

Co-Neutral 16th Commentary
June 2021

Compromise and Settlement Agreement

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

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I. Introduction

This is the Sixteenth 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 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 is July 1, 2020 to December 30, 2020.¹

This is the first report period that the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in all 30 areas. Many of the improvements reported in this Commentary are the result of years of investment from Oklahoma and DHS’ efforts to create a safer and more effective child welfare system. The DHS senior management team is focused, transparent and deeply engaged in and committed to this work. They possess the skill and experience necessary to lead the agency to make good faith efforts to achieve substantial and sustained progress towards the Target Outcomes, which they must continue to do, particularly in areas where performance has long lagged, such as in the state’s insufficient supply of family-based placements for children with therapeutic treatment needs and achieving timely permanency within 12 months for children in DHS’ custody.

As described in greater detail in this Commentary, this period the department made substantial progress by establishing 106 new therapeutic foster home placements for children in care through a newly designed and internally managed family-based therapeutic care program called Enhanced Foster Care (EFC). The DHS leadership team’s decision to build this new model and expand therapeutic foster care in Oklahoma represents a necessary shift in practice accompanied by promising early results.

DHS also completed a thorough analysis of the numerous factors in a child’s case that present barriers as well as opportunities to achieve permanency within 12 months. Using the findings of this analysis, DHS established a new monthly tracking mechanism and accountability practice to help ensure the department identifies and addresses early common barriers present in a child’s case that can delay timely permanency.

DHS’ good faith efforts this period position the agency to achieve substantial and sustained progress moving forward if the department remains focused on effective implementation of

¹In numerous instances, as described in this Commentary, data and information are only available through September 30, 2020 (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.

these new practices. This means tracking performance in real time, observing areas of deficiency, and pivoting quickly where needed to improve performance substantially and sustainably. As such, this current assessment that DHS has made good faith efforts in all 30 areas, while an achievement by the department, is neither binding on future judgments of the Co-Neutrals nor cause for relaxation by DHS. The Co-Neutrals' future assessments of DHS' efforts to achieve and sustain progress in every performance area will continue to be informed by the agency's planning and implementation activities each performance period.

For this report period, the Co-Neutrals' collective judgment continues to be that DHS is on the right path. The Co-Neutrals again commend the department's leadership and staff at all levels for improving outcomes in child safety, permanency and well-being for children and families in Oklahoma.

DHS Response to COVID-19 Pandemic

During this report period, DHS faced unprecedented challenges as the department, like child welfare systems across the country, was forced to alter certain practices to protect children, families, and child welfare staff from the COVID-19 virus. In March 2020, DHS leadership responded quickly and comprehensively to implement COVID-19 response plans even before a state of emergency was declared in Oklahoma, including expanded virtual visitation opportunities for families, supplemental relief payments to foster parents and other providers, and deployment of a specialized field team of 300 staff, equipped with PPE and compensated with additional pay, to conduct essential in-person work with children and families. DHS leadership focused on maintaining 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. DHS mobilized quickly to provide staff with the necessary equipment (including thousands of laptops and Wi-Fi devices) and remote access to the child welfare information system in order to move to telework and maintain (and, in most cases increase) contact with and support for children and families. Throughout this report period, DHS' response to COVID-19 continued to reflect an agile, thoughtful approach to adjust policies, practices and services to respond to the needs of foster families, partner agencies, and its staff, acknowledging the invaluable role they each play in the health, safety and well-being of children in custody.

As risk and uncertainties remained and new challenges appeared regarding the virus, which has impacted so many conditions in the lives of families and the work of the department, DHS has had to maintain extraordinary flexibility in order to support staff, agency partners, families and children with the resources and attention they need. As DHS reported in its February 2021 Semi-Annual report, "State leaders – Governor Stitt, legislators, agency directors and others – worked together to provide supports to families facing economic hardship who might otherwise have

been faced with the kind of desperate decisions that sometimes result in a threat to child safety.” For example, understanding that foster families were confronting sudden challenges in maintaining planned childcare arrangements (especially in response to changes with in-person school sessions), DHS approved payments to foster parents for in-home childcare for the children placed in their home. DHS provided the same financial support for childcare to its caseworkers. DHS reported in its August 2020 Semi-Annual report, “Above all else, CWS takes a stubborn position against allowing a virus to disrupt the future trajectory of children and their families, and commits to tireless creativity in support of staff, children, families, and partners during this historic moment.”

Despite the challenges presented by the pandemic, including, as DHS reported, several hundred child welfare staff who were quarantined or ill due to the virus and the very unfortunate loss of four team members to COVID-19, DHS was resilient in its support of staff, remained focused on its mission and made good faith efforts in every performance area to achieve substantial and sustained progress toward the Target Outcomes for children and families served by the department.

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. DHS' data management team has made significant progress since settlement of this litigation, particularly in strengthening its ability and practice to 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

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.

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: 99.14% Target: 99.68%	No	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.	Yes Baseline: 98.56% Outcome: 99.08% Target: 99.00%	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	Target Not Due until End of SFY21 Outcome: 348 Target: 880	N/A	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	Target Not Due until End of SFY21 Outcome: -59 Target: 57	N/A	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
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	Not Due until End of SFY21 Outcome: 18 TFC/ITFC homes; 106 children in new EFC therapeutic family placements Target: 165	N/A	Yes
Net gain/loss in TFC homes for the reporting period.	Not Due until End of SFY21 Outcome: -3 TFC/ITFC homes; 106 children in new EFC therapeutic family placements Target: 108	N/A	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: 97.3% Target: 95.0%	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
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: 94.1% Target: 90.0%	Yes	Yes
3.3b: The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge.	No Baseline: 40.65% Outcome: 62.3% Target: 65%	Yes	Yes
4.1a: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	No Baseline: 70% Outcome: 79.2% Target: 88%	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
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: 63.4% 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: 35.4% 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: 80.6% 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 ³ Baseline: 8,853 Outcome: 1 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: 5,296 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: 10,069 Target: 8,850	Yes	Yes

³ DHS reported one child who experienced one shelter night in this age group, and, as described in the shelter section below, the child met an agreed upon exception of being placed with a sibling group of four or more.

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
1.17: 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%; (200 youth) Outcome: 33.1%; (84 youth) Target: 90%	No	Yes; Reduced by 51.2 percent the number of shelter-nights for this oldest age group of children since the baseline and a 57 percent reduction in the number of teens who are counted in the denominator.
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: 87.9% 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

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>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.</p>	<p>No</p> <p>Baseline: 35%</p> <p>Outcome: 30.9% in 12 months; 39.8% in 15 months</p> <p>Target: 55%</p>	<p>No</p>	<p>Yes; COVID-related court adjournments, verified by the Co-Neutrals, imposed three “lost months” from mid-March through mid-June 2020 on DHS’ permanency practice. Adding the permanency outcomes for children in the three additional months would improve the Outcome to 39.8%.</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
<p>6.2b: The number and percent of children who entered their 12th 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.</p>	<p>No</p> <p>Baseline: 43.9%</p> <p>Outcome: 49.8% in 24 months; 57.6% in 27 months.</p> <p>Target: 75%</p>	<p>No</p>	<p>Yes; Adding permanency outcomes for children who achieved permanency one to three months after their 24 months in care (the end point for their time in the 6.2b cohort) would result in an additional 112 children to the count of successful exits, increasing the Outcome to 57.6 percent.</p>
<p>6.2c: The number and percent of children who entered their 24th 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.</p>	<p>No</p> <p>Baseline: 48.5%</p> <p>Outcome: 61.9%</p> <p>Target: 70%</p>	<p>No</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
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.	No Baseline: 46.6% Outcome: 52.2% 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
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: 55.6% Target: 80%	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
6.5: 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: 73.2% 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: 96.5% Target: 97.3%	No	Yes
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: 99.7% Target: 99.0%	Yes	Yes
Caseworkers	Yes Baseline: 27% Outcome: 94% (PIT) 89% Quarterly Target: 90%	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
Supervisors	Yes Baseline: 58.8% Outcome: 91% Target: 90%	Yes	Yes

Methodology

The Co-Neutrals conducted a series of verification activities to evaluate DHS’ efforts and progress, as well as the impact of COVID-19 on its work. These activities included numerous meetings with DHS leadership and staff, and the review and analysis of a wide range of aggregate and detailed data produced by DHS including thousands of child and foster home records, policies, memos, child maltreatment investigations, and other internal information relevant to DHS’ work during the period.

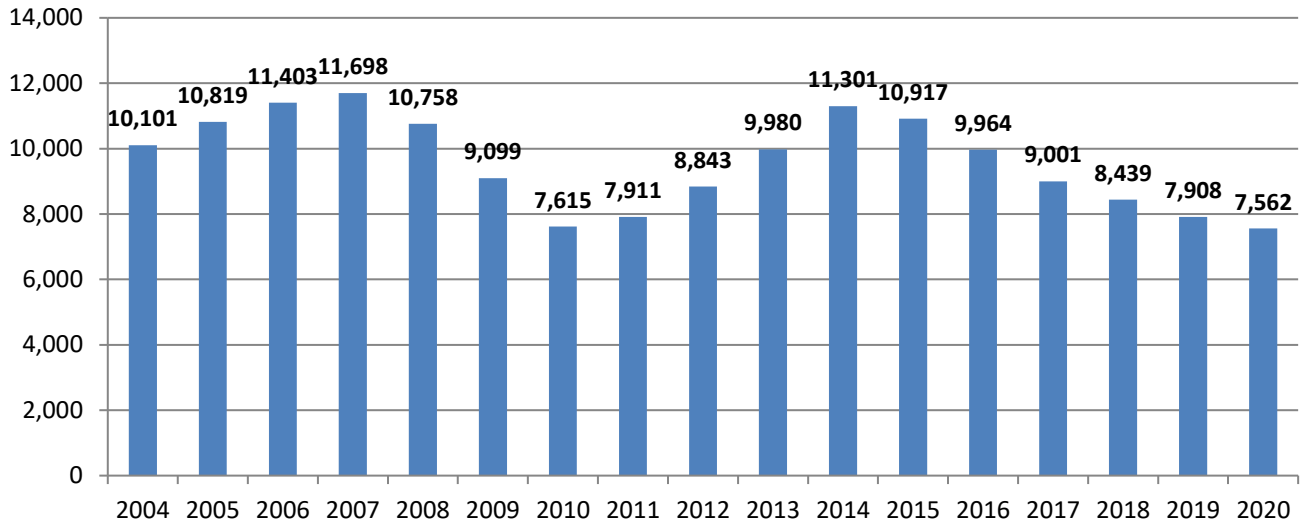
The remainder of this report includes:

- 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 since the end of SFY14. At its peak since 2007, there were 11,301 children in DHS custody on June 30, 2014. Six and a half years later, on December 31, 2020, there were 7,562 children in DHS custody. 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

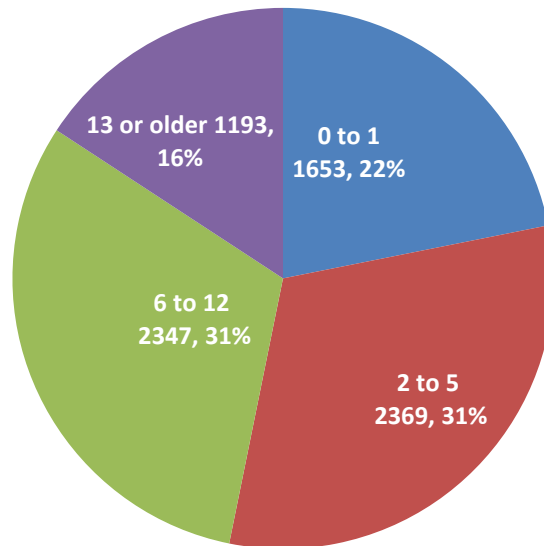
DHS' data show that there were 7,562 children in custody on December 31, 2020, while there were 7,723 children in custody on July 1, 2020.⁴ During the reporting period from July 1, 2020 to December 31, 2020, 1,842 children entered care and 2,003 children exited care.

Young children aged zero to five years made up the largest portion (4,022 or 53 percent) of children in care. Children aged 6 to 12 years comprised 31 percent (2,347) of the population in care, and 16 percent (1,193) were 13 years or older, as detailed in the following Figure:⁵

⁴ In the prior Commentary, the Co-Neutrals reported 7,730 children in care on June 30, 2020. Due to data entry lag and merged identifying numbers, DHS data now indicate 7,723 children in care on July 1, 2020. These types of adjustments are common in child welfare administrative data.

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

Figure 2: Children in Custody on December 31, 2020 by Age Group (Total = 7,562)

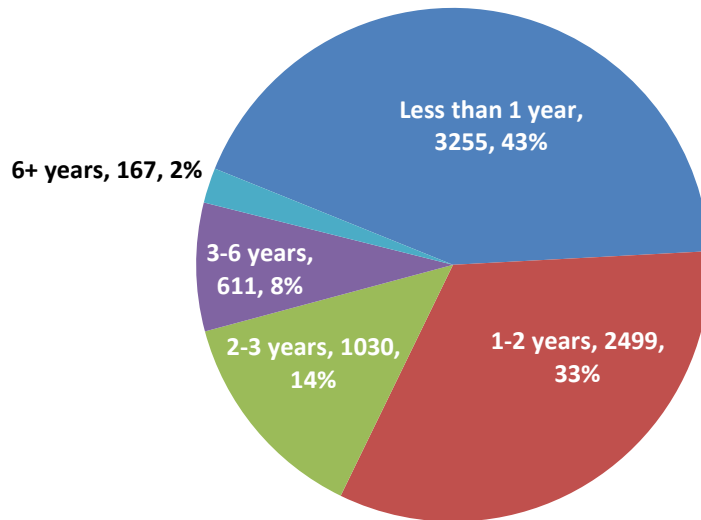


Source: DHS Data

With regard to gender, the population was split almost equally — 51 percent male and 49 percent female. With regard to race, the population of children was 38 percent White, nine percent Black or African American, and eight percent Native American. 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, 2020, 43 percent (3,255) were in care for less than one year; 33 percent (2,499) between one and two years; 14 percent (1,030) between two and three years; eight percent (611) between three and six years; and two percent (167) for more than six years.

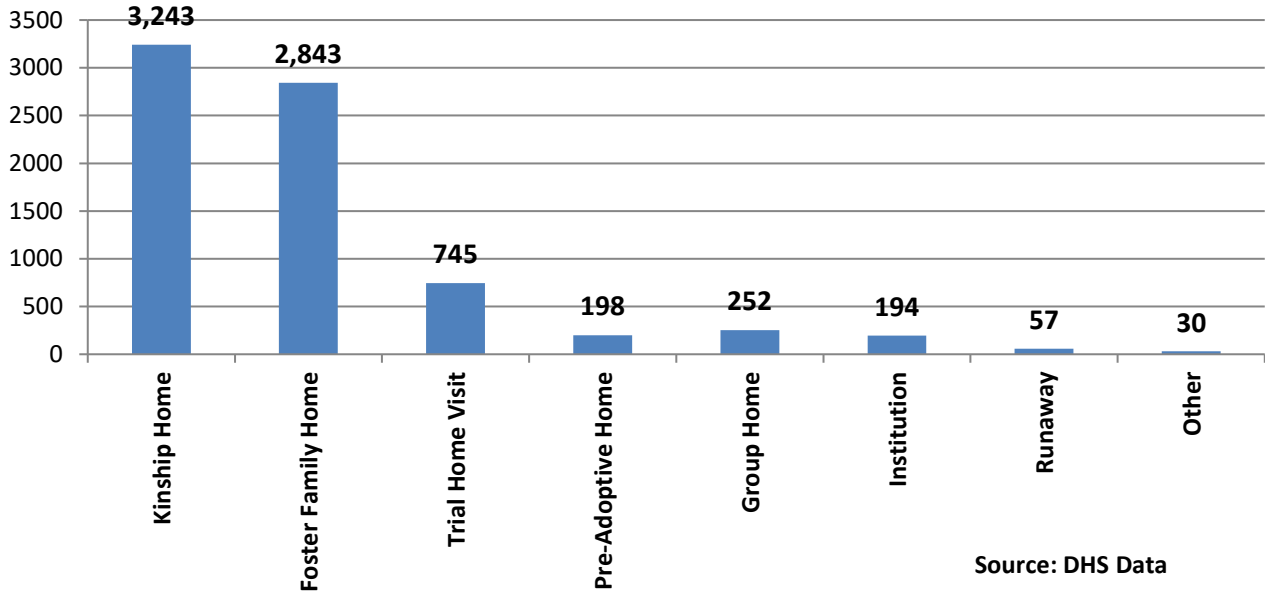
Figure 3: Children in Custody on December 31, 2020 by Length of Stay (Total = 7,562)



Source: DHS Data

As Figure 4 below demonstrates, 93 percent of children (7,029) in DHS custody on December 31, 2020 lived in family settings, including in relative and non-relative kinship homes (42 percent), with foster families (38 percent), with their own parents (10 percent), and in homes that intend to adopt (three percent). Of children in custody, 446 (six percent) lived in institutional settings, including shelters, residential treatment centers and other congregate care facilities. The remaining one percent resided in unidentified placements (listed as “other” in the Figure below) or had left care without permission (listed as “runaway” in the Figure below).

Figure 4 : Children in Custody on December 31, 2020 by Placement Type



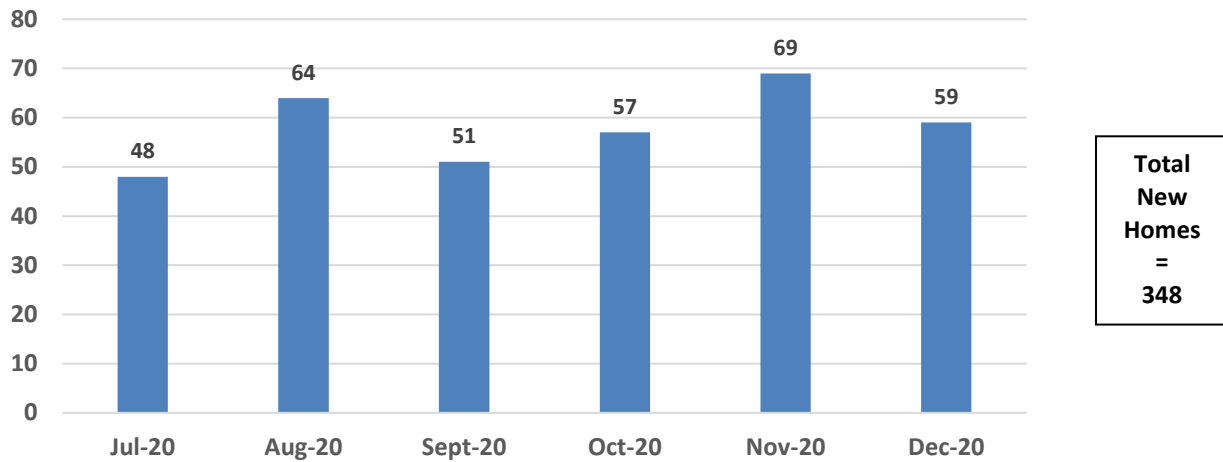
Of the 7,029 children living in family settings, 1,640 (23 percent) were less than two years old, 2,350 (33 percent) were two to five years old, 2,233 (32 percent) were six to 12 years old, and 806 (12 percent) were 13 years or older. Of the 446 children living in institutional settings, six (one percent) were less than two years old, 13 (three percent) were two to five years old, 106 (24 percent) were six to 12 years old, and 321 (72 percent) were 13 years or older.

A. Foster Care

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

For SFY21, DHS committed to develop 880 new traditional, non-kinship foster homes. Over the six-month period of July through December 2020, DHS and its private agency partners recruited and approved 348 new traditional foster homes. This represents 40 percent of DHS’ annual target developed during 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 and sustained progress toward the SFY21 foster home Target Outcome.

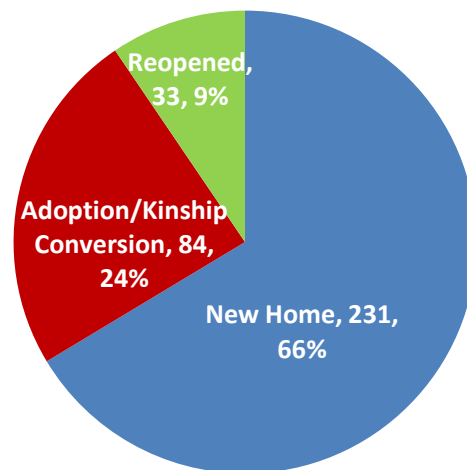
Figure 5: New Foster Care Homes Developed by Month, July 2020 – December 2020



Source: DHS Data

Of the 348 new foster homes approved during this six-month period, 231 families (66 percent) were newly recruited by DHS and the private agencies; 84 homes (24 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 33 (nine percent) were DHS resource homes⁶ that were closed for more than a year and reopened during this report period.

Figure 6: New Foster Homes by Type, July 2020 – Dec 2020 (N=348)



Source: DHS Data

⁶ 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.

To reach 880 new traditional, non-kinship foster homes, DHS committed to develop 440 new homes with its internal foster care recruitment team and the 440 homes with its 15 contracted agency partners. By the end of the first half of SFY21, DHS had directly developed 176 new homes, representing 40 percent of its internal target of 440 new homes for the full fiscal year. DHS' partner agencies developed 172 new homes during this six-month period, which is 39 percent of the agencies' combined new home target for the full fiscal year.

DHS' agency partners were assigned individual targets to collectively reach their combined target of 440 homes for SFY21. By the end of this six-month period, six of 15 agencies reached at least 45 percent of their annual goal, another six achieved between 26 and 36 percent of their annual target and the remaining three reached 10 percent or less. During this report period, DHS prepared to partner with a new, 16th agency and signed a contract for the development of new foster homes effective January 1, 2021.

Collaborative Efforts to Recruit and Support New Foster Homes

During this period, DHS reported that its foster care leadership team held individual recruitment progress collaboration meetings with each contracted agency struggling to achieve significant progress toward their assigned SFY21 recruitment target. In these meetings, DHS reviewed the contracted agencies' recruitment goals, strategies, and barriers to develop new homes and provided feedback and suggestions to help put each agency on track to meet its annual target. DHS and its partners also maintained joint efforts to monitor families whose progress appeared to have stalled during the approval process in order to timely resolve any organizational barriers. DHS reported that during the six-month period of July through December 2020, the agency surveyed 78 families who were in the foster home approval process for more than 90 days to understand the reasons for any delays that the department and the private agencies could address. Six of the 78 families reported agency-specific barriers while 62 reported no agency-specific barriers. Ten families reported personal barriers. The department reported that consistent with the previous two report periods, the surveys continued to show no systemic barriers or concerns. However, DHS plans to continue the surveys to surface and address any case specific concerns that arise and identify any reoccurring issues that may develop in the foster home approval process moving forward.

Recruitment Adjustments During the Pandemic

DHS requires that each of the contracted agencies and the department's ten foster care units, which are distributed across the five regions, must update their individual, targeted recruitment plan at the beginning of each fiscal year and quarterly. These plans are updated to reflect the placement needs of custodial children in the areas they cover.

As a result of the pandemic and social distancing, DHS and the private agencies had to adjust their recruitment plans and significantly reduce direct engagement with the public. DHS and its partner agencies shifted efforts and expanded their use of virtual platforms, social media, and other community outlets. The department reported that in July 2020 recruitment staff received new training on virtual recruitment trends and strategies. Recruiters also continued to reach out to families that previously fostered or previously contacted DHS about fostering but did not follow through to explore their interest in currently fostering children in DHS' custody.

DHS reported ongoing efforts to develop joint recruitment strategies with its partner agencies, with its regional recruitment teams setting up ongoing collaboration meetings with the agencies that develop homes in their respective area. These collaborative efforts include agencies that recruit therapeutic foster care homes and DHS' Office of Developmental Disabilities Services (DDS). Further, understanding the unparalleled value of using foster parents as recruiters, DHS identified new opportunities to include foster parents in recruitment activities through virtual formats, including small group and church gatherings and media interviews.

Application Process and Training

Before the pandemic, DHS had been working to expand the opportunities for foster parents to complete online the application and pre-service training required for foster home approval. These efforts positioned the department to adjust quickly when the pandemic required DHS to suspend in mid-March 2020 in-person trainings and direct contact with many members of public. DHS reported that its OK Benefits foster parent portal has become the preferred avenue for prospective foster families to submit their resource family applications, with 60 percent of applications submitted online during the month of November 2020.

With respect to pre-service training, DHS reported that within the six-month period of July to December 2020, 1,621 prospective resource parents enrolled in online training and 1,160 individuals completed the training.⁷ At the end of the period, 438 were in the process of completing the online training and 442 withdrew from the training. DHS continues to track and review the reasons why individuals withdraw from pre-service training to identify and address any systemic barriers. DHS reported that family members decided not to complete their online training for a variety of reasons, including 132 individuals who decided not to move forward with home approval; 54 who noted personal reasons such as health issues (including COVID-19) or moving out of state. Another 51 individuals decided to transfer to live training. In July 2020, DHS resumed small in-person trainings (with masks and social distancing) to

⁷ DHS reported that of the 1,160 family members who completed the training this period, some enrolled and began the training prior to July 1, 2020.

accommodate applicants who could not complete online training due to literacy, technology, and language barriers. Thirty-one small classes were held, allowing 264 individuals to complete pre-service training in person during this six-month period.

Net Gain Target and Performance

DHS' net gain Target Outcome goal for the full 12 months of SFY21 is 57 foster homes. At the beginning of this report period, the department started on July 1, 2020 with 2,106 open foster homes. At the end of the period, DHS' data showed that 414 of the 2,106 foster homes open at the beginning of SFY21 had closed and 18 of the 348 new homes opened during the period also closed. For the first half of SFY21, DHS reported a net loss of 59 foster homes, as the department ended the six-month period with 2,047 open foster homes.

Since publishing its Pinnacle Plan at the outset of this effort, DHS has achieved an overall net gain in the number of open foster homes. As of December 31, 2020, DHS had 354 more foster homes than on July 1, 2013, when the department reported a starting baseline of 1,693 homes. At the same time, DHS ended the period with 7,562 children in custody, 2,418 fewer than the 9,980 children in custody at the beginning of July 2013.

Efforts to Understand and Reduce Closures Rates

Understanding that achieving net gains in the pool of available foster homes in Oklahoma depends on both recruiting and retaining families, DHS has undertaken a two-pronged effort to reduce the rate of foster home closures. First, DHS established a 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.

As shown in Table 2 below, DHS staff recorded that a total of 438⁸ homes closed during the first six-months of SFY21. As is often a frequently recorded closure reason each report period, 108 (24.7 percent) families closed their home after finalizing an adoption through DHS. For 126 families (28.8 percent) their closures were due to no longer having a desire to foster or adopt. For 146 homes (33 percent), the closure reason appeared to be outside the department's control, such as families experiencing an illness, a geographic relocation, or other changes in their family

⁸DHS recorded a total of 438 foster home closures during this period. As noted above, the Co-Neutrals calculated the closure of 414 homes open at the start of the period and 18 homes that were included in the count of new homes developed during the period. The additional six foster homes included in DHS' total count of 438 closures were opened during the same, current period but did not meet the criteria established for counting new homes. While these additional six home closures are not integrated in DHS' net gain analysis, the department includes all home closures in their review of home closure reasons.

dynamic. Thirteen families (three percent) reported closing their homes because they were displeased with the process of fostering. DHS decided to close 31 (7.1 percent) of the homes. Notably, DHS staff selected “Other-COVID” from the closure reason menu options for 12 (2.7 percent) families whose decision to close was due to or influenced by the pandemic. Separately, DHS reported to the Co-Neutrals that a total of 35 families closed during this six-month period due, fully or in part, to the virus.⁹

Table 2: Traditional Home Closure Reasons, July – December 2020

Closure Reasons of Foster Homes Jul-Dec 2020		
Closure Reason	#	%
Resource Request- No Desire to Foster/ Adopt	126	28.8%
Adoption Services Completed	108	24.7%
Resource Request-Family Dynamic Changed	90	20.5%
Resource Request-Medical/ Illness	24	5.5%
Resource Request-Moving	20	4.6%
Agency Decision ¹⁰	18	4.1%
Agency Decision- Referral/ Investigation	13	3.0%
Resource Request- Displeased with Process	13	3.0%
Other-COVID	12	2.7%
Resource Request-Unable to Meet Child's Need	6	1.4%
Agency Transfer	3	0.7%
Resource Request-Placement Prefer Not Met	3	0.7%
Other	2	0.5%
TOTAL	438	100.0%

Data Source: Net Gain & YI035

DHS has committed to gathering foster parent feedback and this period shifted its focus from surveying foster parents who have closed their homes to surveying active foster parents to proactively address identified concerns and issues of importance to foster families. DHS plans to continue to survey foster parents annually, sending the survey each quarter to one-fourth of all families whose foster homes, including traditional, kinship, TFC and ITFC, are currently open. In surveying foster homes that are still open rather than those that have closed, DHS is seeking to take a strengths-based and preventive approach to understand what factors lead a family to be satisfied overall in their fostering experience and remain open. At the same time, the survey

⁹ The Co-Neutrals reviewed records for the 35 foster homes DHS reported closed due, fully or in part, to the virus and located case notes in the records for 26 of these homes indicating the closure reason was related to COVID-19.

¹⁰ The reasons for DHS’ decision to close these 18 homes include an ongoing lack of contact or responsiveness from the foster family, failure to complete a written plan of compliance to correct a policy violation and not disclosing or providing information required during the foster home’s annual update or reassessment.

examines factors that lead to foster parent burnout, gathers feedback regarding support and training needs and assesses the impact of changes in DHS practice and policies.

After DHS completes a full year of administering the new survey (at the end of SFY21), the department will develop a baseline of results to evaluate trends in practice and develop recommendations for improving the experience and retention of foster families. Based on the first two quarters of survey results gathered this report period, DHS summarized the following feedback from 418 individuals, of which 71 percent are from DHS managed foster homes and the remaining 29 percent are from contracted agency homes:¹¹

The length of time as a foster parent:

- 43.5 percent were resource parents for less than two years.
- 43 percent were resource parents for longer than two years through seven years.
- 13.5 percent were resource parents for greater than eight years.

How much longer do you plan to be a foster parent:

- 61.3 percent answered “as long as I am able to” when asked how much longer they plan to be a foster parent.
- 10 percent answered “for at least a year” when asked how much longer they plan to be a foster parent.

To what degree do you feel that you receive the recognition you deserve:

- 29.1 percent responded with “a lot”
- 42.8 percent responded with “some”
- 16.5 percent noted “only a little”
- 11.6 percent indicated “not at all”

In the past year did you receive adequate support for your role as a foster parent:

- 31.4 percent responded “extremely adequate”
- 42 percent responded “somewhat adequate”
- 10.6 percent were neutral at “neither adequate nor inadequate”
- 10.9 percent responded “somewhat inadequate”
- 5.1 percent responded “extremely inadequate”

When I need to communicate information or ask a question, I am able to reach the person that can help me:

- 40 percent noted “strongly agree”
- 37.6 percent noted “somewhat agree”
- 21 percent noted “neither agree nor disagree” or “somewhat disagree”

¹¹ DHS February 2021 Semi-Annual report, pg. 105.

- 1.4 percent noted “strongly disagree”

The information that I receive from OKDHS, or my agency, about children or potential placements, such as medical, behavioral, developmental, and educational needs is accurate:

- 23.6 percent marked "strongly agree"
- 36.5 percent marked "somewhat agree"
- 16.7 percent were neutral with "neither agree nor disagree"
- 15.3 percent marked "somewhat disagree"
- 7.9 percent marked "strongly disagree"

Would you recommend fostering with OKDHS (or agency) to a friend:

- 82.2 percent responded with "yes"
- 17.8 percent responded with "no"

Supporting Foster Parents to Reduce Closures and Improve Fostering Experience

From the previous exit surveys completed with foster families who closed their homes, including those completed for SFY20, DHS identified the following areas to improve practice:¹²

- provide all information known about a child at the time of placement;
- inform and educate foster parents about the court system, as well as the processes and decisions the court makes;
- streamline the paperwork required to be a foster parent; and
- improve communication between a family’s assigned permanency caseworker(s) and resource caseworker.

DHS has worked to implement changes over the last several years, including this report period, based on the recurring feedback that surfaced in these four practice areas noted above. The department reported that it continues to emphasize with its 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. The department instituted a new practice of having the recruiter who guided a family through the home approval process contact them 90 days post-approval to provide continuity through the transition and ensure they are doing well as a new resource home and with their new caseworker.

During this report period, DHS completed the final preparations to implement a new child placement process, including a new placement line and form, designed to provide foster parents

¹² DHS February 2021 Semi-Annual Report, pg. 104.

at the time of a child's placement more detail about the child's needs and characteristics. The purpose of this new process is also to help make the best placement decision and match for each child using regionally based teams that best understand the available foster home resources in their area. DHS explained:

To ensure foster parents are provided all information known about a child at the time of the placement, a new placement process centered on the Child Placement Interview between the child or youth's CW specialist and the placement line will be implemented. The placement line completes the request and emails a PDF-formatted copy to the respective Regional Placement Team where the child or youth's case is assigned. This document will be provided to the foster parent interested in placement and include the child or youth's needs, behaviors in context of their recent actions and what led to them, diagnoses, developmental narrative, medical history, school performance, and placement history.¹³

To respond to foster parents' feedback of wanting to be more informed about and involved in the court process, this report period DHS developed a form called the Resource Parent Report to the Court that guides foster parents to present their views of a child placed with them, including the child's current well-being, needs and permanency plan. The Child Welfare Director also sent a memo to all child welfare staff introducing this new form, explaining how to work with foster parents to provide the completed form to the court and reminding staff that foster parents have a right to be notified of court hearings and to have a voice in those proceedings.

Foster Parent Support Groups and In-Service Training

In collaboration with the University of Oklahoma's National Resource Center for Youth Services (NRCYS), DHS continued to host foster family support groups and in service training for foster parents and made adjustments to continue this support through the pandemic and this six-month period. Prior to the pandemic, DHS had worked to build a network of 24 foster family support groups covering 32 counties in all five DHS regions. Toward the end of the last period, DHS and NRCYS established online support group meetings during which foster families continued to share experiences and receive trainings on topics of interest and useful to them. The department reported that because foster parents shared feedback after each virtual meeting, expressing that they liked both the virtual format and the presentation topics, online

¹³ DHS February 2021 Semi-Annual Report, pg. 104.

meetings will continue even after in-person meetings also resume. DHS recorded 225 foster parents participated in the virtual monthly support group meetings and trainings held from August through November 2020. Online training and webinars offered to foster parents this report period include Working with LGBTQI Youth, Hope for All Families, Fostering Positive Connections with Birth Families, and Education and Foster Care. Trainings offered in webinar format are continuously available for foster parents to access at the time that is most convenient to them.

COVID-19 Response

From the beginning of the pandemic, DHS mobilized foster care caseworkers to reach out to foster families weekly to offer support and ensure any identified needs amidst the pandemic were addressed. As face-to-face contact with foster parents has been more limited due to the virus, DHS has made it a priority to increase communications with foster parents to support them through these unprecedented times.

Through this report period, foster parents continued to confront scheduling and childcare challenges as some schools and daycare centers were unavailable in response to COVID-19. In August 2020, DHS notified foster families that the department would offer funding, known as Kith Care, to pay relatives for in-home childcare services. Through an application process, DHS approved 232 families for this support as of January 2021. DHS originally offered Kith Care through the end of December 2020 and then extended it through the end of February 2021. As noted in the last Commentary, DHS also provided each foster family an additional \$250 payment each month from March through May 2020 as COVID-19 relief payments.

DHS also increased supports and communications with its partner agencies and began to hold bi-weekly meetings to discuss any new developments or questions the agencies have related to COVID-19. In addition to adjusting the training offered to foster parents, DHS and NRCYS developed new training for private agencies on how to guide prospective foster families through the online pre-service training and to build the agencies' capacity and ability respond to the significant increase in families completing their training online. The online pre-service training still requires virtual interaction with and guidance from an assigned trainer.

Despite the many new and ongoing challenges the pandemic has brought to the department's work, DHS has remained focused on its commitment to support and meet the needs of foster parents, as well as its foster care and recruitment staff and partners, to build and maintain a stable pool of foster homes in Oklahoma.

B. Therapeutic Foster Care

Since the settlement of this litigation, DHS has struggled to develop and maintain an adequate pool of therapeutic foster care (TFC) homes and to remove barriers that prevent children with higher-level needs from receiving therapeutic care in family-based settings. For this report period, the Co-Neutrals have determined that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome, based primarily on the department's work to develop its own, internal therapeutic foster care program, known as Enhanced Foster Care (EFC). DHS began to implement the EFC program this period by enhancing therapeutic services and other supports for traditional and kinship foster families caring for children with higher-level needs. As described in greater detail below, the Co-Neutrals validated that DHS established 106 new therapeutic foster home placements for children in care through this new treatment home program. Like DHS' decision years ago to recruit and manage traditional foster homes both internally and through private agencies, DHS' EFC program is designed to supplement the TFC homes developed and managed by private agencies.

DHS has historically 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. DHS' current leadership team acknowledged that the department can no longer rely solely on its legacy TFC program and TFC agency partners to meet the placement needs of all children in DHS custody who require therapeutic services and supports but can reside in a family-based placement. DHS' TFC program and agency partners remain a part of the department's placement continuum, but there are significant and declining limits to their capacity.

DHS undertook substantial work over the last two years to meet the therapeutic placement and service needs of children in care, including: completion of the state's first systemwide needs assessment to identify the levels and types of therapeutic placements children in custody require across the state based on a population assessment; development of additional placements within the continuum of care to best meet the identified therapeutic needs of children in least restrictive placements; and programmatic improvements to the state's TFC program in coordination with the Oklahoma Health Care Authority (OHCA).

As previously reported by the Co-Neutrals, many of the new approaches and changes enacted by the department this and last period represent promising, yet nascent, programs and efforts to meet the therapeutic needs of children in family-based care. Therefore, it remains imperative that DHS leadership is diligent in its work to continue to implement this new program, assess continuously these new efforts and make timely adjustments as needed in order to achieve substantial and sustained progress toward the Target Outcome.

Needs Assessment

A key starting point in DHS’ work to develop a continuum of care was the department’s commitment to complete a needs assessment to establish the number of children in DHS custody with behavioral health needs and then project the number of homes with therapeutic supports the department must develop to fill the state’s placement gap.

For this analysis, DHS reviewed placement data of children in custody and focused on multiple populations of children whose records indicated a need for therapeutic and other specialized care and services. As DHS reported in their analysis, “These populations evaluated included: children receiving ‘Difficulty of Care’ payments Levels III, IV, and V in December 2019; children with four consecutive elevated [child behavioral health] screeners as of December 2019 (age 4 or over); children included in a prior DHS analysis of children on the TFC or group home waitlist or denied TFC; children with a case plan goal of PAPP;¹⁴ children who have disrupted from trial adoption; children on the TFC waitlist; children involved with mobile crisis response; and all children currently placed in above foster care settings.”

As shown in Table 3 below, DHS identified 969 children who need placements that provide specialized therapeutic care and services, including higher-level congregate and family-based care.¹⁵

Table 3: Needs Analysis – Number of Children Who Require Therapeutic Placements

Placement Type Needed	CHILD’S PLACEMENT TYPE AT THE TIME OF REVIEW								Total Needed	
	Acute/Psych Residential	Group Home	Shelter	TFC	EFC	Traditional Foster Home	Kinship Foster Home	Other		
Acute/Psych Residential	43	12	1						56	Higher-level Facility 306
Group Home		176	44					30	250	
TFC/ITFC	41	53	34	121				1	250	Family-Based Therapeutic Care 663
Enhanced Foster Care (EFC)					111	29	39		179	
Children under 13 (EFC)						144	90		234	
TOTAL	84	241	79	121	111	173	179	31	969	969

¹⁴ PAPP stands for the case plan goal of planned alternative permanency placement. Additional information on this case plan goal is presented in the permanency section of this Commentary, particularly the segment on Metric 6.4.

¹⁵ DHS used point in time placement data as of July 1, 2020 for this analysis. DHS also collected placement data from previous report periods and other information about the level of therapeutic services required by children in care using the child indicators noted above in order to project the therapeutic placement needs presented in Table 3.

Of the 969 children who DHS identified as needing some level of therapeutic placement, Table 3 above shows each child's placement type at the time DHS completed its review (July 2020 – the first month of this report period) and the type of placement that DHS assessed may best meet their needs. For example, DHS' analysis shows that 84 of the 969 children were in an acute/psychiatric residential facility and, among these 84, DHS assessed that 43 required this high level of care and the other 41 children could be stepped down to a less restrictive TFC or ITFC¹⁶ placement. For the 79 children in a shelter placement, DHS projected that 44 needed higher-level group home care if such placements were available and 34 would be best served in a TFC or ITFC home.

This was DHS' first comprehensive assessment to identify children in care whose therapeutic needs could potentially be met in a family-based setting. DHS leadership committed to continue evaluating the best method to assess and project placement needs and allow the department to target efforts to build the necessary continuum of care. The results of this assessment confirm that DHS has much work ahead to fill deficits in available foster homes that meet the therapeutic needs of children in custody. This placement gap has become increasingly challenging for DHS due to the significant decrease in the number of TFC homes managed by private agencies, the decreasing number of agencies contracted with DHS to develop and manage TFC homes and the ongoing, minimal growth in new TFC homes approved each period.

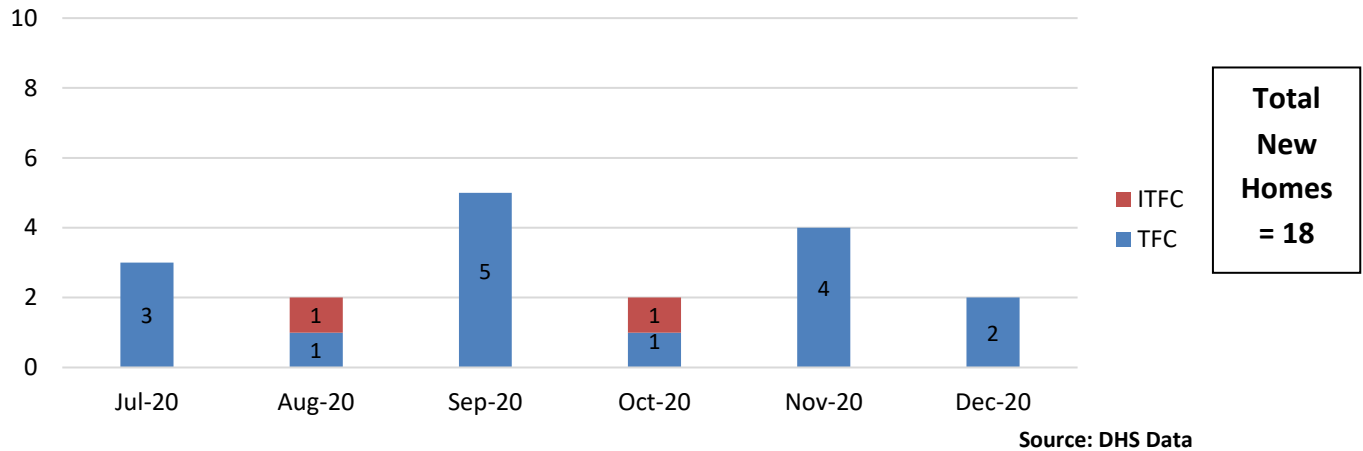
DHS began this report period with 109 open TFC resources at the same time its needs assessment projected that 663 therapeutically supported family-based placements were needed to stabilize and best serve children in care. Again, understanding that the department cannot rely solely on its legacy TFC program to meet this need for therapeutically supported foster homes, DHS, as shown in Table 3, envisioned meeting the placement and therapeutic needs of 413 of these 663 children, including 234 children under the age of 13, through the new EFC program. However, because at the beginning of the period DHS had not yet fully developed or completely defined the parameters, service components and operational and implementation details of the new EFC program, the Co-Neutrals and DHS agreed that the department needed still to set an aggressive target, relative to past performance, for the development of new TFC homes developed by contracted agencies given the statewide need for therapeutically supported foster home placements. As shown in Table 3, DHS identified that combined with a goal of developing 413 EFC placements, the department needed 250 TFC/ITFC placements. Based on DHS' reporting 109 open TFC homes at the beginning of the period and the rate of TFC home closure over the last two years, DHS and the Co-Neutrals agreed on a SFY21 combined new TFC/ITFC home target of 165.

¹⁶ ITFC is Intensive Therapeutic Foster Care, a form of therapeutic family-based care described in greater detail below in this section of Commentary.

TFC New Home Development and Net Gain/Loss

Over this six-month report period of July through December 2020, DHS developed a total of 18 TFC/ITFC homes combined: 16 TFC homes and two ITFC homes. Among the 16 new TFC homes, 14 were newly developed and two were reopened homes. Of the two new ITFC homes, one was a reopened home, and one was already open as a TFC home.¹⁷

Figure 7: Therapeutic Foster Homes by Month, July 2020 – December 2020



As noted above, DHS began SFY21 on July 1, 2020 with 109 open TFC homes. The department ended the period on December 31, 2020 with 106 open therapeutic homes (ITFC/TFC combined), which resulted in a net loss of three therapeutic foster homes. Of the 109 ITFC/TFC homes open on July 1, 2020, 19 were no longer open on January 1, 2021, resulting in a home closure rate of 17 percent over six months.

Development of New ITFC Program and Homes

Last year, DHS and the Co-Neutrals agreed to include Intensive Therapeutic Foster Care (ITFC) homes in the new and net gain TFC 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 was currently

¹⁷ 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 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.

available in a home-based setting. The department's private agency partners worked 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.

ITFC was designed to meet the higher-level needs of children with complex behavioral health challenges, including those who may be dually diagnosed with an intellectual disability and a mental or behavioral health diagnosis. DHS' 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.

As reported in the last Commentary, the Co-Neutrals undertook a case review of ITFC placements between January and June 2020. The review identified 33 children who experienced a total of 38 ITFC placements, with four children placed in more than one ITFC home.¹⁸ In 28 of the 38 placements reviewed, it appeared that the ITFC home provided a positive environment for the child and that the managing TFC agencies, DHS and the families made efforts to ensure the child received the necessary therapeutic services and supports based on their individual behaviors and challenges. While 28 placements appeared to make sufficient efforts to provide the services and supports required for each child, sufficiency of similar efforts was less clear in the other 10 placements reviewed. One commonality in these 10 placements was that most of the children had only individualized weekly therapy, with no indication found in the records that the therapy

¹⁸ The review included any child in an ITFC placement as of January 1, 2020 and any child placed in an ITFC home between January and June 2020. Some children remained in their ITFC placements after July 1, 2020.

was specialized in any area of concentration. In two placements, it appeared that services, including respite care and assistance with a child's behavioral crisis, were not available when the foster parents needed the support.

As DHS prioritized the ITFC program for children with very complex behavioral challenges, it was not unexpected that the case review confirmed that these children require intensive care and an extraordinary level of patience, understanding and commitment from their caregivers. Their records showed a history of severe trauma, aggressive and other challenging behaviors, and placement instability, including multiple hospitalizations. The Co-Neutrals' review found that the predominant determining factor that allowed a child to progress toward their therapeutic treatment goals in an ITFC placement was the level of understanding, compassion, and commitment a foster parent consistently showed a child. As DHS is aware, this is more likely to occur when foster parents, particularly those designated to care for children with elevated behavioral needs, are well-trained, well-supported and committed to provide trauma-informed care.

Efforts to Expand Recruitment of TFC/ITFC Homes

DHS began this report period with five agency partners contracted to recruit and manage TFC and/or ITFC homes and assigned each a goal to recruit 23 TFC and 10 ITFC families. In the middle of the period, one new agency joined DHS' team of providers to recruit and manage TFC and ITFC homes and later in the period, two agencies informed the department that they would end their contracts in January 2021. Despite these changes as well as confronting an ongoing decrease in the number of private agencies supporting the state's goal to build a stable pool of TFC and ITFC homes, DHS maintained efforts to implement existing strategies, incentivized agency partners and families with additional funding support, particularly to address COVID-19 related pressures, and began to develop a new statewide communication plan to recruit TFC and ITFC homes.

DHS worked with each agency to provide feedback on their individual recruitment plans and held monthly recruitment collaboration meetings to discuss their recruitment goals, progress, and barriers. DHS' TFC program staff and Foster Care and Adoptions staff helped to recruit TFC homes through outreach to current traditional foster homes and the recruitment activities coordinated by DHS to develop new traditional homes. As with outreach activities to recruit traditional foster homes, DHS and its agency partners continued to refrain from or limit in-person recruitment activities due to the pandemic and to rely on social media, news outlets, the distribution of outreach materials and other forums that allowed for appropriate social distancing.

While DHS' recruitment of 18 new TFC and ITFC homes during the first six-months of SFY21 fell significantly short of half (83) of the full year's target (165), DHS' 18 new homes is consistent with the number of new TFC homes developed during each of the previous seven report periods as

shown in Table 4 below. For the six-month period of January through June 2017, DHS reported that 19 new TFC families were recruited at a time when the department had 10 agencies contracted to develop new TFC homes.

**Table 4: Number of TFC Homes Developed Each 6-Month Report Period
(Jan 2017-December 2020)**

Six-Month Report Period	Number of New TFC Homes Opened
January – June 2017	23
July – December 2017	17
January – June 2018	19
July – December 2018	7
January – June 2019	9
July – December 2019	8
January – June 2020	21
July – December 2020	16

DHS has not abandoned its plans to build its pool of TFC and ITFC homes managed by private agencies and explore new TFC contracts with additional agencies to expand capacity. However, recruitment results over the last eight report periods, including the current period, clearly show that TFC homes recruited and managed by private agencies will provide only a fraction of the therapeutic foster homes Oklahoma needs, making the department’s EFC development work, described below, vitally important.

Improvements in the TFC Authorization Process

DHS and the Co-Neutrals have chronicled in multiple, previous reports and Commentaries concerns regarding children with mental and behavioral health challenges being denied Oklahoma Health Care Authority (OHCA) authorization for TFC-level care. Starting in May 2017 when DHS first began to generate monthly authorization data, DHS reported a growing trend in the monthly average percentage of applications denied. In response to this concern, 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; a lack of in-depth consideration of each child’s individual needs; and a high percentage (over 50 percent) of children being denied TFC-level care when many of their case records indicated a need for such additional supports and services. In fact, these case review findings echoed concerns that DHS itself reported about the authorization process.

DHS' current leadership team made it a priority to work closely with OHCA and establish a more child-focused process and decision-making approach to TFC authorizations, resulting immediately in a significant decrease in the number and percentage of TFC/ITFC applications denied, from 52 percent denied during the six-month period ending June 2019 to 36 percent denied for the six-month period ending December 2019, and further down to 20 percent denied during last report period ending June 30, 2020. For this report period, the percentage of TFC/ITFC applications denied increased to 39 percent but remained well below the 52 percent reported the previous year. See Table 5 below.

Table 5: Applications for TFC/ITFC Placement and Service Authorization

Six-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%
January - June 2020	64	51	20%
July – December 2020	64	39	39%

Table 5 above also shows that the monthly average number of TFC authorization requests submitted was on a steady decline from May 2017 through December 2019. As previously reported, the Co-Neutrals learned from field discussions with caseworkers and supervisors that staff had become discouraged from requesting TFC placements due, in part, to the lack of available homes and the increasingly high rate of denials. Working with OHCA, DHS has made several important changes in how Oklahoma's TFC program operates and serves children, including:

- DHS and OHCA worked together to revise the TFC/ITFC application and built 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 a child's behaviors and therapeutic needs.
- DHS and OHCA collaborated to change the TFC medical necessity criteria – through formal rule-making that required legislative and gubernatorial 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. This action addresses previous concerns that OHCA would

often 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 were at times moved from a TFC placement where they were thriving simply because they were doing better.

- DHS and OHCA agreed to a reconsideration process for children denied TFC placement authorization by OHCA to allow DHS to provide to OHCA any additional information obtained to assist in determining whether the child met the medical necessity criteria for authorization. Taking this action one step further, during this period, OHCA transferred to DHS the responsibility to make the preliminary TFC authorization decision. This shift not only entrusts DHS with assessing eligibility but also eliminates previous barriers to TFC placements presented by conflicting authorization assessments between the two departments; it also allows a child to be placed in a TFC home based on DHS’ initial assessment and when the department has the necessary and appropriate medical and behavioral health information.¹⁹

The progress DHS and OHCA have made to ensure children are appropriately authorized for TFC-level care is important and necessary. At the same time, the growth in TFC placement approvals has outpaced the development of new TFC homes. At the time of this report writing in May 2021, there were 95 children on the TFC waitlist and 118 children placed in TFC homes, totaling 213 children identified as in need of and approved for TFC-level care. This total of 213 children is in line with DHS’ July 2020 assessment presented in Table 5 above, which indicates that the department needs 250 TFC placements to support a right-sized continuum of care for children in DHS custody. Every child approved for TFC-level care and placed on the TFC waitlist is evaluated for and provided EFC services as determined appropriate to ensure the child is receiving therapeutic supports while DHS works to determine the best available placement.

Continuum of Care

DHS’ decision to expand its services to provide family-based therapeutic care beyond Oklahoma’s long-standing and privately operated TFC program represents a much-needed paradigm shift in the department’s commitment and approach to ensure children in custody receive the therapeutic supports and treatment they need in a foster home that best supports their stability, permanency, and well-being.

During the report period, DHS created a set of 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

¹⁹ The next steps in the TFC authorization process will continue as previously conducted. The TFC agency that accepts placement of a child based on a preliminary authorization (also referred to as a “sounds like” decision) will begin TFC services and the formal clinical assessment that OHCA will then review to make the final TFC eligibility and authorization decision. As of this report writing, DHS reported no concerns with respect to OHCA disagreeing with or reversing DHS’ preliminary authorizations.

more recently developed, such as the new EFC program, and others are a continuation, at a more focused level, of ongoing efforts, such as expanding Oklahoma's TFC placements. Some are intended to align with and support DHS' expanded strategies to further reduce shelter placements and improve children's placement stability. As further described below in the shelter use and placement stability sections of this Commentary, the continuum of care strategies include efforts to reduce the number of children and youth ages 13 and under in congregate and shelter care and the length of stays in these facilities.

To support the development and use of a continuum of care in Oklahoma, DHS made several significant 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 had long supported this merger. Second, DHS created a new executive team position, Deputy Director for Placement Programs, under whom all placement programs are now managed. Finally, DHS' Specialized Placements and Partnerships Unit (SPPU), which manages the department's group home and institutional programs and works with shelters and higher-level settings, including placement decisions, services, and facility liaisons, was moved and is now part of this new consolidated placement team.

DHS committed to systematically identify earlier children and youth with more complex needs who are entering DHS custody (or could enter) to properly evaluate and provide them and the families who care for them the supports and services they need. DHS, through a combination of strategies focused on constructing a continuum of care -- reducing shelter use and improving placement stability -- is seeking to establish various checkpoints and practices that allow for the timely assessment and identification of children's therapeutic placement and treatment needs. The goal is to quickly identify behaviors and key instability indicators that signal elevated services are needed. For example, as discussed in the placement stability section below, DHS requires a timely review of the possible treatment and placement needs of any child who moves from their first family-based placement when the foster parent indicates the placement move was due to the child's behaviors. Further, as noted in the shelter section below, DHS established a multidisciplinary team (MDT) in every region to conduct timelier staffings for children placed in shelters to identify their therapeutic treatment needs and help move them more quickly into appropriate needs-based placements.²⁰

²⁰ The MDTs include representatives from the DHS clinical team, child welfare nurses, developmental disability services (DDS), caseworkers, casework supervisors, the TFC program, DHS and private agency foster care staff and the COC team.

Enhanced Foster Care – Early Implementation

DHS continued through the end of this report period to enhance the service and operational details of the EFC program. However, given that many children and youth in care need therapeutic supports right now, DHS during this period approved children for the EFC program to begin providing critical therapeutic services that the department confirmed are part of the program. Based on the immediate and pressing need for enhanced supports and therapeutic services for children with higher level behavioral challenges living or needing to be placed in traditional and kinship foster homes, DHS sought to ensure these five EFC baseline supports and services were in place: 1) a needs-based treatment plan for the child and family; 2) weekly individual therapy for the child; 3) family therapy for the child’s foster home caregivers; 4) 24-hour crisis intervention support; and, 5) a Supplemental/Difficulty of Care (DOC) foster care rate of approximately \$400 additional per month for each EFC approved child.²¹

DHS now systematically considers providing EFC supports to a child currently in or moving to a traditional or kinship home to create an individualized therapeutic placement and treatment option along its continuum of care. This includes automatically evaluating the appropriateness of the EFC program for any child who is: on the TFC waitlist or was not denied approval for TFC-level care; placed in a shelter; in higher level care and preparing to step down to a traditional or kinship placement; or, as noted above, has moved from their first family-based placement at the family’s request due to challenging behaviors.

As DHS wrote in its August 2020 Semi-Annual report, “EFC is intended to support children who are having difficulties that could result in placement instability, as well as children who have already experienced placement instability who may be on a waitlist for TFC or other higher-levels of care. EFC can also support children ready to step down to a family-based placement from congregate care settings. CWS believes that providing EFC services and supports to children and families at the first sign of stress and need will prevent unnecessary moves to higher-levels of care and will also support placement stability.”

The Co-Neutrals reviewed in depth the case records of children who were approved for the EFC program during this report period to verify they received therapeutic supports and services consistent with the EFC model. DHS presented the Co-Neutrals with a cohort of 127 children for the EFC case review and verification. The Co-Neutrals’ team²² confirmed 106 of 127 children in

²¹ DHS is using difficulty of care payments (DOC) as the funding mechanism to provide the additional EFC payment to foster families. DHS is reviewing a more formal, individualized assessment to determine the level of additional financial support warranted based on the needs of each child and family. The Child and Adolescent Needs and Strengths Assessment tool that DHS is currently developing will be used to support this assessment.

²² The Co-Neutrals’ review team included a child clinical psychologist who previously oversaw a statewide child behavioral health system that focused on systematic improvements in services for children in child welfare custody.

need of family-based therapeutic care were supported this report period, along with their caregivers, with services to meet their behavioral health needs. For the remaining 21 children, the Co-Neutrals could not verify based on the case records that these children were receiving the requisite therapeutic services and support.²³

At the time the 127 children were approved for the EFC program, 70 were placed or entering a traditional foster home and the other 57 were placed with a kinship family. At the time of this report writing in May 2021, 52 of the 127 children remained in their same family-based placement with EFC supports and services and an additional 25 children had exited to permanency or were close to achieving final permanency,²⁴ showing steady progress toward placement stability and permanency for at least 77 of 127 children in the EFC program case review. For the other 50 children reviewed who did not remain in their same placement or achieve permanency, as of this report writing, 33 were placed in a foster home, of which 24 were still receiving EFC therapeutic services. Six of these 50 children were receiving therapeutic care in a TFC home, eight were placed in higher level care, one was in a shelter and two had aged out.

This case review showed that DHS is on a promising and evolving path to grow Oklahoma's therapeutic treatment home programming for children in care. Highlights from the Co-Neutrals' initial round of EFC case reviews showed foster parents reporting that their treatment plans and wrap-around services provided them with coping skills and therapeutic responses to help the children in their care work through heightened moments of emotional and mental stress and behavioral agitation. Case records also noted children building trusting relationships with their therapists and foster families with the help of the EFC services and the commitment shown by their caregivers. The EFC case records showed 14 sibling groups, with two to four siblings all identified with heightened behavioral health needs and participating in the EFC program to keep the siblings together, supported and stabilized in one therapeutic family-based setting.

The records also showed some challenges with the timely start of services which DHS attributed to COVID-19 as providers were still trying to navigate the pandemic with altered delivery systems and limited availability in some areas. DHS also acknowledged that service delays identified through the department's own EFC monitoring and oversight work revealed the need for better communication among the various parties responsible for implementing each EFC case, including DHS, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), service providers and resource families.

²³ The most consistent support service found in the case review was the Difficulty of Care supplemental payment. The foster families for all 127 children were provided this additional financial support.

²⁴ Thirteen of the 25 children were close to achieving permanency as of this report writing in May 2021 as they were in trial adoption or trial reunification status.

Enhanced Foster Care – Program Description

Shortly after the end of the period, DHS finalized the service and operational details of the EFC program, including the criteria to determine a child's eligibility for the EFC program. A child must meet at least one of these criteria:

- Completed CANS indicates that the child would benefit from EFC level of care.
- The onset of placement moves from family-based settings due to the provider requesting a change of placement or that the provider cannot meet the behavioral health needs of the child.
- A minimum of two elevated Child Behavioral Health Screeners.
- Other child-specific needs/factors that pertain to the child's permanency, safety, and well-being, as approved by the Continuum of Care Administrator.
- A provisional or primary diagnosis from the most recent edition of "The Diagnostic and Statistical Manual of Mental Disorders" (some exceptions are being considered).
- Conditions are directly attributed to a primary medical diagnosis of a severe behavioral and emotional health need and may also be attributed to a secondary medical diagnosis of a physical, developmental, intellectual and/or social disorder that is supported alongside the mental health needs.
- Conditions are directly attributed to a mental illness/serious emotional disturbance, a medical issue, or a developmental/intellectual delay.
- Evidence that the child's presenting problems require full integration of 24-hour crisis response/behavior management and intensive clinical interventions from professional staff to prevent the child from having to move from a family-based placement or to transition to a family-based setting from a higher-level of care.

DHS reported that once a child is deemed eligible for EFC services, the program description calls for a consultation within five days with the child's treatment team. This team includes the assigned caseworkers and supervisors (permanency, foster care and, when appropriate, CPS and FCS); the child's family; the resource parent(s); treatment provider(s); a continuum of care team representative; and the child (if age appropriate). The purpose of the consultation is to clearly articulate the child's and family's current needs, identify services to meet those needs and establish a plan to begin implementing services within five days of the consultation.

Another essential component of the EFC program is that the foster parent(s) caring for the child must agree to participate actively in the child's treatment needs and planning. The foster parent(s) must also complete 12 hours of the Pressley Ridge therapeutic training modules that are required of TFC-approved homes, as well as any other training deemed appropriate to meet the individual needs of each EFC eligible child in the home. DHS is in the process of identifying

additional partners and capacity to deliver the Pressley Ridge training to ensure timely availability and completion as families enter the EFC program.

DHS will administer the EFC program in two foster care settings. First, DHS will provide EFC services in traditional and kinship foster homes for eligible children who are already placed in or being moved to one of these identified settings. Second, DHS will seek to identify existing traditional resources that will complete the additional therapeutic training and commit to serve as standing EFC homes. These homes will be prioritized placements for eligible children who are transitioning from higher-level care, placed in or at risk of being placed in a shelter, or on the TFC waitlist.

DHS is collaborating with the ODMHSAS and community-based providers to locate the specific types of evidence-based therapeutic services each child needs and as close to their community as possible. DHS 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.²⁵ As noted above, it is required under the EFC program description that each child receive from their selected behavioral health provider(s) a treatment plan that outlines the child's individual and family therapy, as well as a 24-hour crisis intervention plan.

There are two important implementation components included in the final program description that will be critical to ensure each member of a treatment team (including the child's permanency caseworker, the family's resource worker, the family, and the service providers) has clarity about the child and family's treatment needs, service plans and progress: the EFC Service and Support Plan and the EFC progress reviews that will be conducted every 60 days during the child's family team meetings, which are convened as part of DHS' existing family meeting and engagement continuum.

As detailed in the EFC program description, DHS will develop an EFC Service and Support Plan for each child that will outline the child's and family's needs and the identified service array. The EFC program description further specifies that the EFC Service and Support Plan will be updated as needed based on the child's treatment goals and individualized needs, and the foster families' needs and resources. The EFC Service and Support Plan will include the monthly visitation plan (for both the permanency and resource caseworkers); the schedule for family meetings; the schedule for weekly individual and family therapy; the Pressley Ridge training completion plan; a

²⁵DHS reported that ODMHSAS will not be involved in every EFC case. For some EFC-approved children and placements, the department is seeking to work directly with local providers, particularly when a service provider is already successfully working with a child or family.

respite plan; the crisis intervention plan; and contact information for the treatment team. Further, the treatment team will participate in family meetings every 60 days to review: the child's current functioning and treatment plans and services; efforts to accomplish treatment plan goals; and any revisions the team decides are necessary to the existing EFC Service and Support plan. To guide the implementation of both the EFC Service and Support Plan and the 60-day review of the child's and family's progress in the program, DHS has developed forms for each of these required actions, with added language to guide appropriate documentation. DHS will require caseworkers to upload the completed forms in the child's case records.

DHS is also developing an online training that will be required for every caseworker and supervisor who is supporting a child or resource home that is approved for the EFC program. In addition to explaining the details of the EFC program and implementation requirements (i.e., the Service/Support Plan and 60-day reviews), DHS' training will guide caseworkers and supervisors to understand their role as part of the child's EFC treatment team, which will require permanency and resource workers to discuss and assess during their monthly visits with the foster family how and if their EFC supports and services are meeting the family's and child's therapeutic needs.

DHS' Continuum of Care program representatives who are assigned to each region will review case records for the required documentation of treatment plans, progress notes and reviews from family meetings to assess the effectiveness of each case as well as the overall implementation of the EFC program in their region. As of this report writing in May 2021, DHS leadership was identifying additional staff for the EFC program to support caseworkers statewide and to help ensure accountability as the department implements this new, multifaceted program that requires a significant amount of coordination and oversight of agencies and providers external to the department.

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. In DHS' February 2021 Semi-Annual Report, the department provided this update:

In July 2020, the Praed Foundation provided an initial CANS algorithm and an Oklahoma CANS training manual. The CW Clinical Team and program leads reviewed the algorithm to assess usability and effectiveness in determining the appropriate level of need. The initial algorithm was cross-

referenced with a population of children placed in congregate care to inform ongoing utilization. Revisions to the algorithm were needed to ensure the tool's utility. EFC criteria was not included in the initial algorithm; therefore, an EFC determination is also being added to the algorithm. CWS will utilize CANS to support the determination of the right level of foster care to meet the child's unique needs. CANS will be administered to children in EFC, TFC, ITFC, and congregate care. The CANS will be re-administered every six months as long as the child or youth remains in the above-listed levels of care. To align these efforts with those of the Family First Prevention Services Act, a third-party assessor will complete the CANS on this population. OKDHS is currently developing a contract proposal with the University of Oklahoma to hire bachelor- and master-level clinicians for CANS administration.

DHS further reported that when the third-party assessor contract is approved, the department will hire 10 clinicians and use of the CANS will begin, including another cross-reference assessment with the updated algorithm to ensure its effectiveness and usability. DHS reported plans to have this in place by October 1, 2021.

As DHS continues to expand implementation of the EFC program, the Co-Neutrals' ongoing case record reviews of the therapeutic supports and services provided to children in the EFC program will also expand and look to verify the additional service components and documentation the program will require. For this first phase of implementation and verification, the Co-Neutrals are encouraged by DHS' ongoing commitment and work to build this program to meet the family-based therapeutic care and placement needs of children in the state's custody. While progress was made during this report period to develop and begin implementation of the EFC program, as confirmed through the case review and information exchanges with DHS leadership and staff, the department has important work ahead to ground this program in the field with caseworkers and supervisors, as well as its agency and provider partners to ensure consistent and quality family-based therapeutic services and supports are provided in home-based placements.

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 6: 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

This is the second report period in which DHS achieved the Target Outcome of 90 percent of caseworkers meeting their caseload standard. Compared to the state’s starting baseline performance of 27 percent caseload compliance, DHS has made substantial and sustained progress in this critical performance area, which has an immense impact on caseworkers’ and the department’s ability to achieve improvements for children and families in other areas of this reform. The Co-Neutrals find that during this report period DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for caseloads.

Performance – Target Outcomes

Point in Time Caseload Data – December 31, 2020

DHS’ point in time caseload performance at the end of the period (December 31, 2020) was 94.2 percent, which exceeds the Target Outcome of 90 percent. The department reported 93.8 percent compliance on the final day (June 30, 2020) of the last six-month period. As shown in Table 7 below, DHS’ end of period performance outcomes reflect substantial and sustained progress over the last five report periods.

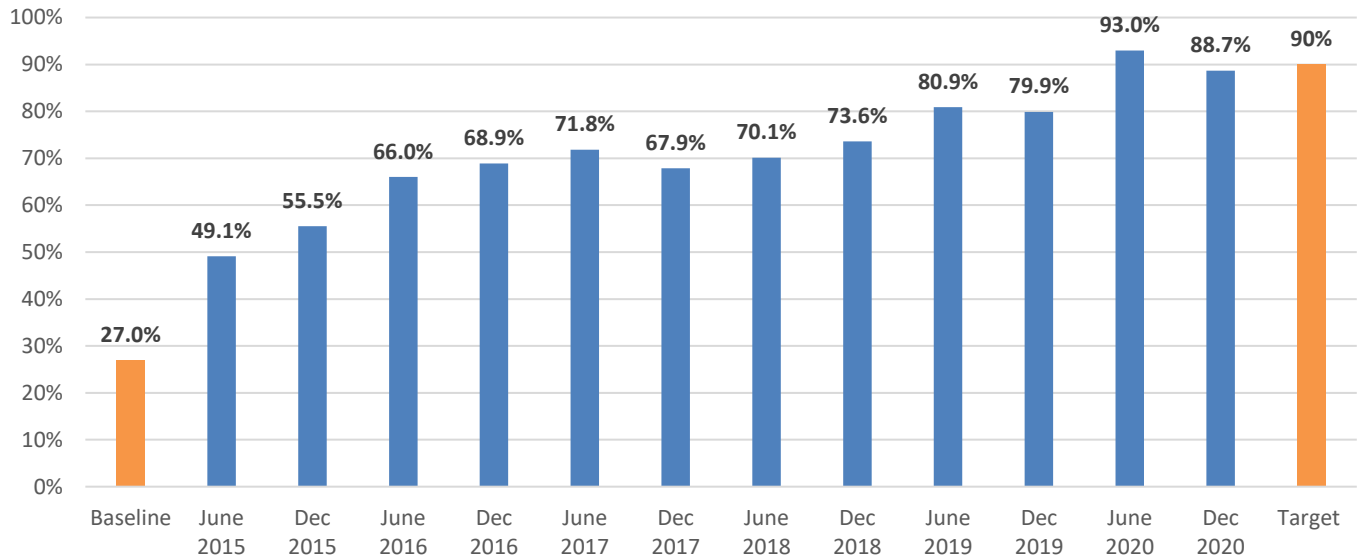
Table 7: End of Period, Point in Time Caseload Compliance

End of Period Point In Time	December 31, 2017	June 30, 2018	December 31, 2018	June 30, 2019	December 31, 2019	June 30, 2020	December 31, 2020
Compliance of all Caseload Carrying Workers	70.5% met	71.6% met	86.1% met	86.9% met	86.70% met	93.8% met	94.2% met

Quarterly Caseload Data (October-December 2020)

DHS reported its quarterly caseload compliance for the three-month period of October through December 2020 was 88.7 percent, which is in close range to the 90 percent Target Outcome and the second highest performance outcome reported during this reform. 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: Caseloads: Percent of Workers Meeting Caseload Standards



Source: DHS Data

COVID-19 Impact on Workloads

For this review period, DHS reported a decrease of 4.3 percent from the last reported quarterly period (April – June 2020) when the department met for the first time the 90 percent Target Outcome for quarterly caseloads data and sustained average statewide compliance of 93 percent over three months. It is important to recognize that while DHS has continued, including this period, to report substantial and sustained improvement in its quarterly and point in time caseload compliance, last period's quarterly caseload data represented, in part, an anomaly due to the pandemic. As noted in the Co-Neutrals' last Commentary, DHS saw a substantial decrease in the number of cases assigned during the April – June 2020 quarter, which was due mostly to a sharp downturn in the number of CPS cases assigned. With school closures and community interactions halting across the state as residents sheltered at home, DHS experienced a significant reduction in the number of abuse and neglect reports to the Hotline that required investigation. The pandemic's impact on caseload compliance last period does not minimize the good faith efforts DHS made last period and this period to achieve substantial and sustained progress toward the Target Outcome for caseloads. As the pandemic continues to alter normal public interactions and school schedules, the department understands that CPS and other cases could increase as community activities further normalize. Such normalization can also coincide with the well-documented seasonal, sudden, or gradual uptick in workloads that DHS has experienced in the past.

Managing to Achieve Caseload Standards

DHS' Executive Team continues to produce, review, and distribute to the Co-Neutrals a weekly detailed report on workload trends that allows DHS leadership to use data to inform decision-making, and support regions and districts in their efforts to improve and maintain caseload compliance. The report 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 that is 150, 175 or 200 percent over the standard. The report also highlights and tracks which districts are below 70 percent caseload compliance; whether compliance levels increased or decreased in each district since the previous week's data report; and whether 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.

With the aid of the workload trends report, a designated member of DHS' executive team has led the department's efforts, in concert with regional and district directors, to monitor and address district level fluctuations in caseload compliance across the state. DHS management assesses

workloads regularly to identify when leadership may need to allocate new positions to an area or realign positions across districts or regions. This focused, data-informed approach has played a critical role in DHS’ progress to achieve 90 percent caseload compliance.

District Level Caseload Performance, End of Report Period

As shown in Table 8 below, on December 31, 2020, 25 districts (coded in green) out of 29 met the caseload Target Outcome of 90 percent, including 14 reporting 100 percent of caseworkers meeting their caseload standard. Two districts (coded in yellow) reported having sufficient case-carrying capacity to cover more than 100 percent of all cases assigned in those districts but reported caseload performance at 88 percent compliance. While work remains to improve caseload performance in these two districts, each were well-positioned with the staffing capacity necessary to achieve 90 percent of caseworkers meeting the standard. The two remaining districts, Districts 20 and 21 (coded in red), both reported caseload compliance at 67 percent. While these two red-coded districts were not reported to have the case carrying capacity to cover 100 percent of all assigned cases as of December 31, 2020, DHS reported Districts 20 and 21 both had the caseworker capacity to cover at least 90 percent of all cases assigned.

Table 8: Worker Caseloads Capacity and Compliance as of December 31, 2020

District	Capacity to Cover Workload	Capacity of Workload	90% of Workers Meeting Std.	% of Workers Meeting Std.
1	149%	Y	Y	100%
2	127%	Y	Y	100%
3	110%	Y	Y	100%
4	121%	Y	Y	94%
5	114%	Y	Y	100%
6	110%	Y	Y	95%
7	122%	Y	Y	95%
8	133%	Y	Y	100%
9	120%	Y	Y	98%
10	138%	Y	Y	100%
11	144%	Y	Y	100%
12	103%	Y	N	88%
13	107%	Y	Y	91%
14	111%	Y	Y	96%
15	122%	Y	Y	100%
16	134%	Y	Y	100%
17	107%	Y	Y	90%
18	160%	Y	Y	100%

19	123%	Y	Y	100%
20	95%	N	N	67%
21	96%	N	N	67%
22	124%	Y	Y	97%
23	106%	Y	N	88%
24	116%	Y	Y	100%
25	104%	Y	Y	90%
26	154%	Y	Y	100%
27	115%	Y	Y	96%
Adoption	187%	Y	Y	100%
Foster Care	142%	Y	Y	94%
Statewide	123%	Y	Y	94%

During this report period, DHS conducted a workload analysis for all of Region 2 as DHS leadership found that most of the districts with average caseloads higher than the standard were located in this region. These districts include the red-coded Districts 20 and 21 highlighted in Table 8 above. Through its weekly review of the workload trends report and the Region 2 analysis, DHS leadership identified four districts, again including Districts 20 and 21, that would benefit from training on how best to manage workload capacity and assignments and use the workload trends report to support this effort. DHS trained six district directors and 52 supervisors from Region 2. DHS' Assistant Child Welfare director also began to hold weekly workload calls with the director of any district with less than 80 percent of caseworkers' workloads meeting the caseload standard. Further, starting in December 2020, DHS required that any district director whose district shows more than a 20 percent gap between its workload capacity and workload compliance must provide regular reporting on actions taken to reduce the gap, better manage case-carrying capacity and increase caseload compliance.

Reducing the Number of Staff over 150 Percent

In addition to significantly increasing the percentage of staff who meet the caseload standard, DHS has used its weekly workload trends report to identify and reduce the number of caseworkers assigned caseloads above 150 percent of the standard. When DHS first developed the workloads trends report during the six-month period of July – December 2019, the agency was confronting a mid-period, sharp decrease in caseload compliance, with 71 workers above 150 percent of the standard, 22 above 175 percent and one at 208 percent. By the end of this report period, DHS' data showed eight caseworkers with a caseload above 150 percent of the standard, of which none were above 175 percent.

Net Change in Caseworkers on Board

At the end of the report period, DHS reported having 1,696 case-carrying staff, 1,522 who managed at least one case. Of the remaining 174 caseworkers not carrying a case, 129 were recently hired, still early in their training and not yet eligible to receive case assignments. Since June 30, 2020, the total number of caseworkers statewide decreased by 40 workers, from 1,736 to 1,696. As evidenced by DHS' reporting that 129 newly hired caseworkers were still in training as of December 31, 2020, the department is continuing to hire new staff and backfill vacant positions. DHS must closely monitor the net decrease experienced this period in the total number of case-carrying staff and ensure that the department's allocation of caseworker positions, as well as ongoing efforts to retain caseworkers and backfill positions, prepares each district to maintain manageable caseloads in the event of any surge or upward trend in cases assigned.

Hiring and Retention

DHS leadership has 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. Interviews with DHS managers and field staff confirmed to the Co-Neutrals 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. Statewide, DHS reported 190 vacant caseworker positions at the end of this report period, an increase of 13 vacancies from one year earlier when DHS reported 177 vacant positions. DHS leadership has committed to ensure every district is allocated enough caseworker positions and supported to best manage workload assignments, improve caseworker retention, and expeditiously backfill staff positions when vacancies occur.

DHS' substantial and sustained progress to meet the Target Outcome this period is evidence of this commitment. Further, DHS' successful efforts to support caseworkers with manageable caseloads is also leading to better staff retention as shown by a significant decrease in caseworker turnover in the last eighteen months. For all levels of case-carrying workers combined, DHS reported the turnover rate for SFY 2019 (July 2018 through June 2019) was 24.2 percent and this decreased to 9.5 percent the following SFY 2020 (July 2019 through June 2020), representing a remarkable 60 percent decrease in the turnover rate. For this report period, which covers the first half of SFY21, DHS reported a turnover rate of 9.0 percent. As DHS highlighted in its February

2021 Semi-Annual report, “The decreased turnover for CW Specialist I, II, and III's is significant considering CWS and its employees experienced a pandemic; developed and adapted to a sudden robust telework plan; and closed over 30 OKDHS buildings across the state.” DHS also noted that this significantly reduced turnover rate further supports DHS’ ongoing efforts to systematically identify and hire the best candidates into DHS’ child welfare positions, particularly as caseworkers.

During this period, DHS continued efforts to implement a new competency-based selection process for hiring new caseworkers with the goal of elevating the skill level of its workforce and reducing turnover. Based on an in-depth job analysis DHS conducted to assess what skills and characteristics are required to perform well as a caseworker, including motivation level and personality, DHS developed interview questions to identify candidates who already possess these qualifications coming into the position as a new worker. During this report period, DHS trained staff in the 43 counties where DHS will first implement the new interview and hiring process. Once fully implemented in these 43 counties, referred to as intervention counties, DHS will assess and compare the results of the new selection process (i.e., work quality and stability of new hires) in the intervention counties to the other counties (the control group) where the previous hiring process is still used. DHS reported that during this report period it made some changes to this new interview and hiring process based on the department’s movement to a permanent teleworking model statewide. The Co-Neutrals will provide an update, once completed, on DHS’ evaluation of the results of the new hiring process.

Supporting Staff through the Pandemic and Transition to a Permanent Telework Model

As previously reported, DHS acted swiftly in March 2020 to implement COVID-19 response plans even before a state of emergency was declared in Oklahoma. Efforts included mobilizing rapidly to provide staff with the necessary equipment (including thousands of laptops and Wi-Fi devices) and remote access to the child welfare information system to move to telework and maintain (and, in many cases increase) contact with and support for children and families. As the pandemic continued through this report period, DHS undertook additional efforts to protect the health and well-being of its caseworkers and staff throughout the department.

Beginning in September 2020, DHS established a new program, Kith Care, which provides caseworkers and supervisors funds to pay a relative to care for their young children as working parents found themselves in need of childcare as day care centers and schools closed due to the pandemic. The department initially informed staff that Kith Care would be available through December 31, 2020 and then extended it through the end of February 2021.

DHS also established virtual resilience groups for staff to address secondary trauma and burnout. Starting first with district directors and field managers, the department held six clinician-led

sessions in July and August 2020, and then began to offer, starting December 1, 2020, two sessions every week for all child welfare staff. Staff can join the sessions voluntarily any time and discuss challenges or concerns they face in their work. DHS reported the sessions provide a safe space where staff receive support and techniques to help alleviate stress.

Additionally, DHS advocated for caseworkers and other child welfare staff to be recognized as first responders to give them early access to the COVID-19 vaccine. Starting in June 2020, DHS resumed in person visits, such as monthly visits with children placed in foster homes. While exceptions were made, such as when a foster family reported a positive COVID-19 test, caseworkers of all types have been visiting homes where potential exposure to the virus is unknown and where the ability to maintain six-foot social distancing is not always guaranteed. As such, shortly after a COVID-19 vaccine was authorized for emergency use, DHS worked with the Oklahoma Department of Health to provide letters to child welfare staff confirming their first responder status and to host vaccine clinics specifically for designated child welfare staff.

DHS' New Service First Model

In response to the pandemic, DHS moved to a telework model in March 2020. DHS evaluated the need and benefits to maintaining a primarily telework model indefinitely and ultimately made the decision to do so. DHS reported this decision as follows:

In May 2020, OKDHS launched its Service First Model. To stay mission-focused in a changing world and prioritize customers and workforce over physical structures, some county OKDHS buildings will be closed under the Service First Model and employees will be assigned a new duty station. The offices are closing due to the reduced revenue from oil and gas and the economic downturn caused by the COVID-19 pandemic. Building upon the foundation of the agency's True North goals, this model will also fully integrate a robust telework policy. For counties with buildings closing, OKDHS will secure office locations with community partners and OKDHS employees will become embedded within those community partners. These new locations will be collaborative spaces that are shared by OKDHS employees. OKDHS buildings remaining open will also become shared collaborative spaces for all OKDHS employees. The community partner locations will be able to meet CWS' specific needs, such as a location for family time and family meetings. OKDHS believes partnership and community engagement are critical components of service delivery. Even when a building is closed, OKDHS will still be a presence in the community, committed to remaining accessible, and available for face-to-face

interactions. With the Service First Model, OKDHS focuses on cutting the costs associated with a brick-and-mortar building; therefore, not resulting in cuts to services, programs, or employees' salaries and positions.²⁶

DHS leadership reported it understands that moving to this new work model represents an immense change and will require the department's close monitoring of the impact on staff and the children and families it serves to uphold its commitment to ensure the needs of its employees and customers are met. DHS reported that it has implemented a communications plan to keep employees informed each step of the way and prior to closing any DHS building, and to maintain transparency and receive steady feedback from the field. Some feedback reported includes staff resignations attributed to change fatigue, not wishing to work most of the time from home and challenges balancing work/life while working from home. As telework provides a significant benefit to some staff including the elimination of commute times, DHS reported that it is striving to be flexible and allow staff to strike the right balance that allows them to meet their individual home, health and mental health needs while successfully performing their work duties. This includes establishing flexible work hours and a combined home and office work setting. Ultimately, as DHS reports, "The duties, obligations and responsibilities of a teleworking employee are the same as if working at his or her assigned duty station and those for employees assigned to regular duty stations."²⁷ This includes supervisors who must adapt to the new telework model and provide quality observations, coaching and feedback to their assigned caseworkers, especially new caseworkers. As highlighted throughout this Commentary, DHS has designed many core strategies to achieve better outcomes for children and families and a critical pathway to quality implementation of these strategies relies on direct, quality supervision and coaching of frontline caseworkers.

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. Each supervisor's workload also counts any cases that are primary assignments on their workloads.

As of December 31, 2020, DHS reported that 90.9 percent (348 out of 383) of supervisors met the workload standard. Another 33 supervisors were reported close to meeting the standard and only two supervisors were over the standard. This is DHS' best reported outcome to date on

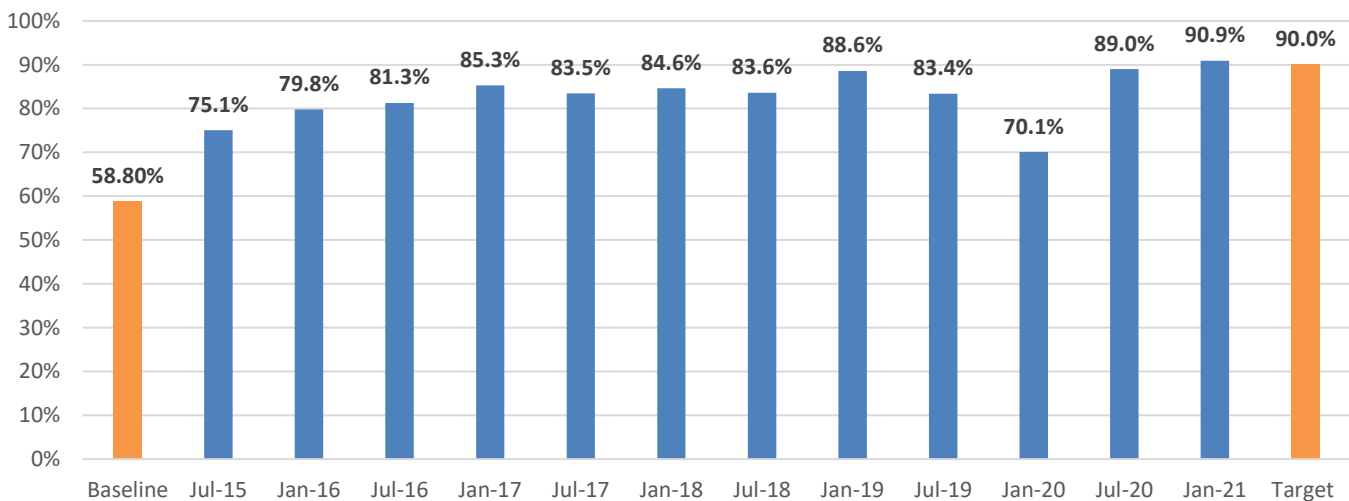
²⁶ February 2021 Semi-Annual Report, page 126

²⁷ February 2021 Semi-Annual Report, page 127

this measure and the first time the department has met the Target Outcome. At the end of the last period, DHS reported that 89 percent (341 out of 383) of supervisors met the workload standard, with 36 close and six over the standard.

Like the department’s efforts to improve caseload outcomes, DHS’ executive leadership team began last report period to produce and closely review a more detailed supervisor workload report, which includes information on both the number of caseworkers and cases assigned to a supervisor. DHS also began to require an explanation from the field for any supervisor not meeting the standard. In reviewing this information and its enhanced supervisor data report, DHS made concerted efforts to reduce the number of cases assigned to supervisors and identified the need to adjust the number of caseworkers assigned to some supervisory units. As a result of this focused monitoring effort and management of supervisor workloads, DHS was able to achieve the Target Outcome.

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



Source: DHS Data

At the end of this period on December 31, 2020, DHS reported that 37 supervisors carried at least one case assignment with a total of 77 cases assigned among these 37 supervisors. This represents a substantial decrease from December 31, 2019 when a total of 259 cases were assigned among 124 supervisors carrying at least one case. Overall, this represents a 70 percent decline in both the number of supervisors with a case assignment and the total number of cases assigned to supervisors. To further reduce supervisor workloads and increase accountability, DHS reported that it now requires a regional deputy director to approve any direct case assignment made to a supervisor for the purpose of having the supervisor manage the casework

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

D. Shelter Use

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the five shelter measures. As outlined below, DHS continued through this report period to implement new and ongoing strategies to prevent new shelter placements and reduce the lengths of stay for children who experienced a shelter.

Over the last seven years, DHS has implemented numerous strategies and efforts that have allowed the department to successfully reduce by just over 70 percent the total number of shelter nights experienced by children of all ages combined (see Table 9 below). This includes closing Oklahoma's two DHS-operated shelters, which were the largest shelters in the state, and establishing heightened oversight of shelter placements by requiring the Child Welfare Director to authorize placing any child under 13 years of age in a shelter and requiring Regional Child Welfare Directors to approve shelter placements of youth 13 years of age or older. DHS committed that such approval would be given only after ensuring caseworkers had exhausted and clearly documented on a shelter authorization form all efforts to secure an alternate, needs-based placement to prevent a shelter stay.

DHS has importantly achieved the most significant percentage reduction (approximately 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 25,417 and reduced child-nights in a shelter for children of all ages combined by 37,192, which is more than double the total number of nights reported this period.

**Table 9: Nights in Shelters by Age, July 2020 – Dec 2020
and Change from Baseline**

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (July 2020- Dec 2020)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	1	-8,852	-99.9%
6 to 12	20,147	5,296	-14,851	-73.7%
13 & Older	20,635	10,069	-10,566	-51.2%
TOTAL	52,558	15,366	-37,192	-70.8%

Performance Standards

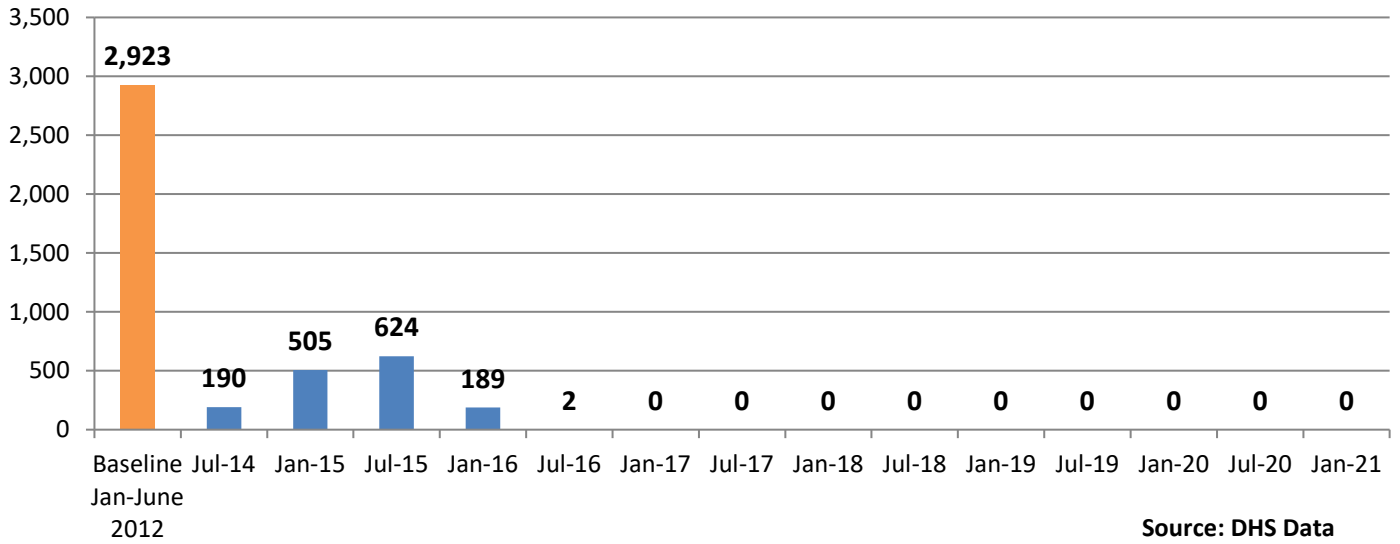
DHS committed to “ensure all children are cared for in family-like settings” and to “stop its use of temporary placement in shelters for all children under 13 years of age.” In the Metrics Plan, the Co-Neutrals selected the number of “child-nights” spent in shelters as the measure to assess Oklahoma’s 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).²⁸ However, while the Co-Neutrals approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

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

As shown in Figure 10 below, for the ninth consecutive report period DHS has achieved and maintained the Target Outcome of zero child-nights in shelters for children under two years of age. From a starting baseline of 2,923 child-nights, DHS has successfully eliminated shelter care for the youngest children for more than four years.

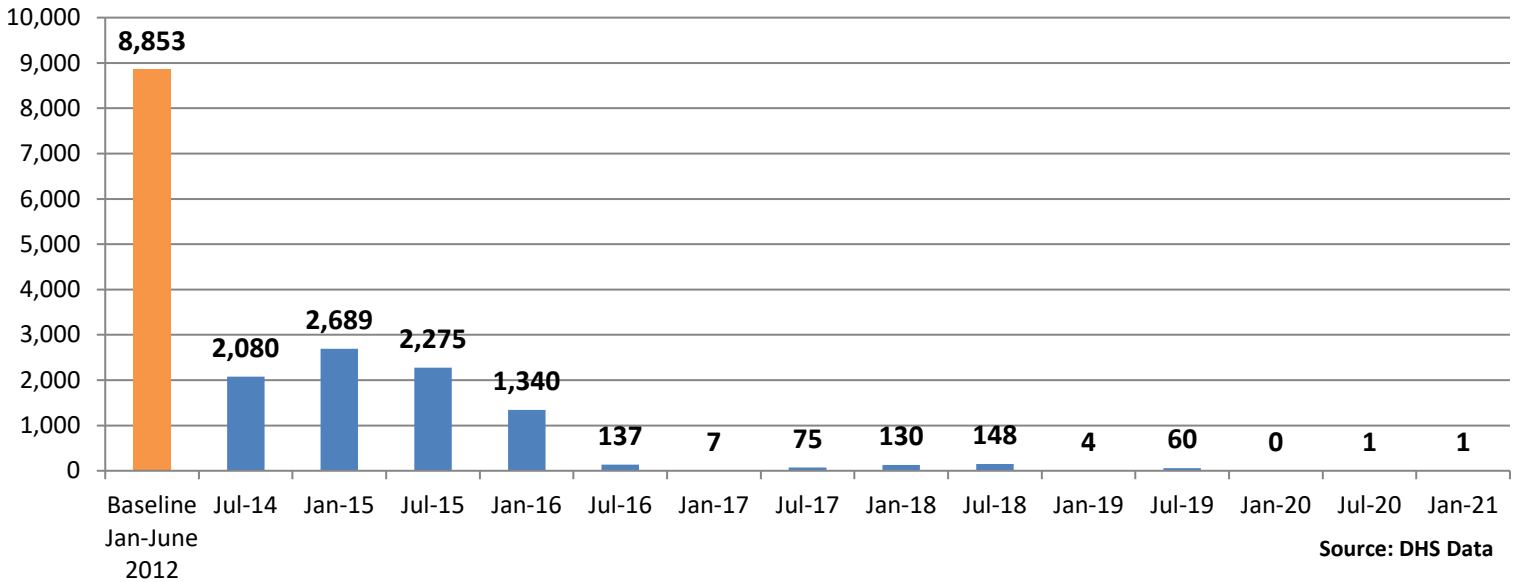
²⁸ Children who meet the criteria for one of the two exceptions are still counted in the shelter outcomes data.

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



For children ages two to five, the original recorded baseline was 8,853 child-nights. For both last period and this period, one child in this age group spent one night in a shelter. DHS reported, and the Co-Neutrals confirmed through a record review, that this one child, along with two siblings, had to be removed suddenly and unexpectedly after hours from their foster home. The siblings were placed together in the same shelter for one night and then were placed together the next day in a new foster home.

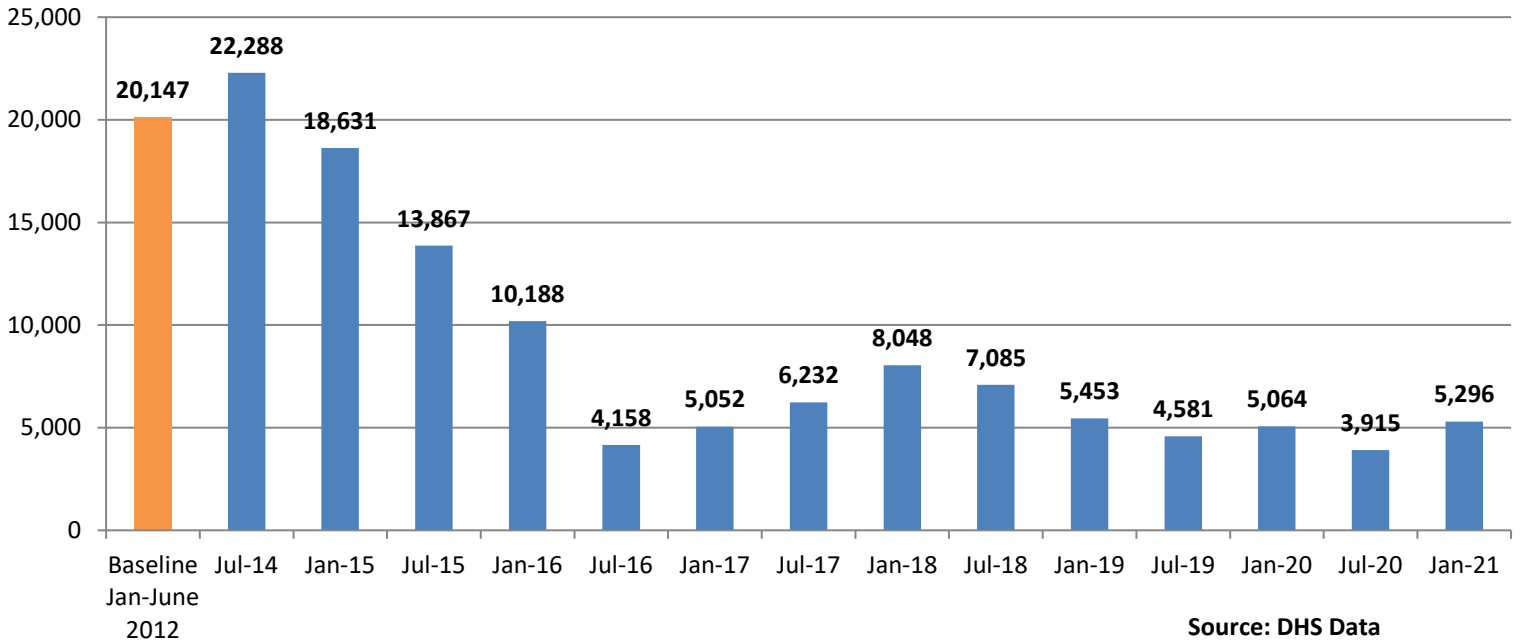
Figure 11: Metric 5.2 – Shelter-Nights, Children Ages 2 – 5



Shelter Metric 5.3 – Children Ages Six to 12

For children ages six to 12, DHS reported that five more children (a total of 104 unique children) in this age group experienced a shelter stay this period compared to last period when 99 children spent at least one night in a shelter. DHS also reported that the total shelter-nights for this age group increased from 3,915 child-nights last period to 5,296 child-nights this six-month period. Figure 12 below shows that the department has reported fluctuations in total shelter nights for this age group over the last 10 report periods but has been able to maintain a substantial reduction below the total shelter nights reported in the baseline. DHS understands the need to further prevent shelter placements for children ages six to 12 and undertook efforts this report period to achieve additional progress toward the Target Outcome.

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



For this age group only, the department reported an increase in total shelter nights for this report period. This increase of 1,381 child-nights comes after DHS reported last period the lowest recorded semi-annual number of shelter-nights for this age group. DHS’ data shows that total shelter nights for children ages six to 12 spiked during the first month of this period, July 2020, reaching a high point of 979 nights, compared to every month of calendar year 2020 and compared to just one month before, June 2020, when a total of 667 child-nights were reported for this age group. Every month following July 2020 during this six-month period showed a progressive decrease in total shelter nights, ending with a total of 724 child-nights for the month of December 2020. DHS shelter data showed that the monthly totals for this age group continued to positively decline to 706 total nights through the month of March 2021.

Starting with children under the age of two (which DHS has reported at zero shelter nights for over four years), the department has sequenced age-staggered deadlines to guide its shelter reduction strategy. The department then moved to children ages two to five, where DHS leadership successfully focused on eliminating shelter placements, achieving zero shelter nights two periods ago and coming close to zero nights this and last report periods. In a strategy to make further headway toward zero nights for this next, and larger cohort of children ages six to 12, DHS decided to focus this period on eliminating shelter placements and nights in phases. Starting September 1, 2020, DHS reported that it began to heighten leadership involvement in efforts to avoid shelter placement for children ages six to eight and began the same for children ages nine to 10 starting on December 1, 2020.

Department leadership has proven over the years that once it sets its sights on a tangible goal and focuses intensely on supporting and guiding its staff to achieve the goal, it can be successful. DHS also recognizes that the goal of eliminating shelter placement of children ages six to eight and then nine to 10, is in close range given the department's efforts to date. At the beginning of September 2020, when DHS began to focus on children ages six to eight, there were only six children these ages placed in a shelter and similarly, at the beginning of December 2020, only five children ages nine to 10 were in shelters. DHS in its February 2021 Semi-Annual report noted that, "Future reporting periods will be evaluated to determine if the strategy to reduce the usage of shelter care for this cohort has a significant impact." And, noting preliminary progress, DHS also reported, "As of February 11, 2021, no children under age eight are in shelter care and only eight children between the ages of eight-ten were in shelter care."

Case Review of Children Ages Six to Ten Who Entered a Shelter

The Co-Neutrals conducted a case review of all 38 children ages six to 10 who entered shelters between July and December 2020. The review included 53 separate shelter entries as seven of the 38 children experienced two shelter placements and four of the children experienced three shelter placements.

At the time of their shelter entries, it appeared that 25 of the 38 children needed a placement at the EFC level or above, with 17 having already been approved for a TFC placement. Most (26) of the 38 children had a mental health diagnosis and/or a developmental disability noted in their records, indicating again, and consistent with previous shelter case reviews, that most children of all ages who experience a shelter have higher-level therapeutic needs.

For 35 of the 53 shelter entries reviewed by the Co-Neutrals, the records appeared to show that DHS made significant efforts to avoid the shelter placements and that for most of these children, their caseworker elevated the search for an alternate placement to superiors (i.e., field managers and district directors) before shelter placement was reviewed and approved by DHS leadership. This is good progress, overall, and the Co-Neutrals expect that DHS will continue to expand their efforts to eliminate shelters for children under age 13 with a heightened focus now on children 10 and under.

That said, while DHS caseworkers now understand that shelter placements should be avoided, it appears some practices continue to contribute to the use of shelter placement for children with extremely high needs. For example, for at least 16 of the shelter entries, worker contact notes appear to show very little time (i.e., under two days) between notice of a likely placement disruption and shelter entry. Yet, most of these children have histories that suggest they are at risk for disruption and need a solid crisis de-escalation plan in place. Overall, caseworker contact notes appear to focus on the child's behaviors after they occur, rather than on any pre-

interventions that could be used by either the child or the resource parents to avoid potentially disruptive situations. This is evident from contact notes where workers consistently ask resource parents about the type of discipline used after a child has an incident (e.g., timeout; videos games taken away) but do not discuss techniques that may be used to avoid such events.

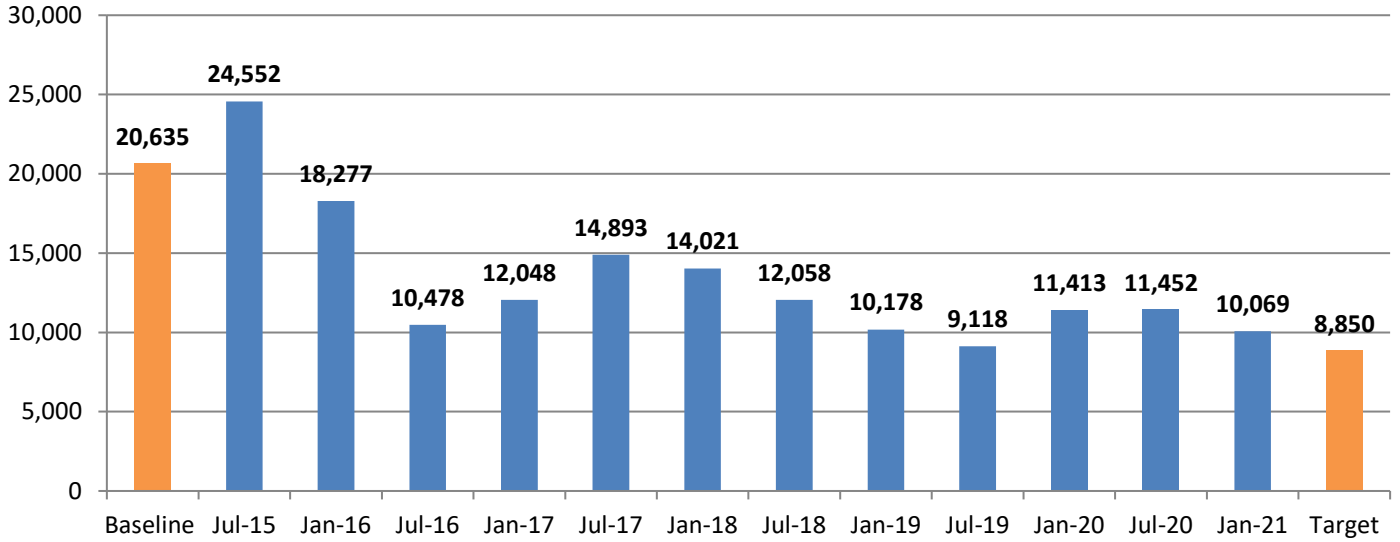
DHS' records also showed that a shelter was the first placement upon removal for 12 of the 38 children reviewed. For only two of these shelter-first placements did the records show that the department had five or fewer days between the dates of the referral and removal, and neither were emergency removals. For the other 10 shelter-first placements, it appeared that DHS had significant lead time to locate a non-shelter placement. Addressing these practice concerns will require continued attention and focus from leadership to support a continuum of family-based placements for children and youth with therapeutic needs and ensure staff appropriately plan ahead, when possible, to secure non-shelter placements for all new removals. As discussed in the sections of this Commentary regarding family-based therapeutic care and placement stability, DHS is advancing strategies and efforts to help accomplish these goals.

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 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 within a six-month period. 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 by 13 from 241 children in the last period to 254 children this period. However, as shown in Figure 13 below, DHS reported a decrease of 1,383 child-nights for this oldest group of children, going from 11,452 last period to 10,069 child-nights this six-month period. This is the second lowest number of shelter nights reported in a period for teens and older youth.

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



Source: DHS Data

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 through December 31, 2020, DHS reported that 33.1 percent (84) of the 254 youth ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As shown in Table 9 above, DHS has reduced by 51.2 percent the number of shelter-nights for this oldest age group of children since the baseline period. Despite this progress, the performance outcome for Metric 1.17 this period shows a decrease of 0.6 percent below the starting baseline when 33.7 percent of a much larger group of teens (593) met the requirement of no more than one shelter stay or shelter-nights beyond 30 days over the span of 12 months. DHS’ data showed a 57 percent reduction in the number of teens who are counted in the denominator for the 1.17 measure because they experienced a shelter stay. This decrease from 593 teens in the baseline period to 254 this report period represents progress in this measure. Further, the number of youth whose placements are non-compliant with the 1.17 measure requirements decreased from 393 to 170 (57 percent reduction) comparing the baseline and

current report periods as shown in Table 10 below. These additional data points are important to the overall assessment of DHS' efforts to achieve substantial and sustained progress.

Table 10: Pinnacle Plan 1.17: Baseline and July - December 2020

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		July – Dec 2020	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	254	100.0%
Shelter Placements Compliant with Pinnacle Plan 1.17				
Those with 1 stay, less than 31 days	200	33.7%	84	33.1%
Compliant TOTAL	33.7%		33.1%	
Shelter Placements Not Compliant with Pinnacle Plan 1.17				
Those with 1 stay, 31 or more days	136	22.9%	69	27.2%
Those with 2 or more stays, less than 31 days	74	12.5%	22	8.7%
Those with 2 or more stays, 31 or more days	183	30.9%	79	31.1%
Not Compliant TOTAL	66.3%		66.9%	

Case reviews completed by the Co-Neutrals have shown that the older youth for whom DHS still accesses shelter placements overwhelmingly represent teens with complex behavioral and other needs. As detailed above in this Commentary, DHS recognizes that Oklahoma has a gap in available placements that can meet the individual therapeutic needs of children and youth of all ages with the most complex mental, behavioral, and other challenges. The department's efforts to build a continuum of care and enhanced foster care placements that meet the needs of these children, with the goal of therapeutically supporting them in family-based placements when possible, is critical to reduce DHS' reliance on shelters for children and youth with higher-level needs.

Efforts to Reduce the Length of Shelter Stays

Several years ago, DHS established regional shelter teams (with a designated regional shelter lead) and protocols for these regional teams to convene bi-weekly staffings for every child in a shelter to identify a needs-based placement and help advance their exit from the shelter. Over the last several periods, DHS focused on expanding and strengthening its shelter staffings to include a statewide, multi-disciplinary team that holds elevated staffings for children under the age of 13 who remain in a shelter for at least 30 days and for youth ages 13-17 who remain in a

shelter for at least 60 days. DHS reported that the purpose of these elevated staffings is to use a multi-disciplinary approach to review the unique, higher-level needs of children and youth that can present challenges to identify appropriate therapeutic placements and that often lead to extended shelter stays. At the beginning of last report period, DHS began to increase the cadence of these multi-disciplinary staffings and set a goal to convene the elevated staffing within 30 days of a child under age 13 entering a shelter rather than wait until the child's shelter stay exceeded 30 days. For youth 13 and older, a new goal was set to have their first elevated staffing within 45 days of their shelter placement, rather than wait at least 60 days after they enter a shelter.

Since the beginning of this six-month report period, DHS has sought to further accelerate the multidisciplinary reviews conducted for any child who presents with higher-level needs and for whom the department confronts challenges to identify and stabilize a needs-based placement. The department established a multidisciplinary team in every region, significantly expanding on the one statewide team previously tasked with conducting elevated staffings for children across the state, particularly for those in shelters. Each of the five regional multidisciplinary teams have been directed to complete an elevated staffing within one week of any child entering a shelter, regardless of their age. DHS committed to then hold an additional MDT if any child remains in a shelter 30 days after placement.

DHS reported that Regions 4 and 5 implemented the regional MDT process in June 2020, Regions 1 and 2 implemented in August 2020, and Region 3 implemented in September 2020. In its February 2021 Semi-Annual Report, the department presented the following data on the number of children and youth staffed (total of 442) by the regional MDTs:

- Region 1: 81 children staffed since September 1, 2020
- Region 2: 102 children staffed since August 1, 2020
- Region 3: 61 children staffed since September 1, 2020
- Region 4: 129 children staffed since August 1, 2020
- Region 5: 69 children staffed since September 1, 2020

In addition to this staffing within one week of any child who entered a shelter, the regional MDTs are charged with reviewing the placement and service needs of children in higher level congregate settings, children with specialized needs, including developmental disabilities, and older youth at risk of aging out of care without a permanency placement.²⁹ DHS further reported the following points about the MDT process in the February 2021 Semi-Annual report:

- The MDT process brings a higher level of oversight and accountability from regional leadership, as well as helping [child welfare] field staff feel

²⁹As noted in the permanency section below, DHS has specifically designated youth included in current and future cohorts of the 6.4 measure for regional MDT staffings.

supported by regional leadership's presence in the MDT meeting and as active participants in the MDT process.

- The MDT process elicits more robust information in shelter authorization requests, which leads to a more complete picture of the youth's needs and a better starting point for the MDT discussion for that particular youth.
- The MDT process resulted in increased unpacking of previous denials and rule-outs of family and kinship placements.
- The MDT process gives CW field and program support staff a better understanding of the needs of this population of youth, including family history, behavioral context, and the youth's strengths. This helps to better determine how best to serve and meet each youth's specific needs.
- The MDT process leads the way towards better transition and exit from shelter care through discharge planning, although work still needs to be done in this area going forward.

As the work of the regional MDTs is a new practice, DHS has offered only a preliminary and general report of positive progress; however, after the end of the period the department acknowledged the need to develop a mechanism to track and report more specific outcomes from these regional staffings and identify trends with respect to securing needs-based placements. The MDT report will also allow the department to evaluate its new regional-based MDT practice and adjust its practices and processes as needed. As of this report writing in May 2021, DHS was in the process of implementing this tracking effort and developing its first report. The Co-Neutrals will provide an update on this effort in the next Commentary. In the interim, the Co-Neutrals recognize the importance and value of the department's beginning to systematically conduct multidisciplinary assessments and efforts to connect children with the services and placements that can meet their needs. This is particularly important for children who, as discussed in several past Commentaries, have a record of chronic instability and multiple placements, including multiple shelter stays.

Efforts to Prevent Shelter Placements

Starting in the last report period, DHS also turned its attention to new strategies focused on preventing children from being placed in a shelter. DHS concluded that additional efforts were needed to effectively plan for the eventual discharge of children from higher-level congregate care to support a transition to a placement – family-based, if possible – that can meet their therapeutic and other needs. Based on their own case record review, the Co-Neutrals concurred with DHS that this is a specific area of practice that requires new efforts to help prevent shelter placements. In their review of 50 youth who experienced a short-term shelter stay (seven days or fewer) between January 1 and May 15, 2020, the Co-Neutrals identified 20 children who had been placed in various congregate settings, including group homes and acute psychiatric

facilities, before beginning their short-term shelter stays. For most of these 20 children, DHS had significant lead time to plan for an alternate placement other than a shelter, knowing that these children would exit the facility and require a subsequent placement that included some level of therapeutic support.

To address this shortfall in practice, DHS established new protocols 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 in the Specialized Placements and Partnerships Unit (SPPU) who are assigned to higher-level facilities to help 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 through upfront discussions about the child's and family's needs and with enhanced services and supports before or upon placement, as required. As noted above, the new regional MDTs will also play a role in this effort moving forward.

The case records for all but a few of the 50 short-term shelter stays that the Co-Neutrals reviewed showed that the children required placements with various levels of therapeutic supports: 18 had been approved for TFC-level care; 13 were on a group home waitlist; and, for two of them, DHS was trying to secure inpatient services. DHS understands that its insufficient supply of therapeutically supported placements has, in part, impeded the department's ability to further reduce shelter placements and nights for children and youth ages six and older. Again, DHS has invested resources and efforts into developing therapeutically supported family-based placements through its EFC program and has identified this new program as a priority strategy to further reduce and prevent shelter nights. Another key and necessary priority is the department's commitment to establish a systematic practice that timely assesses a child's behavioral, mental health and other specialized needs before they cycle through multiple placements that are not prepared and supported to meet the child's individual, therapeutic needs. Efforts regarding the early identification of a child's specialized placement and service needs is reviewed in the therapeutic foster care section above.

Shelters and Impact of COVID-19 Pandemic Response

Last report period, DHS worked with select Youth Services Agency shelter staff and Oklahoma's Office of Juvenile Affairs³⁰ to establish a separate 12-bed shelter, with nursing care, for children in DHS custody who test positive for COVID-19 or are highly likely to have been exposed. The department established the new shelter contract to reduce the spread of the virus and safely quarantine those children who are affected. DHS and its partners continued to make the shelter

³⁰ The Oklahoma Office of Juvenile Affairs manages the state's contracts with the Youth Service Agencies that operate the shelters DHS accesses for children in DHS custody.

available through this report period and as of this report writing. The department reported that a total of 68 unique children in custody were placed in this COVID-19 shelter during this six-month period, which accounts for a total of 772 shelter nights between July and December 2020.

As noted in the foster care section above, COVID-19 impacted the availability of foster homes and family-based placements in Oklahoma. DHS reported that during this six-month period 35 families closed their non-kinship foster homes, noting that the pandemic was the primary reason or a contributing factor in their decision to close. Further, DHS reported 173 non-kinship foster homes were unavailable for new placements at some point during the report period because someone in the home had tested positive for COVID-19.³¹

E. Child Maltreatment in Care

Over the last five years, DHS has improved its child welfare system and practice with respect to ensuring the safety of children in DHS' custody and reducing maltreatment in care (MIC). Comprehensive and necessary work continues throughout the department to safeguard and promote the health and well-being of children in DHS' care. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for the two safety measures for children in DHS custody: Metric 1a, MIC by a resource caregiver, and Metric 1b, MIC by a parent. As outlined below, for both child safety measures DHS has made substantial progress and for the second time, during this report period the department met the Target Outcome for Metric 1b, MIC by a parent. Further, as detailed in this section, DHS' reported MIC data this period shows that the rate of maltreatment in care in institutional settings has decreased by over 50 percent in the last two years.

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.³²

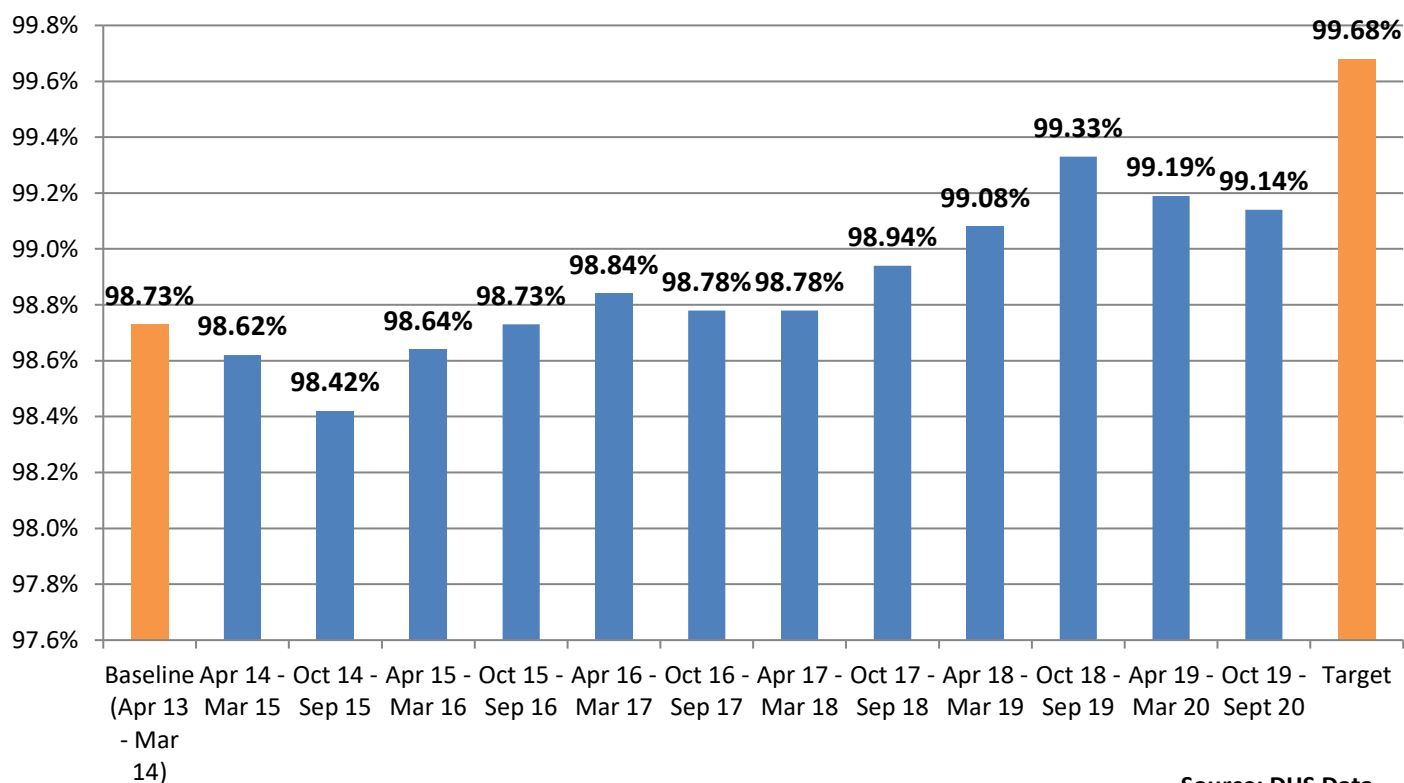
³¹ The Co-Neutrals reviewed case records for these 173 foster homes and identified in the records of 121 foster homes notes regarding a COVID-19 positive test.

³² 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.

For this metric’s current measurement period, October 1, 2019 to September 30, 2020, DHS reported that 106 children out of 12,268 in DHS custody were abused or neglected while in care. This represents a rate of 99.14 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 67 children from maltreatment 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, as Figure 14 below shows, over the last five periods including the current period under review, DHS achieved substantial progress above the baseline performance and toward the Target Outcome.

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, 2019 to September 30, 2020, DHS reported 127 substantiations of child abuse and neglect by a resource caregiver. Of these 127 substantiations, 103 (81 percent) are for children in family

based foster care settings, while 24 (19 percent) are for children in institutional placements.³³

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

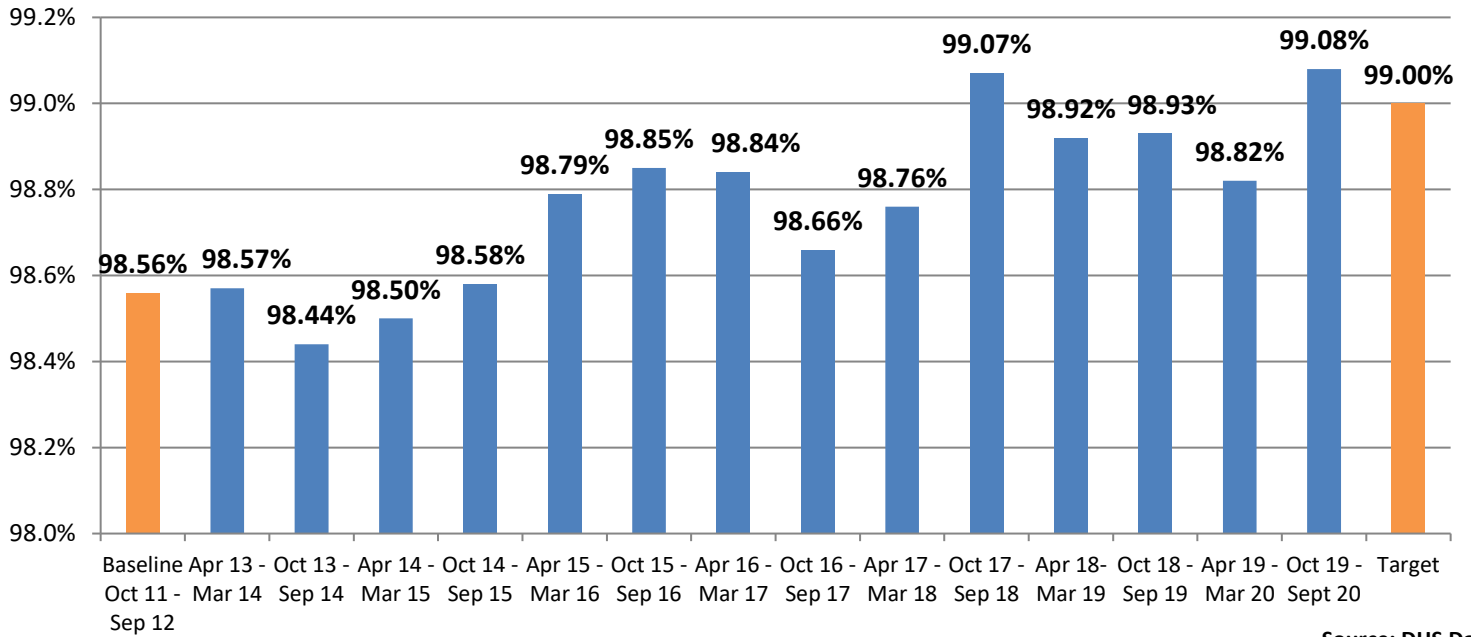
The metric for "Abuse and Neglect by Parents While Child is in the Legal Custody of DHS," measures performance this way: Of all children in the legal custody of DHS during the reporting period, the number and percent of children who were not victims of substantiated or indicated maltreatment by a parent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

For this report period, October 1, 2019 to September 30, 2020, DHS served 12,268 children in custody, 113 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 99.08 percent against a target of 99 percent.³⁴ As shown in Figure 15 below, this represents an increase of 0.26 percent from last period when DHS reported a safety rate of 98.82 percent. For this report period, DHS met and exceeded the Target Outcome of 99 percent.

³³ Twenty-one of the 127 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) 19 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-months federal reporting period; and (2) two child abuse or neglect substantiations were not counted in the federal metric because they represent multiple substantiations for the same child.

³⁴DHS' data excluded 29 substantiations of maltreatment of children by their parents while in DHS custody from a total of 142 substantiations because of the same federal exceptions applicable in Metric 1a. All 29 substantiations excluded from the federal measure are because the referral date and findings date do not exist in the same 12-month reporting period.

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



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 11 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 11: Rate of MIC by Placement Type, Current, Last and Prior Report Periods

Placement Type	Current Period (Oct '19 to Sept '20)		Last Period (Apr '19 to Mar '20)		Prior Period (Oct '18 to Sep '19)		Three Periods Prior (April '18 to Mar '19)	
	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
Regular Foster Family Care	29	5.2	30	5.3	22	3.9	35	6.2
Foster Family Care - Supported Home	10	2.1	5	1.1	9	1.9	17	3.6
Kinship Foster Family Care Relative	38	4.0	25	2.6	26	2.7	37	3.7
Kinship Foster Family Care Non-Relative	17	5.0	22	6.5	14	4.3	12	3.8
Therapeutic Foster Family Care	9	19.9	3	6.5	1	1.9	3	5
Congregate Care	24	13.0	35	18.6	44	23.5	35	18.3
Other Foster Family Care	0	0.0	0	0.0	2	1.2	7	4.2
Total	127	4.7	120	4.4	118	4.3	146	5.2

When compared to the last 12-month report period, the maltreatment rate for children in DHS custody increased from 4.4 percent to 4.7 percent but importantly stayed below the 5.2 percent rate reported for the recent period of April 1, 2018 to March 31, 2019. A more detailed review of the data by placement type shows that the maltreatment rate in Therapeutic Foster Family Care settings is the highest of all placement types, increasing from 6.5 percent to 19.9 percent.³⁵ However, compared to two years ago for the report period ending March 2018, the MIC rate in congregate settings has decreased by over 50 percent from 33.5 to 13.0 percent this report period.

Over the last year and since the period ending September 2019 when DHS reported its best and

³⁵As detailed in the TFC section above, the number of placement days in TFC homes has continued to decrease over the last several years. As such, the relative low number of placement days in TFC homes compared to all other common placement types makes the TFC-home setting more susceptible to significant increases in the MIC rate with every substantiation confirmed. At the same time and most importantly, the increase from last period of three MIC substantiations in TFC homes to nine substantiations reported this period warrants close review and remediation, which department leaders have discussed with the Co-Neutrals to address safety threats. These substantiations in TFC homes are not part of the new EFC program, but those treatment homes managed by private agencies.

highest performance under this measure, the department has shown an increase in the number and rate of MIC substantiations in all family-based settings. As described below, DHS has continued to conduct a detailed qualitative review of every MIC substantiation in a foster home setting. Based on these reviews, DHS also has continued to assess what areas of practice need further improvement to prevent maltreatment in foster homes and has focused on enhanced supervisory oversight and coaching in the field to implement the department's comprehensive set of core strategies designed to improve safety for children in out of home care.

Core Strategies to Reduce MIC in Family-Based Placements

Over the past six 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. From the beginning, these reviews identified three primary case practice concerns that contribute to child maltreatment in foster homes. These three practice 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 to implement 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 have improved information sharing among a foster home's caseworker and children's caseworkers to ensure pertinent safety information is known and monitored by the relevant, involved workers.

The expanded core strategies reflect a comprehensive effort by DHS to strengthen child safety and agency practice. Through the current report period, DHS continued to refine these strategies, implementing additional system-wide modifications that are designed to address any identified gaps in the department's safety protocols and practices.

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 to review all the substantiated maltreatment referrals in foster homes and a monthly sample of unsubstantiated investigations to assess ongoing practice issues that contribute to child maltreatment in foster homes. The central office MIC team sends each of these completed case reviews to the relevant district director and foster care field manager. The reviews document any identified case practice concerns that local supervisors are then required to review timely with their assigned permanency and foster care workers so that frontline staff can learn from and address any shortfalls in their casework moving forward.

DHS completed a qualitative case review of every substantiated MIC referral in a family-based setting for the current report period of October 2019 through September 2020. This review, which consisted of 63 substantiated cases, continued to focus on the previously identified areas of concern included in the Table 12 below.³⁶ The department's analysis of this review found that quality of visits remains, by far, the most frequently identified area of concern. As shown in Table 12 below, 28 (44.4 percent) of the 63 family-based substantiated MIC referrals reviewed presented practice concerns regarding the quality of caseworker visits.

³⁶ The Co-Neutrals independently reviewed a sample of these cases and, as with the Co-Neutrals' prior reviews, concurred with the department's assessment of the causative factors contributing to risks to child safety.

Table 12: MIC Investigation Case Review, October 2019 – September 2020

Area of Concern	Of all 63 substantiated referrals reviewed	
	Count	Percentage
Quality of Visits	28	44.4%
Referral History / Totality of information	14	22.2%
Unapproved person in the home	13	20.6%
Child with special needs, challenging behavior	9	14.3%
Foster Parent Support	7	11.1%
Home approval	6	9.5%
DHS partners not communicating	5	7.9%
Overfill	0	0%

Over the last two years DHS has consistently identified strengthening the quality of visits as the most prominent opportunity area to prevent maltreatment in foster home settings. In response to these findings and as outlined in previous Co-Neutral Commentaries, DHS has heightened its focus and efforts to improve the quality and consistency of worker visits with foster parents and children placed in foster care, as well as children and families in trial reunification.³⁷ More specifically, DHS issued new guidance on quality visits in October 2018, developed regionally-focused plans to improve quality visits during the first part of 2019 and, as described below, implemented a number of new strategies, including resource alerts and requirements for more detailed assessments and documentation of safety for every monthly visit.

To further hone the department’s and supervisors’ focus on improving quality visits, DHS’ program office probed deeper into the 63 family-based substantiated MIC referrals to understand the specific aspects of visits that require better practice. As outlined in Table 13 below, DHS identified eight recurring elements of quality visits that require case practice improvements. The top four concerns with visit quality are: a lack of discussions about other persons (not approved household members) who spend significant time in the home; a lack of unannounced caseworker visits, which are required every three months with children placed in foster homes; a lack of discussion about discipline practices; and safety not being addressed with children or foster parents.

³⁷ The quality of visit guidance and enhancements in KIDS are also designed to improve quality of visits and better assess safety and protective capacity with birth parents who are working toward trial reunification.

Table 13: Analysis of Quality Visits in MIC Case Reviews, October 2019 – September 2020

Aspects of Quality Visits Assessed	Frequency	Percent of 63 substantiated referrals reviewed
No discussion about other persons in the home	32	50.8%
Safety not addressed with children or foster parents	18	28.6%
No discussion about discipline practices	17	27.0%
No unannounced visits	14	22.2%
No discussion with foster parent as to children’s services	8	12.7%
Lack of attempt to gather info from pre/nonverbal children	6	9.5%
Contradicting info not addressed	2	3.2%
Infant not observed unclothed	1	1.6%

During the data period under review, DHS advanced several new efforts focused on improving the quality of caseworkers’ visits with children and families. First, DHS in November 2019 changed in the KIDS data system the set of questions and issues workers must review and document for every monthly contact with children in custody and the foster parents with whom they are placed. The questions replicate those included in the “Assessment of Child Safety” (AOCS) that the department reviews and assesses when making removal and reunification decisions regarding children and their birth families. Prior to November 2019, the child safety section for each monthly contact with a child in a foster home only required a worker to: confirm if the child was seen alone and provide an explanation if a child was not seen alone (this is still required); and describe generally the methods, purpose, and frequency of discipline, as well as supervision and sleeping arrangements.

The new guide requires caseworkers to explore and address four questions and provides detailed descriptions of the types of issues, conditions and family dynamics that should be assessed in answering each question. The questions are listed in every monthly contact entry in KIDS as follows:

- **Child Functioning: How does every child in the home function on a daily basis?**³⁸
 - Describe vulnerability, special needs, physical and emotional health, child development status, school performance, peer/social/sibling relationships, role

³⁸ The contact guide reminds staff that each child in custody and foster parent must be interviewed separately to answer each of the four questions.

within the family, attachment to [foster parent(s)],³⁹ mood and behavior, age-appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills. Ensure sleeping arrangements are safe and appropriate.

- **Discipline: Describe the disciplinary approaches used by the [foster parent(s)] and under what circumstances?**
 - Describe methods of discipline used, frequency and purpose of discipline by including examples of appropriate purposes such as providing direction, managing behavior, and/or teaching, emotional state of each [foster parent] when disciplining, each child’s perception of discipline methods, [foster parent(s)] agreement on discipline, each [foster parent’s] view of his or her own discipline experience, cultural implications and if the discipline is based on reasonable expectations of the child and whether it works.
- **Parenting: Describe the overall family values and cultural influences with the family and the overall typical and pervasive parenting practices used by the [foster parent(s)].**
 - Discuss each [foster parent(s)] knowledge and expectations related to child development and parenting, each [foster parent(s)] perceptions of each child, and the tolerance and interaction between each [foster parent] and each child. This includes a description of the protective capacities of each [foster parent] and whether or not they are sufficient to keep the child safe.
- **Adult Functioning (Document each [foster parent] separately): How does the adult(s) function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?**
 - Describe how the [foster parent] feels, thinks, and acts on a daily basis with focus on functioning and coping skills. Describe the [foster parent’s] coping and stress management abilities, self-control in relationships, problem solving abilities, judgment and decision making, home and financial management, employment history, domestic violence, behavioral and physical health and capacity, social and familial support, and cultural norms.

DHS also developed a How-To guide for staff on how to conduct the safety assessment during their visits using these key questions. These changes to the required monthly contact documentation with questions that focus on a child’s safety and well-being build on the Quality Contact Guides that DHS previously developed for staff. DHS reported that staff have been

³⁹ The official text in KIDS and the Assessment of Child Safety refers not to the foster parent(s) but instead to the PRFC(s) or the Person Responsible For the Child. For consistency, DHS uses “PRFC” in these safety questions and staff have been instructed and provided guidance on the context and when the PRFC refers to a foster parent (i.e., monthly contacts in a foster home) and when PRFC refers to a child’s parent (i.e., assessing during monthly contacts with a child’s parent if a family is ready for trial reunification).

trained on the use of the contact guides, which instruct staff on how to prepare for a quality visit, how to conduct a quality visit and best practices for following up on visits to ensure that the support needs of each child and family are met and that any outstanding or concerning issues are appropriately addressed. Training on the Quality Contact Guides was provided in regional increments through the Supervisor Framework, with the last region receiving the framework training on the contact guides in May 2020.

However, due to the pandemic, permanency caseworkers confronted limitations in their ability to conduct thorough in-home, in-person visits throughout the full 12-month period reflected in the MIC data reported in this Commentary. As previously noted, DHS suspended from mid-March 2020 until June 1, 2020 the requirement that regular monthly visits with children in custody must be conducted in-person (except in emergent situations) to help prevent the spread of COVID-19. In its February 2021 Semi-Annual report (page 18), DHS notes that, “Undoubtedly, the COVID-19 pandemic's impact and restrictions to in-person visits are reflected in this reporting period's [MIC] data.” This Semi-Annual report also states (page 18):

Data from MIC program reviews and district director reviews was consistent across reporting periods in identifying quality worker visits as the number one contributing factor to MIC. During this period, the struggles in this area were likely compounded by the COVID-19 pandemic. While a more exact understanding of COVID-19's impact on this area will become more apparent through the data analysis set to occur in February 2021, completed reviews during the period indicate the virtual visit format resulted in staff challenges of ensuring children were seen privately, observing interactions between children and their caregivers, and completing unannounced visits. Completion of unannounced visits were impacted further by unexpected changes to resource parent schedules in the areas of childcare, school, and family time occurring throughout the pandemic. Despite the struggles, expanded strategies were developed to further understand trends and implement [Transfer of Learning] opportunities around the safety assessment during specialist visits.

The temporary suspension of non-emergent in-person monthly visits presented significant challenges during this period under review. However, notwithstanding the impact from casework changes made in response to the pandemic, DHS leadership acknowledges work remains for DHS to improve the practice and skill level of caseworkers to conduct quality visits and complete the necessary safety assessments to promote child safety in family-based settings. Supporting staff, particularly new staff, to build these skills must remain a continuous focus and priority.

Ultimately, DHS must ensure that all strategies to improve quality visits and safety assessments are implemented thoroughly and that supervisors are appropriately evaluating their assigned caseworkers' monthly visits and coaching them to timely recognize and address risk factors that can lead to maltreatment.

To this end, during this report period DHS developed a review tool (Quality Specialist Visit Review) that supervisors will be required to complete while conducting hands-on reviews of caseworkers' monthly visits. This new tool guides a supervisor through a series of questions to discuss and document with caseworkers, including questions that address each of the specific elements of quality visits listed above in Table 13, as well as other safety related questions, such as asking if the caseworker did a walkthrough of the entire foster home during a visit. In addition to the benefit these reviews are intended to offer caseworkers through direct coaching in this practice area, DHS also reported plans to download the results of these completed review tools "to identify trends, areas of practice strength, and opportunities to improve safety assessment." (DHS February Semi-Annual Report, page 18.) In the next Commentary, the Co-Neutrals will review DHS' progress to implement this new strategy to improve quality of visits.

Heightened Attention to Potential Issues of Concern in Foster Homes

In September 2018, DHS implemented an alerts system in KIDS that allows all caseworkers to track 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 risks 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.

Every month, district directors receive a KIDS-generated report (Y1042) that shows all foster homes with an open resource alert. At the same time, the district directors receive a request to review the Y1042 and provide the report to caseworkers in their district who have an assigned child placed in a home with an open alert. Further, each time a child is newly placed in a foster home, a Resource Information Sheet with details about the home is generated for the child's

caseworker: this information sheet includes information about any open or past, resolved resource alert.

DHS reported that during the six-month period between July and December 2020, department staff opened 106 new alerts, of which 44 were also resolved within this same six-month timeframe. DHS also resolved and closed during this six-month period an additional 60 resource alerts that were opened prior to July 2020.

The content of the alerts focuses 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 shows that DHS has closed homes and/or denied finalizing pending foster home approvals if the department was 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 or other life experiences.

During this report period, DHS continued to enhance its resource alert system and implementation support to staff. First, DHS reported that in November 2020 resource alerts were formally added to the screen-out consultation guide in KIDS, lifting up resource alerts as an option to monitor and address any remaining concerns identified during this joint staffing. The department's Foster Care and Adoptions programs team also developed and distributed a new communications tool - *News to Use-Resource Alerts* - to share updates or changes to the resource alerts system and protocols, as well as ongoing guidance on how to maximize the use of this safety and support strategy in foster homes. DHS also developed a refresher two-hour training, *Resource Alerts – Everything You Need to Know*, on how to oversee and manage resource alerts to decrease risks in family-based settings. This new training was delivered virtually to all foster care supervisors and field managers in all five regions.

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.⁴⁰ 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 100 percent of the required 301 screen out consultations were completed during the six-month period of April to September 2020. As reported in prior Commentaries, the Co-Neutrals have observed through case record reviews that caseworkers and supervisors are consistently completing these post-referral reviews. At the same time, DHS has recognized that beyond just ensuring completion of the screen out consultations, the department must provide support and guidance to field staff to strengthen the quality of this safety-driven practice. To aid in this goal, 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 any identified risk and promote safety for a child. As noted above, DHS added resource alerts as a follow-up option to consider during a screen out consultation.

Again, showing the department's commitment to learn and self-correct from case reviews, DHS reported that a case review of screened-out referrals and other MIC cases completed in January 2020 revealed that caseworkers assigned to foster homes (both DHS and private agency staff) do not consistently follow up to address concerns or policy violations surfaced from these reports. In the same month, January 2020, DHS established a new practice setting a 10-day deadline for DHS and agency staff that manage private traditional and TFC homes to address any identified concerns with the foster family and report back the outcome.

In May 2020, the child welfare director sent a formal memorandum to all child welfare staff detailing new follow-up actions required when DHS' hotline screens out a referral as not rising to

⁴⁰ The department's statewide CPS program staff review all screened-out referrals involving children in DHS custody. DHS documents this review and notes if the CPS team concurs that the screen out decision adheres to policy or if CPS staff disagrees with and overrides the screen-out disposition, in which case the referral is assigned for investigation.

the level of abuse/neglect but does identify a policy violation in the allegations presented. For these referrals, the assigned foster care worker must, among other new requirements: initiate face-to-face contact with the alleged victim and foster family within five business days of receiving notification of the screened-out referral from the hotline; contact the person who made the report to gather additional information when needed; gather information from other people with pertinent knowledge about the reported allegations (i.e., the child's therapist or teacher); and present this additional information during the screen out consultation so that well-informed decisions about any outstanding, necessary corrective actions can be made during the consultation. During this report period, in December 2020, DHS developed a report through KIDS that tracks referrals screened-out as policy violations to help ensure that timely contact with the child is completed as newly required.

DHS reported that it conducts monthly, individual safety calls with private agencies that: receive a screened out or investigated referral and the agency's home is identified for action steps or follow-up during the screen-out consultation or 10-day staffing. These safety calls are also held when there is a home with an active resource alert, policy violation, active WPC or other pressing concern identified by DHS or the agency to resolve any barriers to addressing safety issues in a home.

Improving the Foster Home Approval Process

For the past three 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 previously reported on DHS' efforts to implement the plan, which include 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, 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 focused on the same issues, including ensuring that staff is thoroughly completing background checks; appropriately using the new RFA tools to complete all safety reviews; and, properly obtaining approval for policy exceptions, when required, to approve a home.

With respect to child safety, DHS continues to undertake a process of continuous, ongoing self-

assessment, strategy design and implementation. Over the last year, for example, 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. DHS also created and updated existing forms to enhance key information gathered during the foster home approval process. This includes updating the resource family application to gather information about any adult in the home; new information gathered from school personnel regarding safety-related questions about any child currently living in the home and the prospective foster parent's attention to educational needs and parenting ability; and new information gathered about prospective kinship families' involvement with the child's current removal case and any potential protective capacity concerns. DHS also continued to deliver training sessions to further improve the skill level of field staff to complete background record checks and assess families for home approval.

As part of the RFA action plan, DHS established over two years ago a quality assurance (QA) team specifically for its foster care and adoption programs. This QA team was established to review samples of resource family assessments completed for newly approved foster homes and provide feedback to foster care staff. The QA team's reviews and findings have prompted the department's updates to new home assessment tools and instructional materials for staff.

During the last report period in April 2020, DHS transitioned the responsibility for quality assurance reviews of new foster homes to its Contract Performance Review (CPR) team, as staff who previously comprised the QA team within the foster care and adoptions program office now support the department's new Continuum of Care program. DHS reported that the department used this transition as an opportunity to revise the review tool and process used to assess new home approvals. As the department reported in its August 2020 Semi-Annual Report, revisions made to the tool and the review process were based on these goals:

- Streamline the overall process and establish a fixed number of resources to be reviewed on a quarterly basis (65 per quarter: 20 private agency, 30 DHS kinship and 15 DHS traditional homes for a total of 260 each year);
- Focus the review on the safety and quality of the assessment, with focus on more than compliance;
- Create a tool for ease of use by the field for follow up and to support entering the scored information into a Qualtrics survey to provide data; and,
- Establish a feedback loop and process for [DHS and private agency] leadership to ensure all identified follow-up occurs timely.

After completing the first quarterly set of new foster home reviews, the CPR team identified these leading concerns: resource home staff not searching all known names of a prospective resource; missing references; and timeliness of resolving resource exceptions. In response, DHS reported the following actions steps: ongoing training of staff on conducting records checks; develop a tool that presents policy requirements on gathering references and outlines information on quality references; and, track in KIDS resource home approval exceptions to help ensure timely resolution.⁴¹ Moving swiftly, DHS enabled KIDS to track resource exceptions beginning in November 2020 and trained staff through six virtual sessions in November and December 2020 on how to record these home approval exceptions, as well as the new required documentation regarding policy violations revealed through screened out referrals in foster homes. In October 2020, the CPR team began its second round of reviews focused on 65 homes approved between July and September 2020 and completed by early January 2021 a debriefing with every DHS region and private agency to review the CPR team’s assessments.

DHS’ Efforts to Reduce Child Maltreatment in Institutional Settings

As shown in Table 11 on page 75, DHS has continued to report marked progress in reducing the rate of maltreatment of children placed in higher-level facilities. Since 2015, DHS has implemented a system of expanded and strengthened oversight, monitoring, and engagement with higher-level congregate institutions to reduce the risk of maltreatment of children and youth in those settings. Through a set of protocols, DHS initiates and enforces 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 11 fewer MIC substantiations in congregate care this period compared to last period, decreasing from 35 to 24, and 20 fewer substantiations than the prior period when the department reported 44 children maltreated in a facility-setting. Nine of the 24 MIC substantiations reported during this 12-month report period occurred in facilities where DHS does not oversee the service contract, including psychiatric hospitals and juvenile detention centers.

⁴¹ DHS may temporarily approve a new foster home by granting a resource exception if the applicant is unable to meet a particular approval requirement, such as presenting required documentation from school personnel during summer vacation months. However, staff are required to resolve the exception within an established timeframe.

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, regular announced and unannounced on-site visits by DHS; 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.

At the beginning of this report period, DHS had three facilities (two group homes and one residential treatment center) under heightened monitoring based on prior MIC substantiations with the latest substantiations among these facilities recorded in April 2020. As of this report writing, DHS reported no additional maltreatment substantiations at these three facilities and two had successfully completed heightened monitoring. During the report period, DHS identified six additional facilities for heightened monitoring: five were selected based on MIC substantiations confirmed during this data report period and one was identified based on concerns primarily related to the use of restraints at the facility.⁴² The Co-Neutrals have discussed each of these settings with DHS leadership, reviewed relevant data and information, and will provide in the next Commentary an update on DHS' progress to work with these facilities selected for heightened monitoring and address any identified safety concerns.

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

⁴² Among the six facilities that DHS identified for heightened monitoring this report period, one is a psychiatric hospital. DHS reported that it is seeking to collaborate with the Oklahoma Health Care Authority (that state agency that holds the contract with the facility) to address any ongoing safety concerns with this provider.

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, DHS must assess whether it is prudent 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 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 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 own safety and the safety of other children.

Changes in the SPPU Program

During the last report period, DHS made adjustments to its SPPU program work. First, the SPPU program and its staff were moved under the newly established Deputy Child Welfare Director for Placement Programs, where DHS has consolidated all placement related programs. Second, DHS realigned the work of its SPPU liaisons who are assigned to work individually with each congregate facility where DHS places children in custody. The department now assigns two SPPU liaisons to each facility: one Support Liaison who supports the facility to meet the needs of each child and prepare for their transition out of their treatment program and into their next needs-based placement. DHS also assigns to each facility an SPPU Safety Liaison who is responsible for monitoring any maltreatment referrals involving their designated facility and continuously assessing their facilities for any patterns or areas of concern that need to be addressed, as well

as monitoring safety plans and contract commitments. DHS reported that this adjustment has improved communications between SPPU and facilities regarding their direct care practices.

Changes to the Heightened Monitoring

Over the last year, DHS has sought to further build its communications and collaboration with the facilities where it places children for higher-level care. The department sought input from congregate care providers on how DHS can positively work with the facilities as they strive to address any shortfalls in safety or programming identified by DHS. Moving forward and based on feedback received from providers, the department will refer to its heightened monitoring team and process as the Support and Development Team (SDT) and SD process. In their February Semi-annual report, DHS noted this about the newly titled SD process:

The SDT began the process of identifying key focus areas early in the support and development (SD) process. The SDT utilizes provider feedback, survey results, MIC information, and on-site observations to determine the early focus areas. This provides the SDT the opportunity to begin some initial work prior to completing the full program assessment. NRCYS⁴³ removed the recommendations section from the final assessment sent to providers. NRCYS still sends the assessment's recommendations section to SPPU. This change allows providers opportunity to review the assessment and develop their own support steps. SPPU also shifted the focus during the SDT process to concentrate on what led to the MIC and supporting programs around this area. When other areas are identified which are not directly related to MIC, the SDT provides consultation and feedback to the provider and the provider's SPPU team; however, these areas do not become a focus of the SDT process. This will help providers move quickly through the SDT process and allow SPPU to focus on supporting more providers.

While DHS is making these adjustments under the newly named SD process, the department will continue to employ enhanced assessments and support with facilities that present a safety concern as evidenced by the substantiation of maltreatment, an over-reliance on physical restraints, or programmatic challenges. DHS' ongoing commitment to identify when facilities require enhanced monitoring to address safety concerns is demonstrated by the department's identifying six additional facilities for support and development during the same report period

⁴³ NRCYS is the National Resource Center for Youth Services at the University of Oklahoma. Since DHS began heightened monitoring, it has charged NRCYS with developing the program assessments of the facilities identified for this intensified, focused review. In partnership, DHS, NRCYS and the facilities then develop actions plans to address identified areas that require corrections or further development.

that coincides with the department's recording the fewest number of substantiations in congregate care in a six-month period under this reform. DHS reported seven MIC substantiations in higher level care during the second half of this data reporting period – April through September 2020.

DHS also reported that throughout the period of July through December 2020, the department contracted with NRCYS to provide training and program development support to congregate care providers. The following is a list of some the trainings provided:

- Systematic Training to Assist in the Recovery from Trauma (START) Direct (dates: 7/14, 7/16, 7/21, 7/23, 7/28, 7/30, 10/5, 10/7, 10/12, 10/14, 10/19 and 10/21)
- START Trainer Development (dates 8/5, 12/16-12/18)
- Managing Aggressive Behavior (MAB) (dates 8/19 and 8/20, 8/31 and 9/1, 9/5 and 9/6)
- MAB Trainer Certification Course (dates 9/17-10/1, 12/1-12/9)
- Group Home Administrators Meeting (dates 8/21, 11/5)
- Suicide Awareness Prevention (dates: 9/9, 10/14, 11/11, 12/9)
- Creating Space for Change: A Motivational Interviewing Workshop (dates: 9/28, 9/30, 10/5, 10/7, 10/12 and 10/14)
- Resources, Opportunities and Relationships: Supports for Youth Mental Health Needs (date: 10/8)
- The Lens We Work Through: Identities, Barriers and Privilege (dates: 10/6, 10/8, 10/13, 10/15, 10/20 and 10/22)
- Building Multicultural Spaces (dates: 10/12, 10/19, 10/26 and 11/2)
- Don't Panic! They're Our Kids! Children with Problematic Sexual Behavior (date: 10/13)
- The Adolescent Brain (dates: 10/27 and 10/29)
- Understanding the Crisis Wave (date: 9/9)
- Supporting Healthy Development (date: 9/15)
- Normalcy for Children and Youth in Foster Care (dates: 11/12)
- Teaching Calm Through Play (date: 11/20)

Finally, one particular focus of DHS' current SD program is providing consultation services focused on reducing the use of physical restraints and building strong supervisors and a culture of collaboration with youth residents in congregate care settings. DHS has secured the services of an expert in this area who is working directly with several providers to implement the recommended program adjustments. DHS reported that its SPPU team and the participating providers experienced positive changes as a result.

F. Caseworker Visitation

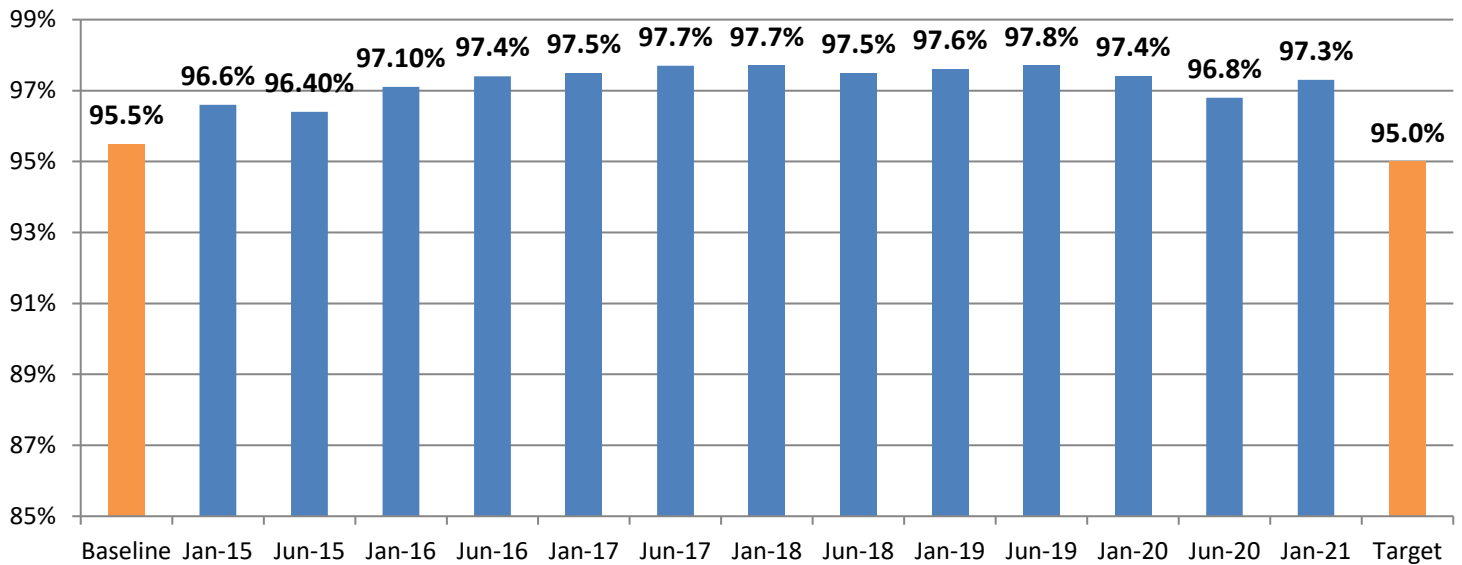
Quality visits by the same caseworker with the same child are fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. DHS reports on two performance 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 86,759 (97.3 percent) of 89,164 required visits with children during the reporting period of January 1, 2020 to December 31, 2020, again showing that DHS has achieved the Target Outcome of 95 percent for every period since the beginning of this reform. 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.

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



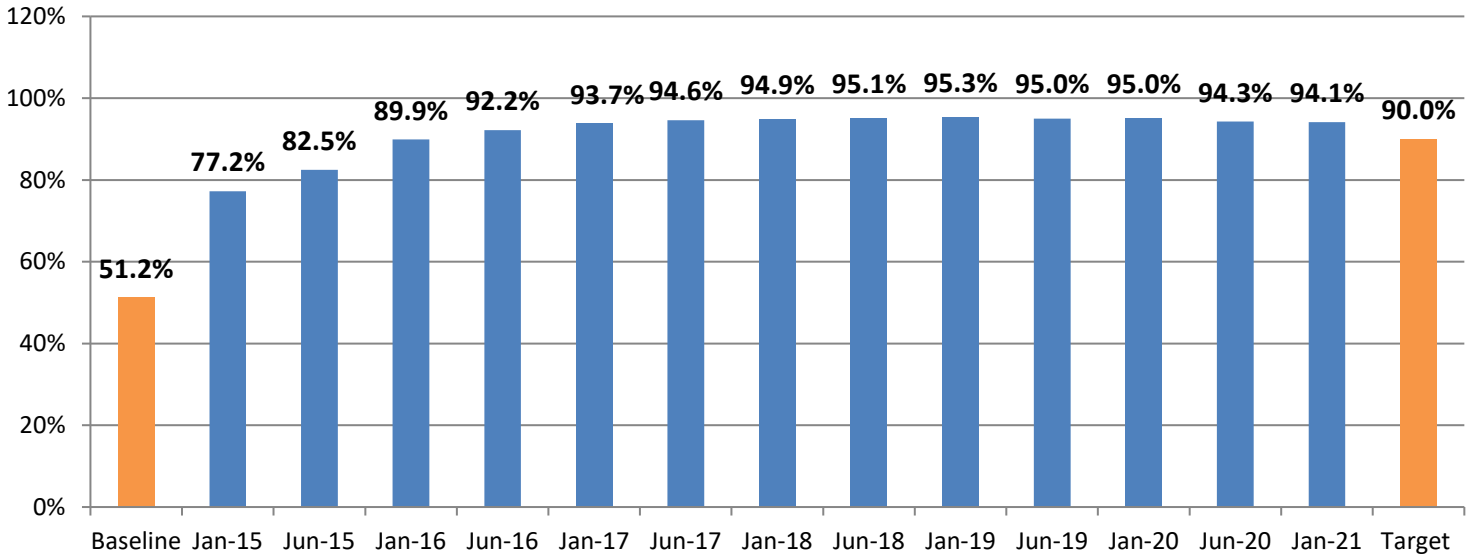
Source: DHS Data

The established 3.1 measure for monthly visits requires that the visits be completed in-person, face-to-face. However, as noted above, DHS in response to the pandemic called for monthly visits to be conducted virtually from mid-March until June 1, 2020 to protect children, families, and staff from the spread of the virus. Further, also in response to the pandemic, the Children’s Bureau under the federal Administration for Children and Families issued guidance establishing that child welfare agencies may conduct child visits through video conferencing to meet the federal requirement for monthly visits in the residence of a child in custody. DHS resumed the regular statewide practice of face-to-face monthly contacts on June 1, 2020. However, the department has and continues to allow virtual monthly contacts as needed based on reports of confirmed COVID-19 cases.

Metric 3.2

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, 2020 to December 31, 2020), DHS reported that primary workers made 81,497 (94.1 percent) of the 86,628 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 ten 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).⁴⁴ DHS is now in the second phase, reporting for the twelfth time its performance outcomes on continuity of visits over six months (Metric 3.3b). Metric 3.3b measures the following:

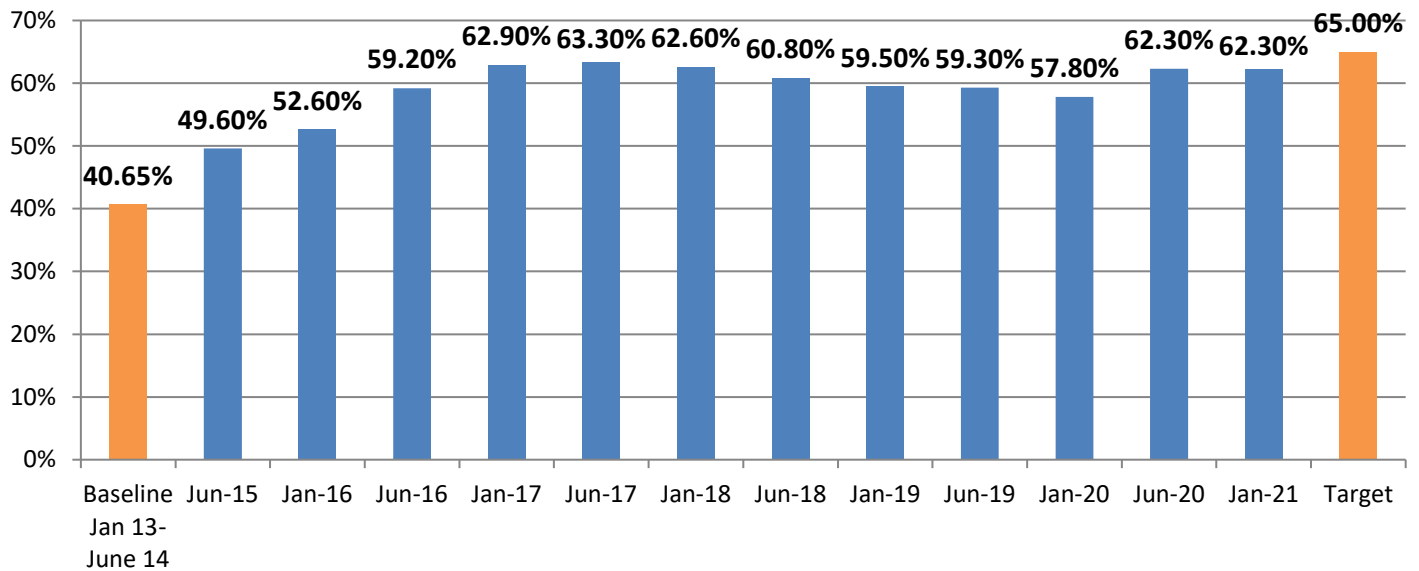
The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody

⁴⁴ DHS is no longer required to report on Metric 3.3a, which measured three-month continuity of visits with the same primary caseworker.

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

For this report period from January 1, 2020 to December 31, 2020, DHS reported that 7,242 children required at least six consecutive visits. Of these 7,242 children, 4,510 children (62.3 percent) were visited by the same primary worker in their most recent six months in care. This performance outcome is the same percentage as last period and again placed DHS well-above the baseline set at 40.65 percent and in close range to the Target Outcome of 65 percent.

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



Source: DHS Data

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 well as continuity of workers and visits for children in custody. As noted in the caseload section of this Commentary, DHS continued its workforce management efforts this report period to 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 core strategies to improve placement stability outcomes for children in DHS custody. These strategies have focused primarily 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 children and their resource caregivers are met in every foster home placement. During this period, DHS continued to hone its assessment of the department's data and established greater accountability and leadership engagement in the implementation of practices and strategies designed to improve placement stability outcomes. 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.

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, 2019 to September 30, 2020 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 14 below, for this report period, DHS' performance slightly increased in all four placement stability metrics. The department's progress on the placement stability measures has been incremental for most periods but continues to move toward Target Outcomes and above the starting baselines.

Table 14: Placement Stability Baselines, Targets, and Current Performance

Metric	Baseline Oct 2011 - Sept 2012	Performance Oct 2017 - Sept 2018	Performance April 2018 - March 2019	Performance Oct 2018 - Sept 2019	Performance April 2019 - March 2020	Performance Oct 2019- Sept 2020	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%	80.7%	79.8%	79.5%	79.1%	79.2%	88.0%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12	50.0%	59.0%	61.0%	63.1%	62.0%	63.4%	68.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	30.8%	33.0%	33.1%	34.1%	35.4%	42.0%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74% (Apr. '12– Mar. '13)	79.8%	79.5%	79.8%	79.6%	80.6%	88.0%

Kinship as First Placement

DHS has made increasing the ratio of children whose first placement is in a kinship relative or kinship non-relative home a key strategy to improve placement stability for children in custody. After 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 15 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 a significant increase to 52.3 percent first kinship placements, up 4.3 percent from last period and well above the baseline of 34.6 reported in 2016.

Table 15: Percent of Children Whose First Countable Placement is a Kinship Home⁴⁵

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in 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%
Jan – June 2020	890	1,855	48.0%
Jul – Dec 2020	926	1,770	52.3%

Source: DHS Data

To help ensure that staff, particularly CPS investigators, have sought out and assessed all kinship placement options for children entering state custody, DHS established in January 2017 that a caseworker’s supervisor must document for their district directors’ review and approval all efforts undertaken to identify a viable kinship placement, including the specific kinship placement options reviewed and ruled out before a non-kinship placement is approved.⁴⁶ DHS reported that the department has focused on supporting and guiding staff to implement this key practice as part of the Supervisory Framework and, until this report period, had not taken a compliance driven approach, such as requiring and tracking that district directors and supervisors document their approval of caseworkers’ efforts before approving a non-kinship placement. After reporting some fluctuations over the last two years, including decreases in the percentage of kinship first placements, DHS re-evaluated and established this report period enhanced accountability in this practice as described below. This period marks the highest percentage of first kinship placements since the reform began.

⁴⁵ 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.

⁴⁶ 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 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 during the meeting, 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.

During the last report period, the department delved further into regional data, which showed Region 1 consistently led among all five regions with the highest percentage of first kinship placements. DHS found the single outstanding factor that distinguished Region 1 from the others is that the Regional Deputy Director assumed responsibility as the region's placement stability lead. Placement stability leads are charged with helping to guide their respective region's understanding and implementation of the department's placement stability strategies, as well as assess any barriers regarding the same. In this role, Region 1's Regional Deputy Director uses her leadership position to hold district directors accountable for ensuring their assigned caseworkers have diligently pursued viable kinship placements before approving a non-kinship placement. In establishing an expanded set of placement stability strategies during this report period, DHS prioritized designating every Regional Deputy Director as their respective region's lead for placement stability strategies and practice. This move sent a signal throughout each region that improving placement stability practices and outcomes is a priority. It also reinforced and advanced the need for an integrated approach to the department's strategies for other performance areas and that could directly affect placement stability (i.e., continuum of care, shelter reduction and permanency). In fact, another organizational change DHS made during this period was to move statewide oversight of the placement stability practice and performance area to the two statewide program leads who oversee DHS' practices related to continuum of care and permanency.

With respect to kinship first placements specifically, DHS made changes to its "Important People in the Child's Life Family Tree Form" to align with the information district directors are asked to review with staff before approving a non-kinship placement. DHS also added to this form signature lines for the child's caseworker, supervisor, and district director to ensure leadership involvement in the search and assessment of possible kinship placements. The department reported that guidance was provided to all child welfare staff re-emphasizing the importance of gathering early in the investigation process information about each family's connections and supports, including potential kinship placements in the event a placement is needed.

DHS also updated and sent to all child welfare staff updated protocols for conducting Child Safety Meetings (CSMs), which provide an early and critical opportunity to review with families their network of kinship supports. DHS' staff guidance on CSMs states that during an in-home abuse/neglect investigation, "A CSM is held any time the child's current safety condition warrants consideration of a safety intervention by moving a child, having a parent leave the home, having a monitor move in or monitor the home." Further, DHS' protocol requires that a CSM be held within 48 hours of the investigating caseworker identifying that a safety intervention, including removal, may be necessary. DHS is directing investigating caseworkers, along with their local leadership, to include and review in the CSM the families' circle of support and build a record of

this network of individuals on the Important People in the Child’s Life Family Tree Form.⁴⁷ DHS continues its efforts to reinforce that identifying kin – relatives and other familiar people – who can support children and their family early in a case (even if a child is ultimately never removed) is an important practice to reduce the number of removals where workers scramble to find and approve a kinship home in the 11th hour. As noted in the shelter section above, this practice shift is also critical to help avoid first placements in a shelter.

DHS also now requires that progressively higher leadership review kinship placement denials for youth ages 16 and 17. The point of the review is to ensure full consideration is given to youth’s protective capacities to remain safe in a kinship home that may serve as the child’s preferred and/or best placement if adequate supports are provided as needed. Such kinship placement denials are first reviewed by the involved district director and field manager. If the denial is upheld, it is sequentially elevated for review by the Regional Deputy Director, the Foster Care and Adoption Deputy Director and finally the Assistant Child Welfare Director.

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” 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 be held shortly after a child is newly placed in DHS custody.⁴⁸ The purpose of the Initial Meeting had long been to bring together the child’s parents and resource parents to 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 has made it a priority to clarify with caseworkers the mandate and importance of completing the Initial Meetings and added a new requirement that during the Initial Meeting, DHS must develop a child and resource family support plan. The support plan includes any individualized services and/or supports identified as important to ensure stable placements for children.

Shortly after DHS began use of its placement stability strategies to implement the two-day call and Initial Meetings for a child’s first placement, the department established baseline data for

⁴⁷ DHS protocol states that if the department conducts an emergency or court ordered removal without the opportunity to hold a CSM and conduct advanced decision-making and planning with the family prior to removal, a CSM still should be held within two days following the child entering DHS custody.

⁴⁸ Previously the requirement was for the Initial Meeting to be held within seven days, which was subsequently changed to within 10 business days. During the last report period, DHS again modified the required timeframe to complete an Initial Meeting to within 30 calendar days after a child is placed in a new family-based foster home.

the completion rate of these practices. For the two-day call, DHS reported a starting baseline of 13 percent of the newly required calls completed for the three-month period of February to April 2017. For the last three months of this period (October to December 2020), DHS reported that 86 percent of the two-day calls were documented as complete for a child's first placement which represents marked improvement not only above the baseline but also compared to the end of the previous year (October to December 2019) when the completion rate was 81 percent. 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 2020) that 76 percent were completed. A 76 percent Initial Meeting completion rate represents an almost 600 percent improvement above the 2017 baseline of 11 percent. It also represents an increase from last period when DHS recorded 69 percent of required Initial Meetings were documented as complete after a child's first placement. Still, DHS understands that work remains in this area given the importance of full, quality completion of Initial Meetings and the Child and Family Support Plans developed during these discussions.

Additional Changes to Initial Meeting Requirements

In February 2020 during the previous report period, DHS made two significant changes to the department's protocols for conducting Initial Meetings with the goal to better support the work of DHS' staff and accommodate families, and thereby improve their performance in this area. The changes were based on DHS' review of the data, as well as internal discussions about what practice would best meet the needs of children, resource parents, and DHS caseworkers. First, DHS reassigned to permanency planning caseworkers the lead role for coordinating all Initial Meetings. Previously, CPS caseworkers had the lead for bringing together 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. DHS determined that the placement stability and permanency focused goals of the Initial Meeting practice better align with the work of the permanency planning specialists, particularly since Initial Meetings are now required not only for first placements but after any subsequent family-based placement as discussed further below.

Second, DHS determined the child's family and foster family 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.

As discussed in previous reports, 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 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 the end of last report period, June 2020, DHS improved the completion rate for this new practice to 49.3 percent and by the end of this period, December 2020, the completion rate further improved to 55 percent.

DHS reported that after implementing these new protocols, the department found that additional staff guidance was necessary to reinforce 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. DHS has made efforts to assess the quality of the department's Initial Meetings practice across the state and further guide staff in understanding and carrying out the key elements and goals of the practice. During this report period and in the department's August 2020 Semi-Annual report, DHS noted that reviews of Initial Meetings, which are ongoing, revealed that, "Region 1's Initial Meetings are consistently on target with documenting the purpose as intended and uploading support plans into KIDS." This finding further corroborates the positive impact of having the Regional Deputy Director lead the implementation of the department's placement stability strategies. DHS also reported that the reviews showed a noticeable improvement across all regions in the child's parents and foster parents meeting and teaming to support placement stability, and the number of support plans created and documented in KIDS. DHS attributes this progress to ongoing, monthly efforts to review the quality of Initial Meetings and provide direct feedback to caseworkers, supervisors, and regional leadership.

At the same time, DHS reported that it is continuing its quality assessment reviews of completed Initial Meetings and revised its review tool to focus more on evaluating the quality and frequency of Child and Resource Family Support Plans created during these meetings. As of this report writing, DHS was in the process of completing a six-month review of this placement stability practice using the new tool to assess this practice and identify areas requiring further improvements. The Co-Neutrals will provide an update in the next Commentary.

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 offers caseworkers 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' monthly progress toward increasing the rate of completion of each of the stability practices. The department's placement stability team sends to regional leadership a data report that shows how their region compares to statewide completion rates of the two-day calls, kinship first placements and Initial Meetings for first and subsequent family-based 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, such as the use of EFC services and supports.

New Training

At the end of last period, DHS, in collaboration with the University of Oklahoma, finalized 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; using the placement stability guidance documents and tools; and, documenting placement stability practices as required. At the beginning of this report period, DHS made the training available to all child welfare staff for mandatory completion.

H. Permanency

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 all ten permanency Metrics.⁴⁹

⁴⁹ There were 11 permanency metrics originally established in the Metrics Plan. However, the measure that covers the older cohort of youth from Metric 6.1 is no longer monitored and reported as no children in this cohort remained in DHS custody as of the beginning of this report period.

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.

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 outcomes of the 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 16 below, the Metric 6.2 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 16: 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%	30.9%	40.5%
Permanency within 12-23 months (6.2b)	75%	49.8%	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 – 61.9% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d – 52.2% (36-48 months)	

A review of three of DHS’ current permanency outcomes in the context of the current national standards shows that DHS has made significant progress compared to states across the country, exceeding the equivalent national standards for Metrics 6.2 b, c and d. For Metric 6.2a, permanency within 12 months, DHS’ performance outcome for this report period is below the national standard.

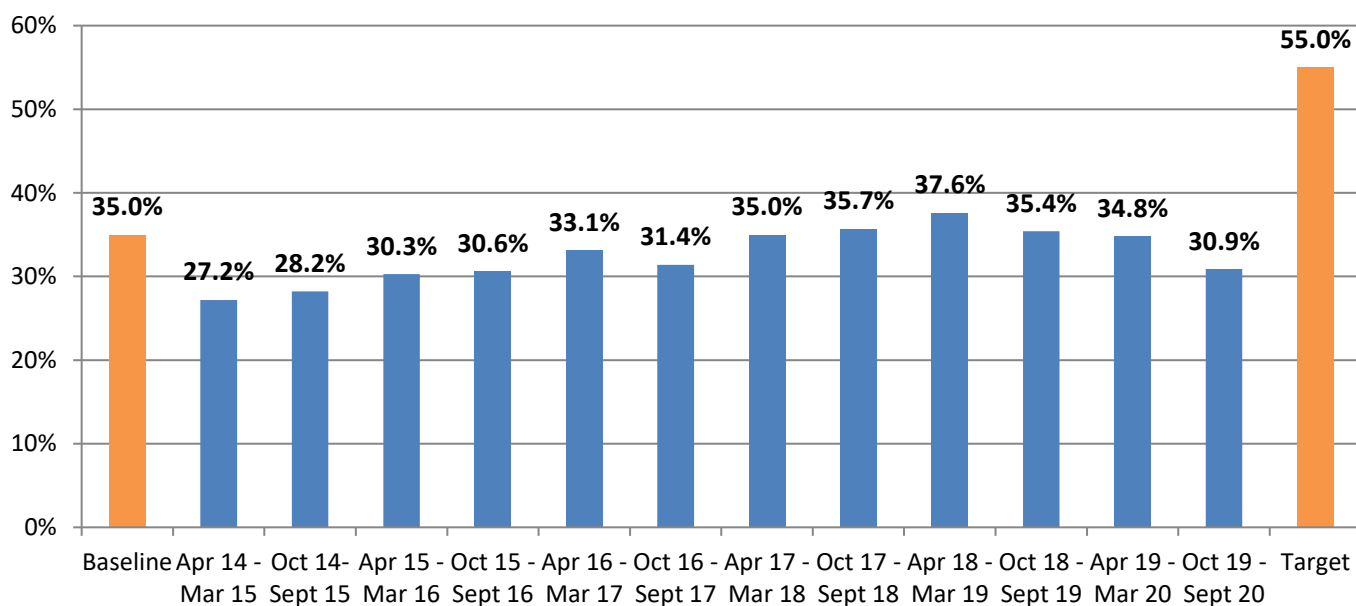
The following summaries and tables detail the baseline, performance-to-date and Target Outcome for each of the 6.2 Metrics.⁵⁰ Following a careful review of DHS’ efforts, the impact of the pandemic on permanency practice and the judicial system in Oklahoma and an extensive information exchange between the Co-Neutrals and DHS, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for Metrics 6.2 a, b, c and d.

⁵⁰ 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

As with other measures reviewed in this Commentary, the COVID-19 pandemic impacted the performance outcomes for 6.2a this report period. Specifically, DHS presented, and the Co-Neutrals verified, data and case records that showed court hearing continuances directly caused delays to permanency exits that otherwise, given the efforts of DHS and the affected families, would have been recorded as timely under this measure. DHS reported that of the 2,165 children who entered foster care between April 1, 2019 and September 30, 2019, 669 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 30.9 percent for Metric 6.2a. However, because of court delays caused entirely by the virus, the outcomes data for this report period, as shown in Figure 19 below, does not reflect the totality of the state’s efforts to achieve timely permanency for children.

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



Source: DHS Data

As Oklahoma experienced the early impact of the pandemic, the state’s courts and providers who offer services to support families toward reunification were closed or offered limited services from mid-March through May 2020 and only began to resume operations in June 2020, after which the COVID-19 virus continued to cause interruptions to a full, normal schedule. As DHS explained, the department experienced three “lost months” from mid-March through mid-June to achieve timely permanency. The table below shows 6.2a performance outcomes data that has

been adjusted to counterbalance permanency delays attributed, in part, to three months of permanency activities lost to the pandemic during this data report period.

Table 17: 6.2a Permanency Outcomes Adjusted for Impact of Covid-19 Pandemic

	Permanency Court Hearing Delayed due COVID-19	Permanency Court Hearing Delayed	3-Month Permanency Delay for Any Reason
Additional children who achieved permanency within 13, 14 or 15 months	70	82	192
Adjusted 6.2a Performance Outcome	34.1%	34.7%	39.8%

If DHS were to replace these three lost months by extending the 12-month permanency deadline to 15 months for the 2,165 children in the 6.2a cohort this period, an additional 192 children would show as achieving timely permanency. The majority (140) of these 192 children exited through final or trial reunification. For 82 of the 192 children who achieved permanency within 13 to 15 months, their records showed that they had a documented court continuance that delayed their permanency exits, and 70 of these 82 court continuances were specifically documented as being due to COVID-19. DHS reported that the department did not give standard guidance to staff to document when a court continuance was caused by the pandemic, indicating that additional court delays could have been COVID-19 related. However, at minimum, DHS' casework staff identified 70 children who could have exited within 12 months had their court hearing not been postponed because of the pandemic. Without these 70 virus-related court delays, DHS' performance outcome – as verified by the Co-Neutrals – would have increased to at least 34.1 percent and would have further increased to 34.7 percent without the total 82 continuances recorded for children who achieved permanency within 13 to 15 months.

It is important to recognize and understand these recalculated 6.2a outcome improvements noted above and understand the impact of the pandemic on the department's permanency efforts. However, even with the adjustments that specifically account for court delays, DHS' performance outcome for measure 6.2a would still be below the baseline of 35 percent for this report period. This performance reconfirms the urgent need for the department's leadership to

continue to focus on achieving substantial and sustained progress under this measure to secure Oklahoma’s full success under this reform moving forward.

DHS’ 6.2a Permanency Strategies, Efforts and Outcomes

Most children who achieve permanency within 12 months of removal do so through reunification and the percentage of children whose permanency is achieved through reunification diminishes sharply each year. Of the 669 children in the 6.2a cohort who achieved permanency within 12 months this period, 554 (83 percent) were reunified. The reported percentage of permanency exits through reunification dropped to 39 percent between 12 and 24 months as detailed in the 6.2b section; and further decreased to 18 percent once a child entered their third year in custody as shown in Metric 6.2c below. As a result, it is critical that DHS have in place a strong case practice that engages parents early and often to return children to their own homes as soon as safely possible and thereby achieve substantial and sustained progress under Metric 6.2a.

**Table 18: Measure 6.2a, Permanency Rates by Report Period
Children Who Achieved Permanency within 1 year (*Most Recent on Left Side*)**

	12-Month Data Report Period End				
	Sept-20	Mar-20	Sept-19	Mar-19	Sept-18
Reunification	83% (554)	77% (542)	77% (609)	75% (597)	78% (662)
Adoption	8% (52)	14% (95)	10% (81)	11% (89)	8% (70)
Guardianship/Custody to Relative	9% (63)	9% (64)	13% (105)	13% (106)	14% (115)
Permanency Total	100% (669)	100% (701)	100% (795)	100% (792)	100% (847)

Source: DHS Data

Since the beginning of Oklahoma’s child welfare reform effort, DHS has struggled to achieve substantial and sustained progress above the starting baseline and toward the Target Outcome for timely permanency within a child’s first year in custody. In the last Commentary, the Co-Neutrals reviewed the department’s reported efforts over the last four years to implement numerous strategies focused on engaging and supporting parents who are working to reunify with their children and to achieve this goal within 12 months. As reported in the last Commentary, DHS demonstrated over the last four years a clear understanding that a practice of early and meaningful parent engagement is essential to safely reunify children with their families within a year’s time. However, for the last report period, the Co-Neutrals found that DHS had not

made good faith efforts to identify the barriers that have contributed to a declining, below-baseline performance and that the department's implementation and timely assessment of its selected strategies to improve practice for better outcomes on Metric 6.2a had been insufficient and ineffective.

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.2a by advancing three key actions. First, during this report period, DHS strategically reviewed and diagnosed its permanency data and cases to assess the issues that prevent DHS from making significant progress on permanency outcomes within 12 months. Second, DHS developed and began to implement efforts to address these identified barriers through practice improvements. And third, the department began to establish mechanisms to continuously track and monitor progress in the field to implement the specific practice improvements identified as necessary to advance timely permanency within a child's first year in custody.

Diagnosis of Metric 6.2a Data and Cases to Assess Barriers to Permanency

Because reunification is the primary form of permanency within a child's first 12 months in care, DHS analyzed during this review period all children who entered trial reunification between January and September 2020. DHS in its summary of this analysis reported, "Data shows that of children exiting to reunification, they are most likely to return home within the 1st month, at month 7 or after the 22nd month. Since there is a clear distinction that after the 7th month in care, the likelihood of returning home sharply declines until you reach almost two years, a further review was completed on children that returned home within 7 months to see if certain indicators impacted likelihood for these 'super' timely reunifications."

DHS reviewed numerous data points for 594 children reviewed who returned home within seven months. From this more detailed review, DHS highlighted the following key points:

- The factor that has the biggest impact on super timely reunifications is the number of permanency caseworkers assigned to a child's case. DHS reported, "Of children who reunified with one assigned worker, they have an 85% likelihood to be super timely and that drops over 30% with just one worker change and 50% with two worker changes."
- For children whose parents' safety assessments do not involve substance abuse, they are much more likely to experience super timely reunification within seven months.
- Of the children who were in care for at least 60 days, those who had a family meeting within their first 60 days in care had a slightly higher likelihood of returning home super timely compared to children who did not.

In addition to this data analysis of 594 children, DHS completed during this review period a case review of 74 children from the 6.2a and b cohorts from the last data report period that ended March 2020. Fifty-eight of the children were from the 6.2a cohort and were reunified within 12 months and 16 children were part of the 6.b cohort and reunified within 13 months, barely missing the 12-month permanency goal for measure 6.2a. In the final summary of this analysis, completed in September 2020, DHS reported:

While the sample from the review was small, the qualitative information gathered has greatly assisted DHS in confirming where our enhanced efforts need to continue in order to achieve timelier permanency for our families. Parent engagement is paramount, it is what drives a case to a successful outcome. One single aspect of parent engagement that was learned from the case reviews is that early parent engagement is critical. It starts from day one and must continue for the duration of the case.

One case in point: DHS identified that the majority (37 children or 64 percent) of the 56 children reviewed who successfully reunified within 12 months had parents whose substance abuse was a factor in the decision to remove the child from their parent(s) custody. While DHS highlighted in the above-noted data analysis of 594 children that cases involving substance abuse had a lower probability of returning home super timely - around the seven-month mark - this case analysis found that when good parent engagement was initiated and encouraged early in the case by the permanency worker, DHS can more effectively identify parents who are eager to accept the department's help to remove the safety threats presented by their substance abuse and subsequently reunify families within 12 months.

DHS reported several other notable findings from this review, including timely court hearings were held for 55 (95 percent) of the 58 children reviewed who reunified in 12 months; and, for the 16 children from the 6.2b cohort who barely missed the goal of reunification with 12 months, the department found that parent engagement was delayed in some cases by six months after removal.

These two analyses completed for this report period built upon previous DHS data and case reviews that highlighted the importance of parent engagement and revealed an extensive gap between the department's intended and actual practice to engage birth families early and consistently and to complete monthly visits with birth parents as required. One year ago, DHS informed the Co-Neutrals that the department had found substantial, statewide underperformance in caseworkers completing their required monthly visits. Despite DHS' reporting that it had begun messaging to staff in October 2019 the importance and expectations regarding caseworker/parent visits and parent engagement, DHS still reported that by the end of

January 2020 only 42 percent of required monthly caseworker visits with parents were completed.

Reassessment of Strategies and Practices to Support Timely Reunification

As a result of the low completion rate of caseworker/parent visits and the findings from the two diagnostic data and case reviews noted above, DHS during this period focused on reassessing current strategies and practices designed to achieve permanency, particularly reunification, within 12 months and committed to hone and develop new efforts deemed necessary to achieve this goal.

Monthly Visits with Birth Parents

First, to help ensure greater accountability for the caseworker/parent visits, the department established a 95 percent completion target⁵¹ for these monthly contacts to maintain focus on this practice that is fundamental to parent engagement. Three times a month DHS generates and shares with supervisors, district directors and the leadership of each region a Parent Visit Report, which includes summary charts that show statewide, regional and district level data on the percentage of all parents visited and the percentage of cases with all parents visited.

DHS reported in its February 2021 Semi-Annual Report that, “The Parent Visit Report was updated this review period, so that it now displays a total percentage that reflects all documented parent engagement efforts, including attempted, completed, and parents with documented contact exceptions. Separate percentages are displayed for the categories within the total. Although completed contacts with parents is the desired goal, including attempted contacts in the total percentage allows for monitoring of all efforts to engage a parent. This includes attempts to identify, locate, and visit parents.”⁵²

To support caseworkers and make clear the priority of completing visits with parents, DHS reported it delivered a series of communications to supervisors and directors during this review period on how to use the parent visits reports to manage and coach staff toward the compliance targets and conduct case staffings to review quality family engagement. Leadership reported that supervisors and district directors were provided information about how to document a quality visit, including virtual visits when deemed necessary to follow COVID-19 safety protocols.

Importantly, DHS also developed new reporting requirements for monthly parent visits. After the end of the period, in March 2021, DHS began to require all permanency caseworkers to document

⁵¹ DHS reported that the 95 percent target is the total percentage accounting for all parent visits completed, attempted and exceptions combined.

⁵² Exceptions to required monthly parent contacts include: a parent who is incarcerated for an offense resulting in the death penalty or a court order for no visitation.

and submit to their district director an explanation for any monthly parent visit not completed and/or not documented as attempted or as an exception. DHS reported that its leadership team will receive and review monthly the parent visits reports, as well as the explanations of missed visits to identify any district that may need additional coaching and accountability measures as well as those that should receive positive recognition for significant progress toward the 95 percent completion target. While much work remains in this area, as of this report writing DHS' parent visits report for February 2021 showed that 60 percent of parent visits were completed, an 18 percent increase from the 42 percent of completed visits reported one year before in January 2020. The February 2021 report also showed that 20 percent of parent visits were attempted, and 10 percent had a contact exception, which accounts for 90 percent of all parent visits when adding the 60 percent that were reported as complete.⁵³

Family Meeting Continuum

Beyond the required monthly visits with the child's parents discussed above, DHS requires casework staff to convene various meetings with parents after a child's removal – some must occur within days, some within weeks and some further out and on regular intervals. These meetings, along with the monthly required visits, are intended to allow DHS, in collaboration with a family, to assess the safety concerns that must be addressed; identify the family's service and support needs; and ensure that a workable service plan is in place that supports the family's timely progress toward reunification when possible.

During this period, DHS closely reviewed the efficacy of the timing and sequence of its continuum of family meetings to ensure the sequence and cadence of these gatherings help maximize the opportunities for the department and families to work towards timely reunification, particularly within 12 months. DHS found in its assessment that the time frames were not frequent or early enough. Previously, DHS' timeline called for the first family team meeting to occur 60 days post-removal with the next family team meeting scheduled four months later. Further, it was during this first family team meeting - targeting around the 60-day mark – when caseworkers were to finalize with a family their Individual Service Plan (ISP). A family's ISP outlines the actions and services the family will complete to address the safety threats that resulted in their child's removal. DHS adjusted the timeline of the continuum and now requires that the first family team meeting occur no later than 30 days post-removal and every 60 days thereafter during a child's first year in custody, and the ISP target deadline to finalize each family's ISP is by 30 days post-removal. It is important to distinguish between family team meetings and parent visits, which, as noted above, are required monthly. The first caseworker/parent visit is required within 14

⁵³ The Co-Neutrals have discussed with DHS the need to closely monitor the number and percentage of visits recorded as attempted to ensure that reasonable efforts are being made to complete attempted visits as required.

days post-removal, and parent visits with their child(ren) are required, when appropriate, at least weekly during the first 90 days post-removal.

Again, understanding that reunification is the primary permanency goal and exit type within a child's first year in care and that the data reveals the likelihood of reunification diminishes precipitously after 12 months, the timing and quality of these meetings must support early and frequent family engagement. To support quality discussions and collaboration with parents during family meetings, DHS has designated and trained facilitators with a goal of having every family assigned the same facilitator who will establish an understanding of a family's dynamics. DHS first piloted this one family-same facilitator practice in Region 4 and reported that having the same facilitator led to conversations that "elicited more and better information" and were designed to be "solution-focused in nature in order to achieve timelier permanency."⁵⁴ DHS reported that it has the staffing capacity to fully implement this one family-same facilitator practice region-wide in Regions 3, 4 and 5. In Regions 1 and 2, DHS is starting in two districts in each region and will expand to other districts as they identify additional facilitator capacity.⁵⁵ DHS also acknowledged that this new process with designated facilitators requires the focus of program and field leadership to ensure its success.

The department has looked for additional means to engage and meet the needs of birth families with children in DHS custody and reported other new efforts undertaken during this report period. In August 2020, DHS launched a new section of the okdhs.org website dedicated to parents, consolidating in one place program content from all DHS programs, as well as community resources outside of DHS, that specifically address issues important to or about parents. DHS consulted with parent partners to obtain their input in the development of the website. In August 2020, the department launched its first Parent Newsletter, which DHS now produces and emails to parents monthly.⁵⁶ DHS reported the newsletter features content relevant for the time of year; for example, the August 2020 publication provided back-to-school information and suggestions on how parents can stay involved in their child's education. In these newsletters, DHS also plans to highlight parents willing to share their success stories regarding how they reunified with their children.

⁵⁴ DHS February 2021 Semi-Annual Report, page 64

⁵⁵ In Regions 1 and 2 districts that do not have designated family meeting facilitators, each family's permanency worker facilitates their family meetings.

⁵⁶ DHS reported that as of December 31, 2020, the KIDS system had recorded 1,112 valid emails for parents and that caseworkers are reminded monthly, when they are sent a copy of the newsletter, to confirm and document parent email addresses in KIDS.

Detailed Tracking of Variables that Impact Timely Reunification

As detailed above, DHS' review this period of 594 children who reunified with their families between January and September 2020 identified several common variables that appear to impact a child's likelihood of returning home timely and within 12 months. Toward the end of the period, DHS began to develop a data management tool that will allow the department to monitor every child in a 6.2a cohort against six factors. The six factors that DHS will track and monitor are: 1) the number of primary workers that have been assigned to a child; 2) if substance abuse is a contributing factor in the family's case; 3) the date and type of the most recent visit with the parent; 4) the date of the last and next family meeting; 5) the date of the most recent Initial Meeting, which are designed to support the foster parent and child in their current placement and bridge a connection with the child's family; and, 6) the date of the last Permanency Safety Consultation (PSC). DHS reported that every month, this new 6.2a monitoring report will be produced for review by every region's deputy and district directors. The report will identify children who have multiple flags, which, based on the indicators DHS selected, include a past due family or Initial Meeting or a child assigned more than one permanency worker. District directors will then be required to hold follow-up meetings with their supervisors to establish heightened accountability for children in the 6.2a cohorts and focus staff on providing their best customer service to children and families striving to reunify within 12 months and those who may require additional support to break through barriers that could stall timely reunification. The Co-Neutrals will provide an update on this effort in the next Commentary after DHS has begun to fully implement this new tracking mechanism.

Permanency Safety Consultations

Permanency Safety Consultations (PSCs), which the department began to implement five years ago, remain a DHS strategy to help caseworkers and the department track and assess barriers and opportunities to achieve timely permanency for children with a goal of reunification. However, reunification outcomes can only be bolstered by convening PSCs if the vitally important work of parent engagement and support is conducted early, often, and before and after each PSC occurs.

PSCs are structured case conferences (internal to DHS) convened at regular intervals to assess through a team approach the viability of a child's safe reunification with his or her family. These staff conferences that include supervisors and district directors are designed to systematically assess each family's progress in addressing the safety concerns that resulted in the removal of their children and to review DHS' case practice to support parents' reunification efforts, as well as any opportunities or barriers to permanency. DHS holds the first PSC 90 days post-removal and every 90 days thereafter as long as a child's case plan goal remains reunification. As the department focused this review period on expanding parent engagement and holding itself

accountable in this area, DHS reported that it made changes to its PSC form, which was developed to ensure key issues are covered during PSC discussions. DHS in its February 2021 Semi-Annual report noted, “The revised PSC form and Action Item Guidance was distributed to field staff in July 2020 and attached to subsequent monthly PSC update emails included in this reporting period. The form was updated to guide more specific discussion related to quality parent engagement and parent-child visitation; the possibility of guardianship or concurrent case plan goal; increased utilization of the safety threshold in safety recommendation; and increased accountability and intentionality of action items.”

Proactive Efforts to Achieve Permanency Through Guardianship

During the report period, DHS continued efforts to expand the department’s consideration of guardianship as a permanency option, including for children who may have a case plan goal of reunification or adoption. As noted above, DHS is now directing staff to assess if guardianship may serve a child’s and family’s best interest during PSC discussions, even though PSCs are primarily convened to focus on progress toward the goal of reunification. Similarly, as noted in the previous Co-Neutral Commentary, DHS has begun to systematically review if guardianship is the best permanency option for children identified as being in Quad 3 status, meaning they are not yet legally-free for adoption but are placed in a kinship foster home and have a goal of adoption. DHS reported that it specifically targeted and set up family meetings to review guardianship opportunities for Quad 3 children who had not had a family meeting in the past six months. The department attributed the success of this effort to an increase from 34 to 44 guardianship exits for children in the 6.2a cohort this period, and an increase from 27 to 55 children in the 6.2b cohort, which is reflected in Table 19 below. Further, DHS reported that staff are now required to answer two guardianship questions in KIDS when completing adoption criteria staffings for a child and must identify if the caseworker has discussed guardianship with the family connections in a child’s life.

Additionally, DHS continued through this report period to expand trainings and communications about guardianships among both department staff and foster families. In partnership with the Foster Care Association of Oklahoma (FCAO), DHS recorded in September 2020 a video session that features a discussion on frequently asked questions regarding adoption versus guardianship. The video was uploaded and shared through FCAO’s Facebook page, which as reported by DHS, prompted new inquiries from foster parents about guardianship. Also, during this review period, DHS recorded another guardianship FAQ video geared specifically to DHS staff, which is now available to all child welfare staff through the department’s online training system.

Further, although reported in the last Commentary, it bears repeating that in February 2020 DHS increased the subsidy rates that it provides to families who establish legal guardianship with a

child in DHS custody to be consistent – for the first time - with those provided to families who foster a child in DHS custody.

Working with Court Partners

Under this reform, permanency is the one performance area where DHS does not independently make the decisions regarding final outcomes. Every permanency decision or recommendation the department makes must be approved by the courts and according to the courts' schedules. As noted above, DHS found that one common thread among children who achieved super timely permanency within seven months was of the timeliness of their court hearings and for many children this review period, their permanency was delayed as the pandemic caused the closure of courts across the state.

As previously reported, DHS has sought to improve its collaboration with its court partners through a court improvement project and an overall expansion of efforts to enhance communications with judges and their staff. DHS made available to its court partners, newly developed judicial dashboards that provide court and other related data on child cases, including time to adjudication, first placement hearing, time to permanency exit, and termination of parental rights. The data in the dashboards can be reviewed to assess performance outcomes for each jurisdiction. During this review period, the department sent an email to court partners regarding the dashboard's functions and how to utilize it to look at their district's outcomes. DHS also asked each of its district directors to contact their respective district judges to review opportunities to improve permanency outcomes and facilitate positive court relationships. To support district directors in this effort, DHS leadership developed judicial talking points focused on the following areas, among others:

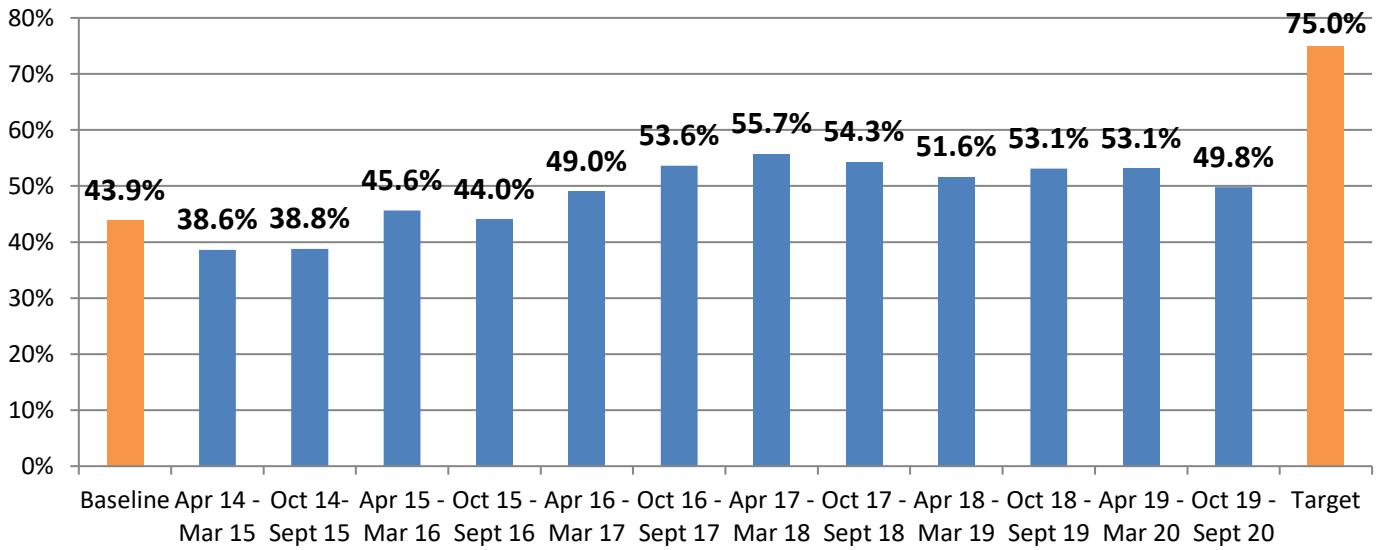
- Reviewing the judicial dashboards and how judges and their staff can use this data tool to assess their performance and compare it to other jurisdictions.
- Establishing better communication and accountability between DHS and the courts, including sharing observations about practice trends among DHS staff and the courts that may impact permanency outcomes, positively or negatively.
- Ensuring that judges understand DHS' process and practice for assessing safety and deciding when to recommend reunification or other permanency options for a child and their family.
- Exploring options to schedule more timely court hearings if DHS is ready to advance a child's final permanency exit well before the next pre-scheduled permanency hearing.

As described in detail in Co-Neutral Commentaries covering the last five years of this reform, DHS has spent much time and effort to implement PSCs and the Supervisory Framework, two strategies the department has implemented and continues to use to advance timely permanency

for children within 12 months. In the last Commentary, the Co-Neutrals found that the department's implementation of these strategies and a lack of detailed diagnostic work failed to ensure the level of family engagement needed to improve DHS' Metric 6.2a performance toward the Target Outcome. However, for this review period as outlined above, DHS dedicated considerable effort to collect, organize and analyze its data and better understand the factors that impact a child's opportunity to achieve permanency – mostly through reunification – within one year. Further, DHS reassessed, revamped, and established new accountability mechanisms in its practice to ensure that creating the conditions required to support timely permanency, particularly by engaging families early, meaningfully and often, is a priority carried out consistently throughout the department. Until DHS is on a steady track, implementing this practice as intended with improved outcomes, DHS leadership must continue every period to track and review in detail the progress of families seeking to reunify with their children in the first year and put the full weight and resources of the department into removing any barriers within the department's control. Guiding staff to continuously problem-solve and support families is vitally important work that will require leadership's ongoing attention to achieve progress under this measure. The Co-Neutrals will closely evaluate leadership's management of this work, their use of data in real time to improve performance and the agency's overall implementation of these strategies to determine the quality of the state's efforts in this next period.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,435 children who entered foster care between April 1, 2018 and September 30, 2018, and stayed in foster care for at least 12 months, 715 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 49.8 percent for Metric 6.2b. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent.

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



Source: DHS Data

As shown in Table 19 below, adoption is the primary permanency outcome for children in the 6.2b cohort. Of the 715 children in this cohort who achieved permanency this period, the majority, 373 (52 percent), were adopted. Reunification also remains a prominent permanency outcome for children in custody between 12 and 24 months. This report period 279 (39 percent) of the 715 children who achieved permanency were reunified with their families.

**Table 19: 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-20	Mar-20	Sept-19	Mar-19	Sept-18	Mar-18
Reunification	39% (279)	40% (273)	40% (313)	43% (335)	46% (407)	44% (362)
Adoption	52% (373)	55% (377)	53% (414)	51% (393)	47% (423)	53% (441)
Guardianship/Custody to Relative	9% (63)	4% (30)	7% (54)	6% (48)	7% (61)	3% (28)

Source: DHS Data

Again, the percentage of children whose permanency was achieved through reunification diminished sharply each year: from 83 percent within 12 months as reported in measure 6.2a; to 39 percent between 12 and 24 months as reported in this 6.2b Metric; and, down to 18 percent

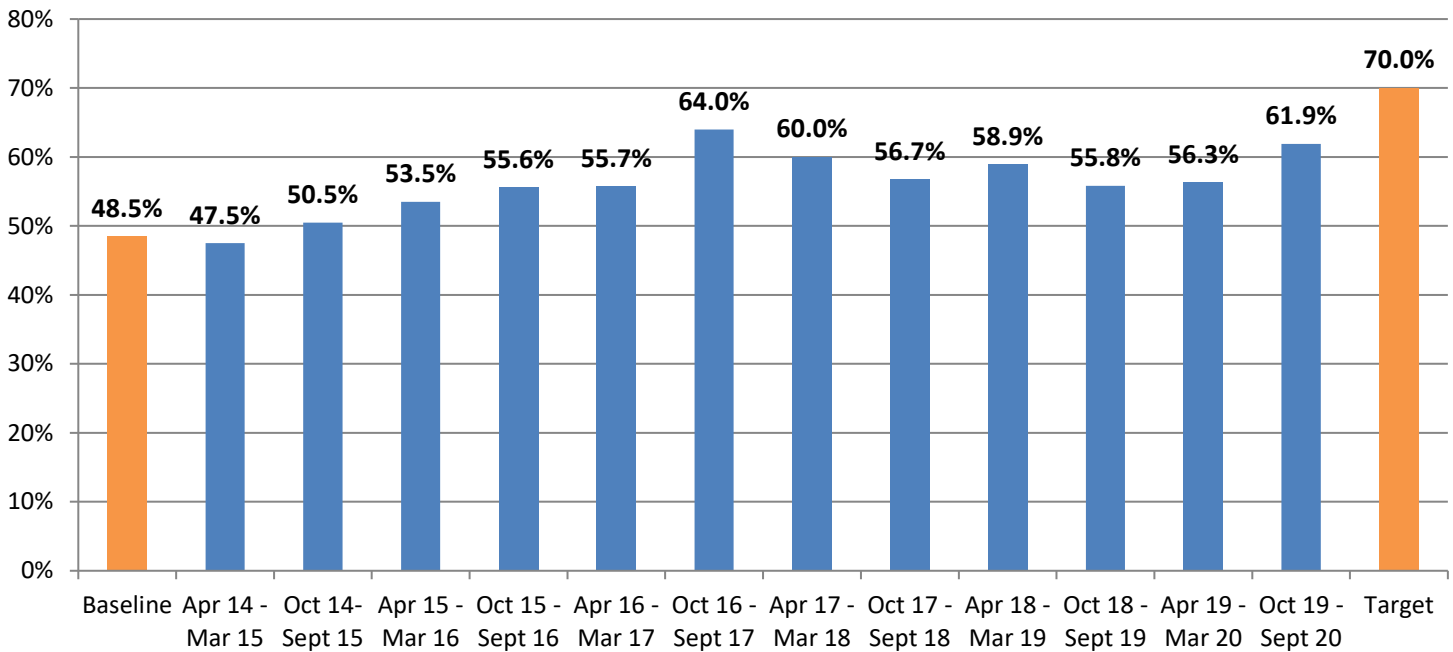
once a child entered their third year in custody as shown in Metric 6.2c below. Every concern outlined above regarding the department's need to diagnose barriers to timely reunification and hone its strategies and field implementation are relevant for this measure as well. At the same time, as the permanency goals for children shift significantly to adoption after 12 months in care in Oklahoma, DHS' adoption practice has allowed the department to make progress toward the Target Outcome for Metric 6.2b and exceed the equivalent national standard as shown in Table 16 above. DHS must continue also to monitor, assess, and strengthen its adoption practice and strategy implementation to make substantial and sustained progress toward the Target Outcome established for this measure.

For this report period, DHS reported a decrease of 3.3 percent for measure 6.2b and, as with the measure 6.2a above, DHS' data shows that the pandemic had an impact on the decrease in permanency outcomes for the period ending September 2020. Similarly, if DHS were to include in the 6.2b performance outcomes children who achieved permanency one to three months after their 24 months in care (the end point for their time in the 6.2b cohort) an additional 112 children would be added to the count of successful exits. Accounting for the permanency outcomes of these 112 children would increase the 6.2b performance outcome this period to 57.6 percent, an increase of 4.5 percent over last report period. Permanency was achieved for 70 of these 112 children through adoption, 38 through reunification and four through guardianship. Further, 42 of the 112 children had a court continuance documented in their record and 35 of these court delays were noted as being directly related to COVID-19. If DHS added to the 6.2b permanency exits for this period only the 35 children whose court continuance was documented due to COVID-19, the performance outcome would increase to 52.3 percent.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 656 children who entered foster care between April 1, 2017 and September 30, 2017 and stayed in foster care for at least 24 months, 406 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 61.9 percent for Metric 6.2c. Despite the pandemic and court closures, DHS was able to achieve an increase of 5.6 percent this period for this measure.

Notwithstanding this reported progress, DHS reviewed how many children from this report period's 6.2c cohort exited to permanency one to three months following their 36th month in care considering COVID-19 causing approximately three months of court closures during the data review period. DHS identified 37 children who achieved permanency between 37 and 39 months in care, nine of whom had a court continuance documented in their record and all nine of these court delays were due to the pandemic. If DHS were to include these nine children to the total who achieved permanency, the 6.2c performance outcome this report period would increase to 63.3 percent.

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



Source: DHS Data

For this metric, permanency is achieved most often through adoption. Of the 406 children who achieved permanency during this report period, 324 (80 percent) were adopted and 74 children (18 percent) were reunified with their families. Eight children (two percent) achieved permanency through guardianship or custody to a relative.

**Table 20: 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-20	Mar-20	Sept-19	Mar-19	Sept-18
Reunification	18% (74)	17% (70)	16% (66)	15% (58)	21% (92)
Adoption	80% (324)	77% (311)	74% (300)	80% (302)	72% (319)
Guardianship/Custody to Relative	2% (8)	6% (24)	10% (39)	5% (18)	7% (32)
Permanency Total	100% (406)	100% (405)	100% (405)	100% (378)	100 (443)

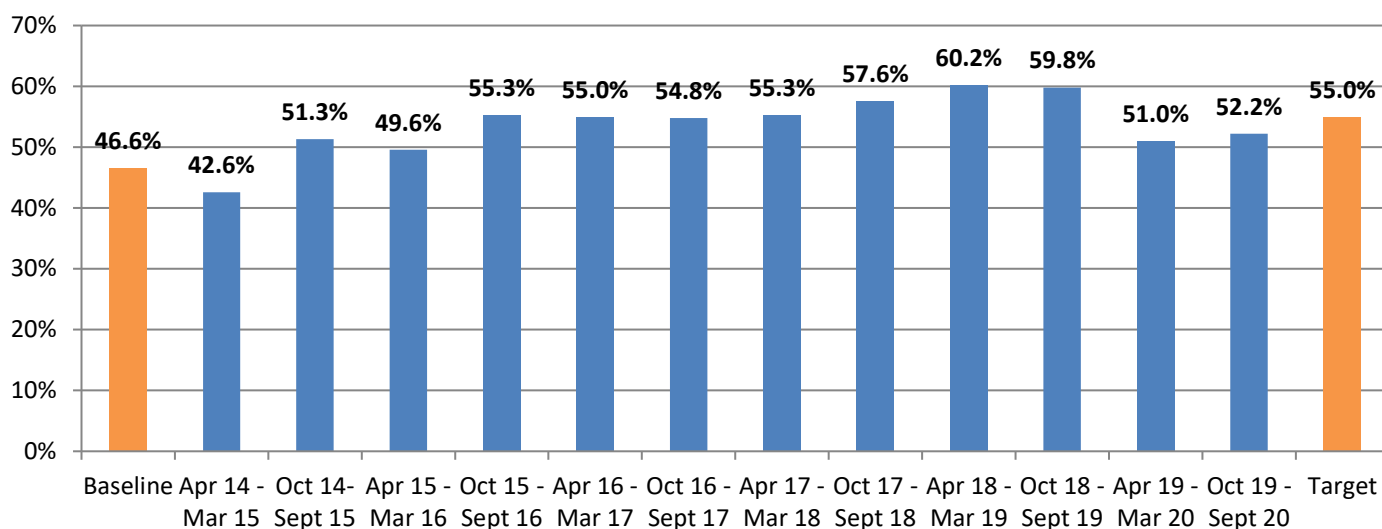
Source: DHS Data

Metric 6.2d, Permanency within four years of removal: DHS reports that of the 299 children who entered foster care between April 1, 2016 and September 30, 2016 and stayed in foster care for at least 36 months, 156 children achieved permanency within four years of their removal date,

primarily through adoption. This represents a permanency achievement rate of 52.2 percent. Of the 156 children who achieved permanency, 128 (82 percent) were adopted, 24 (15 percent) were reunified with their families and four (three percent) achieved guardianship. This represents an increase of 1.2 percent from the last report period.

Here too, DHS identified 28 children from this report period’s 6.2d cohort who exited to permanency one to three months following their 48th month in care. Of these 28 children, nine had a court continuance and the court delays for six of these nine were caused by COVID-19. If DHS were to include these six children to the total who achieved permanency, the 6.2d performance outcome this report period would increase to 54.2 percent.

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



Source: DHS Data

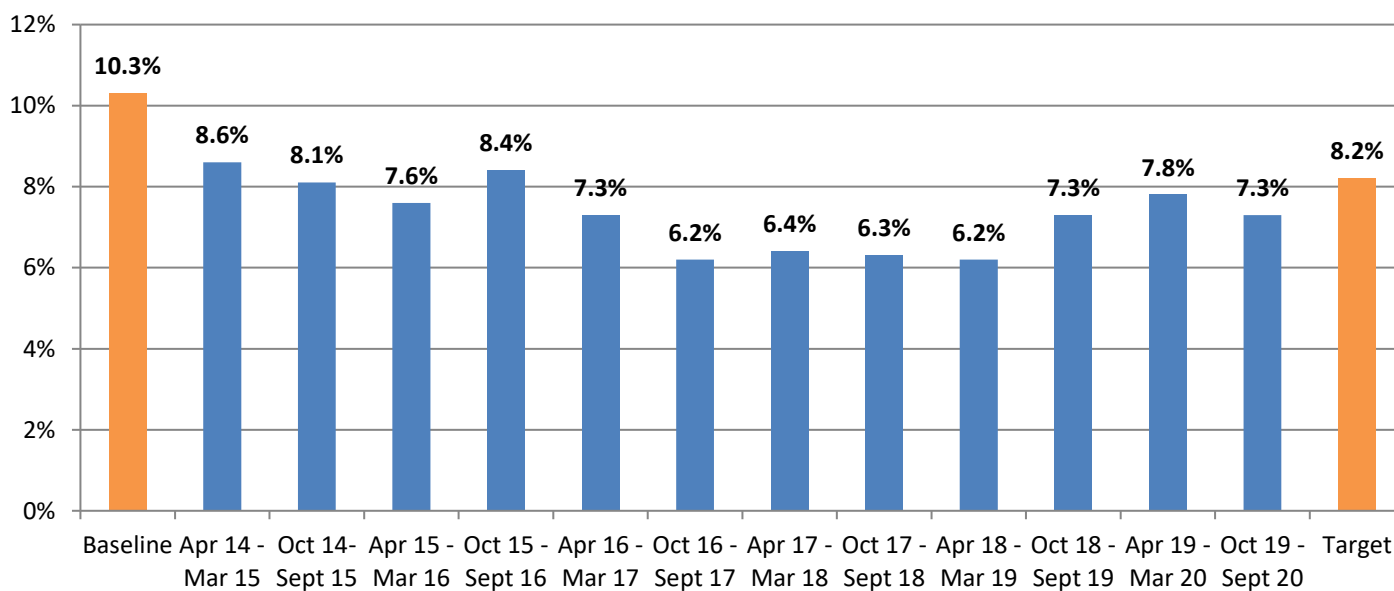
For the half (seven) of the 14 report periods in which DHS reported verified outcomes data for Metric 6.2d, the department achieved the Target Outcome for children in care between three and four years.⁵⁷ As such, DHS’ strategies and efforts have sufficiently allowed the department to achieve substantial and sustained progress toward the Target Outcomes throughout most of this reform. DHS needs to continue monitoring the permanency goals, progress and outcomes for the longest-staying children reviewed in this measure to again achieve and sustain the Target Outcome for this measure.

⁵⁷ In the first two Commentaries (and two report periods), the Co-Neutrals and DHS were still in the process of verifying DHS’ permanency data to determine data sufficiency.

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. 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 2,307 children who discharged to permanency (not including adoption) between October 1, 2018 and September 30, 2019, 169 children re-entered care within 12 months, which represents 7.3 percent of child re-entries. This is the eighth 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.

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



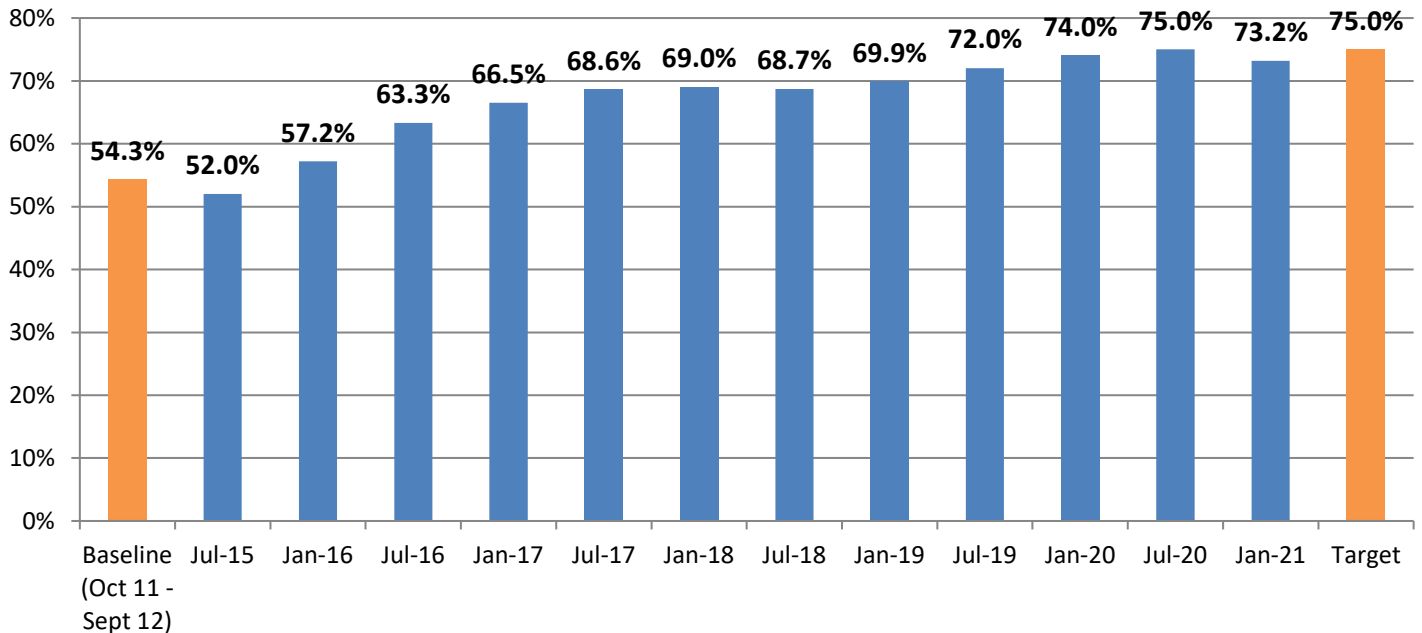
Source: DHS Data

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.

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 2,084 children who became legally free between October 1, 2018 and September 30, 2019, 1,525 were adopted within 12 months of becoming legally free for a performance outcome of 73.2 percent. Under this reform, DHS has made steady progress and met the Target Outcome for this measure in the last period. While DHS reported a 1.8 percent decrease this report period, the department remained in close range of the final target of 75 percent.

Figure 24: Metric 6.5 – Permanency Performance



Source: DHS Data

Like the 6.2 measures, Metric 6.5 is the one other metric that specifically focuses on timeliness to permanency. As such, DHS reported that 63 children in the 6.5 cohort this report period were adopted within thirteen to fifteen months of becoming legally free, which is also within three months after the 12-month adoption finalization deadline established to meet the requirements of this measure. Each of these children completed their twelfth month of being legally free during the pandemic between March and September 2020. Of these 63 children who were adopted 13 to 15 months after becoming legally free, 15 had a court continuance, of which 13 were documented as being due to COVID-19. If DHS were to include these 13 children among

those who met the 6.5 adoption deadline this report period, the performance outcome would increase slightly to 73.5 percent.

DHS has sustained improved outcomes for Metric 6.5 over the last eleven report periods, while at the same time, the number of children reviewed under this metric increased above the baseline cohort for this measure. Table 21 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. 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.

Table 21: Number of Children who became Legally Free under Metric 6.5⁵⁸

Metric 6.5	July 2015	Jan 2016	July 2016	Jan 2017	July 2017	Jan 2018	July 2018	Jan 2019	July 2019	Jan 2020	July 2020	Jan 2021
Numerator	935	1200	1459	1567	1754	1886	1770	1674	1669	1634	1596	1525
Denominator	1797	2099	2304	2355	2558	2734	2577	2395	2319	2208	2129	2084
Performance Outcome	52	57.2	63.3	66.5	68.6	69.0	68.7	69.9	72.0	74.0	75.0	73.2

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. Like 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, document, and resolve any barriers to adoption finalization, which may result in detailed, follow-up action steps with reasonable due dates assigned. The designated ATAT lead for each region is charged with

⁵⁸ 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 22.

following up with district casework staff to ensure all action steps necessary to remove identified barriers and finalize an adoption are completed.

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. At the beginning of this report period, DHS' adoption attorneys had begun to participate in every ATAT call to work through any issues regarding legal barriers. DHS reported that during the ATAT calls, the attorneys also discuss the option of guardianship when appropriate and provide caseworkers general legal advice that can be shared with families seeking to adopt. DHS reported that these attorneys have also been helpful to caseworkers in working with the courts and obtaining necessary documents that can be challenging to receive.

DHS' achievement of the Metric 6.5 Target Outcome reflects the department's consistent and focused efforts over the span of this reform to assess and remove barriers to adoption finalizations.

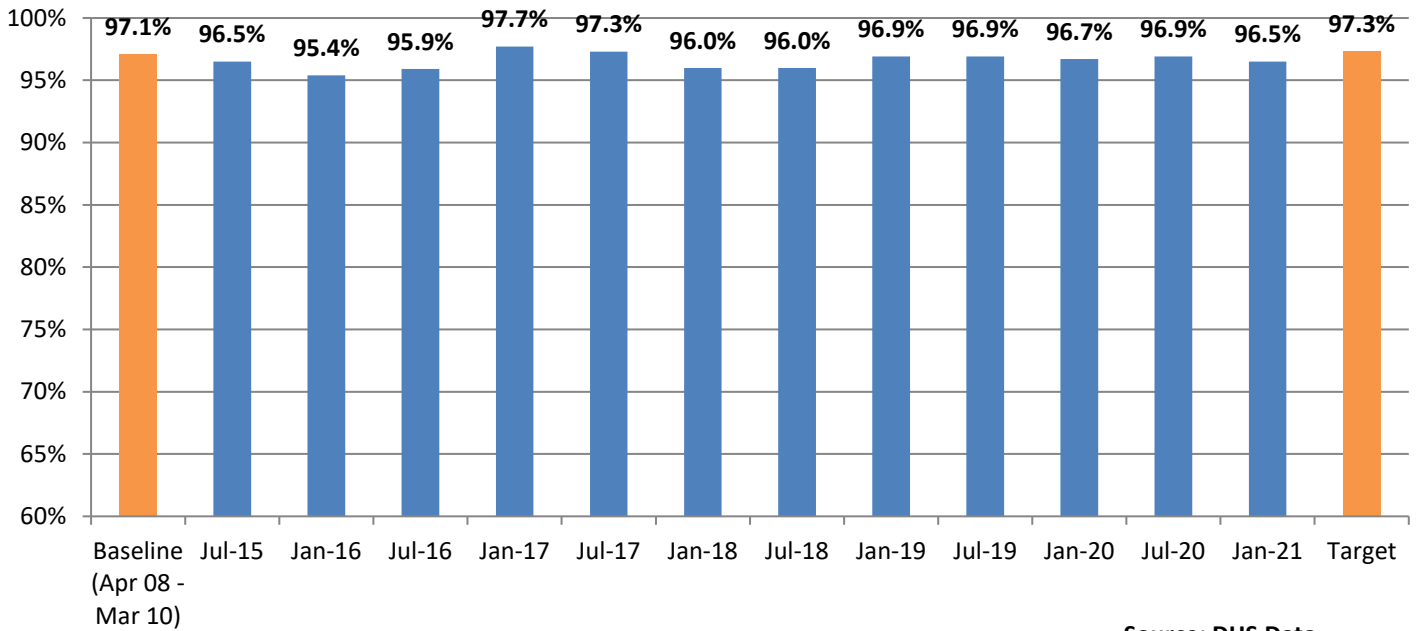
Adoption Permanency, Metrics 6.6, and 6.7

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 2,118 children who entered a trial adoption placement between October 1, 2018 and September 30, 2019, 2,044 children did not disrupt from their placements within 12 months of entering trial adoption, resulting in a performance outcome of 96.5 percent. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 17 of the 74 pre-adoption disruptions reported this period.

Figure 25: Metric 6.6 – Permanency Performance



Source: DHS Data

Of the 2,118 children who entered a pre-adoptive placement, only 116 (five 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.⁵⁹ 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 22 below, the percentage of disruptions for children in Quad 2 (25 percent) is highly disproportionate compared to the very low percentage of disruptions experienced by children in Quad 1 (2.2 percent), as well as the total percentage of disruptions (3.5 percent) reported for this period. DHS has committed to focus on better preparation and support for Quad 2 pre-adoption placements and has reported improvements in the data reported one year ago when 30.3 percent of Quad 2 trial adoptions disrupted.

⁵⁹ 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 22: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type

	Total Children	# of Children Disrupted	% Disrupted
Quad 1 (Previous relationship with the family)	2,002	45	2.2%
Quad 2 (No previous relationship with the family)	116	29	25%
Total	2,118	74	3.5%

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 often these children are older with increased special needs, particularly heightened behavioral and mental health needs, and placed with families where there is no previous relationship. However, DHS reported that it is 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 needs of the child and/or the family are in place before trial adoption begins.

DHS made changes over the last year to its adoption disclosure process, particularly for Quad 2 children, to improve the structure, quality, and consistency of these discussions. 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. Focusing on the contributing factors that indicate a child may be more vulnerable to a Quad 2 adoption disruption, DHS has taken steps to maximize the work of its regionally based mental health consultants with respect to their participation in Quad 2 adoption disclosures. These consultants have been charged with conducting a thorough case review and participating in the adoption disclosure meetings for Quad 2 children who: have two or more behavioral health diagnoses; have had three or more removal episodes; have experienced a previous adoption disruption or dissolution; and have had 10 or more placements. DHS reported the mental health consultants have been instrumental in supporting caseworkers assigned to resource families who are considering adopting a Quad 2 child. These families frequently have questions after participating in an adoption disclosure and are helped by the guidance and information provided by the mental health consultants.

The department prepared and distributed to caseworkers new guidance and tip sheets that include actions that assigned caseworkers must complete before, during and after a disclosure, as well as the roles and responsibilities of each person participating in this meeting. DHS also delivered numerous trainings for caseworkers on adoption competency, including best practices for adoption disclosures; providing mental health services; managing through peak challenging

times in trial adoptions; and supporting families with formal and informal post-adoption services. The trainings also covered conducting quality visits to assess each trial adoptive family's and the placed child's well-being and how to use DHS' new Quad 2 process map. During this report period, DHS developed and distributed to staff a Quad 2 process map to help caseworkers navigate and implement the new practices and steps DHS has established to support Quad 2 adoptions and reduce the number of disruptions.

Included in the new practices is a team approach to implement visitation plans and include the prospective adoptive parents in the child's appointments and routines prior to the trial adoption placement. During this report period, DHS created for caseworkers a form to help staff plan pre-adoptive placement visits, and also developed an Adoption Preplacement Visitation Plan Tip Sheet to further guide staff. DHS also developed a Quality Monthly Contact Tip Sheet to outline best practices specific to supportive monthly contacts with children and families in trial adoption.

Previous case reviews completed by DHS and the Co-Neutrals of trial adoption disruptions showed disruptions commonly occur around 90-days after placement. As a result, DHS began this period to conduct family preservation check-in calls or meetings with the family around 45 days after the trial adoption placement. DHS reported the pre-adoptive family's entire support team participates in the call/meeting during which the following areas are reviewed: day-to-day life with the child and the child's behaviors; how attachment and bonding are progressing; current stress levels in the home; and how sessions with any mental health providers are going to determine if any adjustments or new services are needed. DHS reported positive feedback from families and caseworkers who shared that it is helpful to have the team assembled to discuss everything – ongoing and new issues – and address any concerns right away.

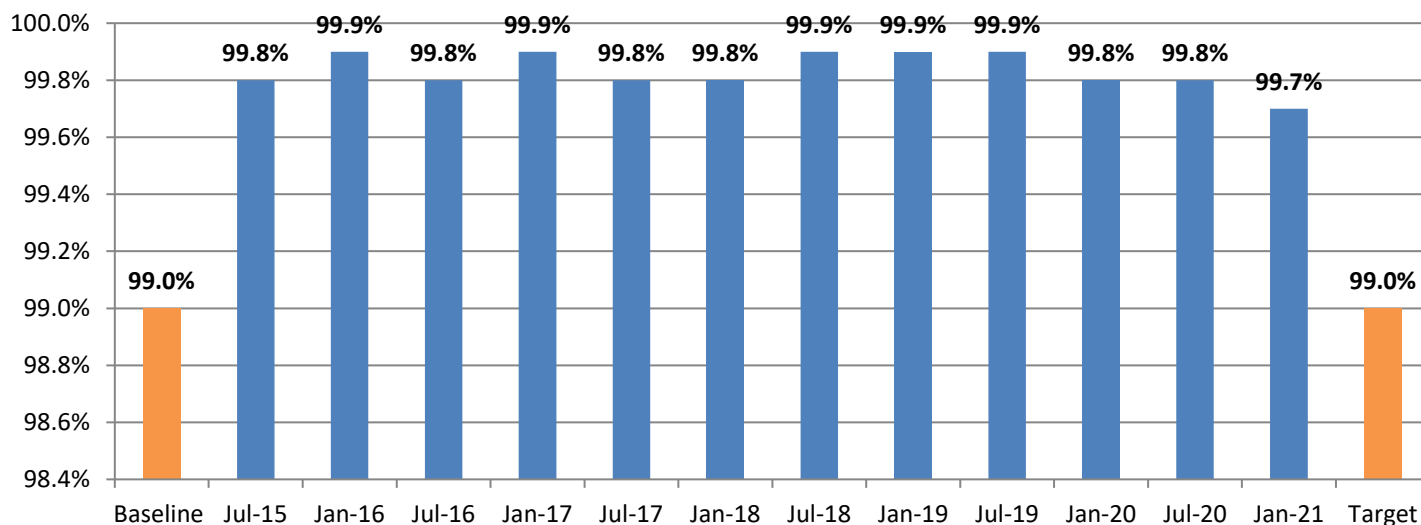
It is notable still that the number of children who are reviewed under the 6.6 measure has increased significantly since earlier in this reform effort. Over five years ago, in the review period of April 1, 2014 to March 31, 2015, there were 1,297 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.5 percent of adoptive placements that did not disrupt), which is significantly fewer than the 2,118 children in pre-adoptive placements reviewed in this report period with a 96.5 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 4,849 children who were adopted between October 1, 2016 to September 30, 2018, the adoptions of 4,836 children (99.7 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 63 percent to 4,849 adoptions reviewed for this period and by over 70 percent in prior periods. 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 182 (87.9 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of December 31, 2020, which brings the department in close range of the 90 percent target. During this report period, one youth in the cohort finalized her adoption, within one month of her 18th birthday, forever joining the family who adopted her siblings.

As of December 30, 2020, 17 children from the younger cohort remained in DHS custody and required permanency. Further, one child in the younger cohort aged out of care during the six-month period that ended December 31, 2020. 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. While DHS is close to reaching the 90 percent Target Outcome for this measure, DHS must and has committed to continue its efforts and case practices designed to achieve more timely permanency for these and all other children who are legally free and seeking a permanent adoptive home. 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.

Table 23: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 12/31/2020
6.1: Of all legally free children not in an adoptive placement on 1/10/14, the number who have achieved	207 children: Age 12 and younger	90%	182 children (87.9%) 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 maintained through this period its commitment to establish a well-trained, well-supported statewide team of ATU workers and supervisors to help children without an identified placement find a permanent adoptive family. 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, 2020, DHS’ caseload data showed 43 ATU caseworkers carrying at least one case, with all meeting their caseload standard.

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, DHS requires that a behavioral health consultant participate in all Quad 2 adoption disclosure meetings for children who remain in the 6.1 cohort to help ensure stable and successful transitions from trial to finalized adoptions.

Additionally, DHS now applies the ATAT review process for the children who remain 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 identify 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.

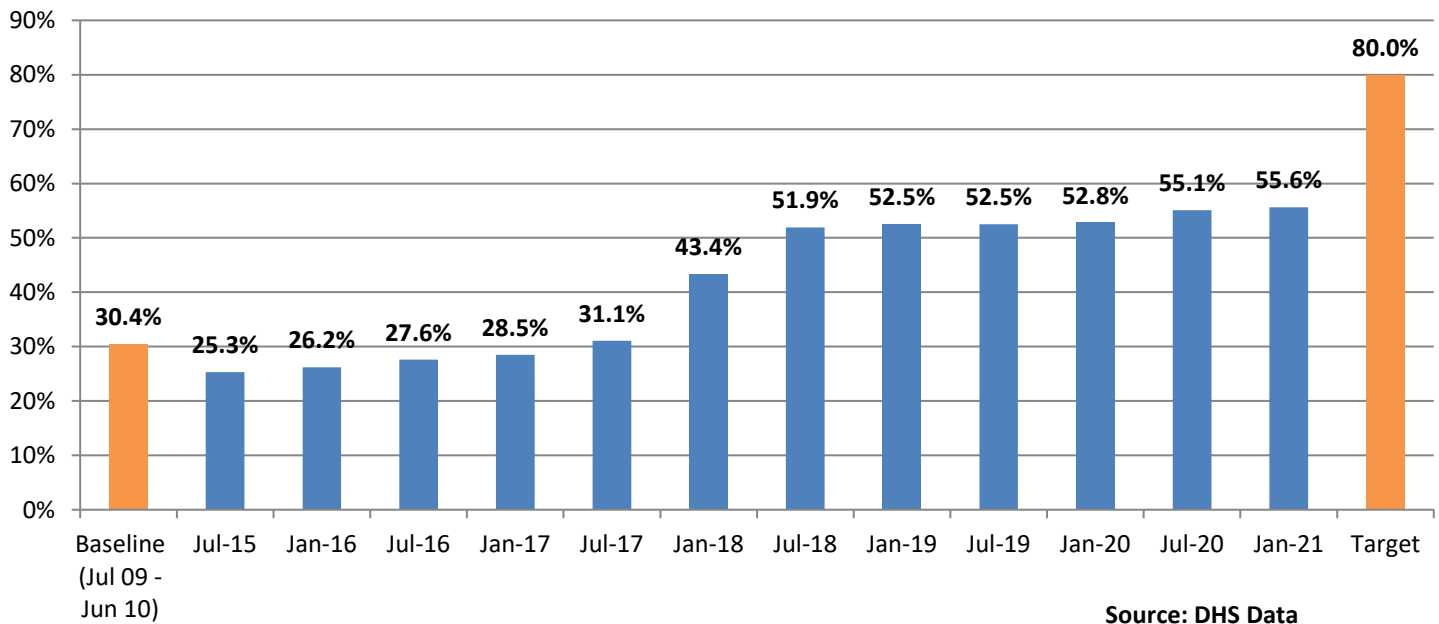
Permanency for Older Legally-Free Youth, Metric 6.4

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 108 legally free youth turned 16 years of age between October 1, 2017 and September 30, 2018. This period, 60 of these youth, representing 55.6 percent, achieved permanency while 48 youth exited out of DHS custody without achieving legal permanency. With 55.6 percent of the youth reviewed achieving permanency, this is an improvement of 0.5 percent from last period and is the highest performance outcome for this measure that DHS has reported to date. The 60 youth who achieved permanency exited DHS custody as follows: 54 youth were adopted, three youth exited through guardianship, and three youth exited through custody to a relative.

Figure 27: Metric 6.4 – Permanency Performance



Efforts to Achieve Permanency for Older Youth

DHS has implemented strategies to improve outcomes under this measure with a focus both on curbing the number of youth who enter this metric's cohort and on 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, most 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 and significantly reduced this to 23 percent (25 of 108 youth) in the current period. Twenty-four of the 25 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting the correlation between these two factors and the importance of continuing to reduce the number of children assigned a PAPP case plan goal.

Importantly, DHS has continued to strengthen the reviews and requirements to change a youth's case plan goal to PAPP. At the end of this report period, DHS reported that a PAPP case plan goal for youth ages 16 and 17 must be approved moving forward by both a supervisor and district director, whereas previously only a supervisor's approval was required. Additionally, for youth 16 years of age, a regional director and assistant CWS director must also approve any newly assigned PAPP goal. DHS reported, "This new practice and expectation further heighten the importance to exhaust reasonable efforts to achieve permanency for every teen and continue to shift agency culture and practice."⁶⁰

For the first time this reporting period, DHS assigned an ATU worker to every child with a PAPP goal. This is now a feasible option with the department's existing ATU positions as the number of children with a PAPP goal has significantly reduced. Further, ATU workers now apply the Wendy's Wonderful Kids (WWK) adoption model not only to all children who have a goal of adoption and no identified adoptive home, but also to children with a PAPP goal. DHS reported

⁶⁰ February 2021 Semi-Annual report, page 78

that at the end of the period, ATU workers were advancing permanency efforts under the WWK model for 530 children and were assigned 118 out of 274 youth identified for future 6.4 cohorts.

As a result of DHS' commitment to build its statewide ATU structure and team of caseworkers and supervisors dedicated to achieving adoption for children with no identified permanent home, the Dave Thomas Foundation for Adoption has collaborated and shared resources with DHS to implement the foundation's 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. Notably, 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."

As reported in the shelter section above, DHS now requires higher level reviews of kinship home approvals that were denied when considered for placement of youth 16 or 17 years of age. The department highlights this as an effort not only to reduce shelter placements but also to reduce the number of youth who age out of foster care. This effort is an important step as the Co-Neutrals have found through case record reviews that some youth at risk of aging out will tell DHS they do not want to be adopted because they plan to live with a family member, typically someone DHS has denied approval for placement, after reaching the age of 18. Reconsidering a child's kinship placement preferences, particularly for older youth who have greater protective capacities, also reflects DHS' increasing efforts to lift and listen to the voices of children and youth in its custody. DHS reported,

The purpose is to consider the youth's placement preferences and to ensure all efforts to support the kin were identified and provided. This review happens immediately if the youth is in immediate need of placement. The youth's specific case and circumstances are always considered in the kinship assessment process, especially in regards to the youth's functioning and vulnerability, while ensuring that efforts and supports to mitigate risks are evaluated to work toward kinship placement and permanency for older youth.⁶¹

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

⁶¹ February 2021 Semi-Annual report, page 78

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 ⁶² , 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%

⁶² 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		

