their safety assessments and recommendations for trial reunification, final reunification or continued out of home care. This is particularly important, as DHS has found that efforts to move toward reunification after a safe finding by the department are sometimes met with legal challenges by the courts, which can delay permanency.

DHS' PSC coordinator shifted focus to conduct more in-depth quality reviews with one region at a time, starting with Region 1, to assess and provide guidance around the quality of the PSC practice, working in tandem with each region's implementation of the advanced levels of Supervisory Framework training. This comprehensive training for supervisors has been delivered on a rolling basis, one region at a time, and is a part of DHS' statewide improvement plan²² to enhance the skill set and level of guidance supervisors provide caseworkers to achieve safety, stability and permanency for children and families. All regions except for Region 4 completed their Supervisory Framework training by the end of November 2019, with Region 4 starting early 2020.

²² DHS is currently implementing a federal Performance Improvement Plan (PIP) to improve safety, permanency and well-being outcomes for children, with the plan focusing largely on enhancing the quality of the coaching, support and supervision provided to frontline caseworkers.

DHS reported that supervisors have sought guidance from the PSC coordinator on how to apply the tools and approaches presented in the supervisory training to their work in coaching caseworkers, including conducting quality PSCs to achieve more timely permanency for children with a goal of reunification.

Over the last year, beginning in December 2018, DHS implemented targeted plans in one district per region to advance timeliness to permanency through reunification. Each region designed their plans to improve the quality of contacts between birth parents and their assigned permanency caseworker and visits between a child and their parents. These plans focus, in part, on: conducting regular and thorough assessments during visits to evaluate and support the birth parents' protective capacities; engaging parents in developing their individual service plans toward reunification; proactively collaborating with the courts; and implementing accountability measures with supervisors reviewing permanency cases for each worker assigned to them and providing follow up coaching as needed. Expanded staff training and coaching was offered in these target districts, which includes the state's two most populated counties:

- Region 1 – District 4B – Canadian County
- Region 2 – District 5 – Comanche County
- Region 3 – District 7, 55B and 55H – Oklahoma County
- Region 4 – District 19 – Atoka, Bryan, Coal County
- Region 5 – District 72G – Tulsa County

DHS reported that “preliminary analysis indicates that most districts saw an increase in reunification within 12 months.”²³ For target district 4B (Canadian County), preliminary improvements in permanency outcomes within 12 months may be attributed, in part, to being one of three districts selected for DHS' Court Improvement Project, as described below.

Working with the Courts to Achieve Timely Reunification

Before DHS can initiate trial reunification or advance from trial to final reunification, the department must receive court approval. As previously reported, the courts, at times, do not support DHS' recommendations to return a child to their birth parent's home, or even to allow birth parents visits with their children. DHS has identified the lack of courts' support for trial or final reunification to be a recurrent barrier to timely permanency. As noted above, the department has used the PSC process to help staff better articulate the basis for their safety

²³ Not until September 2020 will data be finalized regarding the permanency outcomes within 12 months for the first cohort of children removed over a six-month period since the target plans were implemented and had the potential to impact these outcomes.

assessments and recommendations for reunification in order to ensure the courts are fully informed of the department’s efforts to secure reunifications that are safe and in a child’s best interests.

Further, DHS has implemented collaborative efforts with court administrators and judges, including Oklahoma’s Court Improvement Project (CIP), to strengthen relations and establish a shared understanding of a safety threshold for determining when reunification remains viable and is appropriate. Over the last two years, DHS and court partners in three jurisdictions (Adair, Pottawatomie, and Canadian counties) implemented a pilot project to assess permanency data in those areas and improve exits to permanency within 12 months. Here, too, DHS reported that the focus was on increased parent engagement. The pilots were designed to: increase engagement from judges at the bench, such as praising parents for the progress they are making and encouraging them to complete treatment plans; reduce the time to appoint attorneys for parents; reduce time to adjudication and disposition hearings; and increase the number of combined adjudication/disposition hearings. In the pilot counties, DHS tracked a cohort of 144 children brought into custody over the six-month period of October 2017 through March 2018 and reviewed their permanency outcomes within their first 12 months in care. During this report period, DHS finalized and presented to a statewide conference of judicial partners the data in Table 15 below, which documents improved permanency outcomes within 12 months for the children in the three-county pilot cohort of 144 children.

Table 15: Court Improvement Project Pilot - Permanency within 12 Months

Region/County	Baseline Oct 15 – Mar 16			Oct 2016 – Mar 2017			Oct 2017 – Mar 2018 (CIP Cohort)		
	Total Children Removed	Less than 12 Months	% Timely	Total Children Removed	Less than 12 Months	% Timely	Total children Removed	Less than 12 Months	% timely
Region 1	479	154	32.3%	423	117	23.0%	429	150	35.0%
<i>Canadian</i>	88	15	17.0%	109	18	16.5%	61	21	34.4%
Region 2	384	87	18.7%	468	128	19.5%	428	98	22.9%
<i>Pottawatomie</i>	62	18	29.0%	53	12	22.6%	76	24	31.6%
Region 3	419	70	15.2%	368	61	13.0%	386	81	21.0%
Region 4	469	145	29.1%	479	145	27.4%	450	108	24.0%
<i>Adair</i>	6	1	16.7%	5	0	0.0%	7	3	42.9%
Region 5	588	163	24.3%	655	138	16.7%	426	108	25.4%
STATEWIDE TOTAL	2339	619	26.5%	2393	589	19.9%	2119	545	25.7%

Source: DHS Data

Table 15 above shows that the cohort of children in the three targeted CIP counties achieved a higher rate of permanency within 12 months when compared to children removed from the same counties during the two prior six-month periods of the same months (October through March). Further, the data shows that the pilot counties reported better outcomes (Canadian at 34.4, Pottawatomie at 31.6 and Adair at 42.9%) compared to the statewide total rate (25.7%) of permanency achieved within 12 months over the same three periods. Two of the counties (Pottawatomie and Adair) also reported an improved and higher rate of permanency during a child's first year in custody compared to their respective regions.

To build on the encouraging permanency outcomes from the three-county CIP pilot cohort, DHS advanced new efforts this report period to improve its work with the court system and achieve more timely permanency statewide. First, the department produced a training for child welfare field managers, district directors, and supervisors across the state to improve relationships and collaboration with judicial partners. The training focuses on the following areas: a consistent format for reports and other documentation submitted to the courts; communication with court partners to build relationships and trust; roles/responsibilities of specialists, supervisors, and district directors when adverse rulings are made by the court that negatively impact permanency outcomes; and, etiquette in court. DHS reported plans to present the training to staff between March and May 2020. DHS also developed judicial dashboards for DHS and court officials to review and assess jurisdiction-specific data on: time to adjudication; first placement hearings; time to permanency exit; and, termination of parental rights. DHS reported that in developing the judicial dashboard, department staff consulted with a judge who previously managed child welfare cases in Oklahoma to help ensure the dashboards are user-friendly for court officials. The Co-Neutrals will provide an update in the next Commentary on the status of the release of the dashboards externally to DHS' court partners.

Parent Engagement to Support Reunification

During this period, the department's leadership team concluded that it needed to systematically implement statewide enhanced parent engagement efforts undertaken in the CIP pilot counties and the targeted permanency plans in five districts as noted above. This decision was reinforced not only by the lessons learned from the CIP pilot and targeted district plans and the general awareness that parental engagement is a critical factor to support timely permanency through reunification but also from the realization that the department's data showed significant underperformance in completing required monthly caseworker visits with birth parents.

During this period, DHS implemented a new suite of strategies to elevate parent engagement as a priority case practice statewide, starting with completing the required caseworker/parent

visits. As part of this effort, DHS reported that starting in October 2019, it began to send data reports to the field twice a month showing the number of required caseworker/parent contacts that have been completed and documented for each month.²⁴ Along with sharing this data to begin to track and improve compliance with monthly caseworker/parent visits, DHS reported that it communicated to staff clear expectations regarding caseworker/parent visits and is committed to increasing further awareness regarding the importance of parent engagement, including the required visits with parents. While DHS reported an average improvement of 4.5 percent in worker/parent visits completed during the last quarter (September to December) of 2019, department leadership also confirmed that much work remains to achieve the level of compliance and quality practice necessary to advance timely permanency through reunification. Another key area of this work is to ensure that supervisors are assessing and coaching staff continuously regarding their efforts to engage parents, including through case staffings, such as the PSCs, and as an overarching focal point to achieve permanency through reunification. The Co-Neutrals will review with DHS and report in their next Commentary the department's data and progress to ensure caseworkers are completing their required visits with parents and engaging birth families as needed to advance timely permanency.

Increase Permanency through Guardianship

DHS has committed to expand the use of guardianship to achieve permanency, particularly for children who are placed in kinship foster homes but are not legally free for adoption. DHS reported, "One noticeable trend [has been] the number of children with a case plan goal of adoption, the majority of whom were identified as Quad 3, and as such are not legally-free, but in an identified adoptive home." (Ibid. pg. 68) DHS refers to children with a goal of adoption but not yet legally free as Quad 3 children. The department recognized that historically these children have not been captured systematically in the specialized staff assignments and case reviews that have been the focus of DHS' permanency practices, particularly, the Adoption Transition Unit (ATU) and Adoption Timeliness Accountability Teams (ATAT), which have been dedicated solely to permanency efforts for children who are legally free with a goal of adoption.

DHS has assigned a lead person in every region to advance the department's use of guardianship exits. Beginning in this period, these leads were charged with working with each district director in their region to review all Quad 3 children to assess if guardianship is the best permanency goal to pursue. DHS has also charged its permanency program leads to ensure that guardianship

²⁴ The contact report was designed to report as complete only those caseworker/parent visits that are conducted in person. In December 2019, DHS updated the report to capture attempted caseworker/parent visits when a parent either cannot be located or refuses to meet with the assigned caseworker. Further, parents who are incarcerated or live out-of-state are also captured in the report as a completed worker visit if the assigned caseworker makes contact only by telephone.

opportunities are reviewed during routine PSCs, as well as during the permanency backlog calls that review children in care for more than 24 months who have a goal of reunification. As such, DHS is seeking to ensure that opportunities to achieve permanency through guardianship are routinely considered in all discussions regarding permanency planning for children in the department's custody.

The department reported that the designated statewide lead for guardianship efforts and approvals "pulls reports to identify a specific set of children that might be appropriate for consideration by staff for guardianship as a permanency option, based on their age, length of time in [custody], and placement type, such as kinship, and shares these reports with the [regional] guardianship leads. Additionally, the guardianship log, which tracks all submitted guardianship requests was updated to better monitor targeted efforts for guardianship expansion." (Ibid. pg. 68)

DHS reported further that it understands caseworkers need additional guidance and support on how to discuss and promote guardianship effectively with foster parents and court partners who are unaware or uncertain about guardianship when it may be a child's best option to achieve more timely permanency with a family who is committed to their well-being. Lack of knowledge regarding guardianships has been a barrier to achieving this type of permanency for youth. In October 2019, DHS made a presentation to its judicial partners regarding the importance of guardianships. During this same month, the department sent an email to all child welfare staff encouraging caseworkers and their supervisors to consider guardianship opportunities and highlighted benefits available for the different types of funding sources for guardianships, as well as the criteria and process for requesting a funded guardianship. During this report period, DHS also finalized a pamphlet for casework staff and its judicial partners on when guardianship is an appropriate permanency goal to pursue and the funding available to families who establish legal guardianship with a child in DHS custody.

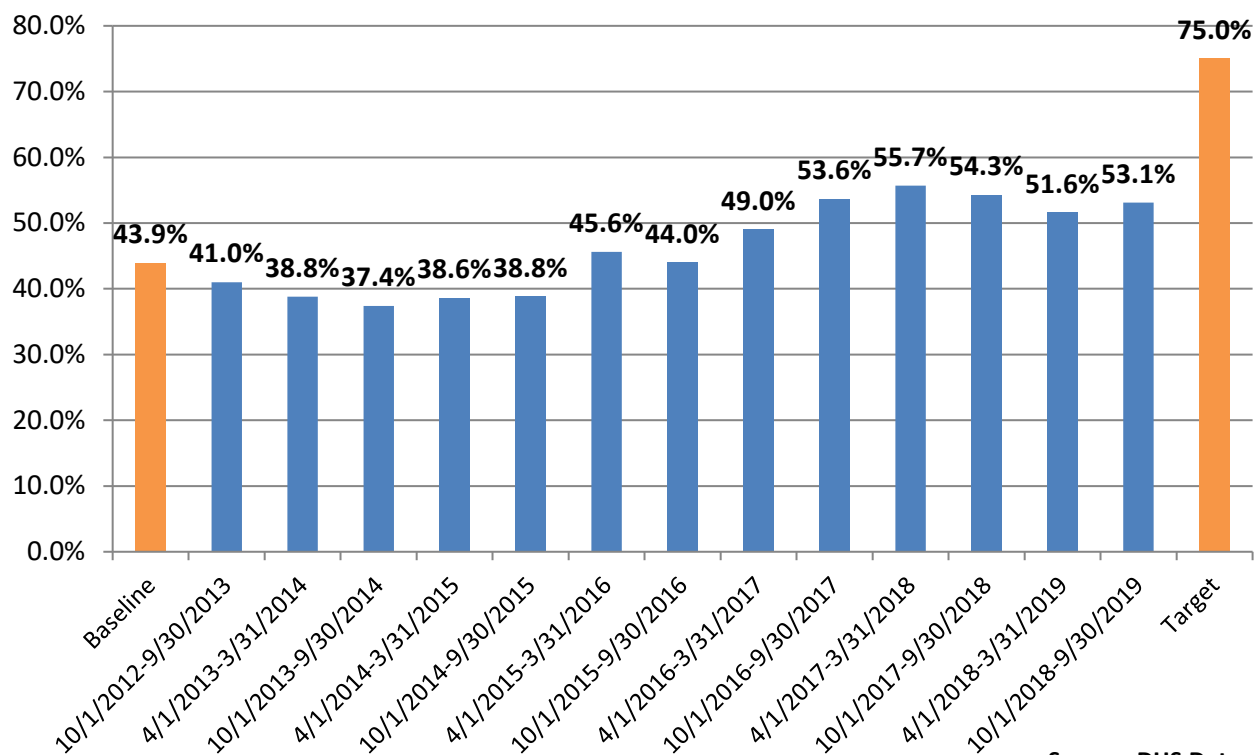
Finally, DHS reported that it is increasing the subsidy rates that it provides to families who establish legal guardianship with a child in DHS custody to be consistent with those provided to families who foster a child in DHS custody. This action to provide equitable payments to parents who establish legal guardianship with a child in custody is an important step in DHS' efforts to expand the use of guardianships.

DHS' new and ongoing efforts to improve parent engagement and increase the use of guardianships to promote more timely permanency for children have the potential to positively impact outcomes for each of the 6.2 metrics. For measures 6.2 a, b and c, progress is essential for children. As such, DHS leadership must ensure that these and all permanency core strategies

and practices are thoroughly supported and implemented in the field and given the level of attention required to achieve more timely permanency for children who enter DHS custody.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,472 children who entered foster care between April 1, 2017 and September 30, 2017, and stayed in foster care for at least 12 months, 781 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 53.1 percent for Metric 6.2b. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent. DHS experienced an increase of 1.5 percent this period.

Figure 20: Metric 6.2b – Permanency within 2 years of Removal



Source: DHS Data

As shown in Table 16 below, reunification remains a primary permanency outcome for children in the 6.2b cohort. Of the 781 children in this cohort who achieved permanency this period, 313 (40 percent) were reunified. DHS' multipronged efforts, as outlined above, including strengthening the PSC practice in the field, supporting birth parents toward reunification and building better relationships with judicial partners, are all designed to reduce the time a child remains in custody before safely returning to their own home.

**Table 16: Measure 6.2b, Permanency Rates by Report Period
Children Who Achieved Permanency within 2 years (Most Recent on Left Side)**

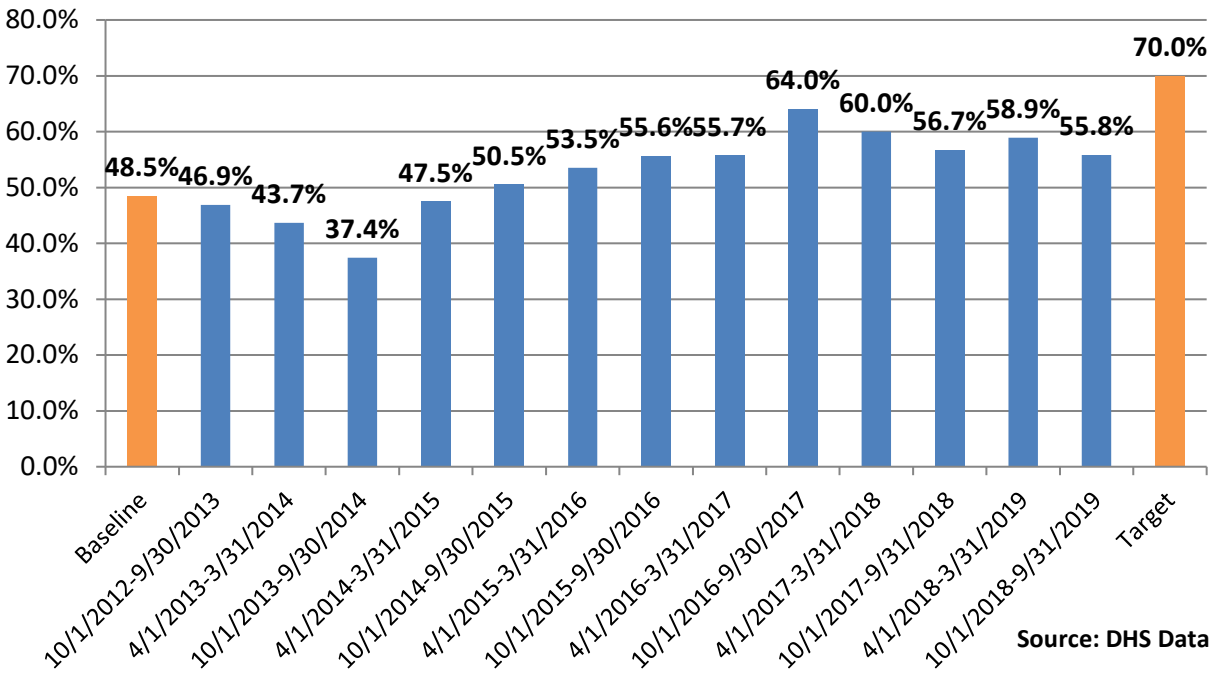
	12-Month Data Report Period End				
	Sept-19	March-19	Sept-18	Mar-18	Sept-17
Reunification	40% (313)	43% (335)	46% (407)	44% (362)	46% (446)
Adoption	53% (414)	51% (393)	47% (423)	53% (441)	45% (434)
Guardianship/Custody to Relative	7% (54)	6% (48)	7% (61)	3% (28)	8% (81)
Permanency Total	100% (781)	100% (776)	100% (891)	100% (831)	100% (961)

Source: DHS data

While PSCs provide the practice structure to keep child welfare staff systematically focused on achieving permanency through reunification as soon as possible, PSCs also provide DHS an opportunity to continuously evaluate if reunification is safe, possible and the appropriate permanency goal. The majority of the 781 children who achieved permanency under the 6.2b measure this period were adopted. As shown in Table 16 above, the percentage of children who achieved permanency through adoption increased from 51 to 53 percent since last period.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 726 children who entered foster care between April 1, 2016 and September 30, 2016 and stayed in foster care for at least 24 months, 405 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 55.8 percent for Metric 6.2c. The Target Outcome is 70 percent, and the baseline for this metric was set at 48.5 percent.

Figure 21: Metric 6.2c – Permanency within 3 years of Removal



For this metric, permanency is achieved most often through adoption. Of the 405 children who achieved permanency during this report period, 300 (74 percent) were adopted and 66 children (16 percent) were reunified with their families. Thirty-nine children (ten percent) achieved guardianship or custody to a relative. The percentage of children who achieved permanency through adoption decreased this period, while the percentage who achieved guardianship or custody to a relative doubled. See Table 17 below.

**Table 17: Measure 6.2c, Permanency Rates by Report Period
Children Who Achieved Permanency within 3 years (Most Recent on Left Side)**

Permanency Type	12-Month Data Report Period End				
	Sept-19	Mar-19	Sept-18	Mar-18	Sept-17
Reunification	16% (66)	15% (58)	21% (92)	17% (76)	24% (152)
Adoption	74% (300)	80% (302)	72% (319)	76% (340)	72% (454)
Guardianship/Custody to Relative	10% (39)	5% (18)	7% (32)	7% (29)	4% (27)
Permanency Total	100% (405)	100% (378)	100 (443)	100% (445)	100% (633)

Source: DHS data

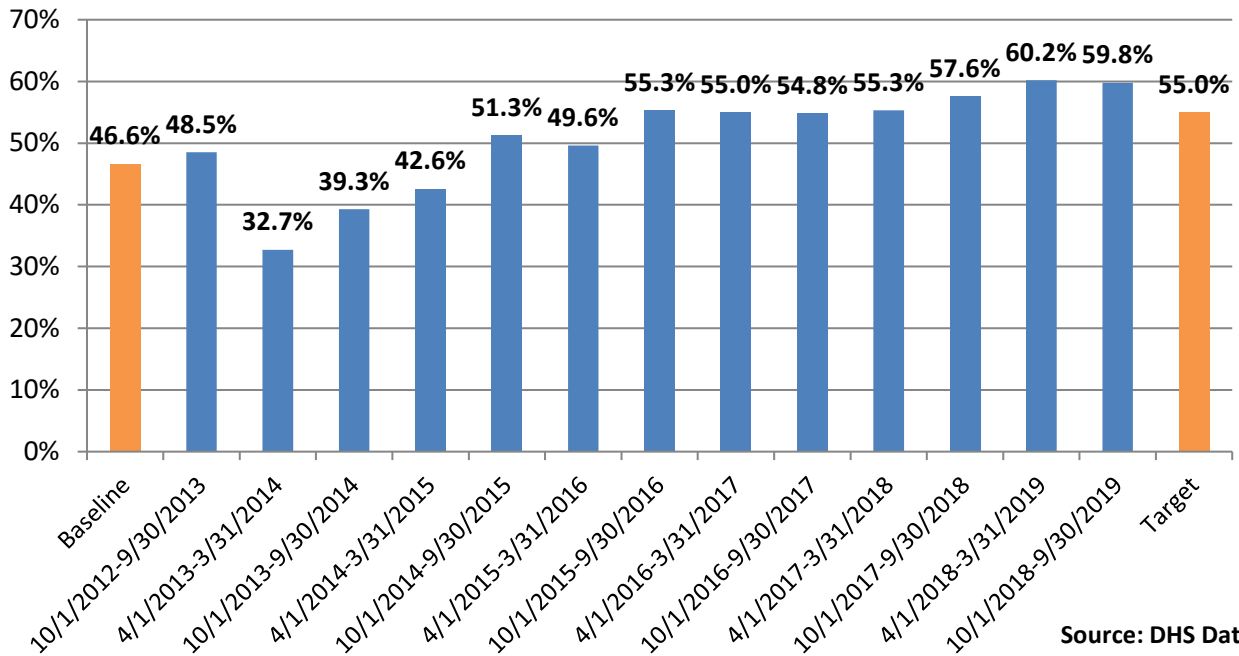
Permanency Support Calls

During this period, DHS continued to conduct permanency backlog calls for children in care more than 24 months, which includes children in the 6.2 c and d cohorts who are not yet in trial reunification but still have a case plan goal of return to home. The department has designated staff from its Quality Assurance team to facilitate monthly calls in each region with supervisors and permanency caseworkers to identify barriers to reunification and to develop action steps that the child's caseworker will complete prior to the following month's call. A summary of the call is recorded in the child's case record, as well as a tracking document that is sent to district and regional directors for their review. The spreadsheet contains other pertinent information regarding permanency efforts, including concurrent case plans.

DHS reported that the majority of the calls are for children "who are in higher level care, on a subsequent removal, or have parents who are close to reunification." The department also noted that the most common external barriers are the courts not "identifying safety in the same manner as [DHS]," which highlights again the need to build better relations and a common understanding of safety with the department's court partners. (Ibid. pg. 69)

Metric 6.2d, Permanency within four years of removal: DHS reports that of the 321 children who entered foster care between April 1, 2015 and September 30, 2015 and stayed in foster care for at least 36 months, 192 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 59.8 percent, which exceeds the Target Outcome set at 55 percent. Of the 192 children who achieved permanency, 158 (82 percent) were adopted, 19 (10 percent) were reunified with their families and 15 (8 percent) achieved guardianship. DHS has met or exceeded the Target Outcome for this measure in six of the last seven report periods.

Figure 22: Metric 6.2d – Permanency within 4 years of Removal

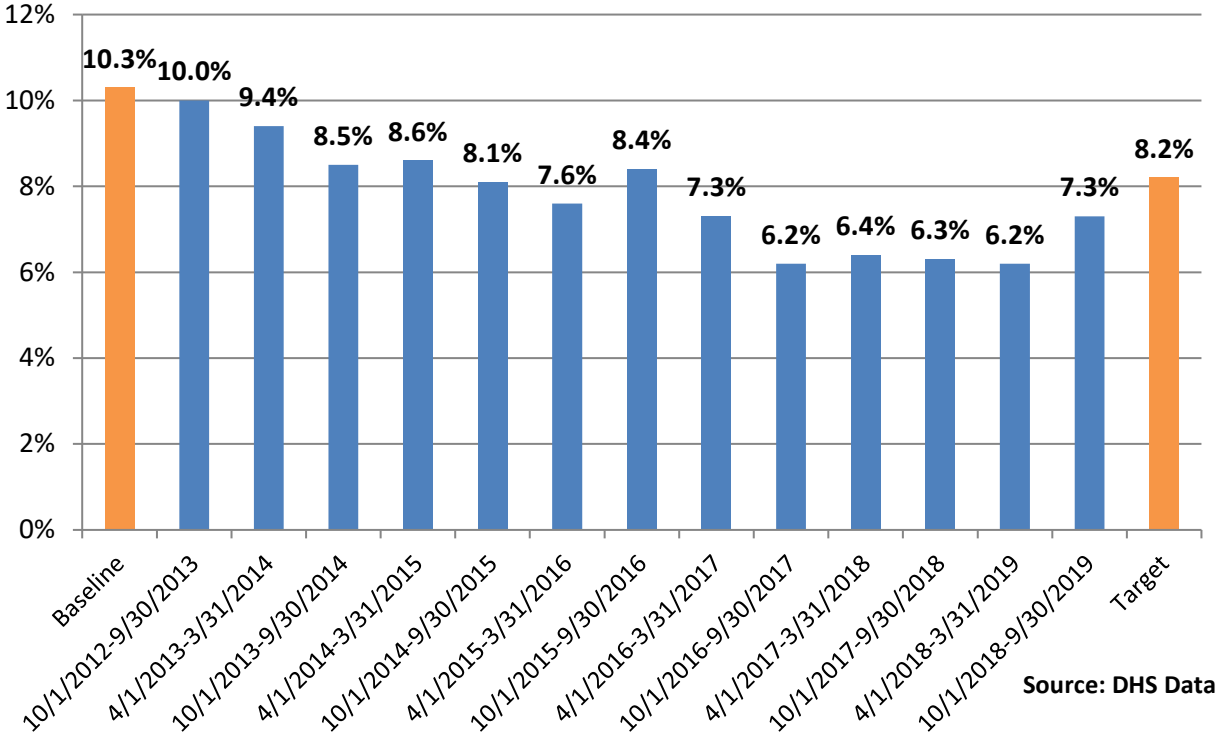


Children’s Re-entry to Foster Care within 12 Months of Exit, Metric 6.3

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, and the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reports that of the 2,486 children who discharged to permanency (not including adoption) between October 1, 2017 and September 30, 2018, 181 children re-entered care within 12 months, which represents 7.3 percent of child re-entries. This is the sixth consecutive report period that DHS met and exceeded the final Target Outcome of 8.2 percent for this measure. The Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

DHS attributes the requirements of the PSC practice, including the assessment and documentation of safety prior to reunification and the provision of services and supports to families during trial reunification, as key efforts to the department’s achieving the Target Outcome for reduced child re-entries into the state’s custody.

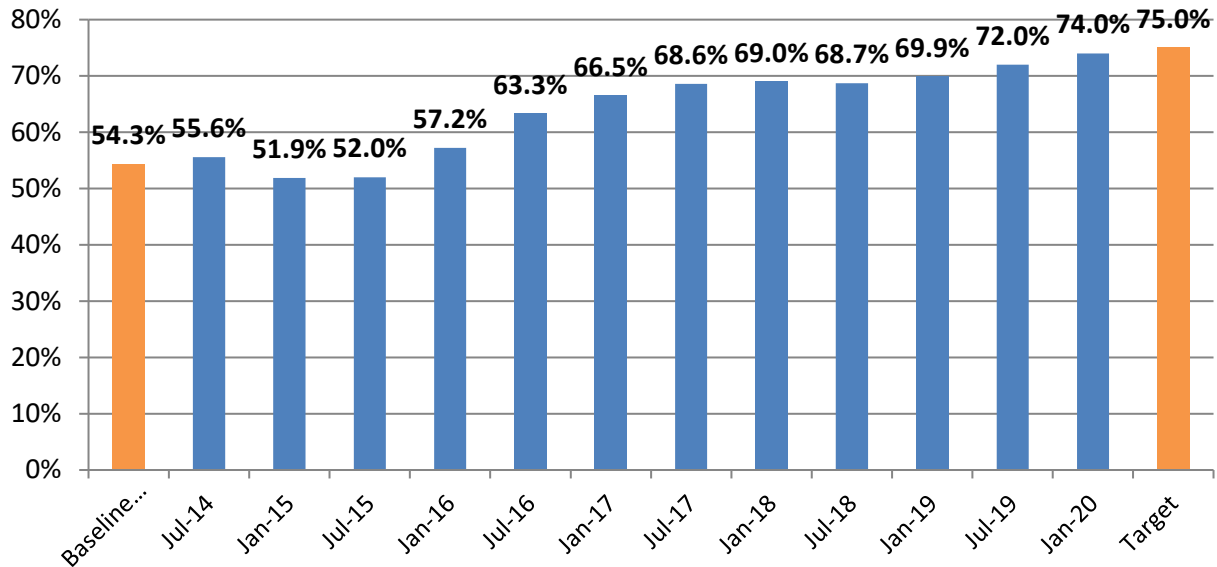
Figure 23: Metric 6.3 – Re-entry within 12 Months of Exit



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 2,208 children who became legally free between October 1, 2017 and September 30, 2018, 1,634 (74 percent) were adopted within 12 months of becoming legally free. This represents an increase of 2.0 percent since the last report period and the department’s best performance under this measure to date. With this improved performance, DHS is just one percentage point from achieving the Target Outcome. The Co-Neutrals find DHS has made good faith efforts during this report period to achieve substantial and sustained progress toward the Target Outcome for Metric 6.5.

Figure 24: Metric 6.5 – Permanency Performance



Source: DHS Data

As previously highlighted in the Co-Neutrals’ Commentaries, DHS has sustained improved outcomes for Metric 6.5 over the last ten report periods, while at the same time, the number of children reviewed under this metric increased substantially since the baseline cohort for this measure. Table 18 below shows for each period the underlying number of children (denominator) who became legally free in the 12 months prior to the period and the number of children (numerator) who achieved permanency through adoption in the 12 months after becoming legally free.

Table 18: Number of Children who became Legally Free under Metric 6.5²⁵

Metric 6.5	July 2014	Jan 2015	July 2015	Jan 2016	July 2016	Jan 2017	July 2017	Jan 2018	July 2018	Jan 2019	July 2019	Jan 2020
Numerator	857	839	935	1200	1459	1567	1754	1886	1770	1674	1669	1634
Denominator	1540	1618	1797	2099	2304	2355	2558	2734	2577	2395	2319	2208
Performance Outcome	55.6	51.9	52	57.2	63.3	66.5	68.6	69.0	68.7	69.9	72.0	74.0

²⁵ The column headings contained in this table reflect each semi-annual report date measured for this metric. The semi-annual report dates listed in the table correspond to the 12-month reporting periods contained in Table 18.

DHS' Adoption Timeliness Accountability Teams (ATATs) were established to set and track target dates for adoption finalizations and address barriers to finalizing adoptions, particularly for children who have an identified adoptive family. DHS refers to children who are legally free and have an identified adoptive family as Quad 1 children. Similar to the enhanced tracking of children with a goal of reunification, DHS has expanded efforts to review all Quad 1 children with permanency delays. The ATAT for each region is required to assess any barriers to adoption finalization by conducting staffings for three sets of children: those designated as Quad 1 for more than 60 days; any child authorized yet not in trial adoption for more than 14 days; and, any child in trial adoption for more than 30 days. These regional teams hold calls every month to discuss and resolve any barriers to adoption finalization, which may include detailed, follow-up action steps with reasonable due dates assigned. The designated ATAT lead for each region is charged with following up with district casework staff to ensure all action steps necessary to remove identified barriers and finalize an adoption are completed.

In its ongoing efforts to understand delays to adoption finalization, DHS identified a backlog of resource homes that were overdue for their required reassessment or annual update. A resource home must have a current and approved reassessment or annual update in order to finalize an adoption. As a result, DHS' Foster Care and Adoption (FC&A) program leadership began in January 2019 to review all overdue homes, with each regional field manager reporting once a month their plan to resolve any backlog of homes requiring a reassessment or annual update. By the end of this report period, DHS reduced the backlog by 63 percent, from 273 resource homes in January 2019 to 100 by December 31, 2019.

In another effort to help families finalize their adoption, DHS notified foster and adoptive families in November 2019 that the department has a designated group of DHS attorneys who focus solely on finalizing adoptions of children in DHS custody and that these attorneys will handle their adoption legal work at no charge.

Adoption Permanency, Metrics 6.6, and 6.7

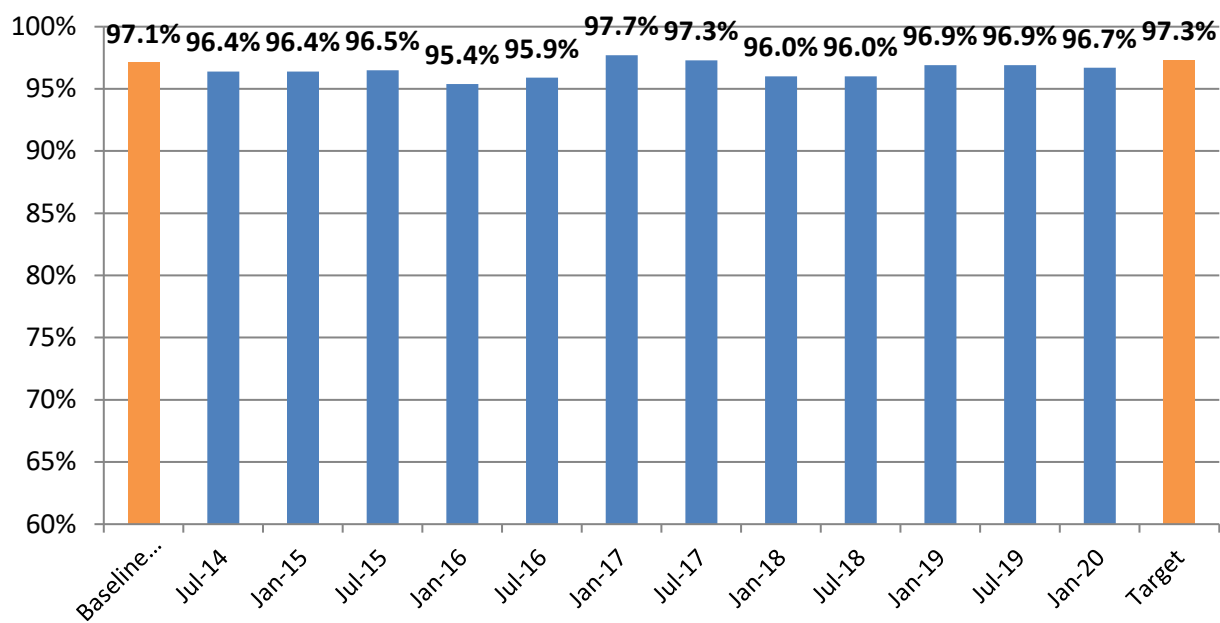
Permanency Metrics 6.6 and 6.7 measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

Metric 6.6 – Adoption Disruptions

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 a very high performance level, 97.1 percent, and the Target

Outcome was set at 97.3 percent. For this reporting period, DHS’ data shows that of the 2,235 children who entered a trial adoption placement between October 1, 2017 and September 30, 2018, 2,162 children did not disrupt from their placements within 12 months of entering trial adoption, resulting in a performance outcome of 96.7 percent. This represents a 0.2 percent decline from the last report period. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 13 of the 73 pre-adoption disruptions reported this period.

Figure 25: Metric 6.6 – Permanency Performance



Source: DHS Data

Of the 2,235 children who entered a pre-adoptive placement, only 132 (six percent) were identified as children in Quad 2, which means the child was placed with a pre-adoptive family that did not have any relationship with the child prior to adoption placement.²⁶ In comparison, children in Quad 1 had a prior relationship with their pre-adoptive family, including as a relative or foster child in the home. As shown in Table 19 below, the percentage of disruptions for children in Quad 2 (30.3 percent) is highly disproportionate compared to the percentage of disruptions experienced by children in Quad 1 (1.6 percent), as well as the total percentage of disruptions (3.3 percent) reported for this period.

²⁶ Quad 2 children are legally free with a goal of adoption but do not have an identified family who will or may adopt them.

Table 19: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type

	Total Children	# of Children Disrupted	% Disrupted
Quad 1 (Previous relationship with the family)	2,103	33	1.6%
Quad 2 (No previous relationship with the family)	132	40	30.3%
Total	2,235	73	3.3%

DHS reported that it expects the rate of disruptions for children in Quad 2 to be higher than the rate of disruptions for children in Quad 1, because “many of these children are older with increased special needs and placed with families where there was no previous relationship.” (Ibid. pg. 87) However, DHS reported that it was committed to ensure pre-adoptive families, particularly those preparing to adopt a child in Quad 2, receive the appropriate level of DHS staff support, and that any services required to meet any special needs of the child and/or the family are in place before trial adoption begins.

The Co-Neutrals reviewed case records for the 73 children whose trial adoptions disrupted during this period and, like previous reviews, found that for the majority of these disruptions, the records showed that the adoptive parents reported an inability or unwillingness to manage the child’s behaviors. More specifically, for 53 children, the disruption reason recorded in the child’s record was noted as “caregiver’s request,” with 26 of these 53 specifically recorded with the reason being the caregiver could not manage the child’s behaviors. Of the remaining 27 caregivers who requested to end the trial adoption, there was no specific reason given. However, the case records for 19 of these 27 children stated or indicated that the child’s behaviors were the underlying reason.

The trial adoption placements varied in length from six days to 308 days before disruption occurred. However, the majority, involving 44 children (60 percent) disrupted within 90 days, with 23 trial adoptions disrupting within seven months, and six within 10 months.

For most of the children (53), their records showed they had services in place or were referred for services, the most common of which were individual counseling and family counseling provided in the home, community, or school. However, as indicated in the records for some children and confirmed by DHS’ self-assessment this period, behavioral and other necessary treatment and support services are not always in place before disruptions occur or before a child enters their trial adoption placement, which is the preferred practice. As such, DHS developed shortly after the end of the period an expanded set of focused strategies to support and stabilize trial adoptions.

First, DHS committed to increase supports to potential adoptive families and the child(ren) in custody before trial adoption begins based on the family and child's individual needs. This effort will also focus on a team approach to implementing visitation plans and including the prospective adoptive parents in the child's appointments and routines prior to the trial adoption placement.

Further, DHS is honing in on the adoption disclosure process, particularly for Quad 2 children, to improve consistency and quality. During an adoption disclosure meeting, DHS presents a prospective adoptive family with information about a child, including any special needs they may have or support services they may require. Previously, DHS committed to having one of their mental health consultants, who are assigned one per region, participate in adoption disclosures for Quad 2 children in order to help the pre-adoptive family understand a child's past trauma and behavioral challenges, as well as identify and access supports and resources the family and child may need. DHS leadership and the Co-Neutrals have discussed the need for the department to follow through on this commitment in a manner that helps to stabilize trial adoptions.

With most disruptions occurring within a relatively short time period after trial adoption begins, and due mostly to children's behavioral challenges experienced in homes where there was no prior relationship between the family and child, it is vital that DHS implement each of the strategies designed to build and support trusting relationships between pre-adoptive families and the children placed in their homes for adoption. The department must ensure that families are prepared to provide the necessary services, training, coping mechanisms and positive engagement techniques before trial adoption begins.

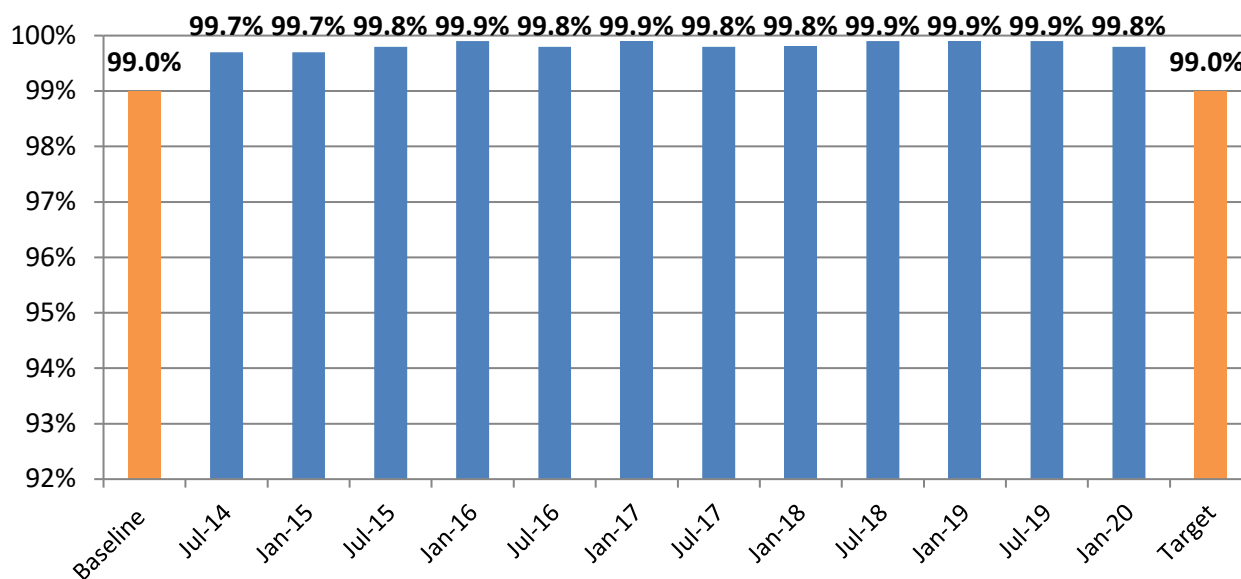
As the Co-Neutrals have highlighted in previous Commentaries, it is notable still that the number of children who are reviewed under this measure has increased significantly since earlier in this reform effort. Four years ago, in the review period of April 1, 2014 to March 31, 2015, there were 1,297 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.4 percent that did not disrupt), which is significantly fewer than the 2,235 children in pre-adoptive placements reviewed in this report period with a 96.7 percent success rate. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcome for Metric 6.6.

Metric 6.7 – Adoption Dissolution

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 percent, and the Target Outcome was set to maintain a 99 percent performance outcome. For this reporting period, DHS' data shows that, of the 5,119 children who were adopted between October 1, 2015 and

September 30, 2017, the adoptions of 5,109 children (99.8 percent) did not dissolve within 24 months of finalization. During the baseline period of October 2011 through September 2012, DHS reported on the stability of 2,979 finalized adoptions. Since then, the number of finalized adoptions reviewed under this measure has increased by 72 percent to 5,119 adoptions reviewed for this period. Even with marked increases in the number of adoptions reviewed over the course of this reform, DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 26 below. In part, DHS attributes its success in this area to the collaborative efforts and work of its post adoption services team and field workers. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 26: 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.

In July 2019, DHS ended its reporting on the permanency outcomes for the 85 youth in the older group (ages 13 and older), as none of these youth remained in DHS custody as of that time.

DHS reported that 178 (86.0 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of December 31, 2019. This is an increase of two children since June 30, 2019 and brings the department within close range of the 90 percent target.

As of December 31, 2019, 26 children from the younger cohort remained in DHS custody and required permanency. For the first time last period, two children from the younger cohort aged out of care, while none aged out during this report period. However, four children could age out of care within the following period that ends June 30, 2020 if they do not achieve legal permanency before their 18th birthday. Years remain before the date of the 18th birthday of most of the children from the younger cohort who are still in DHS custody. December 2026 is the month/year when the last child in this cohort will turn 18 years of age. However, DHS must diligently press forward to implement its various case practices designed to achieve more timely permanency for these and all other children who are legally free and seeking a permanent adoptive home.

Table 20: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 12/31/19
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 younger	90%	178 children (86.0%) achieved permanency

Efforts to Identify Permanent Families for Children and Youth in the 6.1 Cohort

A primary strategy DHS has implemented to advance permanency, primarily with a focus on adoption, for the children in the 6.1 cohort is to assign an Adoptions Transition Unit (“ATU”) worker to help identify and secure a permanent family. ATU workers, along with the child’s permanency caseworker, review each child’s progress toward permanency and develop plans to identify permanent placements for each child and youth. ATU workers specialize in locating

permanent homes for children by performing diligent searches to identify family connections and by using information gathered from discussions with children and youth to help identify potential adoptive or guardianship families. The children included in the 6.1 cohort were identified based on their status as Quad 2 children - legally free for adoption and without an identified adoption home.

DHS assigns an ATU worker to all children in Quad 2 and has successfully committed to add and fill ATU positions as needed to meet the caseload standards for these workers. As of December 31, 2019, all 42 ATU caseworkers carrying at least one case met their caseload standard. DHS maintained through this period its commitment to establish a statewide team of ATU workers and supervisors to help children without an identified placement find a permanent adoptive family. As described in greater detail below, the ATU team has adopted the evidence-based practice model known as Wendy's Wonderful Kids developed by The Dave Thomas Foundation for Adoption to conduct targeted outreach for each child remaining in the 6.1 younger cohort and all Quad 2 children.

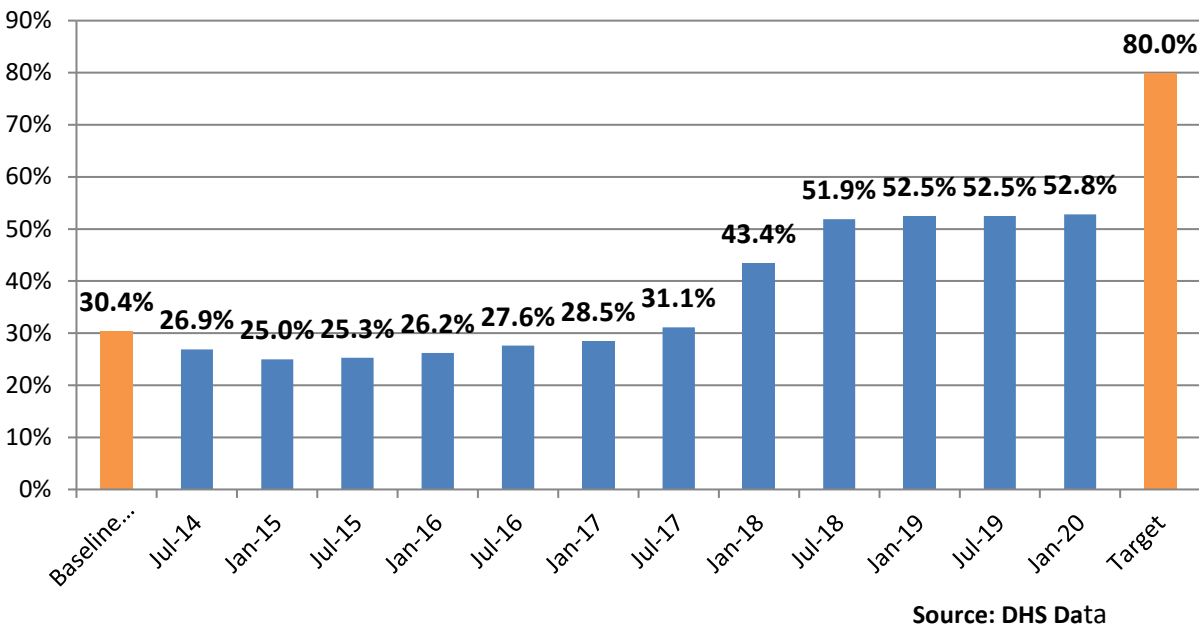
Further, during this period, DHS began to apply the ATAT review process for the children left in the younger 6.1 cohort. Participants include ATU team members, the assigned caseworkers, supervisors, district directors and staff from the Development Disabilities Services (DDS) team as needed. These ATAT discussions focus on plans and action steps to ascertain any barriers to move permanency forward. The ATAT conferences are held every other month for the 6.1 younger cohort, while their assigned ATU worker documents monthly efforts to achieve permanency. DHS reported that another purpose for using the ATAT conference calls for children remaining in the 6.1 cohort is to track and ensure that Wendy's Wonderful Kids permanency efforts are being implemented appropriately and consistently with the model. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the remaining Target Outcome for the 6.1 younger cohort.

Permanency for Older Legally-Free Youth, Metric 6.4

Metric 6.4 includes a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those youth to measure the percentage who exited foster care to permanency, defined as adoption, guardianship or reunification, before the age of 18. The final Target Outcome for this metric is set only for the percentage of youth who achieve permanency. However, the outcomes for youth exiting care without permanency or who remain voluntarily 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 125 legally free youth turned 16 years of age between October 1, 2016 and September 30, 2017. This period, sixty-six of these youth, representing 52.8 percent, achieved permanency. This is a slight improvement in performance from last period, and is the highest DHS has reported to date. The 66 youth achieved permanency as follows: 50 youth were adopted, 10 youth exited through guardianship, three exited to custody with relatives, and three youth reunified with a parent.

Figure 27: Metric 6.4 – Permanency Performance



Case Review of Youth Who Aged Out of Care

DHS reported that during this period, 57 youth in the 6.4 measure exited out of DHS custody without achieving legal permanency and two additional youth were transferred to another agency. Among the 57 youth who aged out of care, eight signed themselves back into voluntary custody for at least 60 days or more.

The Co-Neutrals reviewed case records of the 57 children who aged out of custody. These children presented a complex and varied set of challenges that appear to have contributed to some of these youth not achieving permanency. For example, “AWOL” was the most frequent placement type recorded at the time these youth exited care, as 15 of them had run-away from their placements and were avoiding contact with DHS, some for extensive periods prior to reaching the age of 18. A total of 23 youth were AWOL at some point during their last two years

in care. Thirteen youth were in a higher-level facility-based placement at the time of aging out and four were in detention centers. A total of 13 youth who aged out experienced time in a detention center at some point during their last two years in custody.

Sixteen youth were in a family-based home at the time of aging out; however, half of these 16 youth either insisted they did not want to be adopted or waived in their interest to establish legal permanency with one family. This includes one youth who decided against being adopted on the day his adoption was scheduled to be finalized in court.

One commonality that stood out in this case review was 13 of the 57 youth who aged out had previously been adopted or under guardianship with another adult who was not their birth parent and were subsequently relinquished back to DHS custody. These previous failed attempts at permanency had a negative impact on some youth’s pursuit or commitment to permanency with another family. Another commonality was identified with 14 youth who wanted or planned to return to a family member, such as a sibling, parent, grandparent, or aunt/uncle, after aging out. The primary reason that DHS did not facilitate permanency with the family member while the child was still in custody was due to safety concerns identified in the background checks of the family member(s).

It is also important to note that these 57 youth experienced extremely high numbers of placements. Five youth had between two and five placements during their most recent removal episode. Eleven youth had six to 10 placements. Twenty youth had between 11 and 20 placements. Ten youth had 21 to 30 placements. Lastly, nine youth had over 30 placements. Furthermore, while most youth (42) had just one removal episode, ten had two removals, and five youth had three removals. While the number of placements from prior removal episodes are not calculated in the placement history for the current review, it is noteworthy that fifteen youth have experienced even more placements and instability than is reflected in Table 21 below.

Table 21: Placement History of Children who Exited Care without Permanency

Number of Placements during Current Removal Episode	Count of Youth
2-5 placements	5
6-10 placements	11
11-20 placements	20
21-30 placements	10
31+ placements	9

Family-based care was the most frequent type of placement experienced by the youth in this cohort during the last two years of time in DHS custody. Thirty-two youth had experienced a home-based (traditional or kinship) placement during their last two years in care, and six youth had experienced a TFC placement. Group homes and shelters were the second most frequent placement type reported for these youth, with twenty-seven youth experiencing at least one group home or shelter stay. Inpatient treatment facilities were also common placement types for these youth, with sixteen youth experiencing at least one inpatient stay. Ten youth did not experience any family-based placements during their last two years in care.

The placement history of these children represents the department's practice challenges, as well as opportunities with the predominance of family-based placements experienced by these youth, to secure lifelong permanency. Multiple placement moves can exacerbate a child's trauma and mental and behavioral health challenges, which makes it incumbent on the department to secure as early as possible during a child's time in custody the type and level of treatment needed to stabilize them in a family setting where they are most likely to achieve permanency. This cohort of children who often cycled in and out of family-based and congregate placements represent the complexities of children with higher-level needs and the corresponding improvements DHS must achieve in developing its continuum of care with respect to placements, services and practice.

Efforts to Achieve Permanency for Older Youth

DHS has implemented strategies to improve outcomes under this measure with a focus on both curbing the number of youth who enter this metric's cohort and applying additional casework attention and resources to youth in the cohort who are at the greatest risk of aging out of foster care. To reduce the number of children entering the cohort, DHS has sought to achieve more timely permanency (through adoption and guardianship primarily) for legally free youth before they reach the age of 16 and to stabilize and maintain youth with their families, when safely possible, as older youth sometimes have higher protective capacities and can remain in their homes with supports and services.

As reported in past Commentaries, the majority of youth reviewed in Metric 6.4 during prior report periods had a permanency case plan goal of planned alternative permanent placement (PAPP), not a goal of adoption, guardianship or reunification, which most often led, in part, to the youth aging out of foster care. DHS continued in this report period to positively reduce the percentage of youth reviewed in Metric 6.4 with a PAPP case plan goal. In the review period of October 2015 to September 2016, 66 percent (81 of 123 youth) in the 6.4 cohort had a PAPP case plan goal. Since then, DHS has steadily reduced this to 28 percent (35 of 125 youth) in the current

period. Thirty-two of the 35 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting the correlation between these two factors and the importance of reducing the number of children assigned a PAPP case plan goal. Importantly, DHS has strengthened the reviews and requirements to change a youth's case plan goal to PAPP. Supervisors are permitted to approve the change only after the youth's caseworker has explored and documented that all other permanency options have been determined not to be feasible or in the child's best interest. Further, staff must identify permanent connections upon whom the youth can depend after aging out of DHS custody.

Still, if PAPP becomes a youth's approved case plan goal, DHS assigns a Permanency Expeditor to continue, in collaboration with the youth and permanency worker, to support the youth in achieving permanency before he or she ages out of care. Several years ago, DHS developed the caseworker position type Permanency Expeditor (PE) and assigned these specialists to youth with a PAPP goal, as some caseworkers found it challenging to engage youth who requested a PAPP goal and no longer desired or refused DHS efforts to achieve legal permanency with a family.

For all youth measured under Metric 6.4 who have a case plan goal of adoption but no identified adoptive home, DHS assigns an ATU caseworker to support the permanency caseworker's efforts to achieve permanency for the child. As a result of DHS' commitment to build its statewide ATU structure and team of caseworkers and supervisors, the Dave Thomas Foundation for Adoption has collaborated and shared resources with DHS to implement the Wendy's Wonderful Kids adoption model. An independent five-year evaluation by Child Trends of this child-focused recruitment model showed that children served under the program are 1.7 times more likely to be adopted than those not included in the model but for whom permanency efforts have been a challenge. Further, the foundation reported that the model's evaluation showed, "its impact on adoption is strongest among older youth, and children with mental health disorders – groups that have traditionally been the least likely to be adopted. Using this evidence-based program, these children are three times more likely to be adopted."

During this period, ATU staff were trained on the WWK model, which focuses on completing diligent searches and case record reviews, network building, child-specific recruitment planning, building a strong relationship with the child, and assessing adoption readiness for both the child and any identified families.

Further, while PE workers continued their efforts during this period to support youth with a PAPP goal toward permanency and permanent connections, DHS reported that the department will begin to shift assignments of these children from PE to ATU workers so that the WWK evidence-based model can be applied to their permanency case efforts as well. This workload shift is borne

out of the successful work of the department, and its PE specialists, to substantially reduce the percentage of children in the 6.4 measure who have a PAPP goal.

For this period, the Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress toward the 6.4 Target Outcome.

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 ²⁷ , 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%

²⁷ 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		

