

# **Co-Neutral 18<sup>th</sup> Commentary**

## **June 2022**

### **Compromise and Settlement Agreement**

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

## Table of Contents

I. Introduction .....	<b>4</b>
II. Context Data of Children in DHS Custody.....	<b>15</b>
III. Non-Impacted Performance Area Measures: Performance Data Outcomes, Assessment of Progress and Good Faith Efforts .....	<b>20</b>
A. Foster Care.....	<b>20</b>
B. Caseworker Caseloads and Supervisor Workloads .....	<b>29</b>
C. Shelter Use.....	<b>42</b>
D. Child Maltreatment in Care.....	<b>51</b>
E. Caseworker Visitation .....	<b>71</b>
F. Placement Stability .....	<b>74</b>
G. Permanency .....	<b>82</b>
IV. Delayed Performance Area Measures: Performance Data Outcomes and Assessment of Progress.. ..	<b>91</b>
A. Therapeutic Foster Care .....	<b>91</b>
B. Permanency (6.2, 6.4 Metrics) .....	<b>110</b>

## Figures

Figure 1: Number of Children in DHS Custody at the End of SFY - 2004 to 2022 .....	16
Figure 2: Children in Custody on December 31, 2021 by Age Group (Total = 6,892) .....	17
Figure 3: Children in Care on December 31, 2021 by Length of Stay (Total = 6,892) .....	18
Figure 4: Children in Care on December 31, 2021 by Placement Type (Total = 6,892) .....	19
Figure 5: New Foster Care Homes Developed by Month, July 2021 – December 2021 .....	20
Figure 6: New Foster Homes by Type, July 2021 – December 2021 (N=259).....	21
Figure 7: Caseloads: Percent of Workers Meeting Caseload Standards.....	30
Figure 8: Supervisor Workloads: Percent of Supervisors Meeting Workload Standards .....	41
Figure 9: 5.1 – Shelter-Nights, Children Ages 0 – 1.....	44
Figure 10: Metric 5.2 – Shelter-Nights, Children Ages 2 – 5 .....	44
Figure 11: Metric 5.3 – Shelter-Nights, Children Ages 6 – 12 .....	45
Figure 12: Metric 5.4 – Shelter-Nights, Children Ages 13 and Older .....	46
Figure 13: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers.....	53
Figure 14: 1b – Absence of Maltreatment in Care by Parents.....	54
Figure 15: Metric 3.1 – Frequency of Visits by All Workers.....	72
Figure 16: Metric 3.2 – Frequency of Primary Worker Visits.....	72
Figure 17: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months .....	73
Figure 18: Metric 6.3 – Re-entry within 12 Months of Exit .....	83
Figure 19: Metric 6.5 – Permanency Performance .....	84
Figure 20: Metric 6.6 – Permanency Performance .....	86
Figure 21: Metric 6.7 – Permanency Performance .....	89
Figure 22: Therapeutic Foster Homes by Month, July 2021 – December 2021.....	93

Figure 23: Metric 6.2a - Permanency within 12 Months of Removal.....	113
Figure 24: Metric 6.2b – Permanency within 2 years of Removal.....	122
Figure 25: Metric 6.2c – Permanency within 3 years of Removal.....	124
Figure 26: Metric 6.2d – Permanency within 4 years of Removal.....	126
Figure 27: Metric 6.4 – Permanency Performance.....	127

**Tables**

Table 1: Summary of Target Outcomes.....	8
Table 2: Traditional Home Closure Reasons, July 2021 – December 2021.....	24
Table 3: Plan Caseload and Workload Standard Commitments.....	29
Table 4: End of Period, Point in Time Caseload Compliance.....	29
Table 5: Worker Caseloads Capacity and Compliance as of December 31, 2021.....	32
Table 6: Child Welfare Specialist Turnover.....	35
Table 7: Nights in Shelters by Age, July 2021 – December 2021, and Change from Baseline.....	43
Table 8: Pinnacle Plan 1.17: Baseline and July - December 2021.....	47
Table 9: Children in Care Who Were Abandoned by SFY.....	50
Table 10: Rate of MIC by Placement Type.....	55
Table 11: MIC Investigation Case Review, October 2020 – September 2021.....	58
Table 12: Analysis of Quality Visits in MIC Case Reviews, October 2020-September 2021.....	60
Table 13: Placement Stability Baselines, Targets, and Current Performance.....	75
Table 14: Percent of Children Whose First Countable Placement is a Kinship Home.....	77
Table 15: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type.....	86
Table 16: Metric 6.1 – Permanency Performance.....	90
Table 17: Comparison of Federal and Oklahoma Measures for Timely Permanency.....	112
Table 18: Measure 6.2a, Permanency Rates by Report Period.....	113
Table 19: Measure 6.2b, Permanency Rates by Report Period Children Who Achieved Permanency within 2 years ( <i>Most Recent on Left Side</i> ).....	123
Table 20: Measure 6.2c, Permanency Rates by Report Period Children Who Achieved Permanency within 3 years ( <i>Most Recent on Left Side</i> ).....	124
Table 21: Measure 6.2d, Permanency Rates by Report Period.....	125

**Appendix**

Appendix A: “Agreement To Amend The Compromise And Settlement Agreement And Partially Suspend Good Faith Reporting On Selected Performance Area Measures.”.....	133
Appendix B: Metric Plan Baselines and Targets (Updated September 2015).....	140

## I. Introduction

On January 4, 2012, the Oklahoma Department of Human Services (“DHS”) and the Plaintiffs (together, “the Parties”) reached agreement in this 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. Yarbrough*, 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 (“the Court”) 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.” For this Eighteenth Commentary, covering report period July 1, 2021 to December 31, 2021,<sup>1</sup> the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in all 23 Performance Area Measures for which the Co-Neutrals are required to render a determination, as described below.

### **The Effects of COVID and the Parties’ COVID Recovery Period Agreement**

During this report period, DHS confronted ongoing challenges due to the COVID-19 pandemic. The continued presence of the virus (and its variants) limited some of the department’s ongoing practices, which can be observed in the performance outcomes reported for this review period, and particularly for the metrics related to timely permanency for children in DHS’ custody.

In light of this, the “Parties” developed a joint “COVID Recovery Period Agreement” (the “Covid Recovery Agreement” or “CRA”), which was approved by the Court on December 14, 2021 as a modification to the original Settlement Agreement. The CRA attests that unforeseen effects of the COVID-19 pandemic have significantly impacted DHS’ efforts and performance outcomes for the following seven specific measures:

- I. TFC Performance Area Measure 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period;
- II. TFC Performance Area Measure Net Gain/Loss in TFC homes for the reporting period;
- III. Permanency Performance Area Measure 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;
- IV. Permanency Performance Area Measure 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;

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<sup>1</sup>In numerous instances, as described in this Commentary, data and information are only available through September 30, 2021 (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.

- V. Permanency Performance Area Measure 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;
- VI. Permanency Performance Area Measure 6.2d: The number and percent of children who entered their 36th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal;
- VII. Permanency Performance Area Measure 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.

Collectively, these seven COVID-impacted measures are identified in the agreement as the “Delayed Performance Area Measures.” The remaining 23 performance area metrics are referred to collectively as the “Non-Impacted Performance Area Measures.”

The CRA establishes an 18-month “COVID Recovery Period” that covers the previous, current and next six-month report periods (January 1, 2021 – June 30, 2021; July 1, 2021 – December 31, 2021; and January 1, 2022 – June 30, 2022). For these three six-month report periods, the Parties agreed that the Co-Neutrals would suspend rendering a judgment with respect to DHS’ good faith efforts for the Delayed Performance Area Measures identified above. For the three COVID Recovery Periods, the Co-Neutrals continue to report findings whether DHS is making good faith efforts pursuant to Section 2.15 of the Compromise and Settlement Agreement for the 23 Non-Impacted Performance Area Measures. The Co-Neutrals’ Commentaries will also continue to report on the department’s verified performance data outcomes and actions taken to improve those outcomes for every performance measure, including the Delayed Performance Area Measures.

This modification to the Compromise and Settlement Agreement specifies that, “Until the impact of the COVID-19 pandemic on the Oklahoma child foster care system is more fully understood, addressed, and ameliorated, the Parties seek to hold in abeyance during a ‘COVID Recovery Period’ the twice annual determinations of the Co-Neutrals whether the Department has engaged in good faith efforts to achieve substantial and sustained progress with regard to the [Delayed] Performance Area Measures. (See Appendix A for a full copy of the “Agreement To Amend The Compromise And Settlement Agreement And Partially Suspend Good Faith Reporting On Selected Performance Area Measures.”)

## **Background**

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 B 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 as updated.<sup>2</sup>

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 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.

The December 14, 2021 Covid Recovery Agreement, which establishes the 18-month COVID Recovery Period, does not change the existing CSA agreements for the “Non-Impacted Performance Area Measures.” As such, DHS can still request a Final Report from the Co-Neutrals at any time for the 23 Non-Impacted Performance Area Measures that are now bifurcated collectively as a group from the seven Delayed Performance Area Measures. To terminate DHS’ responsibilities and obligations under the CSA for the Non-Impacted Performance Measures, the department must receive from the Co-Neutrals a determination that DHS has, for a period of at least two years, made good faith efforts to achieve substantial and sustained progress toward each Target Outcome.

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<sup>2</sup> 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.

The Covid Recovery Agreement further states that, “After resumption of Good Faith Assessments by the Co-Neutrals and the Department subsequently achieving Good Faith Assessments for all Delayed Performance Area Measures over a period of two successive years, inclusive of Good Faith Assessments made prior to the COVID Recovery Period, the final Commentary reflecting such efforts shall be considered the Final Report for the Target Outcomes of the Delayed Performance Area Measures and the Department’s responsibilities and obligations under the Settlement Agreement shall terminate.”

Finally, in the Covid Recovery Agreement, DHS committed to ongoing data transparency by committing to report to the Co-Neutrals and Plaintiffs on the metrics and Target Outcomes for all Delayed Performance Area Measures and Non-Impacted Performance Area Measures for a minimum period of one year after publication of the Final Report for each collective group of measures.

### **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. As noted above, for this and the next six-month report periods the Co-Neutrals will suspend rendering a judgment regarding DHS’ good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for seven Delayed Performance Area Measures.

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.

For this report period, the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in all 23 Non-Impacted Performance Area Measures. 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 for those measures included in the COVID Impacted Provisions where DHS’ performance has long lagged.

DHS’ good faith efforts in this period for all Non-Impacted Performance Area Measures position the agency to achieve substantial and sustained progress moving forward if the department remains focused on effective implementation of strategies that have been working, as well as new strategies and practice changes where necessary to achieve positive trending toward the Target Outcomes. This means

continuing to track 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 Non-Impacted Performance Area Measures is an important achievement by the department but is neither binding on future judgments of the Co-Neutrals nor cause for relaxation by DHS, which the agency leadership fully acknowledges. 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 within 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 for children and families in Oklahoma. 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
<b>Non-Impacted Performance Area Measures</b>			
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: 98.97% 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: 99.01% 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 SFY22 Outcome: 259 Target: 805	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
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	Target Not Due until End of SFY22  Outcome: -193 Target: 73	No	Yes
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes  Baseline: 95.5% Outcome: 98.7% Target: 95.0%	Yes	Yes
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes  Baseline: 51.2% Outcome: 95.3% 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: 55.6% Target: 65%	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
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: 77.7% Target: 88%	No	Yes
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: 66.1% Target: 68%	Yes	Yes
4.1c: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	No Baseline: 23% Outcome: 39.1% Target: 42%	Yes	Yes
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	No Baseline: 74% Outcome: 80.9% Target: 88%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
5.1: The number of child-nights during the past six months involving children under age 2 years.	Yes Baseline: 2,923 Outcome: 0 Target: 0	Yes	Yes
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Yes Baseline: 8,853 Outcome: 0 Target: 0	Yes	Yes
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No Baseline: 20,147 Outcome: 4,306 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: 9,248 Target: 8,850	Yes	Yes
1.17: Percent of children 13 and older in a shelter who stayed less than 30 days and no more than one time in a 12-month period.	No Baseline: 33.7%; (393 non-compliant youth) Outcome: 40.7%; (150 non-compliant youth) Target: 90%	Yes	Yes; Reduced by 55 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.

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014, the number of children who have achieved permanency.	No Baseline: 207 children Outcome: 88.4% Target: 90%	Yes – for children ages 12 and under	Yes – for children ages 12 and under
	N/A	N/A – for children ages 13 and older  DHS no longer reports on this measure as all children in this cohort achieved permanency or reached the age of 18 in a prior period.	N/A
6.3: 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: 7.1% Target: 8.2%	Yes	Yes
6.5: Of all children who became legally free for adoption in the 12-month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	No Baseline: 54.3% Outcome: 70.7% 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

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.7: The percent of children whose adoption was finalized over a 24-month period who did not experience dissolution within 24 months of finalization.	Yes Baseline: 99.0% Outcome: 99.8% Target: 99.0%	Yes	Yes
Caseworkers	No Baseline: 27% Outcome: 88.4% (PIT) 86.3% Quarterly Target: 90%	Yes	Yes
Supervisors	Yes Baseline: 58.8% Outcome: 93.4% Target: 90%	Yes	Yes
<b>Delayed Performance Area Measures</b>			
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period and number of children served in EFC therapeutic family placements. <sup>3</sup>	Target Not Due until End of SFY22 Outcome: 14 TFC/ITFC homes; 97 children in EFC therapeutic family placements Target: 67 TFC/ITFC; 270 EFC placements	No	No Finding During COVID Recovery Period

<sup>3</sup> As explained below in the Therapeutic Foster Care section of this Commentary, DHS is developing foster homes for children in need of therapeutic care through its new Enhanced Foster Care (EFC) program to supplement DHS' development of new TFC/ITFC homes and to fulfill the department's commitment under this measure.

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
Net gain/loss in TFC homes for the reporting period.	Target Not Due until End of SFY22  Outcome: -1 TFC/ITFC homes  Target: 30 TFC/ITFC homes	No	No Finding During COVID Recovery Period
6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	No  Baseline: 35%  Outcome: 35%  Target: 55%	No	No Finding During COVID Recovery Period
6.2b: The number and percent of children who entered their 12 <sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No  Baseline: 43.9%  Outcome: 44.2%  Target: 75%	No	No Finding During COVID Recovery Period
6.2c: The number and percent of children who entered their 24 <sup>th</sup> month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No  Baseline: 48.5%  Outcome: 50.3%  Target: 70%	No	No Finding During COVID Recovery Period
6.2d: The number and percent of children who entered their 36 <sup>th</sup> 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: 45.6%  Target: 55%	No	No Finding During COVID Recovery Period

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	No Baseline: 30.4% Outcome: 43% Target: 80%	No	No Finding During COVID Recovery Period

**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 children’s and foster home records, policies, memos, child maltreatment investigations, and other internal information relevant to DHS’ work during the period.

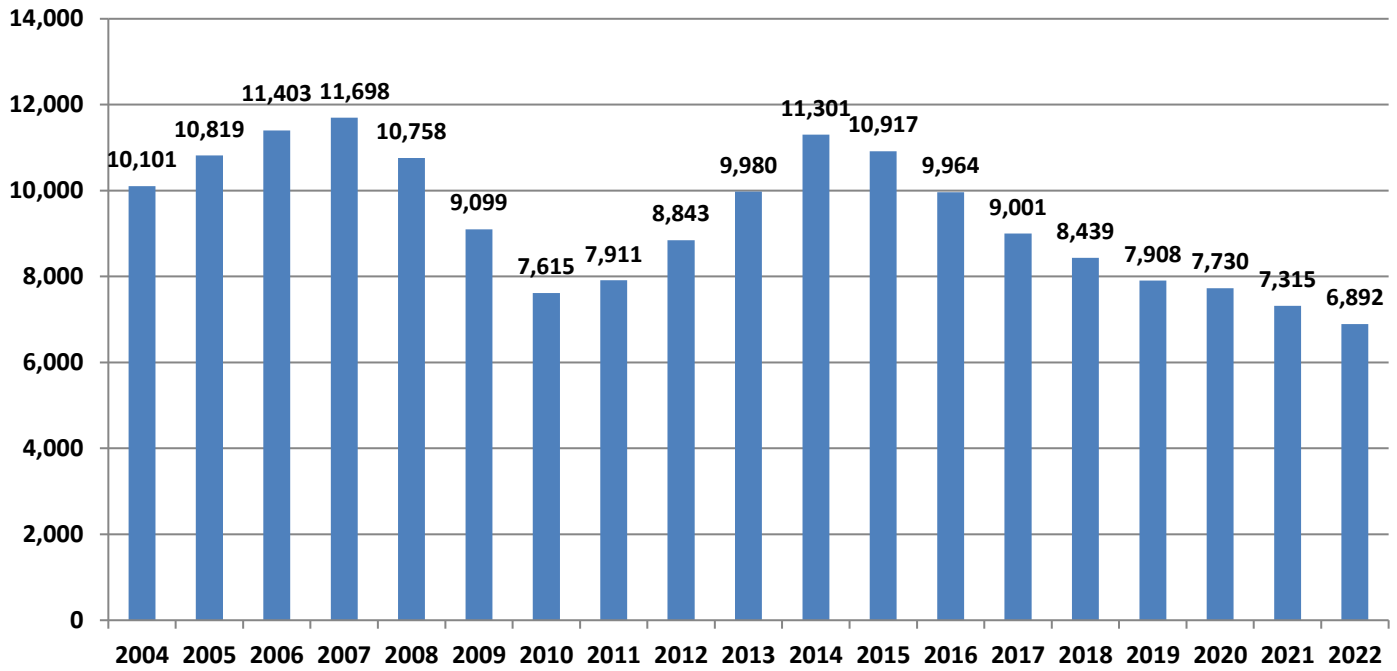
The remainder of this report includes:

- Context Data of Children in DHS Custody (Section II);
- Non-Impacted Performance Area Measures: Performance Data Outcomes, Assessment of Progress and Good Faith Efforts (Section III);
- Delayed Performance Area Measures: Performance Data Outcomes, Assessment of Progress (Section IV); and,
- Appendix.

**II. Context Data of Children in DHS Custody**

DHS has experienced a steady decline in the number of children in its custody over the last six years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Seven and a half years later, on December 31, 2021, there were 6,892 children in DHS custody, a 39 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.

**FIGURE 1: NUMBER OF CHILDREN IN DHS CUSTODY AT THE END OF SFY - 2004 TO 2022**



Source: DHS Data

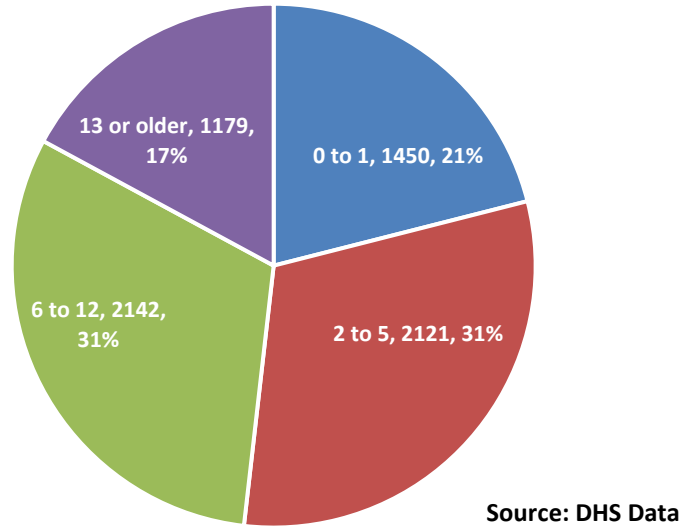
### Demographics

DHS data show that there were 7,315 children in custody on June 30, 2021, while there were 6,892 children in custody on December 31, 2021. During the reporting period from July 1, 2021 to December 31, 2021, 1,677 children entered care and 2,088 children exited care.

Young children aged zero to five years make up the largest portion (3,571 or 52 percent). Children aged 6 to 12 years comprise 31 percent (2,142) of the population in care, and 17 percent (1,179) are 13 years or older, as detailed in the following chart.



**FIGURE 2: CHILDREN IN CUSTODY ON DECEMBER 31, 2021 BY AGE GROUP (TOTAL = 6,892)**



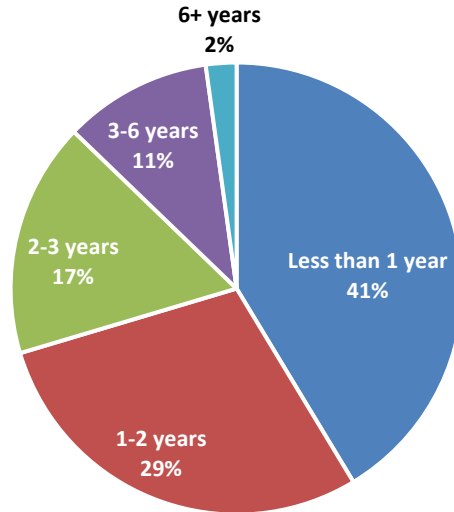
With regard to gender, the population is split almost equally — 51 percent male and 49 percent female. With regard to race, the population of children is 37 percent White, ten percent African American, and eight percent Native American. Overall, 33 percent of children identified as Native American, including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 18 percent of children identified with Hispanic ethnicity (and can be of any race). Twenty-seven percent of children identified as multi-race, not including those children who identified with Hispanic ethnicity.

As presented in the chart below, DHS’ data shows that of the children in care on December 31, 2021, 41 percent (2,850) were in care for less than one year; 29 percent (2,001) between one and two years; 17 percent (1,159) between two and three years; 11 percent (731) between three and six years; and 2 percent (151) for more than six years.<sup>4</sup>

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<sup>4</sup> Percentages in this paragraph may not add up to 100 due to rounding.

**FIGURE 3: CHILDREN IN CARE ON DECEMBER 31, 2021 BY LENGTH OF STAY (TOTAL = 6,892)**



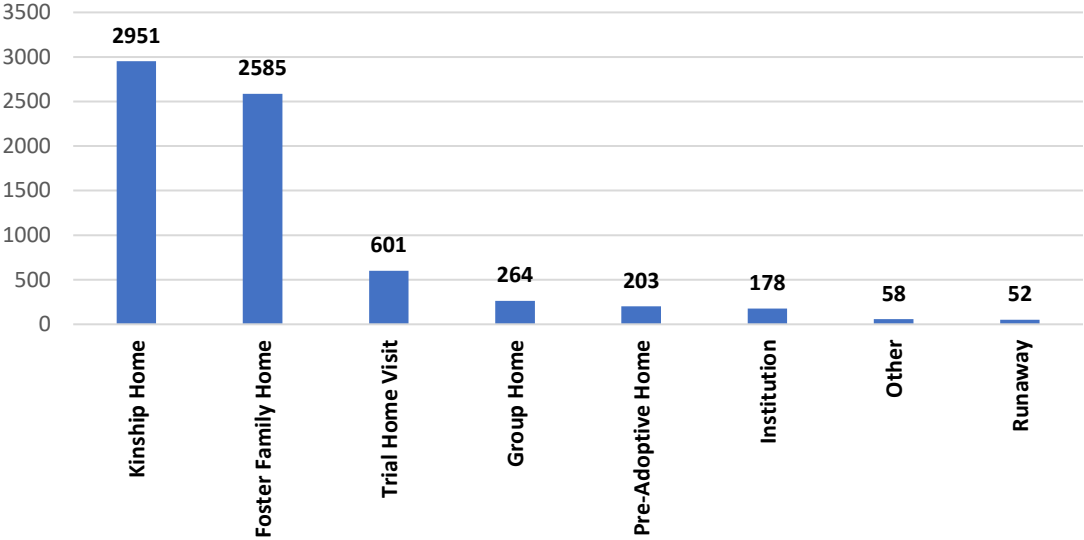
Source: DHS Data

As the following chart demonstrates, 92 percent of children (6,340) in DHS custody on December 31, 2021 lived in family settings, including in relative and non-relative kinship homes (43 percent), with foster families (37 percent), with their own parents (nine percent), and in homes that intend to adopt (three percent). Of children in custody, 442 (seven percent) lived in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining two percent resided in unidentified placements (listed as “other” in the Figure 4 below) or have left care without permission (listed as “runaway” in Figure 4 below).

Of the 6,340 children living in family settings, 1,437 (23 percent) were less than two years old, 2,105 (33 percent) were 2 to 5 years old, 2,020 (32 percent) were 6 to 12 years old, and 778 (12 percent) were 13 years or older. Of the 442 children living in institutional settings, four (one percent) were less than two years old, five (one percent) were 2 to 5 years old, 100 (23 percent) were 6 to 12 years old, and 333 (75 percent) were 13 years or older.<sup>5</sup>

<sup>5</sup> Percentages in these paragraphs may not add up to totals due to rounding.

**FIGURE 4: CHILDREN IN CARE ON DECEMBER 31, 2021 BY PLACEMENT TYPE (TOTAL = 6,892)**



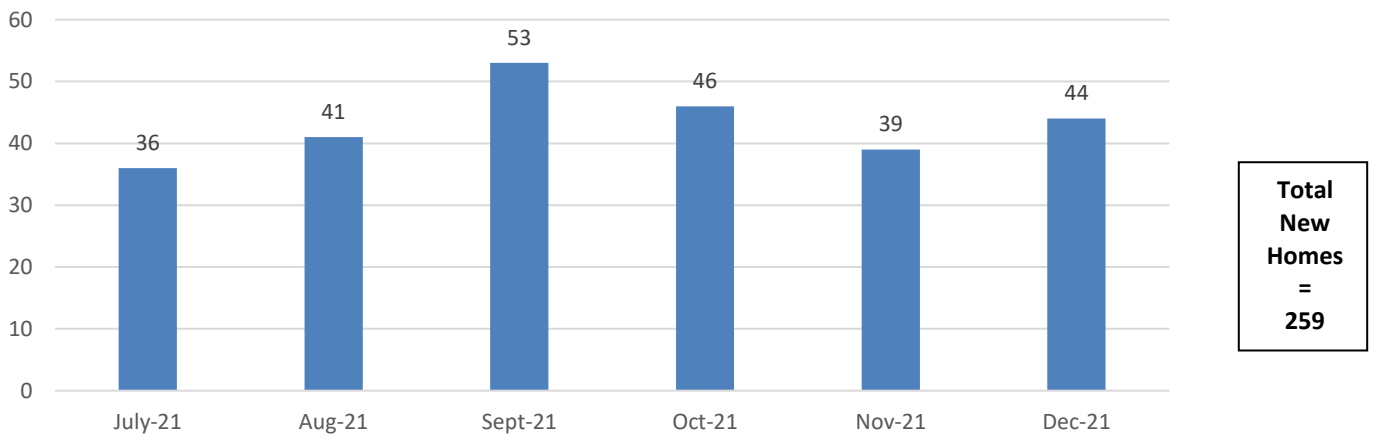
### III. Non-Impacted Performance Area Measures: Performance Data Outcomes, Assessment of Progress and Good Faith Efforts

#### A. Foster Care

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

For SFY22, DHS committed to develop 805 new traditional, non-kinship foster homes. Within the first six months of SFY22, July to December 2021, DHS and its private agency partners recruited and approved 259 new traditional foster homes. This represents 32 percent of DHS’ annual target. The Co-Neutrals find that DHS made good faith efforts during this period to achieve substantial and sustained progress toward the SFY22 foster home Target Outcome.

**FIGURE 5: NEW FOSTER CARE HOMES DEVELOPED BY MONTH, JULY 2021 – DECEMBER 2021**

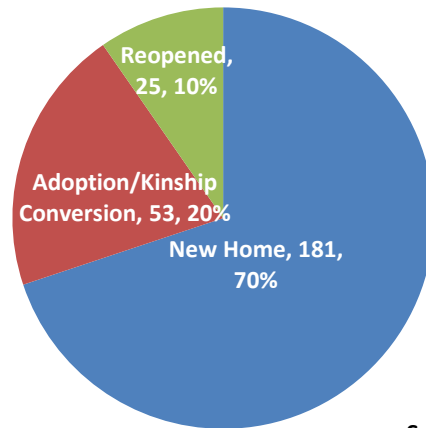


Source: DHS Data

Of the 259 new foster homes approved during this six-month period, 181 families (70 percent) were newly recruited by DHS and the private agencies; 53 homes (20 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 25 (ten percent) were DHS resource homes<sup>6</sup> that were closed for more than a year and reopened during this report period.

<sup>6</sup> DHS resource homes that are reopened could have been previously approved as several different types of DHS resources, including traditional, kinship, emergency foster care, therapeutic foster care (TFC), and Developmental Disabilities Services (DDS) homes.

**FIGURE 6: NEW FOSTER HOMES BY TYPE, JULY 2021 – DECEMBER 2021 (N=259)**



Source: DHS Data

To reach 805 new traditional, non-kinship foster homes, DHS committed to develop 402 new homes with its internal foster care recruitment team and an additional 403 homes with its 16 contracted agency partners. Between July to December 2021, DHS developed 128 new homes, representing 31.8 percent of its internal target of 402 new homes for the full fiscal year. DHS’ partner agencies developed 131 new homes during this six-month period, which is 32.5 percent of the agencies’ combined 403 new home target for the full fiscal year.

DHS’ agency partners were assigned individual targets to collectively reach their combined target of 403 homes for SFY22. This includes a new, 16<sup>th</sup> agency, that signed a contract with DHS effective July 15, 2021 to develop new foster homes. Four of the contracted agencies reached at least 45 percent of their assigned new home target for SFY22; five reached between 30.6 and 39.7 percent of their full year goal; four reached between 16.7 and 26.3 percent of their annual goal; and the remaining three agencies developed less than ten percent of their individual targets.

### **Collaborative Efforts to Recruit and Support New Foster Homes**

During this period, DHS reported its foster care leadership team held individual recruitment progress collaboration meetings with each contracted agency that struggled 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 to each agency to assist in improving performance. DHS and its partners also maintained joint efforts to monitor families whose progress appeared to have stalled during the approval process to timely resolve any organizational barriers. DHS reported that between July and December 2021, the department continued to survey families who were in the foster home approval process for more than 90 days to understand the reasons for any agency specific delays. The department reported that consistent with the previous four report periods, the surveys continued to show no ongoing systemic barriers or concerns. DHS reports it plans to continue administering the surveys to surface and address any case specific concerns that arise and identify any recurring 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 state's five regions, must update their individual, targeted recruitment plan at the beginning of the fiscal year and quarterly. These plans are updated to reflect the placement needs of children in DHS custody throughout the state.

As a result of the pandemic and need for social distancing, DHS and the private agencies were compelled 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. It was not until the Spring 2021, the end of the last report period, that DHS began to resume in-person recruitment activities. While virtual and online recruitment efforts continue, DHS and its partner agencies again ramped up in-person outreach activities during this period with DHS reporting that recruitment staff attended more than 450 events statewide since July 2021. (February 2022 Semi-Annual report, page 101)

Understanding the unparalleled value of foster parents in the role of recruiter, DHS continued efforts to identify new opportunities to include foster parents in recruitment activities, including through virtual formats, in-person gatherings and media interviews. In its February 2022 Semi-Annual report (page 102), DHS reported, "Most [agency partners] report that word of mouth from current and former foster families is the most effective inquiry source for new families." Further DHS noted, "Many agencies offer referral bonuses for current and former foster families that get new families to apply." Similarly, DHS reported that it asks families in the process of becoming a new foster home if they have friends or family who might also be interested in fostering.

DHS also reported ongoing efforts to develop joint recruitment strategies with its partner agencies, with its regional recruitment teams setting up 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. Recruiters also continued this period to reach out to families that previously fostered or previously contacted DHS about fostering but did not follow through to explore their potential interest in currently fostering children in DHS' custody.

## **Application Process and Training**

Before the pandemic, DHS worked 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 beginning in mid-March 2020 in-person trainings and direct contact with many members of the 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 and will continue to support new families through the application and approval process.

With respect to pre-service training, DHS reported that within the six-month period of July to December 2021, 921 prospective resource parents enrolled in online training and 552 individuals completed the training. At the end of the period, 169 were in the process of completing the online training and 201

withdrew from the training.<sup>7</sup> 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 the 201 family members who decided not to complete their online training noted a variety of reasons, including 38 who noted personal reasons such as health issues or moving out of state; 59 who reported the child they were intending to foster returned home or were moved from their resource home; and 10 who withdrew their resource home application. Another 41 individuals decided to transfer to live training. Fifty-one individuals did not follow up with their trainer and ceased communication.

In July 2020, DHS resumed small in-person trainings (with masks and social distancing) to accommodate applicants who could not complete online training due to literacy, technology, and language barriers. DHS reported that between July to December 2021, 36 in-person trainings were held.

### **Net-Gain Target and Performance**

DHS' net-gain Target Outcome goal for SFY22 is 73 foster homes. At the beginning of this report period, July 1, 2021, the department had 2,030 open foster homes. As of December 31, 2021, DHS' data showed that 463 of the 2,030 foster homes that were open at the beginning of SFY22 had closed, and 16 of the 259 new homes opened during the period also closed by December 31, 2021 for a net loss of 193 homes during the first six months of SFY22.

Since publishing its Pinnacle Plan at the outset of this reform effort, DHS has achieved an overall net-gain in the number of open foster homes. As of January 1, 2022, DHS had 1,837 open foster homes, 144 more 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 6,892 children in custody, 3,088 fewer than the 9,980 children in custody at the beginning of July 2013. This decrease in the child custody population accompanied by a marked increase in the percentage of children who are placed in kinship foster homes, as well as the increase in the number of open traditional foster homes, has resulted in a significant gain in the department's capacity to place children in family-based placements.

### **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 gather information directly from foster parents about their experiences to broaden and strengthen its customer service and supports for foster parents and improve foster home retention.

As shown in Table 2 below, DHS staff recorded that a total of 481<sup>8</sup> homes closed during the first six months of SFY22. As is frequently recorded as a closure reason, 123 (25.6 percent) families closed their homes

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<sup>7</sup> DHS reported that of the 921 prospective foster parents who were enrolled in pre-service training on July 1, 2021, some had enrolled and began training prior to that date, the start of this report period.

<sup>8</sup> DHS recorded a total of 481 foster home closures during this period. As noted above, the Co-Neutrals calculated the closure of 463 homes that were open at the start of the period and 16 homes that were included in the count of new homes developed during the period. The additional two foster homes included in DHS' total count of 481

after finalizing an adoption through DHS. For 140 families (29.1 percent), they reported their closure was due to no longer having a desire to foster or adopt. For 130 homes (27 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 dynamic. Six families (1.2 percent) reported closing their homes because they were displeased with the process of fostering. DHS decided to close 55 (11.4 percent) of the homes, including 19 home closures resulting from abuse/neglect investigations.

**TABLE 2: TRADITIONAL HOME CLOSURE REASONS, JULY 2021 – DECEMBER 2021**

Closure Reason	#	%
Resource Request- No Desire to Foster/ Adopt	140	29.1%
Adoption Services Completed	123	25.6%
Resource Request-Family Dynamic Changed	73	15.2%
Resource Request-Moving	37	7.7%
Agency Decision	36	7.5%
Resource Request-Medical/ Illness	20	4.2%
Agency Decision- Referral/ Investigation	19	4.0%
Resource Request-Providing Other Type of Care	11	2.3%
Other	7	1.5%
Resource Request- Displeased with Process	6	1.2%
Resource Request-Placement Prefer Not Met	4	0.8%
Agency Transfer	3	0.6%
Resource Request-Unable to Meet Child's Need	1	0.2%
Child Specific- ICPC Case Closed	1	0.2%
<b>TOTAL</b>	<b>481</b>	<b>100.0%</b>

The Co-Neutrals reviewed case records of 169 foster homes that closed during this period to assess if any more specific reasons were documented as prompting these families to discontinue fostering children in their homes. The home closure categories selected for this review are those highlighted in blue in Table 2 above. The Co-Neutrals reviewed contact notes from the six months prior to each home’s closure to assess if the family reported any practice or system-related issues that led to closure. Overall, the Co-Neutrals found no significant concerns regarding DHS’ practice or system-level issues that contributed to families deciding to close their homes. For the most part, families reported they were fatigued, had experienced a variety of changes in their own family dynamics, wanted to focus on their own birth or adopted children (particularly with special needs) and were experiencing time and other family pressures.

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closures were opened during the same, current period but did not meet the criteria established for counting new homes. While these additional two home closures do not impact DHS’ net gain analysis, the department includes all home closures in their review of home closure reasons.



## **No Desire to Foster/Adopt**

The largest category of home closure reasons DHS staff recorded this period was No Desire to Foster/Adopt (140 total). In their record review, the Co-Neutrals found the following:

- 58 homes noted no other significant reason for no longer desiring to foster or adopt
- 26 noted various reasons for wanting to focus on their own family
- 14 noted recently finalizing an adoption or guardianship of a child in care
- 12 noted changes in the family's schedule or other dynamics
- 10 noted DHS/private agency concerns with the home
- 5 noted challenging experiences with the behaviors of children placed with them
- 3 noted the COVID pandemic
- 3 noted wanting to adopt and switching to work with a private agency

As noted in Table 2 above, DHS staff marked only six homes as closing because they were displeased with the process. Among these six homes, only two noted practice concerns with DHS. The Co-Neutrals also reviewed records for another smaller category of closure reasons where families identified that their placement preference was not met. For the four homes identified as not having their placement preferences met, each had very specific placement requests (such as only wanting an infant or young girl) and continuously rejected DHS' placement requests. Among all 169 home closures reviewed by the Co-Neutrals, most families just reported needing to take a break from fostering.

## **Surveying Foster Parents**

As noted above, DHS has committed to gathering direct feedback from foster parents. Last year, the agency shifted focus from surveying foster parents who had closed their homes to surveying current foster parents to proactively address concerns and issues identified by foster families. DHS reported it will survey foster parents annually, sending the survey each quarter to one-fourth of all families whose foster homes, including traditional, kinship, TFC and Intensive Therapeutic Foster Care (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 and sustain the factors that lead a family to be satisfied in their fostering experience and, as a result, remain open and available for placements. At the same time, the survey 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.

At the end of SFY 21 (June 30, 2021), DHS had completed a full year of administering the new survey. The department reported it is working with the University of Oklahoma to analyze and develop a baseline from the first year of survey results to evaluate trends in practice and identify recommendations for improving the experience and retention of foster families. For this two-quarter report period (July – December 2021), DHS reported that it sent annual surveys to 1,691 foster parents and received 330 responses (19.5 percent). Importantly, the department reported that it is assessing ways to increase foster parents' response rate to this survey to maximize its understanding of the customer service issues needed to improve foster home retention as well as the experience of foster parents and the children placed in their care.

Among the 330 survey responses completed this period, 66 percent are from DHS managed foster homes and the remaining 33 percent are from contracted agency homes. DHS summarized the responses as follows:<sup>9</sup>

*The length of time as a foster parent:*

- 8.5 percent were resource parents for less than two years.
- 70.7 percent for longer than two years through seven years.
- 20.8 percent were resource parents for greater than eight years.

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

- 22.5 percent responded with “a lot”
- 42.2 percent responded with “some”
- 20 percent noted “only a little”
- 15.3 percent indicated “not at all”

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

- 28.6 percent responded “extremely adequate”
- 44.1 percent responded “somewhat adequate”
- 8.3 percent were neutral at “neither adequate nor inadequate”
- 11.4 percent responded “somewhat inadequate”
- 7.6 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:*

- 35.5 percent noted “strongly agree”
- 37.4 percent noted “somewhat agree”
- 11.6percent noted “neither agree nor disagree”
- 10 percent “somewhat disagree”
- 5.5 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:*

- 15.5 percent marked "strongly agree"
- 36.2 percent marked "somewhat agree"
- 14.6 percent were neutral with "neither agree nor disagree"
- 24 percent marked "somewhat disagree"
- 9.7 percent marked "strongly disagree"

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

- 80 percent responded with "yes"
- 20 percent responded with "no"

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<sup>9</sup> DHS February 2022 Semi-Annual report, pg. 105.

## **Supporting Foster Parents to Reduce Closures and Improve Fostering Experience**

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.

Last year, DHS implemented a new child placement process designed to help make the best placement decision and match for each child and respond to foster parents' requests to receive more detail about a child's needs and characteristics before or at the time of placement. 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.<sup>10</sup>

To respond to foster parents' feedback of wanting to be more informed about and involved in the court process, last year DHS also 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 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.

The department also instituted a practice of having the recruiter who guided a family through the home approval process to 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.

## **Foster Parent Support Groups and In-Service Training**

In collaboration with the University of Oklahoma's National Resource Center for Youth Services (NRCYS), DHS built a network of 24 foster family support groups covering 32 counties in all five DHS regions. During the pandemic, in-person meetings of these groups were put on hold with a more limited, virtual schedule established online to provide some ongoing networking and peer-to-peer support to foster parents, as well as training on topics of interest to families. DHS reported that during this report period, some in-person support group meetings resumed as COVID-19 protocols were relaxed. In particular, the department highlighted three counties (Comanche, Stephens and Jefferson) that hosted three virtual and six in-person support group meetings with a total of 240 foster parents

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<sup>10</sup> DHS February 2021 Semi-Annual Report, pg. 104.

attending these sessions. The nine group meetings included trainings on issues such as Trauma Informed Parenting and Understanding Family Meetings for Resource Parents. DHS reported that some foster parents shared that they like to have the option of participating in support groups sessions in a virtual format and that the department will evaluate providing both in-person and on-line access to network group sessions moving forward.

During the period, DHS and NRCYS continued to provide on-line training for foster parents to meet their in-service training requirements. Trainings offered between July and December 2021 included: Building a Relationship with your Child Welfare Specialist; Teaching Calm Through Play; Dad Cave: Parenting from a Dad's Perspective; Understanding All Things Sensory; Understanding Adolescent Development; So, What About Siblings; Crisis Prevention Basics; LGBTQIA+; and, What You Should Know About ICWA.

### **Supporting Foster Parents through the Pandemic**

From the beginning of the pandemic, DHS mobilized foster care caseworkers to reach out to foster families weekly to offer support and ensure that any identified needs amidst the pandemic were addressed. 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 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 415 families for this support as of the beginning of this report period. DHS originally offered Kith Care through the end of December 2020 and then extended it through the end of February 2021. In its August 2021 Semi-Annual report, DHS reported that it further extended Kith Care through May 2022.<sup>11</sup> As noted in the Co-Neutrals' last Commentary, DHS also provided each foster family an additional \$250 payment each month from March through May 2020, as well as December 2020, as COVID-19 relief payments. DHS leadership reported the department provided foster parents during this report period additional relief payments of \$250 in the months of October and December 2021.

With respect to the recruitment of new foster families, DHS reported in its February 2022 Semi-Annual report (page 107) that its partner agencies shared that families are, "moving slowly through the certification process which is attributed to the lingering effects of the pandemic. Families appear to be weary and often lack urgency to complete the necessary requirements to achieving their certification. Agency partners are mindful of this and work to keep these families engaged, even if they are doing so at a slower pace than is ideal."

Despite the many new and ongoing challenges the pandemic has brought to the department's work, DHS leadership 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.

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<sup>11</sup> DHS reported that Kith Care was extended through May 2022 for all resource parents who were approved for Kith Care prior to October 1, 2021 and continue to use the same child care provider. Due to the end of a federal child care rule waiver, new Kith Care requests received after October 1, 2021 can be approved only if the provider is the grandparent, great-grandparent, aunt, uncle or adult sibling not living in the resource home.

## B. 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 3: 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 Services	8 Families	0.125
Permanency Planning	15 Children	0.0667
Resource Family Specialist	22 Families	0.0455
Adoption	16 Children	0.0625
Supervisors	1 Supervisor Dedicated to 5 Workers	0.2 per worker

Source: DHS Data

### Performance – Target Outcomes

#### *Point in Time Caseload Data – December 31, 2021*

DHS reported that 88.4 percent of caseworkers (1,165 out of 1,317) met their caseload standard on the last day of the period, December 31, 2021, placing DHS in close range of the Target Outcome of 90 percent. Eighty-seven caseworkers (6.6 percent) were close and the remaining 65 caseworkers (less than five percent) were over the standard. DHS achieved the Target Outcome in its Point in Time (PIT) caseload data on the final day of the last three review periods as shown in Table 4 below. Compared to the state’s starting baseline performance of 27 percent caseload PIT compliance, DHS has made substantial and sustained progress in this critical performance area, which impacts 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.

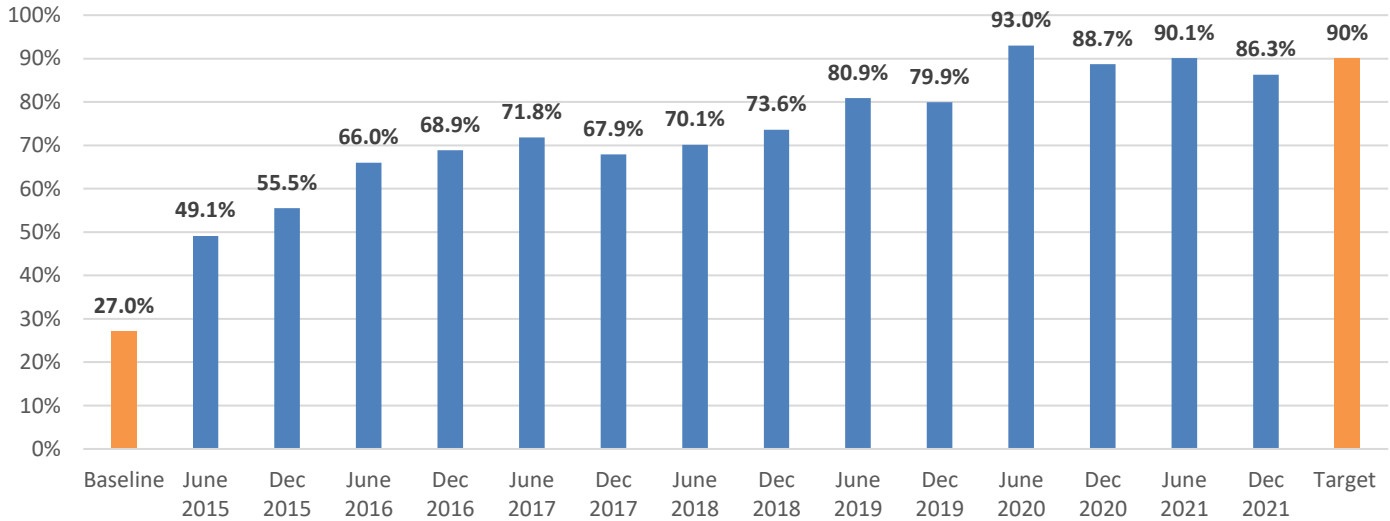
**Table 4: End of Period, Point in Time Caseload Compliance**

End of Period Point In Time	December 31, 2018	June 30, 2019	December 31, 2019	June 30, 2020	December 31, 2020	June 30, 2021	December 31, 2021
Compliance of all Caseload Carrying Workers	86.1% met	86.9% met	86.7% met	93.8% met	94.2% met	92.1% met	88.4% met

### Quarterly Caseload Data (October-December 2021)

DHS reported its quarterly caseload compliance for the three-month period of October through December 2021 was 86.3 percent. Quarterly caseload data, compared to point in time (PIT) data, offers a more accurate representation of the workloads experienced in the field during the period, as it is much less subject to the temporary fluctuations historically depicted in the number of cases assigned on the last day of a period.

**FIGURE 7: CASELOADS: PERCENT OF WORKERS MEETING CASELOAD STANDARDS**



Source: DHS Data

### 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 who are assigned graduated caseloads; and the number of staff who are 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 and new case

assignments across districts, regions and worker types. The Workload Trends Report is provided to child welfare leadership once a week. DHS reported that its child welfare executive team holds a weekly call where this report is a focal point of the discussion. Further, each Regional Deputy Director holds weekly calls with their region's leadership team as well as with any district below 80 percent caseload compliance to discuss progress and any barriers to maintaining manageable caseloads. DHS' Assistant Child Welfare Director joins the weekly calls held with districts reporting fewer than 80 percent of caseworkers meeting their caseload standard.

#### **District Level Caseload Performance, End of Report Period**

As shown in Table 5 below, on December 31, 2021, 17 districts (coded in green) out of 28 met the caseload Target Outcome of 90 percent, including nine reporting 100 percent of caseworkers met their caseload standard. Six 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 below 90 percent compliance. As such, each of these six yellow-coded districts were well-positioned with the staffing capacity necessary to achieve 90 percent of caseworkers meeting the standard. The five remaining districts coded in red showed workload capacity below 100 percent and caseload compliance below 90 percent. At the same time, all five of the red-coded districts, reported the capacity to cover between 90 and 99 percent of all cases assigned, also placing these districts in position to achieve caseload compliance. Despite DHS reporting a decrease in performance from 92.1 to 88.4 percent this period in the statewide PIT compliance rate, the department did not report an increase in red-coded districts since last period when five were reported. As summarized in Table 5 below, DHS reported as of December 31, 2021 that it had the case carrying capacity to cover 116 percent of all cases assigned statewide.

**TABLE 5: WORKER CASELOADS CAPACITY AND COMPLIANCE AS OF DECEMBER 31, 2021**

District	Capacity to Cover Workload	Capacity of Workload	90% of Workers Meeting Std.	% of Workers Meeting Std.
1	137%	Y	Y	100%
2	122%	Y	Y	100%
3	93%	N	N	80%
4	94%	N	N	57%
5	106%	Y	N	86%
6	109%	Y	N	65%
7	106%	Y	N	89%
8	125%	Y	Y	97%
9	123%	Y	Y	92%
10	117%	Y	Y	100%
11	127%	Y	Y	100%
12	111%	Y	Y	100%
13	108%	Y	Y	95%
14	108%	Y	Y	93%
15	102%	Y	Y	97%
16	106%	Y	N	87%
17	150%	Y	Y	100%
18	99%	N	Y	100%
19	111%	Y	Y	100%
20	90%	N	N	46%
21	106%	Y	N	77%
22	117%	Y	Y	97%
23	96%	N	N	78%
24	90%	N	N	71%
26	137%	Y	Y	100%
27	102%	Y	N	82%
Adoption	170%	Y	Y	97%
Foster Care	144%	Y	Y	93%
<b>Grand Total</b>	<b>116%</b>	<b>Y</b>	<b>N</b>	<b>88%</b>

Source: DHS Data

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 regularly report on actions taken to reduce the gap, better manage case-carrying capacity and increase caseload compliance. For example, Districts 6, as shown yellow-coded in Table 5 above, has 109 percent case-carrying capacity but



reported a caseload compliance rate of 65 percent. While District 24 is red-coded, it appears to show a more efficient distribution of workload assignments across its 90 percent case-carrying capacity than Districts 6 which has a lower PIT caseload compliance than District 24 but was above 100 of the capacity needed to meet the Target Outcome. These PIT data outcomes can fluctuate rapidly as cases are newly opened and closed, particularly in smaller districts. To help supervisors optimize their use of workload data and workload capacity, department leadership developed a new training on workload management that is now required for all supervisors, district directors and field managers. DHS reported that at the end of this report period, 93 percent (411) of the 444 required child welfare team members completed this new workload training.

### **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 workload 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. At the end of this report period, DHS' data showed 17 caseworkers with a caseload above 150 percent of the standard, of which none were above 175 percent. Most (13) of the 17 caseworkers over 150 percent of the caseload standard at the end of the period were CPS caseworkers managing child abuse and neglect investigations.

DHS reported at the end of this period that CPS caseworkers comprised just over half (77) of all 152 caseworkers who were close or over, and did not meet, the caseload standard as of December 31, 2021. Of all 375 CPS caseworkers assigned at least one case at the end of the period, 298 (79.5 percent) met the caseload standard. In comparison, of all 559 permanency planning caseworkers assigned at least one case at the end of the period, 511 (91.4 percent) met the caseload standard and, as a group, met the Target Outcome of 90 percent. Similarly, in the quarterly caseload performance data for this report period, 76.7 percent of CPS caseworkers met the standard compared to 88.5 percent of permanency planning caseworkers.

As previously reported, DHS has deployed caseworkers of varying types to help districts that need support with CPS assignments on an ad hoc basis. DHS has also employed CPS teaming where two caseworkers work on one case: a CPS caseworker leads managing the case and completing all necessary field work, including in-person interviews, while another child welfare worker supports the case by completing non-field activities such as gathering background information. Overtime plans have also been used to address increases in CPS workloads as needed. For this period, DHS reported a new effort in its February 2022 Semi-Annual report (page 122):

During this reporting period, Regions 2 and 4 developed a regional CPS roving team comprised of one CPS supervisor and five CPS specialists for each of the respective regions. To date, the Region 4 CPS roving team selected a CPS supervisor and filled two of five CPS specialist positions, while Region 2 selected its supervisor and filled four specialist positions. Each team is under the supervisory oversight of an assigned district director. The CPS roving teams travel throughout their region to assist districts with a high rate of CPS vacancies and/or past due CPS investigations. These CPS specialists are

compensated with paid overtime, differential pay, priority use of state vehicles, and direct bill lodging.

In January 2022, CWS Field Operations developed a specialized CPS unit comprised of a CPS supervisor and five CPS specialists who assist with expediting the closure of open CPS investigations and assessments across the state. Typically, the initial face-to-face stages of a CPS investigation or assessment are accomplished within required time frames, such as the interviews with children and caregivers, in order to determine immediate safety concerns. Once it is determined that no safety concerns are apparent, the documentation requirements get pushed aside due to the incoming emergencies. This specialized unit, the Statewide Assessment, Finalization and Expedition (SAFE) Team partners with district CPS specialists with high CPS caseloads by attending field interviews virtually or telephonically and documenting the interviews in real time and/or by case assignment after the field work is complete. The unit is under the oversight of a district director. To date, the CPS supervisor and three CPS specialist positions are filled, leaving two vacancies. CWS will monitor the SAFE Team's outcomes and determine whether or not to expand the number of assigned staff.

#### **Net Change in Caseworkers on Board**

At the end of the report period, DHS reported having 1,499 case-carrying staff, including 1,317 who managed at least one case. Of the remaining 182 caseworkers not carrying a case, 140 were recently hired, still early in their training and not yet eligible to receive case assignments. Between July 1, 2021 and December 31, 2021, the total number of caseworkers statewide decreased by 110 workers, from 1,609 to 1,499.

Preparing each district to maintain manageable caseloads in the event of any surge or upward trend in cases assigned is essential, particularly in light of a total decrease of 197 caseworkers during the full 2021 calendar year. DHS reported efforts this period to focus on monitoring and managing the department's allocation of caseworker positions, as well as ongoing efforts to retain caseworkers and backfill positions, which the department reported has become more difficult.

The department's data shows that the turnover rate among caseworkers is on track to increase during SFY22 (July 2021 through June 2022) compared to last year (SFY21, July 2020 through June 2021). However, a closer view of the caseworker turnover data shows employee separations for Level I and II caseworkers currently are trending to decrease for SFY22. The overall anticipated increase in the turnover rate for SFY22 is the result of the loss of Level III caseworkers and Level IV specialists (supervisors) so far. DHS presented the following turnover data:

**TABLE 6: CHILD WELFARE SPECIALIST TURNOVER**

Position	SFY	Average Number of Employees	Percentage
<b>CW Specialist Level I</b>	2022 (July – Dec)	262	4.2% (July – Dec)
	2021	346	19.94%
	2020	324	19.1%
	2019	259	37.5%
<b>CW Specialist Level II</b>	2022 (July – Dec)	1,173	14.8% (July – Dec)
	2021	1,223	23.1%
	2020	1,180	11.0%
	2019	1,130	29.2%
<b>CW Specialist III</b>	2022 (July – Dec)	430	10.0% (July – Dec)
	2021	426	3.3%
	2020	414	5.1%
	2019	368	14.9%
<b>CW Specialist IV</b>	2022 (July – Dec)	435	14.1% (July – Dec)
	2021	438	6.9%
	2020	423	2.1%
	2019	369	8.9%
<b>CW Specialist I – IV</b>	2022 (July – Dec)	2,300	11.0% (July – Dec)
	2021	2,433	17.4%
	2020	2,344	9.5%
	2019	2,126	24.2%

Date Source: Turnover Report, Run Date 1/18/2022

**Recruiting and Hiring for Caseworkers Vacancies**

As evidenced by DHS’ reporting that 140 newly hired caseworkers were still in training as of December 30, 2021, the department is continuing to hire new staff and backfill vacant positions. DHS leadership has supported every area of the state with a more efficient and streamlined process for hiring staff to fill vacant positions. For two years, since October 2019, DHS has used 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.

However, DHS has highlighted multiple trends in the state, as well as those widely reported nationally, with respect to a decrease in the number of individuals submitting applications to fill a broad spectrum of available, vacant jobs, including for child welfare caseworker positions in Oklahoma. DHS’ vacancies data for caseworker Levels I, II and III positions indicate that these trends have extended through this report period.

Statewide, DHS reported 242 vacant caseworker positions at the end of the last report period (June 30, 2021), which increased to 403 vacancies reported at the end of this report period (December 31, 2021). This is a marked, 66 percent, increase in the number of caseworker vacancies in just six months and a 112 percent increase over the 190 caseworker vacancies reported one year ago at the end of December 2020. These vacancies are impacted by the department’s reported challenges to timely backfill vacated positions with qualified applicants, as well as retain caseworkers and reduce the turnover rate.

With respect to hiring, DHS reported in its August 2021 and February 2022 Semi-Annual reports a decline in the number of applications submitted for all child welfare positions. DHS reported that it has reviewed national reports and engaged in discussions with human resource professionals in other Oklahoma-based agencies, and identified the following trends that may be impacting the decrease in applicants: an increase in people seeking unemployment benefits reduced total applications; enrollment in graduate level programs at universities nationwide increased by over 4.5 percent as potential applicants with bachelor's degrees may be opting to enroll in graduate school over work; and, concerns about available child care.<sup>12</sup>

To help address some of these trends, DHS reported that the state of Oklahoma offered \$1,200 to the first 20,000 people on unemployment in Oklahoma who are hired by the state. Further, DHS is offering 60-days of subsidized childcare to anyone who is hired by the department from unemployment status and had their pandemic-related unemployment benefits discontinued.

The department monitors the number of online views received for each new caseworker job posting and despite tracking a higher average number of views, the number of applications received based on the number of views (the conversion rate) has decreased. DHS reported that the average number of views for each Level I and II caseworker position posted for new applicants increased from 486 in calendar year 2020 to 778 during 2021, yet the average number of applications received for each posting decreased from 5.87 to 2.65 over the same two years. From 2020 to 2021, DHS also reported a 30 percent increase in the number of applicants declining or not showing for an interview.

To help recruit new employees, DHS began this period to produce a video that will present, for the first time as noted by the department, a realistic depiction of child welfare casework and feature testimonials of a diverse group of child welfare staff. The Co-Neutrals previously received feedback from caseworkers highlighting that co-workers who quit shortly after beginning casework often felt that they did not have a realistic understanding of the nature and demands of the job, so it is possible the video will better inform candidates' discernment and positively impact retention. In addition to the video, DHS revised the language for new caseworker job postings to provide more information about employee benefits and DHS' focus on developing a hope-centered practice.

At the end of this period, DHS leadership reported efforts to launch new incentives to recruit and retain caseworkers with a focus on rehiring former specialists who are already familiar with child welfare casework. In its February 2022 Semi-Annual report (page 127), DHS noted the following:

Current CW specialists and supervisors that recruit former, CORE-trained CW specialists who left OKDHS in good standing to return to employment will be eligible for the following incentives:

- Upon hiring of the returning employee, the recruiting employee will receive \$1,000.
- When the returning employee has completed any trainings necessary to carry a caseload, the returning employee will also receive \$1,000.

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<sup>12</sup> DHS further reported in its February 2022 Semi-Annual Report (page 124), "When childcare is not available, it is more common for women to remain home and provide child care. Since the majority of OKDHS applicants are female, about 70 percent, OKDHS experiences a greater impact than other organizations."

- At the returning employee's one-year anniversary with the agency, both the returning employee and the recruiting employee will receive \$2,500 if both are still employed with the agency.
- Both the recruiting and returning employee must work in CWS to be eligible for the incentives.

The total value of incentives is \$7,000 per recruited employee, roughly 10 percent of the cost to hire and train a new CW specialist.

In September 2021, CWS leadership provided district directors and field managers with guidance and talking points, *Retention Interviews*, for meeting with a CW specialist who intends to resign or submitted a resignation in good standing. The guidance includes options to retain an employee, such as offering extended leave, a transfer to a different program within CWS, a change of supervision, and/or evaluating and addressing what supports the CW specialist may need. CWS leadership revised the Child Welfare Climate Questions to include new areas related to teleworking and technology. The revised questions were provided to district directors and field managers emphasizing its use for CW specialists with less than two years of experience.

DHS continued this period to focus on elevating the skill level of newly hired caseworkers. Based on an in-depth job analysis DHS conducted to assess the skills and characteristics required to excel as a caseworker, including motivation level and personality, DHS developed interview questions to identify candidates who already possess these qualifications and strengths. This new competency-based selection process for hiring caseworkers is a federally funded effort that DHS is first implementing in 43 of Oklahoma's 77 counties. Once fully implemented in these 43 counties, referred to as intervention counties, DHS will compare the results of the new selection process (i.e., work quality and retention of new hires) in the intervention counties to the other counties (the control group) where the previous hiring process is still used. The Co-Neutrals will provide an update, once completed, on DHS' evaluation of the results of the new hiring process.

### **Supporting and Retaining Caseworkers**

Bringing additional executive leadership to advance employee relations and retention, DHS added and filled during this period a new position for an administrator of Leadership and Employee Support. This new administrator, along with DHS' Assistant Child Welfare Director of Field Operations and other child welfare leaders, conducted listening sessions with all child welfare employees starting in two districts to obtain feedback on efforts the department should take to improve employee support. DHS plans to continue these discussions in other districts, gathering input directly from caseworkers. The first two districts were selected based on their higher turnover rate and pattern of not meeting caseload standards. These districts established workgroups comprised of child welfare staff who are developing recommendations for specific changes to address common areas of concern reported among employees.

During this report period, DHS responded to employee concerns by establishing that caseworkers and child welfare assistants can choose to receive overtime pay instead of compensatory time for hours worked over 40 within a week. In its February 2022 Semi-Annual report (page 128), DHS reported that,

“Approximately 63 percent of [child welfare] employees selected to receive overtime pay from October through December 2021 and approximately 86 percent from January through March 2022. Offering the choice of overtime pay versus compensatory time is a significant system change.”<sup>13</sup> Also during this report period, DHS made it easier for caseworkers to remain overnight in a hotel when: their casework requires long distance travel (beyond 100 miles); their workday exceeds 18 hours or the travel occurs between 10:00 pm and 7:00 a.m.; and, they need to rest to complete their work. Such overnight stays are also allowed when a worker places a child late at night and must return to transport the child the following morning. The Co-Neutrals previously received feedback from caseworkers that these types of scenarios, such as long-distance travel at night, place considerable stress on staff and present potential safety concerns.

As previously reported, DHS leadership has undertaken other efforts to support caseworkers including Kith Care and an expansion of the department’s Employee Assistance Program (EAP). 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. The support was particularly important as many 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 but extended the program through May 2022. Further, DHS reported that based on previous surveys and feedback showing that exhaustion and burnout are two of the top reasons caseworkers resign, the department launched in May 2021 an expansion to its Employee Assistance Program (EAP) to provide counselors 24/7 to talk with staff in 30-minute sessions. 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 these group sessions provide a safe space where staff receive support and techniques to help alleviate stress.

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

The department highlighted in its August 2021 Semi-Annual report (page 132) that caseworkers, “experienced significant change during SFY21, including navigation of the COVID-19 pandemic in their personal and professional lives, telework, introduction of new technology, virtual trainings, and adapting to OKDHS building closures and the Service First model.” Challenges related to the pandemic continued through this period for child welfare staff. DHS reported that at the end of the period as cases of the virus increased again nationally and across the state, approximately 450 foster families and 400 DHS staff members tested positive for COVID within just the one month of January 2022.

### **DHS’ New Service First Model**

In response to the pandemic, DHS moved to a telework model in March 2020, 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. DHS evaluated the need and benefits to maintaining a

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<sup>13</sup> DHS reported that an employee’s selection of compensatory versus overtime can be changed every quarter and that the department’s ability to provide the overtime pay option is dependent on a stable budget and good stewardship by staff.

primarily telework model indefinitely and ultimately made the decision to do so, launching in May 2020 the department's Service First Model. In the first phase of establishing this telework and Service First Model, DHS focused on securing and embedding shared workspace with community partners, particularly in those counties where DHS closed offices and buildings. As of July 2021, the department had closed 48 of the department's buildings. In counties where DHS' offices were closed, the department reported establishing over 100 partnerships with community organizations to maintain a presence statewide.

At the same time, DHS reported a partial re-opening in April 2021 of department county offices to give staff greater flexibility to work two days per week in an office and manage emergent situations, including a child entering custody or needing a new placement, as well as to conduct family meetings. Also, in May 2021, DHS leadership required that supervisors begin working at least two days per week in one of the local offices or community partner sites to provide in-person coaching and support to caseworkers.

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."<sup>14</sup> 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. DHS reported that guidance is provided to supervisors on how to stay connected with and provide one-on-one supervision in a telework setting. 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.

While DHS is maintaining its flexible telework model with staff, leadership is embarking on a second phase of its Service First model with a focus on modernizing the department's physical spaces and real estate. As noted in its February 2022 Semi-Annual report (page 130),

For years, OKDHS neglected modernization and upgrades across the board, sometimes rightfully so when faced with fiscal scarcity, but what the agency sacrificed along the way is the need to honor human dignity by valuing employees and customers. OKDHS' goal is to provide the best world-class customer service experience in state government, not just in Oklahoma, but the nation. Service First Phase Two will improve OKDHS's customer service and treat employees better all while meeting the business needs today and into the future.

DHS further reported that,

many of [OKDHS'] remaining offices suffer from deferred maintenance for more than a decade. The OKDHS neglected real estate footprint lacks hope and sends the message that employees and those served are not valued. The people of Oklahoma deserve a world-class customer service experience from OKDHS and leadership is committed to providing it to them. Furthermore, the space no longer fits the needs of the OKDHS

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<sup>14</sup> August 2021 Semi-Annual Report, page 136

workforce, as OKDHS learned [that] services can be robustly delivered by embedding in the community and in the field, and that the workforce is as productive, or more, teleworking.

As outlined by DHS, the plan for this modernization effort is to establish at least one of three types of physical spaces in every Oklahoma county that will be smaller, more cost efficient and purposefully designed. The department described these three types of spaces in its February 2022 Semi-Annual report (page 130) as follows:

The first locations are retail spaces, which closely resemble a bank branch, allowing in-person engagement for service recipients who cannot reach OKDHS through remote means. These spaces will be designed with the Science of Hope as their foundation with first contact resolution in mind, meaning that OKDHS in most cases is able to process eligibility and distribute benefits in one visit to the office. These offices will also allow OKDHS to utilize virtual intake services with a host facilitating the application process for walk-in traffic without the need for Adult and Family Services staff to be physically present in each location. This furthers agency efficiency by allowing OKDHS to distribute caseloads statewide and decreasing wait times for benefits.

The second are approximately 10 administrative hubs designed to meet the modern business environment needs of the workforce, including non-customer facing functions like new employee onboarding, team meetings, mentorship, printing, scanning, faxing, and human resources functions.

The third type are intentionally designed, trauma-informed CW centers that will allow for tailored services for children and families. These spaces will be critical in the ongoing development of a collaborative family strengthening system that ensures childhood well-being and safety while also equipping and empowering biological and foster parents with the tools they need to be successful.

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.

### **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.

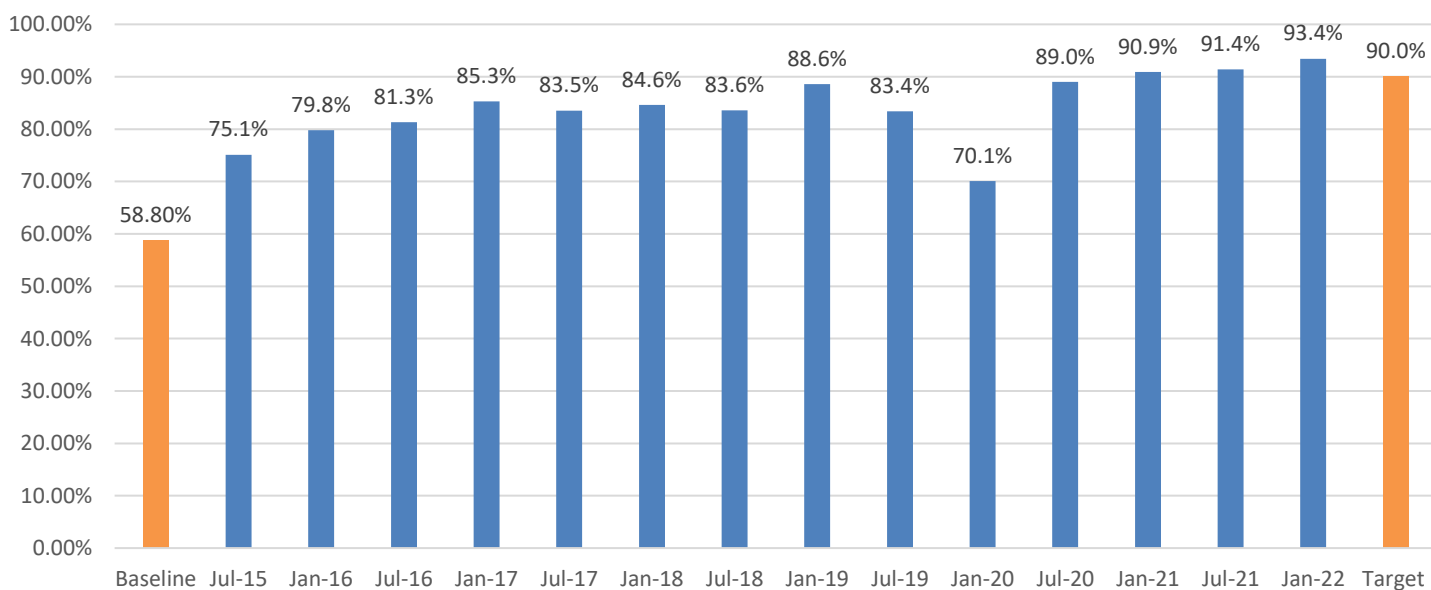
As of December 31, 2021, DHS reported that 93.4 percent (352 out of 377) of supervisors met the workload standard. Another 21 supervisors were reported close to meeting the standard and four supervisors were over the standard. This is DHS' best reported outcome to date on this measure and the third time the department has met the Target Outcome. At the end of the last period (June 30, 2021), DHS reported that 91.4 percent (350 out of 383) of supervisors met the workload standard, with 27 close



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

Like the department’s efforts to improve caseload outcomes, DHS’ executive leadership team produces and closely reviews 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 field leadership 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 identify when adjustments are needed to the number of caseworkers assigned to any unit facing challenges to meet the supervisor workload standard. As a result of this focused monitoring effort and management of supervisor workloads, DHS exceeded the Target Outcome for the third consecutive period.

**FIGURE 8: SUPERVISOR WORKLOADS: PERCENT OF SUPERVISORS MEETING WORKLOAD STANDARDS**



Source: DHS Data

At the end of this period on December 31, 2021, DHS reported that 113 supervisors carried at least one assignment with a total of 321 cases assigned among these 113 supervisors. This represents a significant increase since the end of the last period (June 30, 2021) when DHS reported 70 supervisors carried a total of 178 cases, and since one year prior (December 31, 2020) when 37 supervisors carried a total of 77 cases. Despite this substantial increase in cases assigned to and managed directly by supervisors, DHS was able to achieve the Target Outcome of 90 percent of supervisors meeting the workload standard and further increase the supervisor workload compliance above the Target Outcome.

As noted above in the caseload section, DHS experienced a net decrease of 197 caseworkers over the two report periods covering calendar year 2021. This net reduction of caseworkers impacted supervisor workloads as fewer caseworkers were assigned to DHS’ pool of supervisors. DHS acknowledged the need to reduce the number of cases assigned to supervisors and maintains this goal as it works to hire new

employees and backfill all caseworker vacancies. However, the department reported that at this time it is using the additional capacity among supervisors who have fewer caseworkers to supervise to manage some cases rather than overload caseworkers with all caseload assignments. DHS reported that at the end of this report period, 58 percent of supervisors carrying a case were assigned three or fewer employees and 91 percent were assigned four or fewer employees. Further, 61 percent of these supervisors were assigned two or fewer cases and 73 percent were assigned three or fewer cases. Still, the department's leadership understands that the priority is for supervisors to focus on evaluating, supporting and coaching their assigned caseworkers to ensure case practice advances the safety, permanency and well-being of children in care.

During this report period, DHS began to award frontline supervisors compensatory time for hours worked beyond 40 within a week. In the February 2022 Semi-Annual report (page 133), DHS noted, "CW frontline supervision and support of frontline CW specialists often occurs beyond a normal 40-hour work week, especially if the supervisor is helping with after-hours investigations, placement transitions, or the myriad of other CW emergencies that can happen after-hours. The numerous hours that CW supervisors work beyond their regular 40-hour work week historically was not recognized or rewarded. Accrual of compensatory time is a significant system change to support frontline CW supervisors, who in turn support frontline CW specialists."

Further, during this reporting period, the department approved supervisors in 17 districts to receive pay for overtime work connected with direct case work. After the end of the period, in January 2022, all supervisors became eligible to receive overtime pay for direct case assignments and activities to support their caseworkers with case assignments, such as documenting collaterals or transporting a client. Providing compensatory time and overtime pay to supervisors represents an important effort by the department to recognize, support and retain child welfare supervisors.

### **C. 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 placement.

Over the last seven years, DHS has implemented numerous strategies that have allowed the department to successfully reduce by almost 75 percent the total number of shelter nights experienced by children of all ages combined (see Table 7 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.

Importantly, DHS has achieved a 100 percent reduction in shelter-nights 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 27,228 nights and reduced child-nights for children of all ages combined by 39,004 nights, which is almost three times the total number of nights reported this period.

**TABLE 7: NIGHTS IN SHELTERS BY AGE, JULY 2021 – DECEMBER 2021, AND CHANGE FROM BASELINE**

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (July 2021 – December 2021)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	0	-8,853	-100.0%
6 to 12	20,147	4,306	-15,841	-78.6%
13 & Older	20,635	9,248	-11,387	-55.2%
<b>TOTAL</b>	<b>52,558</b>	<b>13,554</b>	<b>-39,004</b>	<b>-74.2%</b>

Source: DHS Data

### Performance Standards

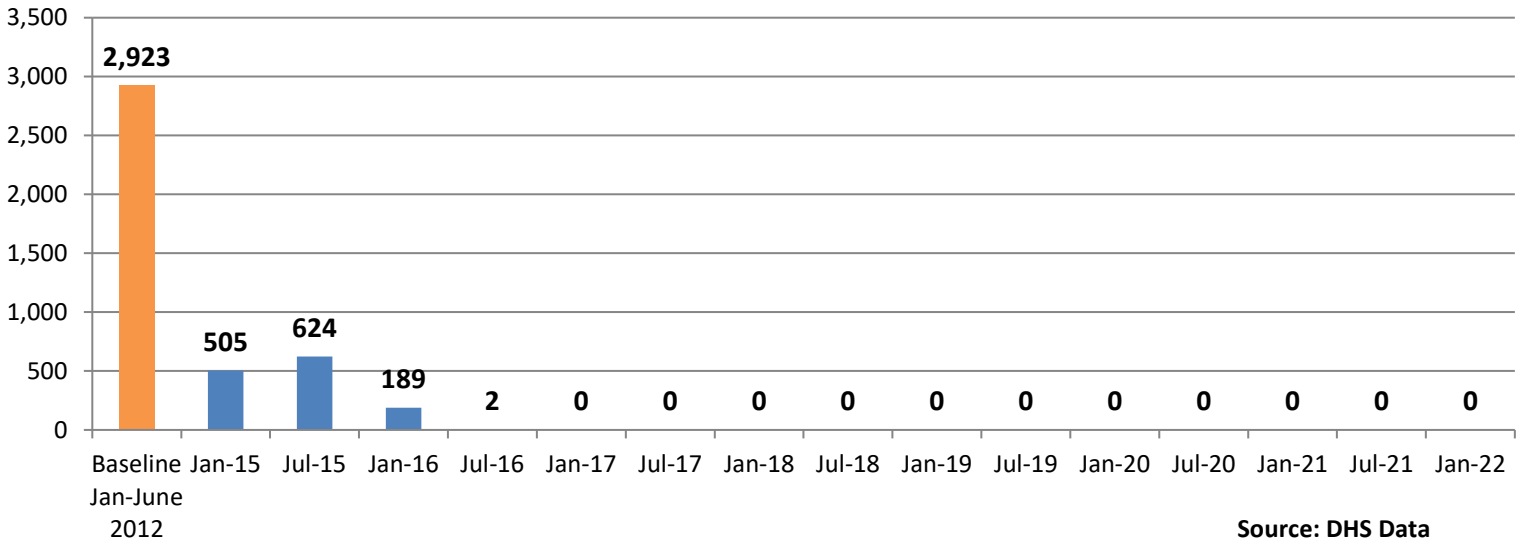
DHS committed to “ensure all children are cared for in family-like settings” and to “stop its use of temporary placement in shelters for all children under 13 years of age.” In the Metrics Plan, the Co-Neutrals selected the number of “child-nights” spent in shelters as the measure to assess Oklahoma’s 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).<sup>15</sup> 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 9 below, for the eleventh 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 five years.

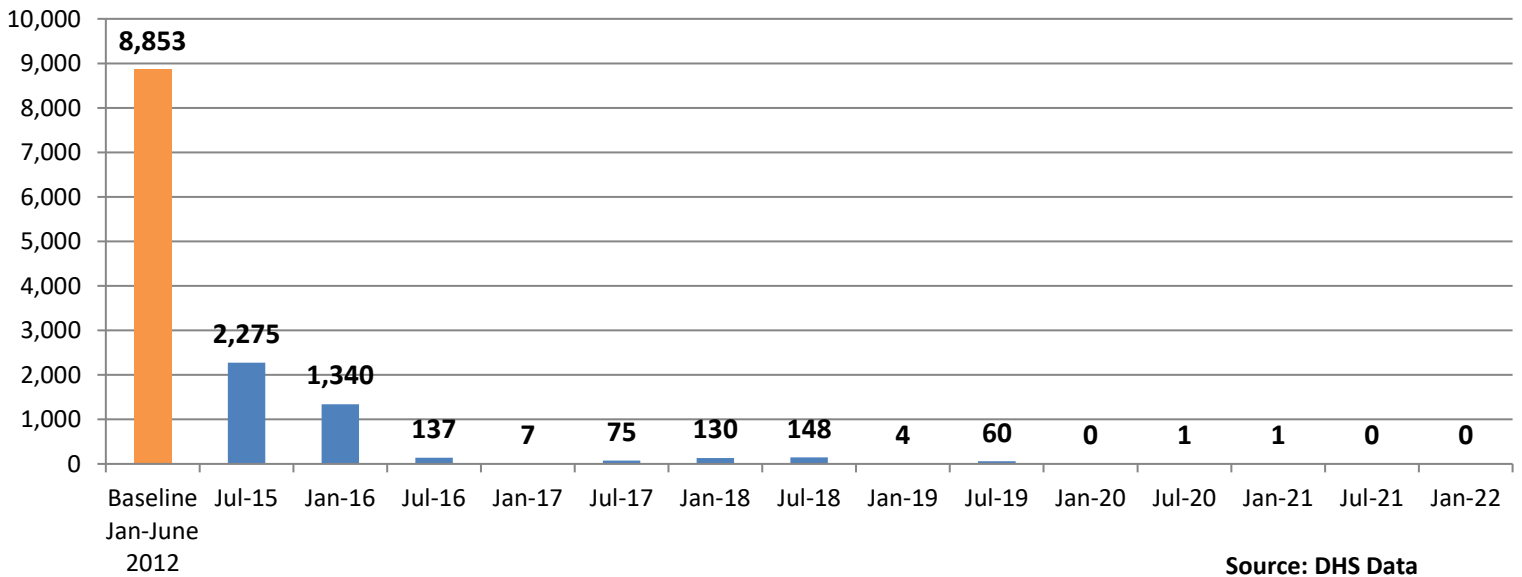
<sup>15</sup> Children who meet the criteria for one of the two exceptions are still counted in the shelter outcomes data.

**FIGURE 9: 5.1 – SHELTER-NIGHTS, CHILDREN AGES 0 – 1**



For children ages two to five, the original recorded baseline was 8,853 child-nights. For this report period, there were no children in this age group who spent a night in a shelter. As shown in Figure 10 below, for this report and the last three periods combined, representing a span of two years, a total of two children ages two to five spent one night each in a shelter. This is the third report period that DHS achieved the Target Outcome of zero shelter-nights for this age group.

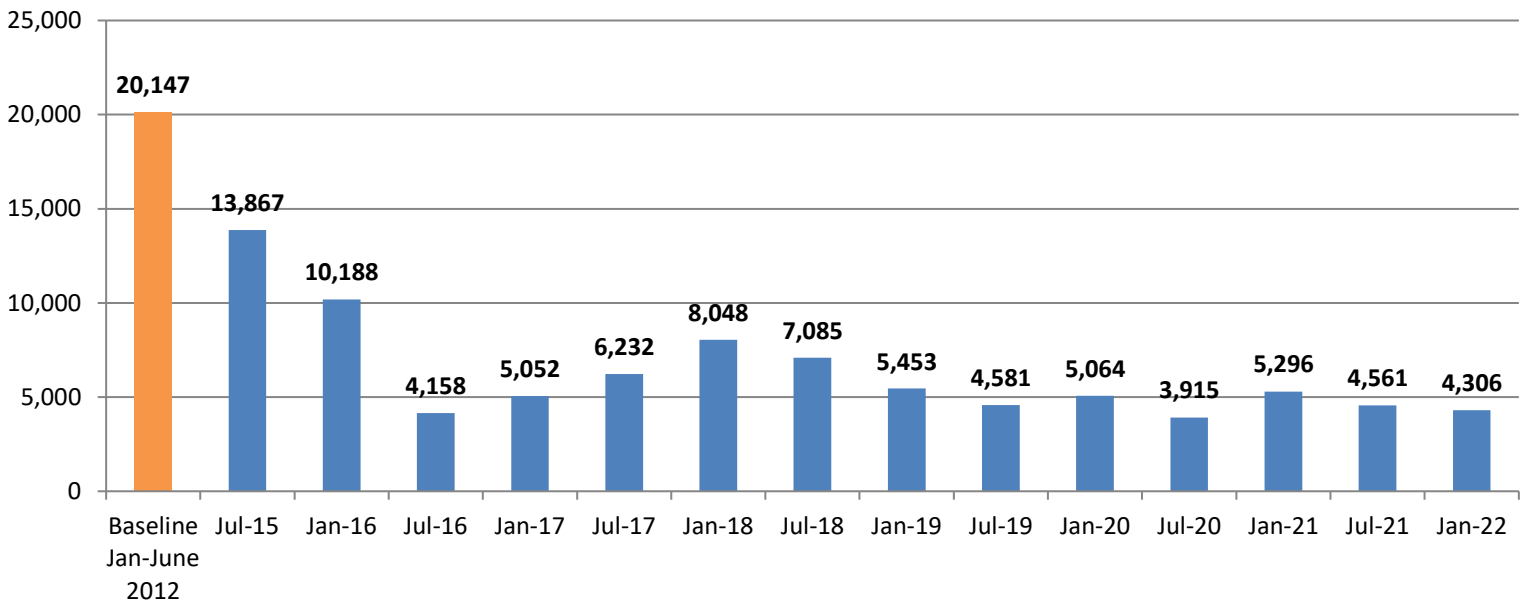
**FIGURE 10: METRIC 5.2 – SHELTER-NIGHTS, CHILDREN AGES 2 – 5**



### SHELTER METRIC 5.3 – CHILDREN AGES SIX TO 12

For children ages six to 12, DHS reported that eight fewer children - a total of 95 unique children - in this age group experienced a shelter stay this period compared to last period when 103 children spent at least one night in a shelter. DHS also reported that the total shelter-nights for this age group decreased to 4,306, a reduction of 255 nights from last period when the department reported 4,561 child-nights. Figure 11 below shows that the department has reported fluctuations in total shelter nights for this age group over the last six years but has been able to maintain a substantial reduction below the total shelter nights reported as the baseline. DHS understands the need to further prevent shelter placements for children ages six to 12 and continued efforts this report period to achieve additional progress toward the Target Outcome.

**FIGURE 11: METRIC 5.3 – SHELTER-NIGHTS, CHILDREN AGES 6 – 12**



Source: DHS Data

Starting with children under the age of two (which DHS has reported at zero shelter nights for over five 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 for this report period. 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 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. DHS 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.

As of this report writing in April 2022, one child between the ages of six to eight and six children ages nine to 10 were placed in a shelter. Case records for these seven children showed that each child presented with behavioral and/or developmental challenges. Placement records also showed that the department

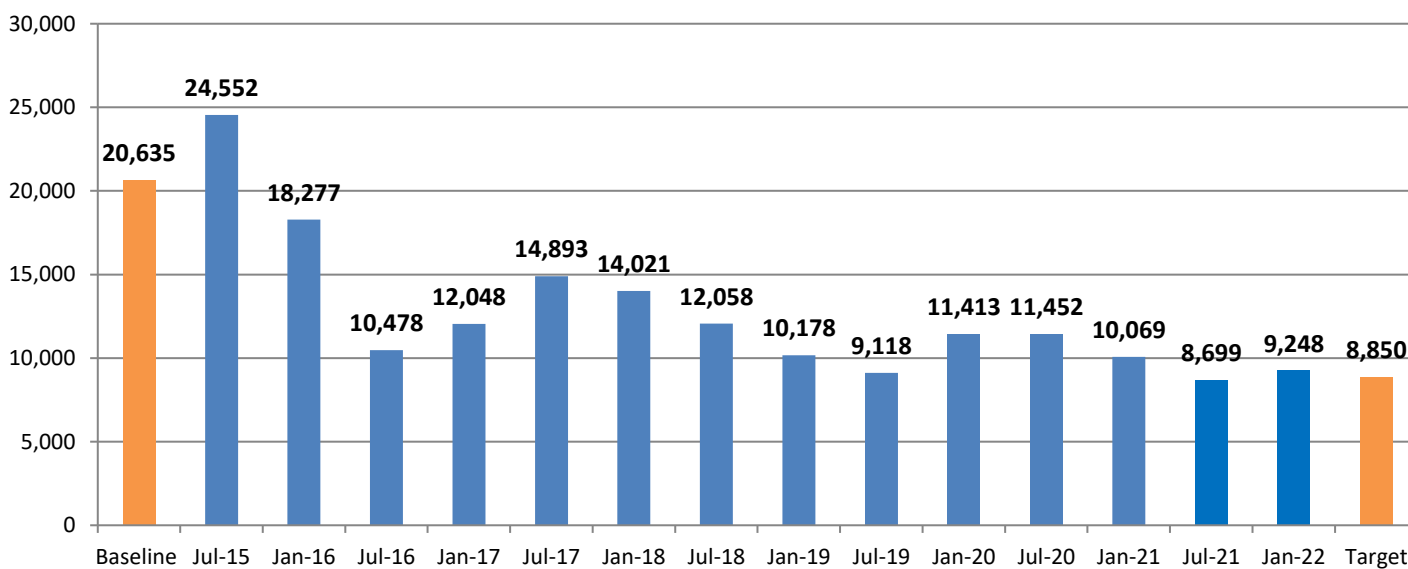
had successfully secured family-based placements for most of these children, including in TFC and EFC supported homes, but achieving stability in these homes proved difficult. Three of these seven children were placed in a shelter that DHS has identified primarily for serving children with intellectual or developmental disabilities. The case records for these seven children are similar to those reviewed and summarized by the Co-Neutrals for the 41 children ages six to ten who entered a shelter during the last six-month period. The records for those 41 children showed that 37 needed a placement at the EFC level or above, with 30 having already been approved for a TFC placement. Most (33) of the 41 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 stay have higher-level therapeutic needs.

### Shelter Metric 5.4 – Children Ages 13 or Older

Neither DHS’ Pinnacle Plan nor the Compromise and Settlement Agreement require that emergency shelter usage for children ages 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. Last report period, for the first time, DHS achieved this Target Outcome.

This period, as shown in Figure 12 below, DHS reported an increase of 549 child-nights for this oldest group of children, going from 8,699 last period to 9,248 child-nights this six-month period. The number of unique children ages 13 and older who spent a night in a shelter increased by 36 from 217 children in the last period to 253 children this period.

**FIGURE 12: 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. This commitment 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 to December 31, 2021, DHS reported that 40.7 percent (103) of the 253 youth ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. This is DHS’ best performance to date for this measure. As shown in Table 8 below, this performance outcome represents a positive 3.8 percent increase above the 36.9 percent outcome reported last period. Since the baseline period, DHS has decreased the total number of teens placed in shelters and counted in this measure from 593 to 253, a 57 percent reduction. The total number of teens not compliant with this measure decreased from 393 to 150, a 62 percent reduction, from the baseline to this report period. These additional data points are important to the overall assessment of DHS’ efforts to achieve substantial and sustained progress on this measure.

**TABLE 8: PINNACLE PLAN 1.17: BASELINE AND JULY - DECEMBER 2021**

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		July – December 2021	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	253	100.0%
<b>Shelter Placements Compliant with Pinnacle Plan 1.17</b>				
Those with 1 stay, less than 31 days	200	33.7%	103	40.7%
<b>Compliant TOTAL</b>	<b>33.7%</b>		<b>40.7%</b>	
<b>Shelter Placements Not Compliant with Pinnacle Plan 1.17</b>				
Those with 1 stay, 31 or more days	136	22.9%	72	28.5%
Those with 2 or more stays, less than 31 days	74	12.5%	28	11.1%
Those with 2 or more stays, 31 or more days	183	30.9%	50	19.8%
<b>Not Compliant TOTAL</b>	<b>66.3%</b>		<b>59.3%</b>	

Source: DHS Data

A comparative review of teens included in the Metric 1.17 shows a significant reduction this report period in the percentage of children who were not compliant with this measure due to experiencing two or more stays as well as 31 or more shelter nights within one six-month period. As noted in Table 8 above, 50 teens (19.8 percent of 253 included in this Metric) had two or more shelter stays and 31 or more shelter nights. This is a decrease of 11.2 percentage points compared to one year ago, for the period of July

through December 2020, when 79 youth (31 percent of the 254 included in the Metric) experienced multiple, extended shelter stays as identified by the 1.17 measure.

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 health and social 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 health, behavioral, and other challenges. The department's efforts to build a continuum of care, including EFC placements, that meet the needs of these children, with the goal of supporting them therapeutically in family-based placements when appropriate, are critical to reduce DHS' reliance on shelters for children and youth of all ages with higher-level needs. During this report period, DHS leadership, including the Child Welfare Director, travelled to other child welfare jurisdictions to review programs that could benefit children in Oklahoma with special or higher-level needs and offer services that currently are not available in the state. DHS reported that some strategies learned at one program outside of Oklahoma are now being implemented at a new group home for youth with intellectual disability and co-occurring trauma.

### **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 move from the shelter to a family-based placement, whenever possible. Over the last several periods, DHS focused on expanding and strengthening its shelter staffings to include a statewide, multi-disciplinary team (MDT) 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, which often lead to extended shelter stays. DHS has since gradually and substantially accelerated the cadence of these multi-disciplinary staffings, now requiring an elevated staffing within one week of any child entering a shelter, regardless of their age. The department built its capacity for these staffings by establishing an MDT in every region, rather than relying on just one statewide team.

This is the second full six-month report period that these regional teams have been in place, working pursuant to the charge of conducting a multi-disciplinary review of every child newly placed in a shelter within one week of placement and with the goal of moving each child out of the shelter and into a needs-based placement as soon as possible. DHS also committed to hold an additional multi-disciplinary staffing every 30 days that a child remains in a shelter.

The department reported that each regional MDT includes program leads from permanency planning, Specialized Placements and Partnership Unit (SPPU), foster care and adoptions, TFC program, Youth Transition Services, Oklahoma Successful Adulthood (OKSA), RFP liaison, EFC and Continuum of Care programs, the OKDHS Clinical Team and mental health consultants, Community Partnerships,



Developmental Disabilities Services, Education Services and Developmental Disabilities Program, tribal liaison, child welfare nurses, ODMHSAS and OHCA.

DHS has begun to rely on these five regional MDTs to staff any child who presents with higher-level needs and for whom the department confronts challenges to identify and stabilize a needs-based placement, including children for whom a shelter placement authorization may be requested, 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.<sup>16</sup> DHS reported that in March 2021, the MDT leads also began reviewing the shelter authorization forms for children in their region prior to final review by senior management to ensure they are completed accurately. DHS collects data from the MDT staffings and approved shelter authorization forms to track outcomes and trends for MDT staffed children and youth and identify placement needs of children who experience a shelter stay.

The Co-Neutrals recognize the importance and value of the department's growing efforts to systematically conduct multidisciplinary assessments and 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. These staffings have also brought critical knowledge and help to casework staff in identifying services and supports that might stabilize a child in a proposed placement. While the EFC program offers a promising new placement option, it has also made evident a need for greater investment in behavioral resources for Oklahoma children and families.

### **Efforts to Prevent Shelter Placements**

Last year, DHS turned its attention to new strategies developed to prevent 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.

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 SPPU program 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 needs of the child and family, with enhanced services and supports before or upon placement, as required.

Another strategy DHS has undertaken to secure family-based placements for children in care and avoid shelter placements is to assess for youth ages 15 to 17 if previously failed kinship placements can now be approved as safe and stable homes with any necessary supports and oversight. This represents another innovative practice by DHS for several reasons. First, it acknowledges that prior placements with kin might not have worked because DHS did not have the services and support they now have in place like EFC which

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<sup>16</sup>As 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.

might have been needed to stabilize those placements. Second, it is grounded in the reality that many youth want to return home and might be able to as older youth before they age out of the care and once that they are old enough to live safely with kin caretakers who might not have been suitable for them as young children.

In addition, and along the same lines, DHS has also established a practice of heightened review for denied kinship placements for youth ages 15-17 years old. Specifically, when a youth 15-17 years old has a potential kinship placement denied due to a concern that may be alleviated with the appropriate supports or oversight, the placement denial is always elevated to the next level for review by the child welfare (CW) district director and field manager.

**COVID and Shelter Placements**

DHS reported that 100 unique children/youth experienced a stay during this report period in one of two COVID-designated shelters. According to DHS, some children/youth were moved to these COVID-designated shelters from other shelters in order to quarantine after a positive test. Other youth were placed in these shelters due to behavioral or exposure factors that contributed to them presenting a risk for COVID. Providing the COVID-19 vaccine is now part of routine medical care for children and youth in care.

**Increase in Children/Youth Abandoned by Parents or Guardians**

Over the last two report periods, DHS has experienced an increase in the number of children of all ages who are abandoned by their parents or guardians while in an inpatient program or detention facility and who present with behavioral histories and challenges to secure family-based placements. As such, these abandonments have an impact on the number of youth placed in shelters and shelter-nights recorded for the period. DHS shared the following data in Table 9 below, which details a significant increase from SFY20 through the current report period of July through December 2021, the first half of SFY22, in the number and percentage of children entering state custody due to abandonment:

**TABLE 9: CHILDREN IN CARE WHO WERE ABANDONED BY SFY**

Children with Removal Condition of Abandonment by SFY			
SFY	Removed for Abandonment	Total Children Removed	% Removed for Abandonment
SFY20	162	4133	3.9%
Age 0-5	46	2567	1.8%
Age 6-12	48	1120	4.3%
Age 13+	68	446	15.2%
SFY21	241	3482	6.9%
Age 0-5	65	2160	3.0%
Age 6-12	59	883	6.7%
Age 13+	117	439	26.7%
SFY22 (July – Dec '21)	172	1689	10.2%
Age 0-5	33	980	3.4%
Age 6-12	38	458	8.3%
Age 13+	101	251	40.2%

Source: DHS Data, Run Date 2-2-22

More specifically, DHS reported that during this six-month report period, 323 shelter-nights for children ages 6 to 12 and 1,841 shelter-nights for youth ages 13-17 were recorded for these children/youth in care whose removal reason was documented as abandonment.

DHS shared its assessment that this increase in abandonments has been impacted by the pressures families experience because of the COVID-19 pandemic. In its February 2022 Semi-Annual report (page 56), DHS stated, “The pandemic significantly impacts both the natural and professional support systems that families previously used to care for their children. When those supports shift or collapse entirely due to the COVID-19 pandemic onset and subsequent virus variants, the time, energy, and difficulty of meeting these children's needs become unmanageable over time, effectively driving families to the breaking point where the family feels there was no other safe option. Many of these youth appear to experience their first out-of-home (OOH) placement episode in either shelter care through voluntary parent placement, acute or residential psychiatric care, or a juvenile detention center.” DHS leadership reported that it is pursuing opportunities to work with families and child welfare partners, including the Oklahoma Office of Juvenile Affairs, to support youth and families with alternative paths to stability and well-being and avoid placing children/youth in the state’s care due to abandonment.

DHS understands that it must continue to invest resources and efforts into developing therapeutically supported family-based placements and services and identified its new EFC program as a priority strategy to further reduce and prevent shelter nights for children in care. 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 neither prepared nor supported adequately 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.

#### **D. Child Maltreatment in Care**

Over the last six years, DHS has improved its child welfare system and practice to better protect the safety of children in DHS’ custody and reduce maltreatment in care (MIC). Comprehensive and necessary work continues 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.

For the third consecutive period, DHS achieved the Target Outcome for Metric 1b, MIC by a parent. DHS also continued to report that the number of children in care who experienced maltreatment by caregivers in institutional settings remained relatively low compared to previous report periods, including a decrease of 64 percent in the total number of children (44 to 16) maltreated in higher-level settings over the last two years and a decrease of 33 percent (24 to 16) over the previous year.<sup>17</sup>

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<sup>17</sup> Three and a half years ago during the period of April 2017 to March 2018, DHS reported a total of 69 children in care were victims of maltreatment in institutional settings, an increase of 77 percent over the current report period.

The department's efforts with respect to preventing child maltreatment over the past six years have been multi-faceted and data-informed, but they have been variably effective, much more so with respect to enhanced safety in parental placements and congregate settings than in kinship-relative and DHS-traditional foster home placements. This period DHS reported one of its lowest totals of children maltreated in institutions but also an increase in the prevalence of child maltreatment by resource caregivers in family-based settings. It is this latter development that requires ongoing, vigorous attention as described in this section.

As outlined below, DHS continued this period to conduct comprehensive record reviews of every incident of MIC in a family-based setting to identify where practice improvements are needed to achieve better safety outcomes in foster homes. Through separate case record reviews, DHS and the Co-Neutrals identified opportunities to strengthen the safety assessments completed during certain monthly visits with children in care and their foster parents as a way to prevent maltreatment in foster homes. As outlined below, DHS leadership reported ongoing efforts this period to improve the quality of caseworkers' monthly visits with foster parents and the children placed in their homes.

***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.<sup>18</sup>

For this metric's current measurement period, October 1, 2020 to September 30, 2021, DHS reported that 118 children out of 11,472 in DHS custody were abused or neglected while in care. This represents a rate of 98.97 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 81 children from maltreatment by a resource caregiver.

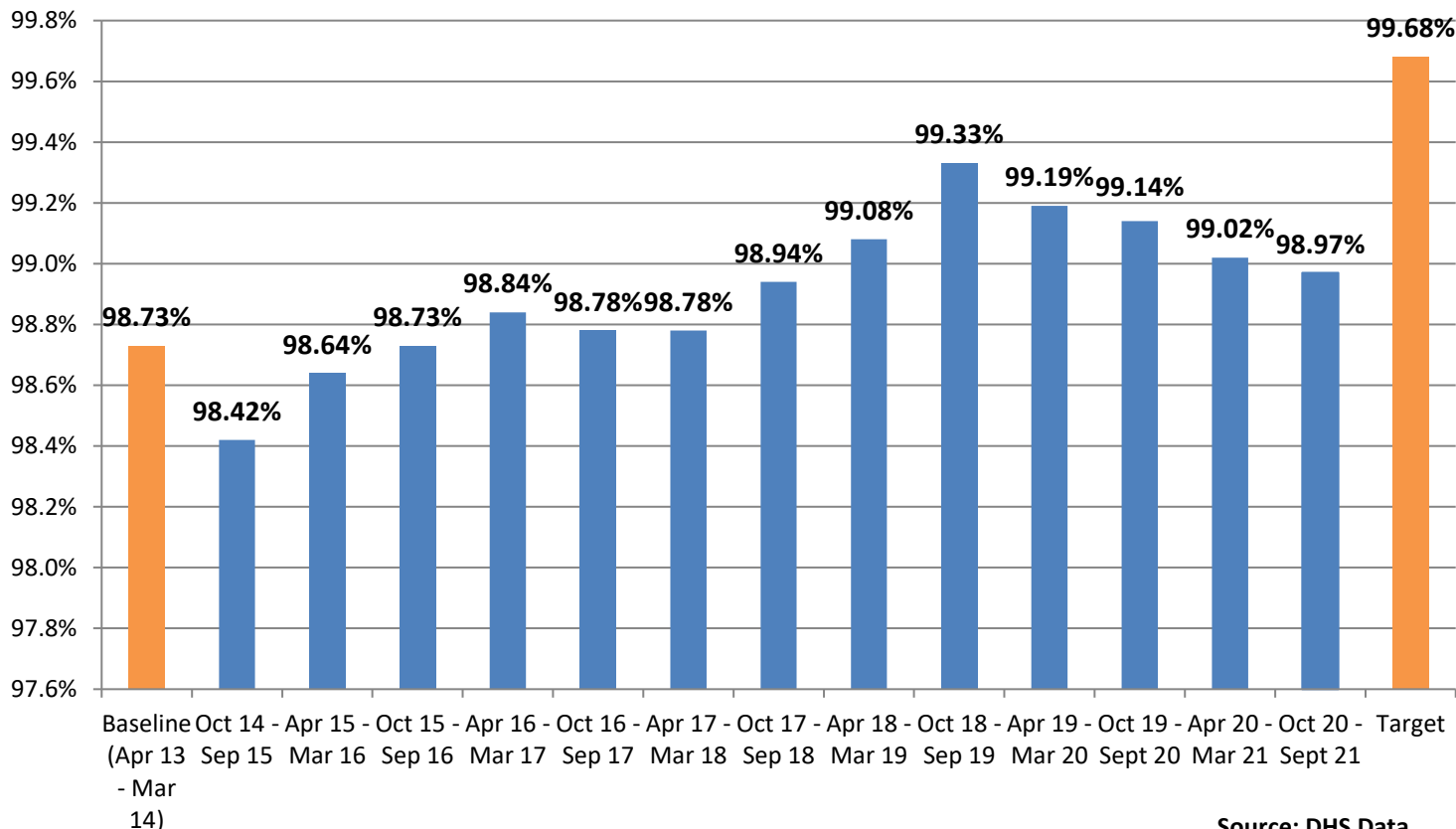
As shown in Figure 13 below, during the baseline period of April 2013 to March 2014, DHS reported that 98.73 percent of children in DHS custody were not victims of child maltreatment. Over the eight subsequent reporting periods following the baseline period, DHS' safety performance did not substantially or sustainably progress toward the Target Outcome. However, as Figure 13 below shows, in the period of October 2018 to September 2019, DHS showed substantial progress toward the Target Outcome and above the baseline performance. At that time, DHS reported its highest performance outcome to date, despite the data not yet fully reflecting the core strategy efforts and results of the department's work to reduce the maltreatment in institutional settings. The high mark performance at that time was the result of DHS' efforts to significantly reduce the number and rate of children in care maltreated in traditional

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<sup>18</sup> 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.

and kinship foster homes. Over the last two years, DHS has struggled to sustain its performance in these family-based settings.

**FIGURE 13: METRIC 1A – ABSENCE OF MALTREATMENT IN CARE BY RESOURCE CAREGIVERS**



In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, October 1, 2020 to September 30, 2021, DHS reported 134 substantiations of child abuse and neglect by a resource caregiver. Of these 134 substantiations, 118 (88 percent) involved children in family-based foster care settings, while 16 (12 percent) involved children in institutional placements.<sup>19</sup>

***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

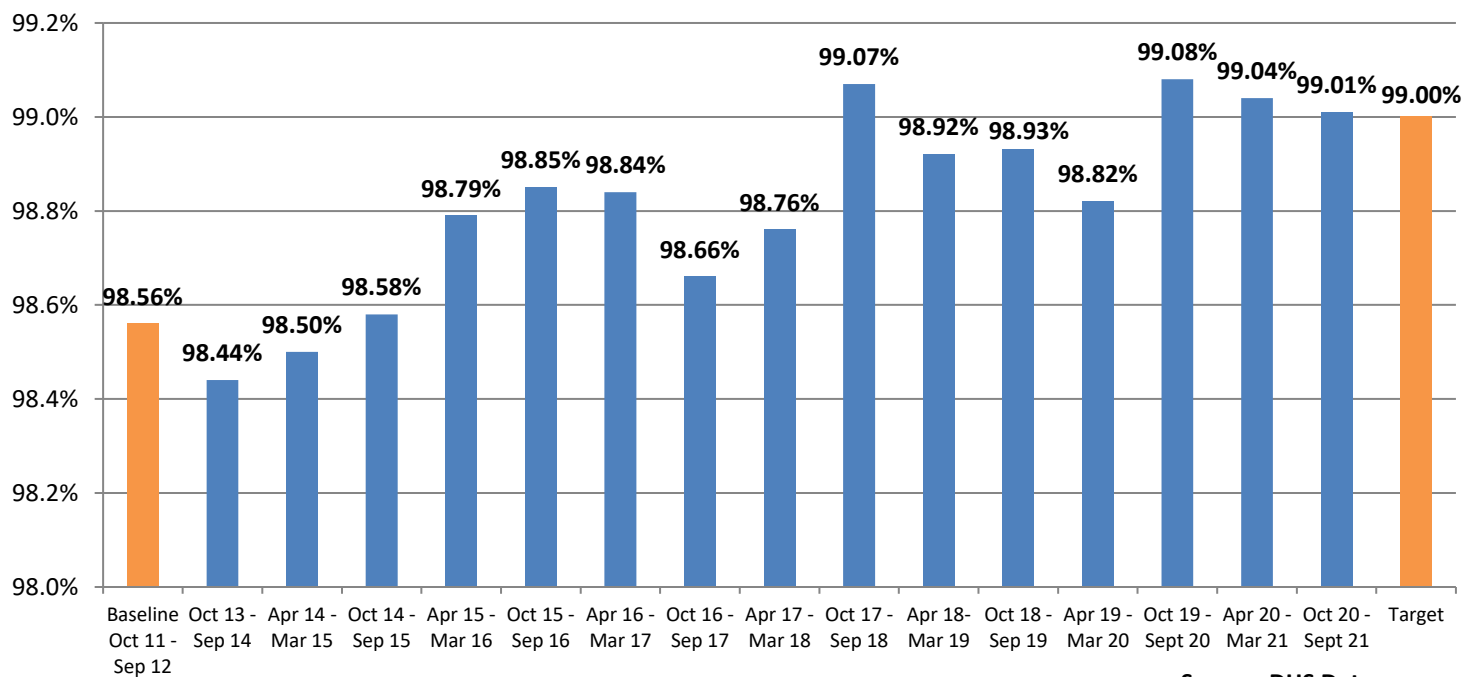
<sup>19</sup> Sixteen of the 134 substantiations reported in the monthly data are not counted in the Metric 1a federal measure adopted by DHS and the Co-Neutrals. Fifteen are not included because, according to the federal methodology in place at the time the Metrics Plan was finalized, both the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated by DHS) must exist in the same 12-month federal reporting period. One substantiation is not counted in the federal measure because the substantiated finding of maltreatment listed the perpetrator as unknown.

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, 2020 to September 30, 2021, DHS served 11,472 children in custody, 114 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 99.01 percent against a target of 99 percent.<sup>20</sup> As shown in Figure 14 below, for this report period DHS met and exceeded the Target Outcome of 99 percent for the third consecutive period.

**FIGURE 14: 1B – ABSENCE OF MALTREATMENT IN CARE BY PARENTS**



Source: DHS Data

**Comparative Maltreatment in Care Rates by Placement Types**

The Co-Neutrals review whether children are maltreated by a resource caregiver more often in certain placement types through an analysis of Maltreatment in Care (MIC) rates for each placement type (see Table 10 below). The Co-Neutrals used the method that the United States Department of Health and Human Services Children’s Bureau adopted to measure how often MIC occurs, which calculates a rate of

<sup>20</sup> DHS’ data excluded 24 substantiations of maltreatment of children by their parents while in DHS custody from a total of 138 substantiations because of the same federal exceptions applicable in Metric 1a. Twenty-one are excluded because the referral date and findings date do not exist in the same 12-month reporting period and three are excluded because the children involved were victims counted in prior referrals during the same period.

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

**TABLE 10: RATE OF MIC BY PLACEMENT TYPE**

Placement Type	Current Period (Oct '20 to Sept '21)		Last Period (Apr '20 to Mar '21)		One Year Prior (Oct '19 to Sept '20)		Three Periods Prior (Apr '19 to Mar '20)		Two Years Prior (Oct '18 to Sept '19)	
	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
DHS Traditional Foster Homes	32	6.4	35	6.7	29	5.2	30	5.3	22	3.9
Private Agency Traditional Foster Homes	11	2.4	9	1.9	10	2.1	5	1.1	9	1.9
Kinship Relative Foster Homes	53	5.7	46	4.9	38	4.0	25	2.6	26	2.7
Kinship Non-Relative Foster Homes	13	4.0	10	2.9	17	5.0	22	6.5	14	4.3
Therapeutic Foster Care Homes	3	6.9	6	13.3	9	19.9	3	6.5	1	1.9
Other Family Homes	6	4.8	4	2.9	0	0.0	0	0.0	2	1.2
Congregate Care	16	9.2	14	7.9	24	13.0	35	18.6	44	23.5
<b>Total</b>	<b>134</b>	<b>5.2</b>	<b>124</b>	<b>4.7</b>	<b>127</b>	<b>4.7</b>	<b>120</b>	<b>4.4</b>	<b>118</b>	<b>4.3</b>

Source: DHS Data

When compared to the last 12-month report period, the overall maltreatment rate by resource caregivers of children in DHS custody increased from 4.7 to 5.2 percent, rising back to the rate that was reported 2.5 years prior for the period of April 1, 2018 to March 31, 2019.<sup>21</sup> The rate of maltreatment in congregate

<sup>21</sup> For the report period of April 1, 2018 to March 31, 2019, DHS reported a performance outcome of 99.08 percent for the federal measure, calculated by 124 children out of 13,441 in DHS custody maltreated by a resource caregiver. It is notable that the total number of child victims (124) reported then in the federal measure was higher than the

settings remained 29 percent below the rate (decrease from 13 to 9.2) reported for the 12-month period reported one year ago (October 2019 to September 2020) and has decreased by 61 percent (23.5 to 9.2) since the period ending September 2019 as shown in Table 10 above.

In contrast, over the last two years the department has reported an increase in the number and rate of MIC substantiations in family-based settings. These increases are primarily in kinship-relative, DHS traditional and TFC homes. Since the majority (55 percent) of placement days for all children in care during the period of October 1, 2020 through September 31, 2021 were in DHS traditional and kinship-relative homes combined, it is unsurprising that these two placement settings combined would reflect the highest number of substantiations (85 of 134 total substantiations, or 63 percent). At the same time, it is concerning that despite DHS' efforts to establish an expansive list of core strategies to prevent maltreatment in family-based settings, the department's performance has slightly decreased this report period, a development that requires immediate, focused attention particularly with respect to kinship-relative and DHS traditional homes.

### **Core Strategies to Reduce MIC in Family-Based Placements**

Over the past six years, DHS and the Co-Neutrals have conducted detailed, qualitative case record reviews of every substantiated child maltreatment investigation to understand the causes of child maltreatment and assess the department's efforts to prevent it. Records accessed for these reviews include contact notes documented from monthly visits with foster families and children in care involved in the referral; resource home records including home assessment and approval documents; and referral histories of the substantiated resource homes.

Due to temporary vacancies and staff changes, DHS experienced delays this and the last report period in completing these MIC case reviews but, by the middle of the period (September 2021) DHS filled the necessary vacancies on its quality assurance team and resumed these reviews at a more-timely pace. These qualitative reviews are a critical component of DHS' core strategies to understand the causes of abuse and neglect, and to reduce the rate of maltreatment in foster homes. Based on the finding of these reviews, DHS assesses which areas of case practice require further improvement to prevent maltreatment in foster homes.

From the beginning, these reviews identified three primary case practice concerns that contribute to child maltreatment in some of the reviewed foster homes. These three practice concerns are:

1. **Referral Histories:** foster homes with 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.

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current child victims (118) reported, however the maltreatment rate is the same because the number of children in care this report period is substantially lower than 2.5 years ago.



In response to these identified concerns, in 2015 DHS began to develop a set of core strategies designed to strengthen caseworkers' assessments 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 safety-focused case practices. 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 were implemented to improve 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 and implement system-wide efforts 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 with supervisors and caseworkers. As noted above, DHS' central office Quality Assurance and MIC teams review all the substantiated maltreatment referrals in foster homes, as well as a monthly sample of unsubstantiated investigations to assess ongoing practice issues that contribute to child maltreatment in foster homes. The completed case reviews are sent 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 strengthen their safety-focused casework practice moving forward.

For the current data report period of October 2020 to September 2021, there were 69 substantiated MIC investigations in a foster home setting. As shown in Table 11 below, DHS' and the Co-Neutrals' review of these substantiated referrals continued to reveal targeted opportunities to strengthen child safety, with quality of visits remaining, by far, the most frequently identified area. Forty-five (65 percent) of the 69 family-based substantiated MIC referrals presented practice concerns regarding the quality of caseworker visits. Concerns regarding the approval and referral histories of the substantiated foster homes also continue to show significantly in the case reviews, as well as a lack of communication among DHS staff about concerns identified and unapproved persons in these foster homes. In 15 (22 percent) of family-based substantiated cases, no contributing factors or case practice concerns were identified. None of this is to say that all of the substantiated incidents of child maltreatment would have been prevented by addressing identified areas of concern, but the analysis offers the department focused opportunities to marshal resources and strengthen child safety in a data-informed, targeted way.

**TABLE 11: MIC INVESTIGATION CASE REVIEW, OCTOBER 2020 – SEPTEMBER 2021**

Area of Concern	Of all 69 substantiated referrals reviewed	
	Count	Percentage
Quality of Visits	45	65%
Referral History / Totality of information	21	30%
DHS partners not communicating	13	19%
Home approval	12	17%
Unapproved person in the home	11	16%
Foster Parent Support	10	14%
Child with special needs, challenging behavior	6	9%
No Identified Areas of Practice Concern	15	22%

Source: DHS Data

### Quality of Visits

Over the last two and a half years DHS has consistently identified strengthening the quality of caseworker visits as the most prominent opportunity to prevent maltreatment in foster home settings. DHS issued new guidance on quality visits in October 2018, developed regional plans to improve quality visits during the first part of 2019 and, in November 2019, changed in the KIDS data system the set of questions and issues permanency caseworkers 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 monthly visitation guide in each child’s KIDS record now requires that caseworkers address four questions and provide 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?**
  - Describe vulnerability, special needs, physical and emotional health, child development status, school performance, peer/social/sibling relationships, role within the family, attachment to [foster parent(s)],<sup>22</sup> mood and behavior, age-appropriate functioning,

<sup>22</sup> 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).

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 developed a How-To guide to help staff review these key questions as they conduct safety assessments during their visits and remind them that each child in custody and foster parent must be interviewed separately to answer each of the four questions.

DHS again, for this report, period probed deeper into all 45 family-based substantiated MIC referrals to understand the specific aspects of visits that offer opportunities to mitigate the risk to children's safety. As outlined in Table 12 below, DHS identified eight recurring elements of quality visits that require case practice improvements. The top four concerns identified by DHS with respect to 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.

**TABLE 12: ANALYSIS OF QUALITY VISITS IN MIC CASE REVIEWS, OCTOBER 2020-SEPTEMBER 2021**

Aspects of Quality Visits Assessed	Frequency	Percent of 69 substantiated referrals reviewed
No discussion about other persons in the home	36	52%
Insufficient discussion about discipline practices	28	41%
Safety not addressed with children or foster parents	24	35%
No unannounced visits	17	25%
Contradicting info not addressed	10	15%
No discussion with foster parent as to children's services	9	13%
Infant not observed unclothed	6	9%
Lack of attempt to gather info from pre/nonverbal children	5	7%

Source: DHS Data

At the end of the last report period (June 2021), DHS began to train all permanency planning supervisors across the state on a new Quality Visit Review tool that guides supervisors through a series of questions to assess the specific elements of quality visits listed above in Table 12, as well as other safety related questions. Beginning in August 2021, DHS has required supervisors to complete a review of two documented visits every month for each permanency caseworker assigned to them.<sup>23</sup> To track completion of these quality visit reviews, along with the findings and any practice trends, DHS created a Qualtrics data system where supervisors record their observations. Most importantly, supervisors must share and discuss their completed reviews with each caseworker monthly to help ensure a robust transfer of learning regarding quality visits and thorough safety assessments. The Quality Visit Review tool includes the following questions that supervisors must answer and enter into the Qualtrics database:

- Were the child(ren) seen and interviewed separately from the caregiver, in a location conducive to freely discussing safety if age appropriate?
- Were infant(s) observed fully unclothed?
- Were attempts made to gather information from and about the safety of non/pre-verbal child(ren) during the worker visit?
- Was a walkthrough of the entire home conducted? And, were the child(ren)s sleeping arrangements observed?
- Did thorough discussions about discipline practices to include frequency, method, reason, purpose and effectiveness occur with the child(ren) in the home? The same question is asked regarding if there was a discussion with the resource parents about discipline.
- Was safety sufficiently addressed with the child(ren) in the home to include what safe looks like?

<sup>23</sup> Supervisors who are assigned more than five caseworkers (the workload standard) are allowed to complete one quality visit review each month for every assigned worker.

- Were there discussions with the children regarding other individuals living in the home, visiting the home, and/or providing care for the child(ren)? The same question is asked regarding if there was a discussion with the resource parents about other individuals in the home.
- Were the needs of the caregiver(s) discussed/assessed and additional supports provided if needed?
- Was any contradicting or concerning information obtained sufficiently addressed?
- Are unannounced visits being conducted at least once per quarter?

DHS provided an initial set of data for the 747 Quality Visit Reviews completed and recorded in Qualtrics between the launch date of August 1 and September 30, 2021. Among these 747 Quality Visit Reviews completed: 168 are from Region 1; 140 from Region 2; 58 from Region 3; 165 from Region 4; and, 216 from Region 5. These supervisor assessments of the monthly visits completed by caseworkers assigned to them further confirmed for DHS the importance of its work to improve the quality of safety reviews. In the February 2022 Semi-Annual Report, DHS reported the following summary of answers recorded by supervisors:

- Discipline discussions with children include frequency, method, reason, purpose & effectiveness? (Out of 633 responses)
  - Yes: 460 (73 percent)
  - No: 173 (27 percent)
- Discipline discussions with caregivers include frequency, method, reason, purpose & effectiveness? (Out of 745 responses)
  - Yes: 571 (77 percent)
  - No: 174 (23 percent)
- Discussions with children regarding other individual's living/visiting/providing care in the home? (Out of 572 responses)
  - Yes: 245 (43 percent)
  - No: 327 (57 percent)
- Discussions with caregivers regarding other individual's living/visiting/providing care in the home? (Out of 744 responses)
  - Yes: 329 (44 percent)
  - No: 415 (56 percent)
- Conducted unannounced visits at least once per quarter? (Out of 642 yes/no responses)
  - Yes: 374 (58 percent)
  - No: 268 (42 percent)

The sum and percentage of “no” answers for each of these questions, which assess different aspects of a caseworker visit, show missed opportunities to identify and address potential safety concerns during monthly contacts with children placed in foster homes. These initial findings from supervisors’ Quality Visit Reviews also are consistent with DHS’ findings from its more detailed review of quality of visits in foster homes substantiated for maltreatment as outlined in Table 12 above.

The initial finding from the supervisors’ Quality Visit Reviews also showed that out of 694 responses recorded, most (490 or 71 percent) noted that the supervisor had met or scheduled to meet with their assigned caseworker to share and discuss their reviews of the completed visits while 204 (29 percent) did not. Having supervisors complete and discuss qualitative assessments of monthly visits with every

caseworker every month is an important new step in DHS' efforts to improve practice in this leading area of concern identified in substantiated cases of maltreatment in care. This transfer of learning from supervisor to caseworker is the critical action intended to advance DHS' efforts from assessments and analysis to actual improvement in case practice.

### **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 unaddressed safety risks. 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 leadership has coached staff on the type of issues 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 other challenges that may affect their protective capacities; 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 sheet includes information about any open or past, resolved resource alert.

Between July and December 2021, department staff opened 101 new resource alerts, of which 46 were also resolved in the first half of SFY 2022. As of December 31, 2021, DHS reported that it continued to monitor open resource alerts in 79 foster homes for a number of issues including a history of substance abuse, increased family stress, individuals identified as unsafe with potential access to children in custody, and an unclean or hazardous home environment. The resource alert report shows that DHS has closed homes and/or denied finalizing pending foster home approvals when 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.

In November 2020, DHS formally added resource alerts 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 reported in its February 2022 Semi-Annual report that it is in the process of also adding a resource alert as a follow-up action to consider during the 10-day staffing conducted when a MIC referral is accepted for investigation. However, this update is currently on hold while other, federally-

required updates are implemented to the KIDS system. Last year, the department also delivered to all foster care supervisors and field managers in all five regions a virtual two-hour refresher training, *Resource Alerts – Everything You Need to Know*, on how to oversee and manage resource alerts to decrease risks in family-based settings.

### **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.<sup>24</sup> 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 99.7 percent (364) of the required 365 screen out consultations were completed during the six-month period of April through September 2021. 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 determined that the department must provide support and guidance to field staff to strengthen the quality of this safety-driven practice, beyond ensuring completion of the screen out consultations. To aid in this effort, 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 whether 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.

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 by setting a 10-day deadline for DHS and private

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<sup>24</sup> The department's statewide CPS program staff review all screened-out referrals involving children in DHS custody. DHS documents this review and notes whether 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.

agency staff who manage traditional and TFC homes to address any identified concerns with the foster family and report back the outcome.

In May 2020, the DHS 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 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. 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.

Each of these efforts outlined above to intervene and address any concerning allegations or policy violations presented in a resource family's referral history is an important strategy. DHS must continue to assess where additional efforts are required since the case reviews of family-based MIC substantiations show that a significant number (25 of 69) of the foster homes involved in child maltreatment had concerning referral histories. As DHS staff employ the various strategies designed to assess safety in a foster home, including screen out consultations, 10-day staffings and resource alerts, department leadership and casework supervisors must also ensure that staff take the necessary follow-up steps to intervene and timely remove the safety threats identified in the placement or remove the child from the resource home.

### **Improving the Foster Home Approval Process**

For the past four 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 and mental and behavioral health history. 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 are thoroughly completing background checks; appropriately using the new RFA tools to complete all safety reviews; and, properly obtaining approval for policy exceptions, when required, to approve a home.

As part of the RFA action plan, DHS' Contract Performance Review (CPR) team reviews samples of resource family assessments completed for newly approved foster homes and provides feedback to foster care staff. In April 2020, DHS revised the review tool and process used to assess new home approvals 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, 35 DHS kinship and 10 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.

For this report period, DHS' CPR team completed qualitative reviews of 130 new homes approved between April and September 2021, including 70 relative and non-relative kinship resources. DHS reported that the CPR team members who complete these reviews participate in weekly debriefings with foster care field managers.

DHS shared its findings from the review of 45 traditional and kinship homes that DHS approved during the first three months (July-September 2021) of this period. DHS summarized the findings as follows:

- 16 resources did not have a completed Initial Kinship Safety Evaluation and Approval Tool in the resource. The form was designed as a way for new workers, specifically, to ensure all pieces of the initial kinship process had been completed. The Resource Family Assessment Review Tool was also missing from 19 resources this quarter. FC&A program staff are expected to continue to monitor the use of both forms through QA reviews and through informal processes such as training to ensure staff are using them properly.
- 15 resources had an RFA that did not accurately and fully assess the family, with 6 of those families having incomplete interviews and 5 of the RFAs did not explain discrepancies between interviews and paperwork. FC&A program staff intend to do some additional review of the QA review tools to see what information was missing and required follow-up. Once that is determined, the information will be provided to the RFA contractor.
- Another 15 resources had concerns that were not addressed prior to approval. These QA tools will also be reviewed and information will be provided to the RFA contractor.

DHS' continuous quality reviews of new home approvals is another example of DHS proactively seeking to assess practices in the field, particularly those that are key to keeping children in care safe from

maltreatment. DHS has also reported continuous efforts to course correct based on these review findings. Such ongoing efforts include enhanced and targeted training for staff to improve safety reviews of new homes and tracking potential safety concerns in new foster home approvals, such as ensuring homes approved with any allowed exceptions do not present a risk to children in care.

As noted above, DHS this report period filled open vacancies and fully staffed its MIC program team that reviews all family-based substantiated MIC referrals and supports the field with constructive feedback and guidance regarding trends and practice areas requiring improvements. DHS has continued to demonstrate a strong capacity to self-assess areas of practice weakness and deploy focused strategies to address gaps in child safety. Some strategies have proven more effective over time than others, but the department's record of diagnosis, reflection, implementation, and ongoing assessment of threats to child safety remains evident.

DHS also reported that district directors and foster care and adoption field managers across the state also completed case reviews of a combined total of 232 unsubstantiated and 86 substantiated referrals recorded for the period of October 2020 to September 2021. DHS continued through this report period to require that district directors and field managers conduct independent monthly reviews of at least one substantiated MIC case from their assigned district(s) or one unsubstantiated MIC referral during any month when there were no substantiated MIC incidents in their district. Here too, district directors and field managers found from their reviews that the quality of monthly visits is the most frequently identified concern and practice area needing improvement to enhance safety for children in care.

DHS reported that toward the end of this report period, its MIC team began to explore ways to streamline and expedite their reviews of all family-based substantiated MIC referrals to provide more timely feedback and assessments to the field. In the February 2022 Semi-Annual report (page 13) DHS noted,

In preparation for those changes, during this reporting period the MIC Programs PFRs included more detail in each review in hopes to reduce the need for case mining specific historical details by subsequent reviewers. Rather than district directors and field managers conducting a redundant full case review, they can focus on the quality of the [transfer of learning] based on the contributing factors identified in each review. With a fully staffed MIC team, the immediate focus is to ensure rapid, high-quality review of MIC incidents so that feedback and transfer of learning (TOL) can happen in the field more quickly. It is critical that CW staff, district directors, and field managers are aware of opportunities for improvement as soon as possible so that these can be applied immediately to other cases and family situations, reducing the risk of future MIC incidents.

During this report period, DHS' MIC team presented regionally targeted trainings to each region's leadership and supervisors. These five regional sessions occurred between October 21, 2021 and November 3, 2021 and included an analysis of each region's MIC data, including district level maltreatment data. DHS reported in the February 2022 Semi-Annual report that, "Each region received information and a presentation of the details related to the MIC increase, including a depiction of significant findings from both [permanency and foster care] staff from their region." DHS structured these sessions to engage the regional participants in a discussion about possible causes for the negative

trend of maltreatment in family settings and the steps supervisors can take with their caseworkers to intervene and improve safety for children in care to reduce maltreatment.

DHS also noted in the February 2022 Semi-Annual report that, “Despite the compliance to the number completed and attention given to MIC qualitative reviews by the MIC PFRs, district directors, and the field managers, MIC rates slightly increased during this reporting period. Heightened efforts are underway with an intent to target specific districts with increased MIC incidents for collaborative [transfer of learning] processes. The intent is that enhanced practice and learning will result in fewer MIC occurrences moving forward.” The Co-Neutrals will provide an update in the next Commentary on these heightened efforts to prevent maltreatment targeted at specific districts.

### **DHS’ Efforts to Reduce Child Maltreatment in Institutional Settings**

As shown in Table 10 (Rate of MIC by Placement Type) above, DHS has continued to report and sustain substantial progress in reducing the rate of maltreatment of children placed in congregate facilities. Over the last two years, DHS has substantially reduced the number of children maltreated in congregate settings by 64 percent, down to 16 children substantiated this report period compared to 44 child victims for the period ending September 2019. Importantly, this also is a 33 percent reduction since the period ending September 2020, one year ago, when 24 children were maltreated for the period.

Since 2015, DHS has implemented a system of expanded and strengthened oversight, monitoring, engagement and support 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 positive youth development models to prevent the use of child restraints and de-escalate behavioral challenges presented by children and youth. Through this important work to collaborate with, support and hold accountable the administrators of institutional settings, particularly group homes in Oklahoma, DHS has established a high standard and model to improve safety for children in higher level care.

### **Heightened Monitoring of Facilities with Prior Child Maltreatment**

DHS, through its SPPU team, 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.

Over the last year, DHS' SPPU team has made additional, concerted efforts to build its communications and collaboration with the facilities where it places children for higher-level care. The department seeks input from congregate care providers on how DHS can positively work with the facilities' leadership and staff as they strive to address any shortfalls in safety or programming identified by DHS. Based on feedback received from providers, the department now refers to its heightened monitoring team and process as the "Support and Development Team (SDT) and SD process." In its February 2021 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. NRCYS<sup>25</sup> 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 the 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.

Notwithstanding DHS' adjustments under the newly named SD process, the department reported it 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.

At the beginning of this six-month report period (July 2021), DHS was supporting two group homes through the SD process based on prior substantiated MIC incidents at these facilities. For both facilities, a supervisor in DHS' SPPU program began this period to review all incident reports and all video and written reports of physical interventions at the facilities. One of these group homes serves youth with the most severe behavioral and treatment needs and experienced two additional substantiations during this six-month period. In addition to the SPPU supervisor, DHS' Child Welfare Director and Assistant Director also receive for review all incident reports from the facility. From these reviews, DHS provides feedback to the facility's program director, who also committed to review all incident reports and physical intervention videos and forms. Further, DHS reduced the number of youth in custody placed at this facility from 16 to 12 and supported the group home to maintain the same staffing levels in an effort to better and more safely meet the high needs of these children.

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<sup>25</sup> 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.

During this period, DHS identified three additional congregate settings for SD based on MIC substantiations confirmed between April and September 2021. One of these facilities is a Youth Services shelter that has closed. The other two are group homes: one began to implement safety and program improvements while awaiting the completion of a program assessment with NRCYS and the other is completing surveys with youth in the program and staff to inform and create a new support and development plan with the help of a national expert on trauma-informed care in congregate settings. DHS also identified and supported another facility this period with enhanced support based on the quarterly reviews completed by the department's SPPU liaison assigned to the program and not based on a MIC substantiation. DHS reported that it offers coordinated, enhanced support to all of DHS contracted higher-level programs.

### **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 SPPU facility liaisons monitor and enforce corrective action plans (CAP) and facility action steps (FAS). The reviews have also identified that DHS appropriately initiates 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 as is evidenced by the substantial reduction in maltreatment reported in these settings.

### **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.

### **SPPU Liaisons and Program Support**

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. The first is a Support Liaison who helps the facility to meet the needs of each child and prepare for their transition out of their treatment program. DHS also assigns to each facility an SPPU Safety Liaison who is responsible for monitoring any maltreatment referrals 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.

During this report period, SPPU developed a new Quarterly Review Tool that program staff complete during quarterly visits to higher-level settings that hold DHS placements contracts. DHS reported the tool is intended to support discussions regarding specific components of the facilities' contract requirements that can impact maltreatment and quality of care. Topics covered on the tool include: giving youth and families a voice in the facility's programming; youth access to therapeutic services; and, trauma informed training for program staff, including a behavioral support curriculum that promotes prevention and early intervention to de-escalate challenging behaviors and crises.

One of DHS' early strategies to reduce maltreatment in congregate settings was to require its contracted facilities to train all direct care staff in the Managing Aggressive Behaviors model. The department reported that several group home providers shared concerns that this model does not always provide an adequate level of safety for staff who are attempting to de-escalate a behavioral outburst or incident with youth. In response, DHS developed a tool to assess different behavioral management tools and is exploring another option that group home directors can select to complete this safety training and program requirement in their contract with DHS.

DHS reported that throughout the period of July through December 2021, the department continued to contract with NRCYS to provide training and program development support to congregate care providers. The following is a list of some the trainings provided:

- START Training of Trainers (TOT), Online
- Systematic Training to Assist in the Recovery from Trauma (START), Online
- From Self-Care to Secondary Trauma, Stress: You Matter, Online
- Group Home Administrators Meeting, Online
- It's Harder Than It Used to Be; Caring for Tweens/Teens in Difficult Times, Online
- Managing Aggressive Behaviors; Trainer Certification, Tulsa
- Sexual Health Education Essentials, Tulsa

DHS continues to offer facilities 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 works directly with providers to implement the recommended program adjustments.

Finally, DHS' leadership is focused also on identifying gaps in programs and services to meet the therapeutic needs of children in congregate, as well as family-based, settings and building those resources in Oklahoma. As noted in the shelter section above, DHS' Child Welfare Director, along with SPPU program staff and a private provider from Oklahoma, travelled to another state this report period to learn about a specific behavioral health care program focused on youth with complex challenges. DHS reported that strategies learned from this program visit are now being used at a new group home in Oklahoma that cares for male teens with intellectual disabilities who also suffer from trauma.

### **E. Caseworker Visitation**

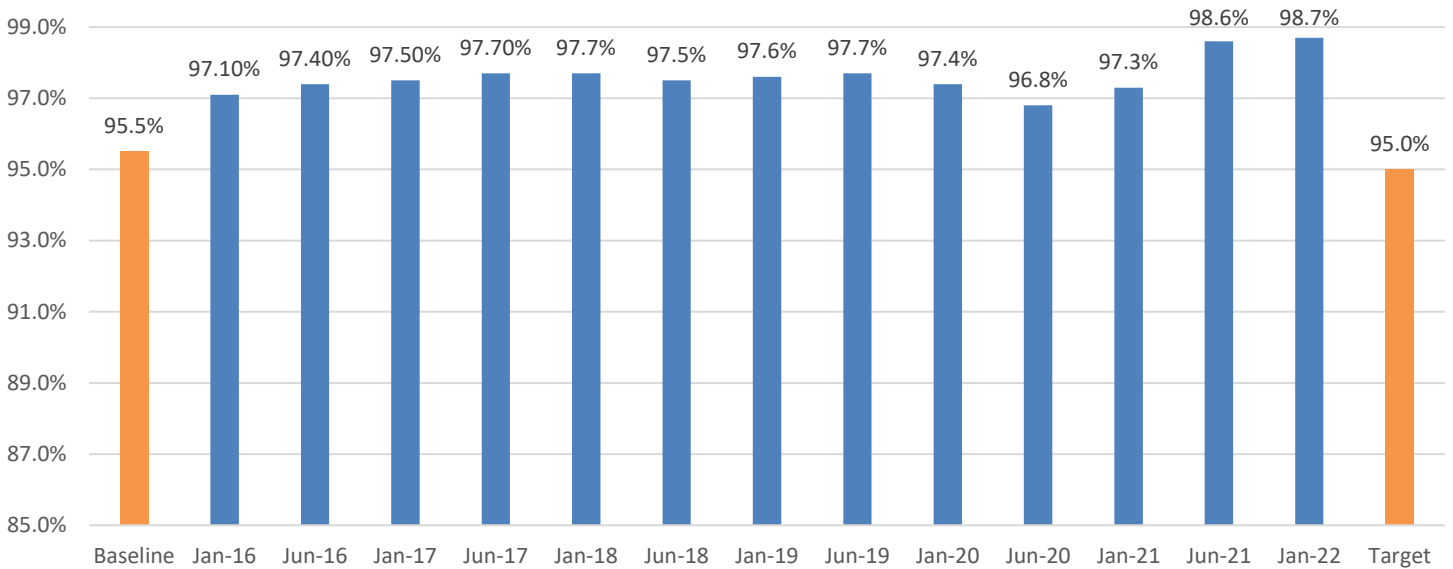
Quality visits by the same caseworker with the same child are fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. DHS reports on two performance 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 82,965 (98.7 percent) of 84,045 required visits with children during the reporting period of January 1, 2021 and December 31, 2021, 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 15: METRIC 3.1 – FREQUENCY OF VISITS BY ALL WORKERS**

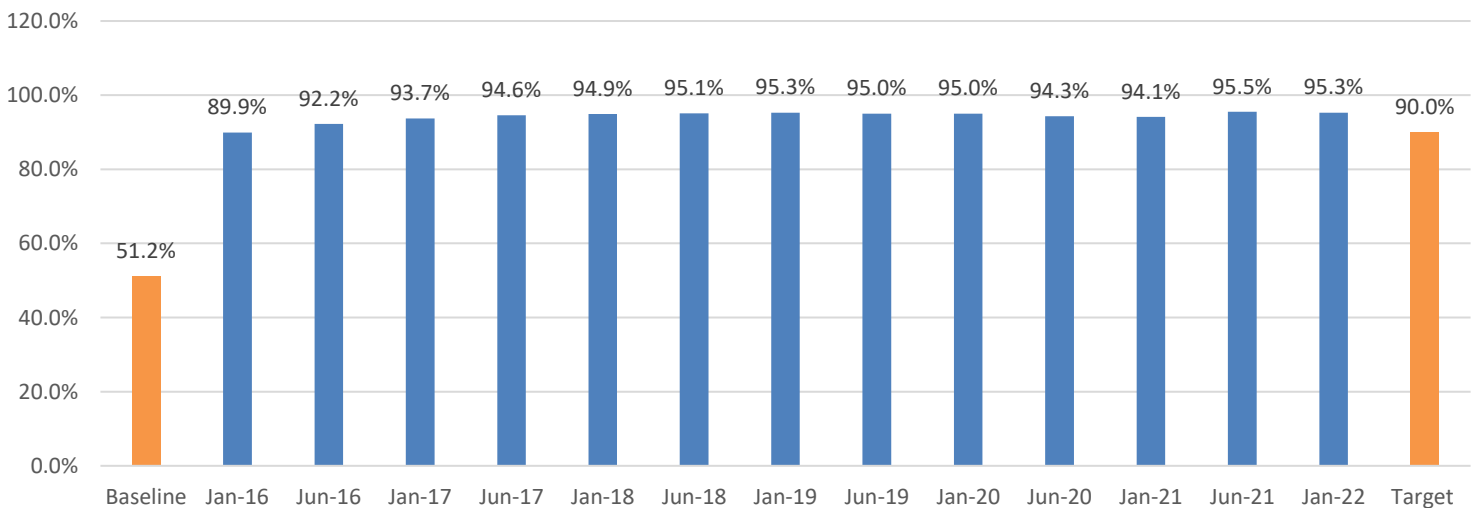


Source: DHS Data

**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, 2021 to December 31, 2021), DHS reported that primary workers made 77,632 (95.3 percent) of the 81,444 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 twelve report periods, including the current one.

**FIGURE 16: 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.

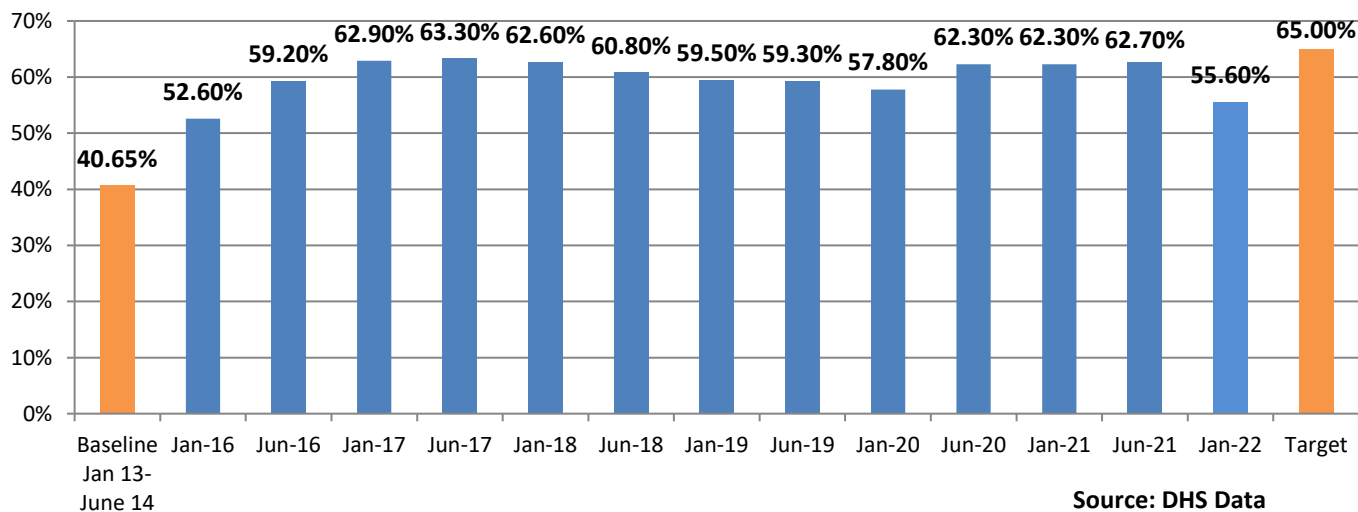
**Performance Metrics for Continuity of Visits, Metrics 3.3a and 3.3b**

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).<sup>26</sup> 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 during the reporting period, the six months prior to discharge.

For this report period from July 1, 2021 to December 31, 2021, DHS reported that 6,761 children required at least six consecutive visits. Of these 6,761 children, 3,759 children (55.6 percent) were visited by the same primary worker in their most recent six months in care. This performance outcome places DHS above the baseline set at 40.65 percent but represents a decrease of 7.1 percent from the previous report period.

**FIGURE 17: METRIC 3.3B – CONTINUITY OF PRIMARY WORKER VISITS OVER SIX MONTHS**



<sup>26</sup> DHS is no longer required to report on Metric 3.3a, which measured three-month continuity of visits with the same primary caseworker.

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 maintain the Target Outcomes for caseload compliance as well as achieve additional progress on this continuity of visits measure. As noted in the caseload section of this Commentary, DHS continued its workforce management efforts this report period to 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.

## **F. 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. DHS has also made it a priority to establish data mechanisms to track and assess the department's implementation of practices and strategies designed to improve placement stability outcomes, as well as leadership engagement and accountability of the same. 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, 2020 to September 30, 2021 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 13 below, for this report period, DHS' performance slightly increased in two of the four placement stability metrics, and decreased in the other two measures. The department's progress on the placement stability measures has been incremental for most periods, moving toward the Target Outcomes and above the starting baselines.

**TABLE 13: PLACEMENT STABILITY BASELINES, TARGETS, AND CURRENT PERFORMANCE**

Metric	Baseline Oct 2011 - Sept 2012	Performance Oct 2018 - Sept 2019	Performance April 2019 - March 2020	Performance Oct 2019- Sept 2020	Performance April 2020 - March 2021	Performance Oct 2020 – Sept 2021	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%	79.5%	79.1%	79.2%	79.9%	77%	88.0%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12 months but less than 24 months	50.0%	63.1%	62.0%	63.4%	65.4%	66.1%	68.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	33.1%	34.1%	35.4%	36.6%	39.1%	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%	79.6%	80.6%	81.3%	80.9%	88.0%

Source: DHS Data

## **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 14 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 the six-month period of July to December 2021, DHS reported that 51.5 percent of first placements were in kinship homes, up 16.9 percent from the baseline reported in 2016 and up 2.8 percent compared to the last six-month report period of January to June 2021.

**Table 14: Percent of Children Whose First Countable Placement is a Kinship Home<sup>27</sup>**

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in Countable Placement	% of Kinship as 1st Placement
<b>Baseline: Jul - Dec 2016</b>	878	2,540	34.6%
<b>Jan - June 2017</b>	1,001	2,598	38.5%
<b>July - Dec 2017</b>	1,009	2,264	44.6%
<b>Jan - June 2018</b>	1,049	2,138	49.1%
<b>July - Dec 2018</b>	959	2,113	45.4%
<b>Jan - June 2019</b>	974	2,045	47.6%
<b>Jul - Dec 2019</b>	936	2,107	44.4%
<b>Jan – June 2020</b>	890	1,855	48.0%
<b>Jul – Dec 2020</b>	926	1,770	52.3%
<b>Jan – June 2021</b>	760	1,561	48.7%
<b>Jul – Dec 2021</b>	837	1,626	51.5%

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.<sup>28</sup> DHS reported that the department has focused on supporting and guiding staff to implement this key practice as part of its Supervisory Framework. After reporting some fluctuations over the last several years, including decreases in the percentage of kinship first placements, DHS established enhanced accountability in this practice and now requires and tracks that district directors and supervisors document their approval of caseworkers’ efforts before approving a non-kinship placement.

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 that could directly affect placement stability (i.e., continuum of care, shelter reduction and permanency). Further, DHS moved its statewide

<sup>27</sup> 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.

<sup>28</sup> Before DHS makes a decision to remove and seek custody of a child, the department’s required practice is to first 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.

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 provided to all child welfare staff updated protocols for conducting Child Safety Meetings (CSMs), which present 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 has directed investigating caseworkers, along with their local leadership, to include and review in the CSM the families' circle of support and build a record of the network of individuals on the Important People in the Child's Life Family Tree Form.<sup>29</sup> DHS continues its efforts to reinforce to staff 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 11<sup>th</sup> hour. This practice shift is also critical to help avoid first placements in a shelter.

DHS also requires that progressively higher leadership review kinship placement denials for youth ages 16 and 17, and, newly included during this report period, youth who are 15 years old. The review's purpose 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 needed supports are provided. Such kinship placement denials are first reviewed by a 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.

In its February 2022 Semi-Annual report (page 41), DHS reported that, "Since July 2020, 36 elevated reviews involving 41 children were conducted resulting in 24 approvals, of which 28 youth were placed with kin. Currently, 15 of the 28 youth remain in the kinship placement." During the last review period, the department reported that it began to systematically send to the regional placement stability leads any elevated kinship approvals to ensure all additional supports deemed necessary to stabilize the approved placement are provided. This includes making an EFC referral, updating the youth's individual service plan and conducting the necessary visits to ensure the youth's safety and well-being in the home.

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<sup>29</sup> 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.

## **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.<sup>30</sup> 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 intended 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 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 this six-month period (July to December 2021), DHS reported that 82.2 percent of the two-day calls were documented as complete for a child's first placement which represents marked improvement above the baseline.

For Initial Meetings, DHS reported that only 11 percent were completed during the same three-month baseline period of February to April 2017, which confirmed DHS' earlier assessment that these meetings were not a common practice in the field even though they had long been a requirement. In comparison, DHS reported during this period (July to December 2021) that 75.7 percent were completed, which is a decrease from the Initial Meeting completion rate of 81.7 percent reported for the last six-month period (January to June 2021). Still, a 75.7 completion rate for Initial Meetings, as reported this period, represents an almost 600 percent improvement above the 2017 baseline of 11 percent. Further, 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.

## **Initial Meeting Practice and Requirements**

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. For this six-month period of July to December 2021, the completion rate was 55 percent. While this is a positive improvement over the 23

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<sup>30</sup> 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.

percent reported for the baseline month, it is a decrease from the last six-month period (January to June 2021) which showed a completion rate of 62 percent. DHS should assess the significant variation in the completion rate, including month to month outcomes data, to improve this practice. For example, during this period, the completion rate for subsequent Initial Meetings for the month of August 2021 was 62 percent, while the month of October 2021 showed a completion rate at 50 percent.

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. 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 each Regional Deputy Director lead the implementation of the department's placement stability strategies (previously only Region 1 had self-designated its Regional Deputy Director as the placement stability lead).

During the last report period, DHS completed a six-month qualitative review and assessment of 302 Initial Meeting consultations - 148 for first family placement Initial Meetings and 154 for subsequent placements. The reviews were conducted jointly by DHS Quality Assurance staff and the assigned permanency planning caseworker and supervisor with a goal of identifying strengths and areas needing improvement with a focus on the quality of the Child and Resource Family Support Plans developed during each Initial Meeting. In its February 2022 Semi-Annual Report (page 43), DHS highlighted that this qualitative review showed "a continued need for enhancement surrounding engagement and conversations with parents, children, and resource parents is evident." DHS further reported that, "Most of the documentation in support plans contained blank sections, information was surface level, and not all the children for whom the IM was held are addressed."

During this report period, DHS created and tested new fidelity review tools to assess and track in the Qualtrics data system the quality of both Initial Meetings and CSMs. As discussed in greater detail in the permanency section below, Initial Meetings and CSMs are part of the Family Meeting Continuum (FMC), which is a key practice strategy DHS has implemented to advance timely permanency, especially for children with a goal of reunification. A leading component of the FMC practice is to assign every family seeking to reunify with a child the same facilitator for all family meetings, including Initial Meetings and CSMs. DHS' record reviews of Initial Meetings found that the quality of information gathered and documented in support plans improves when the same FMC facilitator helps to guide and lead the meeting discussions. The FMC one family-same facilitator practice is relatively new; DHS finalized its statewide roll-out to the remaining districts just after the end of the period. As such, DHS is anticipating further improvements in the quality of all family meetings conducted as the FMC practice takes root across the state.

DHS assigned to each region a Regional Quality Assurance Performance Field Analyst who will complete fidelity review tools for Initial Meetings and CSMs each month and enter the results in Qualtrics for ongoing practice assessments and improvements. To further build on and round out these practice assessments, DHS developed in October 2021 a survey for family meeting participants, including youth and family members (birth and foster parents) to gather input on the quality and cadence of these meetings. Through these combined strategy efforts and qualitative feedback to the field, DHS is also



helping staff understand the nexus between achieving better placement stability and permanency outcomes.

### **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 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 with a kinship family, 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.

In addition, during this report period DHS created in its KIDS data system a secondary reason that staff can select to identify the most accurate reason a child moves from one placement to another. DHS is seeking to reduce the use of "other" as the selected reason for a placement move and provided guidance to staff in February 2022 on how best to select a placement exit reason. DHS reported it will track and identify trends in exit reasons to inform its placement stability strategies.

Additionally, to gather input from families, DHS developed during this period two surveys for foster parents about placement disruptions and stability: one survey will be administered during a foster family's annual review; and, the other survey will be shared after a child exits a foster home and the placement exit reason shows as either, "provider requested change of placement" or "provider unable to meet behavioral health needs." Through the second survey noted here, DHS is seeking to gather real time information about what is contributing to placement disruptions.

DHS has also established a regular protocol with the ODMHSAS, which now sends to DHS' Enhanced Foster Care team a weekly list of all children in care who received services through Mobile Crisis Response. The EFC team then notifies the child's permanency caseworker and supervisor to assess the necessary follow-up to support the child and foster family, including making an EFC referral if deemed appropriate. The department reported that during this report period, July to December 2021, Mobile Crisis Response was used for at least 166 children in DHS custody.<sup>31</sup>

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<sup>31</sup> DHS reported this Mobile Crisis Response data in its February 2022 Semi-Annual report (page 42) and also noted that the count of 166 children does not include children who may have accessed this service between September 9, 2021 and October 12, 2021. Due to technology challenges, ODMHSAS could not provide the number and names of children who received the service for this time period.

As noted in the Therapeutic Foster Care section above, DHS' new EFC program has become a focal point of the department's efforts to meet the therapeutic needs of children in family-based settings and help ensure traditional and kinship foster families have the supports and services they need to stabilize the placement of children with behavioral health challenges.

### **Placement Stability Training**

Last year, DHS in collaboration with the University of Oklahoma finalized and made available a new online placement stability training 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. DHS made the training available to all child welfare staff for mandatory completion.

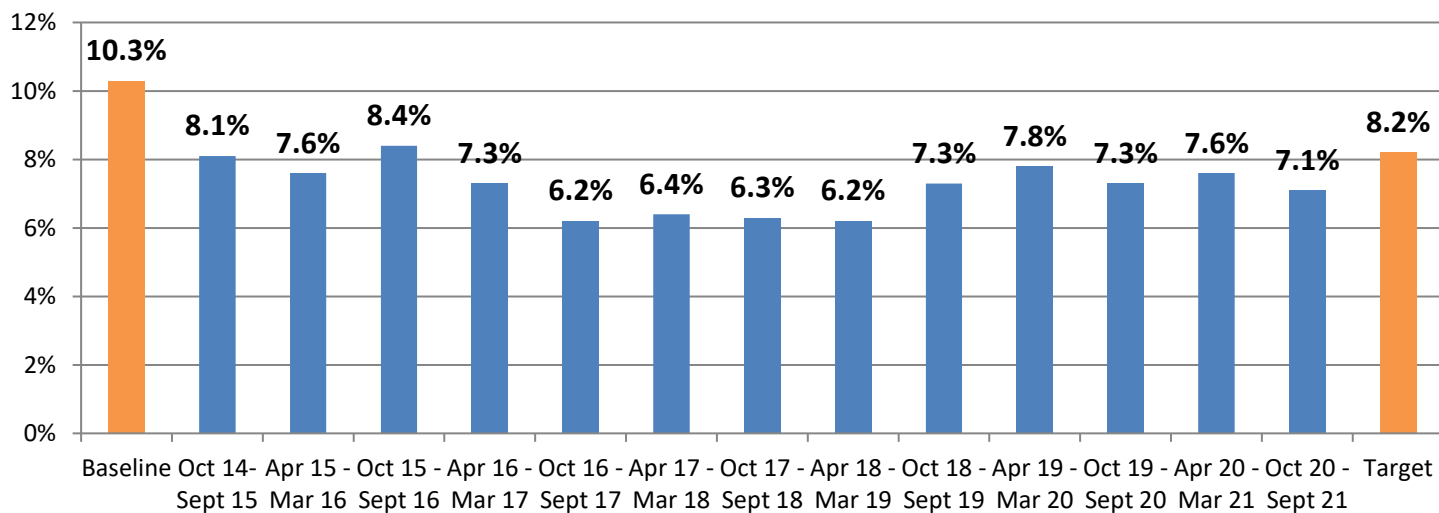
### **G. Permanency**

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 who are at risk of aging out of foster care.

#### **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 2,043 children who discharged to permanency (not including adoption) between October 1, 2020 and September 30, 2021, 146 children re-entered care within 12 months, which represents 7.1 percent of child re-entries. This is the tenth consecutive report period in which 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 18: METRIC 6.3 – RE-ENTRY WITHIN 12 MONTHS OF EXIT**



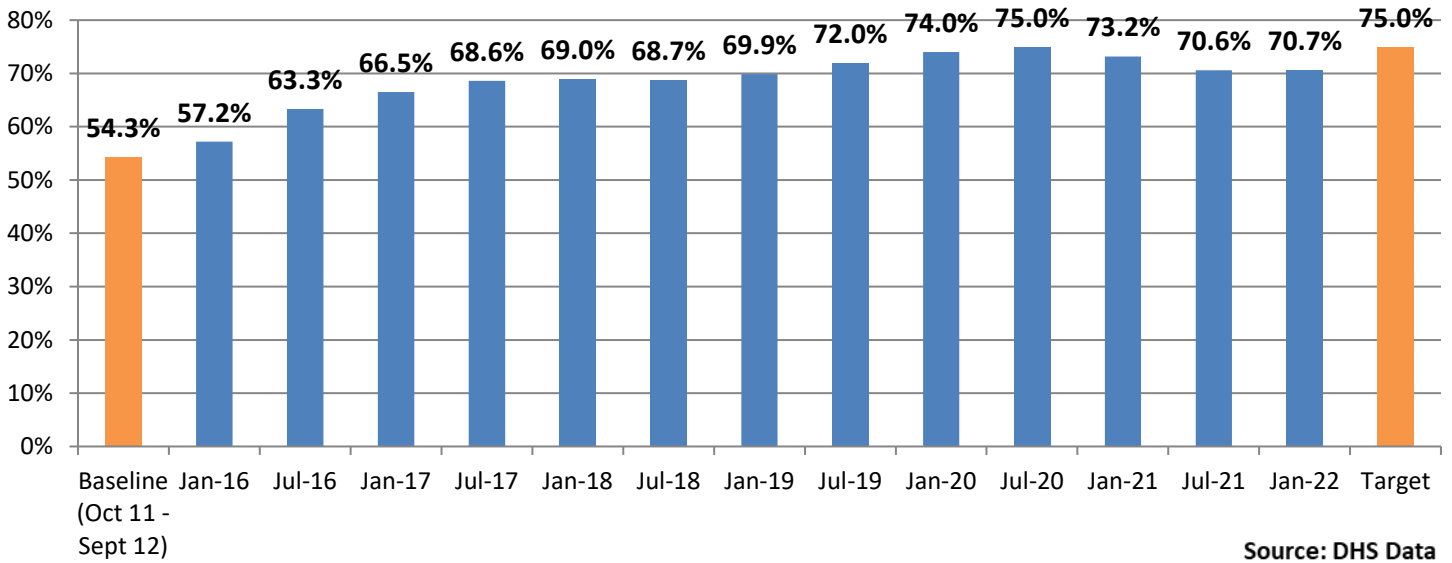
Source: DHS Data

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 1,470 children who became legally free between October 1, 2019 and September 30, 2020, 1,040 were adopted within 12 months of becoming legally free for a performance outcome of 70.7 percent. Under this reform, DHS has made steady progress toward the Target Outcome for this measure and achieved the Target Outcome for the period ending March 2020 as shown in Figure 19 below and noted in the data reported in July 2020.

**FIGURE 19: METRIC 6.5 – PERMANENCY PERFORMANCE**



Consistent with DHS reporting a reduction in the number of children becoming legally-free in the months and year following the start of the pandemic, the number of children in the 6.5 cohort decreased significantly from 1,915 last period to 1,470 this period.

**Adoption Timeliness Accountability Teams**

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

With the monthly reviews conducted by the regional ATATs, DHS has surfaced barriers that are common among the regions and delay adoption finalizations. For example, every region reported a significant number of children whose adoption finalization is awaiting the clearance of an ICPC-related<sup>32</sup> delay so that a child in Oklahoma’s custody can exit care to their new adoptive family living in another state. DHS reported other common adoption barriers include obtaining birth certificates as well as medical

<sup>32</sup> ICPC stands for Interstate Compact on the Placement of Children and is an agreement between two states that allows a child from one state to be placed in a foster or adoption placement in another state.

evaluations and pending divorces of adoptive parents. DHS also reported that the regional ATATs are meeting more frequently than once a month and with select districts in their regions as needed to focus on additional, increased barriers that arise. To further track and analyze trends in adoption delays or barriers, DHS this report period established a new screen in KIDS for staff to specify the reason for any hold-up to adoption finalization. All adoption and Youth Transition Services caseworkers, supervisors and field managers were required to complete a three-hour training on this new tracking element.

Since November 2019, and on an ongoing annual basis, DHS notified foster and adoptive families 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. Positively, the regional ATATs highlighted that the increased and monthly participation of DHS adoption attorneys in ATAT meetings has helped to resolve barriers, including those that involve legal issues and procedures and require coordination with the courts to obtain necessary documents. For this report period, the Co-Neutrals find that DHS made substantial and sustained progress toward the Target Outcome for Metric 6.5.

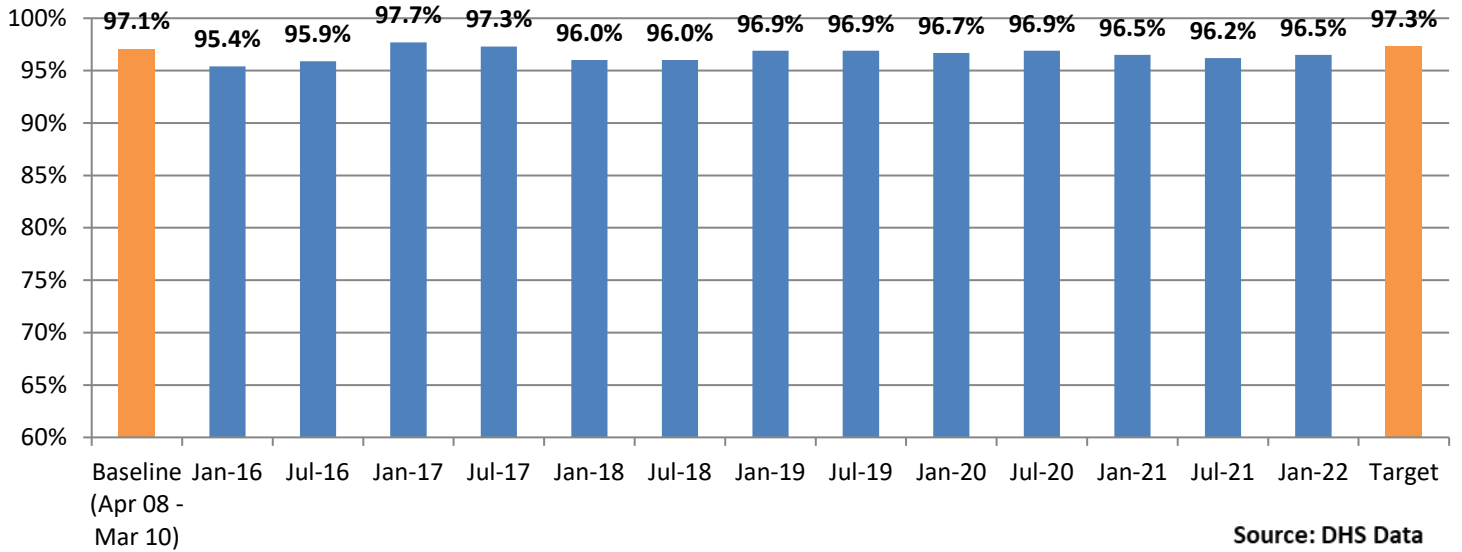
### **Adoption Permanency, Metrics 6.6, and 6.7**

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

#### **Metric 6.6 – 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 1,667 children who entered a trial adoption placement between October 1, 2019 and September 30, 2020, 1,609 children did not disrupt from their placements within 12 months of entering trial adoption. This resulted in a performance outcome of 96.5 percent, a slight increase of .3 percent from the last report period. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 13 of the 58 pre-adoption disruptions reported this period.

**Figure 20: Metric 6.6 – Permanency Performance**



Of the 1,667 children who entered a pre-adoptive placement, only 93 (5.6 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.<sup>33</sup> 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 15 below, the percentage of disruptions for children in Quad 2 (23.7 percent) is highly disproportionate compared to the very low percentage of disruptions experienced by children in Quad 1 (2.3 percent), as well as the total percentage of disruptions (3.5 percent) reported for this period.

**TABLE 15: METRIC 6.6 - TRIAL ADOPTION DISRUPTIONS BY PLACEMENT/QUAD TYPE**

	Total Children	# of Children Disrupted	% Disrupted
<b>Quad 1 (Previous relationship with the family)</b>	1,574	36	2.3%
<b>Quad 2 (No previous relationship with the family)</b>	93	22	23.7%
<b>Total</b>	1,667	58	3.5%

Source: DHS Data

1. 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 these children are often 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

<sup>33</sup> Quad 2 children are legally free with a goal of adoption but do not have an identified family who will or may adopt them.

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.

Starting in March 2020, DHS began to change its adoption disclosure process, particularly for Quad 2 children, to improve the structure, quality, and consistency of these discussions. The department prepared and distributed to caseworkers 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 the well-being of both the trial adoptive family and the child and how to use DHS' new Quad 2 process map. Last year, 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.

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 includes its regionally based mental health consultants 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; or have had 10 or more placements. The mental health consultants can be instrumental in supporting families who are considering adopting a Quad 2 child as case records have shown that the top two reasons for adoption disruptions are "Caregiver Cannot Meet the Child's Behavioral/Emotional needs" and "Caregiver Request."

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 to conduct family preservation check-in calls or meetings with families 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.

During this report period, DHS reviewed further how to maximize and enhance the participation of the mental health consultants in adoption disclosures and the 45-day check in call. The department's program and field staff (including mental health consultants and the Statewide Coordinator for Adoption Preservation) concluded that pre-adoptive parents do not always know what questions to ask mental health consultants during an adoption disclosure and, with the amount of information DHS shares during these meetings, important guidance that the mental health consultants can provide may not be fully covered. In response, DHS reported efforts underway to develop a standard script of issues that the mental health consultants will review, at minimum, during the disclosure meetings. As outlined in a Quad

2 Adoption Process Guide DHS developed for staff, the department highlighted expectations that a mental health consultant will discuss the following during an adoption disclosure:

- Explain what the transition may look like for the child moving from current placement to TA placement according to the dynamics of this change (i.e. congregate care to a family setting, etc.) and the expectations of adoption adjustment (i.e. what a honeymoon period is, when do the most challenges begin to appear, when is risk for disruption at its highest – and how to prepare for all of these things).
- Explain what to expect when the child is placed in the home based on adoption transition and post-placement research.
  - How it may affect bio/adopted children already in the home.
  - How it may affect the adoptive parent’s relationship.
- Explain what behaviors are normal for a child who is transitioning into an adoptive home with a history similar to this child (i.e., how many placements has the child had, how long have they been in foster care, any previous disrupted adoptions, etc.).
- Talk to the potential adoptive family about what adoption-competent services are available in the area and if none, what types of therapeutic modalities are preferable and what questions to ask any provider regarding adoption awareness.

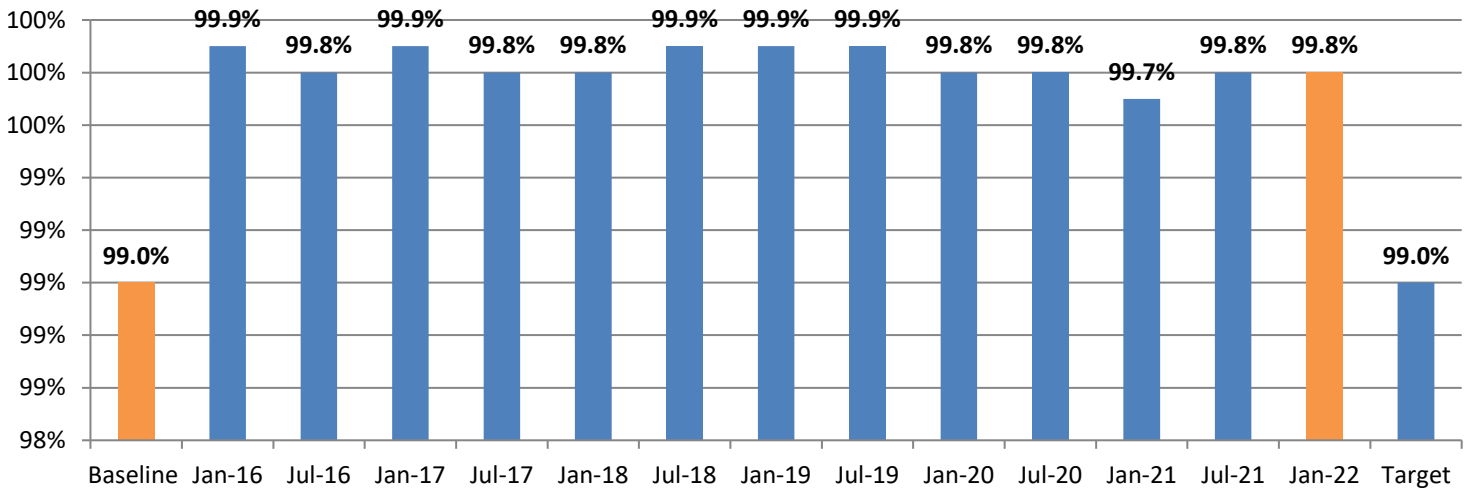
Separately, DHS is assessing how its team, including the mental health consultants and Youth Transition Services, can best support the family during the 45-day call, which DHS identified as a critical point in the child and family’s attachment process. For this report period, the Co-Neutrals find that 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 4,331 children who were adopted between October 1, 2017 and September 30, 2019, the adoptions of 4,323 children (99.8 percent) did not dissolve within 24 months of finalization. During the baseline period of October 2011 through September 2012, DHS reported on the stability of 2,979 finalized adoptions. Since then, the number of finalized adoptions reviewed under this measure has increased by 45 percent to 4,331 adoptions reviewed for this period. Even with marked increases in the number of adoptions reviewed over the course of this reform, DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 21 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 21: 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 183 (88.4 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of December 31, 2021. This represents one additional child achieving permanency since the end of the last period (June 30, 2021) and brings the department in close range of the 90 percent target. 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 16: METRIC 6.1 – PERMANENCY PERFORMANCE**

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 6/30/2021
6.1: Of all legally free children not in an adoptive placement on 1/10/14, the number who have achieved permanency.	207 children: Age 12 and younger	90%	183 children (88.4%) achieved permanency

Source: DHS Data

During this period, DHS reported that two youth from the younger cohort were emancipated at age 18 without achieving permanency: one youth transitioned to an adult Daily Living Service (DLS) home for individuals with developmental disabilities and another youth entered a Transitional Living Program. At the end of the period, 12 youth from the younger cohort remained in DHS custody, all of whom have a case plan goal of adoption. In its February 2022 Semi-Annual report, DHS reported some of these youth are close to achieving permanency while others present with some barriers and challenges. Specifically, DHS reported the following:

The 12 youth remaining in the 6.1 baseline cohort face a number of complex barriers to permanency including developmental disabilities, longer and more frequent inpatient stays, and complex mental health diagnoses. All legal permanency options are considered and discussed as Child Welfare Services (CWS) Youth Transition Services (YTS) staff customize each youth's permanency plan. These include:

- One youth is in trial adoption status, with anticipated adoption finalization in March 2022.
- One youth had extended, unsupervised visits with a biological parent for one year. Reinstatement of parental rights is pending court action.
- One youth is placed in an Agency Companion Home. A third-party guardianship is pending.
- One youth is placed in shelter care.
- One youth is in a long-term placement. Although both adoption and guardianship options were explored multiple times with the youth and family, they decided the current arrangement is best for them and will not be pursuing legal permanency.
- One youth will be transitioning into a DLS home through partnership with OKDHS DDS, and has relatives and community connections who are permanent supports.
- Two youth are each placed in foster homes who are considering providing legal permanency.
- Two youth are each working toward reunification with their respective biological mother. YTS is working to overcome barriers regarding the special needs of each youth and each mother.
- Two youth each have permanent connections and are in specialized placements to meet their high-level needs.

## **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. During the last report period, DHS changed the name of this caseworker type and program unit from ATU to Youth Transition Services (“YTS”).

YTS 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. YTS 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 YTS workers and supervisors to help children without an identified placement find a permanent adoptive family. DHS assigns a YTS worker to all children in Quad 2 and has successfully committed to add and fill YTS positions as needed to meet the caseload standards for these workers.

Additionally, DHS applies the ATAT review process for the children who remain in the younger 6.1 cohort. Participants include YTS team members, the assigned caseworkers, supervisors, district directors and staff from the 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 YTS worker documents monthly efforts to achieve permanency.

## **IV. Delayed Performance Area Measures: Performance Data Outcomes and Assessment of Progress**

### **A. Therapeutic Foster Care**

Under the Compromise and Settlement Agreement, DHS committed to increase the number of foster homes available for children in need of therapeutic care. Since the beginning of the department’s reform effort, DHS has struggled to develop and maintain an adequate pool of therapeutic foster care (TFC) homes through its long-standing TFC program in which therapeutic foster homes are recruited and managed by private agencies. However, over the last two years, DHS shifted efforts to focus on developing its own, internal therapeutic foster care program, known as Enhanced Foster Care (EFC). DHS has designed the EFC program to meet the therapeutic needs of children and families by enhancing treatment services and other supports for traditional and kinship foster families caring for children with higher-level needs. 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.

As noted above, for this report period the Co-Neutrals will not render a finding on DHS’ efforts for this performance area as it is one of the “Delayed Performance Area Measures” under the Covid Recovery Agreement. However, the Co-Neutrals still highlight in this Commentary the department’s actions to

continue building this new EFC program and the state's pool of traditional TFC homes. The COVID Recovery Period allows DHS time to strengthen its efforts and show progress in the context of the limitations and challenges created by the ongoing pandemic. DHS reported that COVID-19 has impacted providers' ability to meet fully and on a consistent schedule the demand for therapy sessions, particularly in-person therapy sessions. During this report period, DHS and its provider agencies continued to navigate the pandemic with some altered availability of services in some areas.

### **Private Agency TFC Homes and Program**

As noted above, DHS 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. Further, therapeutic foster homes are established to help children who have experienced significant trauma build trusting relationships in a family setting and support their case plan goals for stability, well-being and permanency.

DHS and the Co-Neutrals chronicled in multiple, previous Commentaries numerous concerns regarding children with mental and behavioral health challenges being denied access to TFC-level care. Such denials were due primarily to either a lack of available TFC homes and placements or to children deemed ineligible for the TFC-level of care by the Oklahoma Health Care Authority (OHCA). Over the last several years, DHS' leadership team made it a priority to coordinate with OHCA to make programmatic improvements to the state's TFC program and effectively removed longstanding barriers to approve children for TFC placements. These programmatic improvements required the collaborative efforts of both state agencies to amend Oklahoma's statutes, policies, and its Medicaid plan.

The progress DHS and OHCA have made to ensure children are appropriately authorized for TFC-level care is important and necessary. However, approvals of TFC placement requests and DHS' identification of children who require family-based therapeutic care continue to far outpace the development of new TFC homes for children who need them. At the time of this report writing in May 2022, there were 57 children who were approved for TFC-level care and on the TFC placement waitlist. Importantly, all children approved and waiting for TFC placements are also assessed for the EFC program in case there is an available traditional or kinship home that can meet a child's therapeutic needs with the supports and services of the new EFC placement model.

### **TFC New Home Development and Net Gain/Loss**

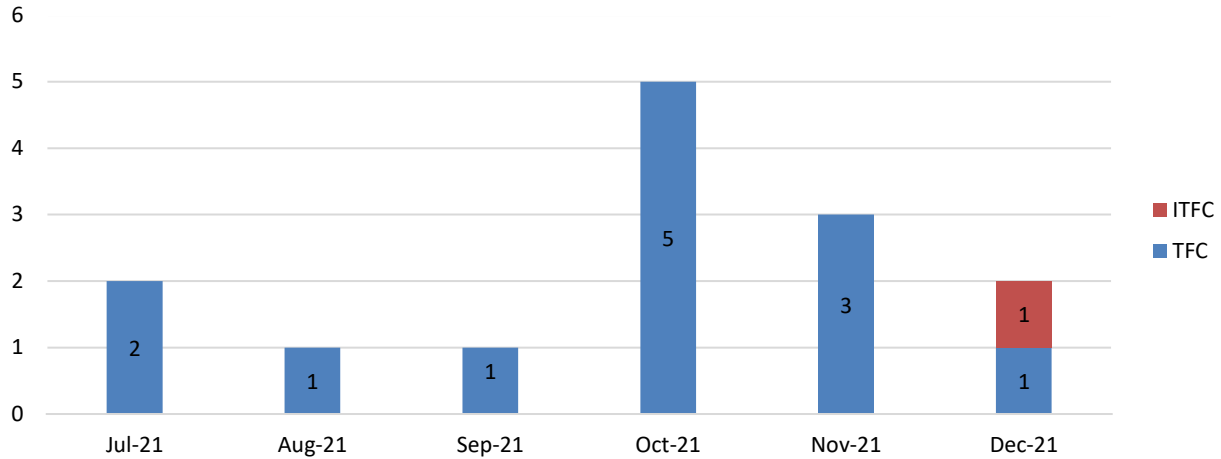
Over the six-month period of July 2021 through December 2021, DHS developed a total of 14 TFC/ITFC homes combined: 13 were opened as TFC homes and one home opened as ITFC.<sup>34</sup> Among the 14 new

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<sup>34</sup> 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 available in a home-based setting. 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 stabilize these children and meet their needs in a family setting. The leading tenets of the new model include: only one child can be placed in the home; at least one caregiver must be a stay-at-home parent; foster parents must be actively involved with the child's treatment planning and have access to emergency or crisis respite care as well as 24/7 access to crisis management support. The ITFC caregivers receive a higher daily reimbursement than TFC families.

therapeutic homes, 13 were newly developed and one was a reopened home. DHS’ full 12-month target for SFY22 is 67 new TFC/ITFC homes combined, with a net gain target of 30 TFC/ITFC homes.

**FIGURE 22: THERAPEUTIC FOSTER HOMES BY MONTH, JULY 2021 – DECEMBER 2021**



Source: DHS Data

DHS began SFY21 on July 1, 2021 with 96 open TFC homes. The department ended the period on December 31, 2021 with 95 open therapeutic homes (ITFC/TFC combined), reporting a net loss of one therapeutic foster home. Of the 96 ITFC/TFC homes open on July 1, 2021, 16 were no longer open by the end of the period.

**Efforts to Expand Recruitment of TFC/ITFC Homes**

Through most of this report period, DHS contracted with six agency partners to recruit and manage TFC and/or ITFC homes, including one agency that was newly contracted at the beginning of the period in July 2021. This reflects a reduction from the 10 agencies contracted to develop TFC homes just a few years ago. Still, 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 recruitment activities coordinated by DHS to develop new traditional homes. As with outreach activities to recruit traditional foster homes, some in-person recruitment activities continued to be limited during this report period due to the pandemic, but DHS and its agency partners sought to rely on social media, news outlets, the distribution of outreach materials and other forums that allowed for appropriate social distancing. Further, during the last report period, DHS launched a new TFC recruitment campaign, “It Takes All Kinds. Why Not You?” which the department reported was designed to support collaborative outreach, with earned and paid media.

As previously reported, DHS has not abandoned its commitment to build its pool of TFC and ITFC homes managed by private agencies and to explore new TFC contracts with additional agencies to expand capacity. However, recruitment results over the last ten 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 that Oklahoma needs.

DHS' 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, making the successful development of the new EFC program, described further below, vitally important to Oklahoma being able to achieve substantial and sustained progress in this performance area.

DHS' decision to expand its services to provide family-based therapeutic care beyond Oklahoma's 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 can best support their stability, permanency, and well-being. This commitment to create an individualized therapeutic placement for a child currently in or moving to a traditional or kinship home also represents a massive, new undertaking with respect to service delivery, programming, organizational staffing, case management and practice. In fact, DHS continued through the end of this report period, and beyond the period still, to develop and refine the service and operational details of the EFC program.

### **Enhanced Foster Care – Program Description and Development**

DHS reported that during this review period it increased the number of children and foster families participating in the program as the department simultaneously continued to build the staff, practice norms and services necessary to implement all approved EFC placements. In addition to providing an elevated level of DHS casework management and support, the department sought to ensure these five EFC baseline supports and services were in place for children and families in the program: 1) a needs-based treatment plan for the child and family; 2) weekly individual therapy for the child; 3) family therapy or some form of therapeutic parenting services 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.<sup>35</sup>

### **EFC Program Eligibility and Implementation**

DHS' current program description document for EFC includes the criteria to determine a child's eligibility for the EFC program. A child must meet at least one of these eligibility criteria:

- Completed Child and Adolescent Needs and Strengths Assessment (CANS) tool indicates that the child would benefit from EFC level of care.<sup>36</sup>

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<sup>35</sup> 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 (CANS) tool that DHS is currently piloting will be used to support this assessment.

<sup>36</sup> 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 CANS assessment tool designed to help determine the appropriate level of foster care to meet each child's behavioral, mental health and other specialized treatment needs. In DHS' February 2022 Semi-Annual report, the department reported that,

- 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 Enhanced Foster 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, child protective services (CPS) and family centered services (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.

The EFC program can be established in a kinship or traditional foster home where a child is already placed or with a new kinship or traditional foster family identified to provide a first placement upon removal of a child or to support therapeutic care and stability as a child exits a shelter or higher-level setting.

An 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 and planning. The foster parent(s) must also complete 15 hours of the Pressley Ridge<sup>37</sup> therapeutic training modules that are required of TFC-approved homes, as well as any other training deemed necessary to meet the individual needs of each EFC eligible child in the

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in coordination with the Praed Foundation, it would finalize by April 2022 the algorithm of Oklahoma’s version of the CANS. DHS also finalized on November 9, 2021 the contract with the University of Oklahoma Health Sciences Center (OU-HSC) to hire 10 clinical assessors to complete the CANS on a target population of children in care; hiring for those positions began at that time. The department also reported that training on the CANS began with the clinical assessors on board and a team of child welfare program and field leadership staff who will participate in an overtime plan and begin administering the CANS assessment to children currently in or on waitlists for EFC, TFC, ITFC and congregate care placements. DHS plans to first assess the fidelity of the algorithm on these groups of youth before administering it to an expanded population of children in care. The Co-Neutrals will provide an update on the CANS implementation in the next Commentary.

<sup>37</sup> Pressley Ridge training includes lessons that teach families about trauma and child development, childhood mental health diagnoses, therapeutic communication, developing healthy relationships, understanding and changing behaviors, conflict resolution, and managing behavioral crises.

home. Importantly, the Pressley Ridge training states there are three key elements to establish a foster home as therapeutic: active and structured treatment within the home; more intensive treatment through one-on-one adult to child teaching interactions; and treatment parents who are the primary counselors/agents for therapeutic change.

Currently, DHS is focused on implementing the EFC program in kinship and traditional foster homes where eligible children are already placed or where a traditional or kinship foster home has already been identified as an eligible child's placement.<sup>38</sup> DHS is collaborating with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and community-based providers to locate the traditional therapeutic and other 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.<sup>39</sup> 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 supports/therapy, as well as a 24-hour crisis intervention plan.

During this report period, DHS required that staff begin in August 2021 to complete two important implementation components included in the EFC program description: the EFC Service and Support Plan and the EFC treatment team meetings that are conducted every 60 days. DHS has encouraged staff to convene these EFC treatment team discussions as part of DHS' existing family meeting and engagement continuum. These two program elements (EFC Service and Support plan and treatment team meetings) are 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.

As detailed in the EFC program description, the EFC Service and Support Plan outlines each child and family's needs and the service array selected for them. 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 includes 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 respite plan; the crisis intervention plan; and contact information for the treatment team. Further, the treatment team is required to participate in family meetings every 60 days to review the child and family'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

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<sup>38</sup> DHS also intends 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 do not have an identified family placement and are transitioning from higher-level care, placed in or at risk of being placed in a shelter, or on the TFC waitlist.

<sup>39</sup> DHS 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.



review of the child and family's progress in the program, DHS developed forms for each of these required actions, with added language to guide appropriate documentation of information important for each EFC case. Caseworkers are required to upload the completed forms in the resource home's case records.

At the start of this report period, DHS also released for staff review an introductory training video that highlights key components of the EFC program and implementation requirements. This training was developed to help caseworkers and supervisors understand their role as part of a child's EFC treatment team. In part, the EFC program requires 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 child and family's therapeutic needs. Initially, DHS established that any caseworker already assigned a child or foster home participating in the EFC program had to complete the training by August 2021 and that moving forward each time a child and foster home is approved for EFC their assigned caseworker must complete the training within 30 days. Later in the period, DHS decided it would require all Permanency and Foster Care and Adoption staff to complete the training by February 28, 2022 so that moving forward there will be no lag between the time a caseworker must begin to implement the EFC program for a child or foster home and the time that they complete the training. As of this report writing, DHS reported that it was developing a more comprehensive, detailed and interactive EFC training for staff that also reflects changes the department has made to improve the program.

### **EFC Program – Building a Team and Structure**

During this report period, DHS leadership took the important step of significantly expanding its team of staff dedicated to implementing the EFC program. By the end of the period, DHS had filled all but two of 17 permanent positions focused solely on EFC placements and services and later reported it had filled all of these positions as of this report writing. EFC is led by a program administrator and program supervisor who worked together throughout this period to evaluate, adjust and improve programmatic and service elements of the EFC program as well as guide and support five program field representatives (one assigned to each region) and 10 field coordinators (two assigned to each region). The 10 field coordinator positions were newly established and filled during the last three months of this report period. Together, all 15 field positions are in place to support caseworkers statewide and help ensure accountability as the department implements this new, multifaceted program that requires a significant amount of external coordination and oversight of agencies and providers. Already, the new field coordinators, along with the five program field representatives, have brought instrumental focus and support to caseworkers in working with ODMHSAS and providers to reach a resolution when barriers to timely and appropriate services are reported. These field staff have also led efforts to help caseworkers schedule, complete and document their EFC treatment team meetings, which, as noted above, is a new EFC program component required this period, and one that most caseworkers initially struggled to complete on time. DHS' EFC team also continued this period to review case records for the required documentation of treatment plans, EFC Service and Support 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.

## Enhanced Foster Care – Accelerated Enrollment

As the Co-Neutrals reported in their last Commentary, DHS has carried out over the last year an accelerated enrollment of children in the EFC program relative to, and in concert with, the department's ongoing work to develop and build the staff structure, case practice, program and service elements of this new therapeutic placement model. Over one year ago, DHS began to systematically evaluate the appropriateness of the EFC program for any child who is on the TFC waitlist or was 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; has moved from their first family-based placement at the family's request due to challenging behaviors; or, is at risk of disrupting from their current traditional or kinship foster home due to their behaviors or mental health challenges.

DHS presented the following update in its February 2022 Semi-Annual report (page 114):

The EFC Program continues to expand and during this reporting period an increasing number of children and youth received EFC services. From July through December 2021, 724 total children were served. As of 7/1/2021, 392 children and youth were actively receiving EFC services and as of 12/31/2021, 441 were actively receiving these services. During 7/1/2021 through 12/31/2021, 332 children and youth entered EFC and 283 exited.<sup>40</sup>

For some context, while 441 children were in EFC placements at the end of the report period, only 113 children were placed in DHS' traditional TFC program and homes. This comparison highlights not only DHS' swift pace to enroll children and families in the EFC program but also the expansive potential the EFC program offers children in custody and their traditional and kinship foster families to benefit from therapeutic services and care in their homes. DHS reported that of the 724 children and youth served in the EFC program between July and December 2021, 58.4 percent were placed in traditional foster homes, 36.7 percent were placed with kinship families, and 4.8 percent were in another type of foster care.<sup>41</sup>

DHS leadership has taken an inclusive approach to identify and approve children and youth for the EFC program as the department seeks to support children and families who require additional therapeutic services to stabilize a child and placement, as well as help fill a historic gap in family-based therapeutic placements in Oklahoma. The department's decision to accelerate approval of EFC placements (relative to EFC program development) demonstrates its commitment to meet the immediate, identified therapeutic needs of children and their family-based caregivers. However, with such expedited enrollment, DHS has to weigh the risk that not all children in EFC will receive fully and consistently the entire menu of EFC service and support elements until the EFC program is more developed and rooted in practice among DHS staff and their state agency and provider partners.

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<sup>40</sup> As of this report writing, DHS reported that it was in the process of establishing a mechanism and practice to track the reasons children exit the EFC program. The Co-Neutrals will provide an update on this new tracking effort after DHS begins implementation and generates data on EFC program exit reasons.

<sup>41</sup> The other types of foster care are: 13 trial adoptive homes, 13 contracted foster care homes and nine tribal-approved foster homes.

In fact, in the middle of this report period, DHS acknowledged its current capacity limits with respect to DHS program staff (this was prior to DHS hiring most of its EFC field staff) and service availability to support all children who may benefit from EFC. As a result, beginning in October 2021 DHS temporarily paused sending EFC informational emails to caseworkers whose children appeared on various reports as described above, including children who moved from their first placement with the exit reason “placement cannot meet child behavior treatment needs.” While the caseworkers for these children could still request EFC program enrollment for their assigned children, DHS paused sending automatically to the child’s caseworker, supervisor and district director an email about the EFC program that also encouraged the child’s casework team to request an assessment for EFC services. Understanding the lack of capacity in the EFC program, DHS suspended this outreach effort designed to proactively promote consideration of the EFC program for certain children. As of this report writing, DHS had resumed sending these proactive EFC emails to the field starting in February 2022.

### **EFC Case Reviews and Verification**

For the third consecutive period, the Co-Neutrals and DHS jointly reviewed case records of children who were approved for, and participated in, the EFC program during the report period (July through December 2021) to verify they received therapeutic supports and services under the new EFC model. With each round of EFC verification case reviews, DHS and the Co-Neutrals have progressively increased their scrutiny, applying a more in-depth level of review to verify each case. As DHS has progressed over three report periods to implement and dedicate more resources to the program, there are increasing expectations that EFC cases will show greater fidelity to the department’s EFC program description and requirements. In their first review (July through December 2020), DHS and the Co-Neutrals sought to verify for each EFC-approved child that the documentation showed a treatment plan that included individual child therapy, family therapy and a crisis plan and that their foster family was receiving the additional DOC payment. The Co-Neutrals verified 106 children had each of these EFC elements documented in their records for the period of July through December 2021.

For the second review, representing the last review period (January through July 2021), DHS and the Co-Neutrals sought to verify that individual and family therapy (or some form of therapeutic parenting services) were in fact occurring, beyond just being noted in a child’s treatment plan as a recommended or planned service. For this second review, DHS submitted to the Co-Neutrals a list of 220 children<sup>42</sup> for EFC case verification. The Co-Neutrals’ team found that the case records for 107 children showed that the children and their foster families received the baseline service elements of the EFC program, and that child and family therapy services were provided during the period. For the remaining 113 children reviewed in the last period, the Co-Neutrals could not verify the majority (73 of 113) of these cases due to a lack of any identifiable documentation in the child or foster family’s records that family therapy or any other service was in place to guide the family in providing therapeutic parenting services/supports in the home.

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<sup>42</sup> Through its own preliminary data and case record review, the department determined that case records for the remaining children who participated in the EFC program during the last period would not be submitted to the Co-Neutrals as they would not meet the agreed-upon EFC program standards for the second round of verification.

DHS and the Co-Neutrals applied what they called a “phase one level of verification” during both the first and second reviews as DHS continued to ramp up full implementation of the EFC program. As such, the Co-Neutrals did not require that verified cases showed service delivery fully consistent with the child’s treatment plan but instead verified documentation that the services were delivered at some point during the period under review, which were observed to occur at varying levels of consistency. In both the first and second rounds of EFC cases reviews, the Co-Neutrals found all cases DHS submitted for verification showed that the foster family was receiving the additional DOC payment for each EFC-approved child.

For this period and the third round of EFC verification reviews, DHS and the Co-Neutrals applied a new “phase two” tool designed to represent a heightened review standard given the program’s ongoing development. Specifically, the “phase two” tool was designed to verify additional documentation of the service components required by the EFC program, assess each child’s case for greater consistency in the child and family’s therapy sessions and services, as well as whether caseworker monthly contact notes discussed therapeutic progress of the child in the EFC home. The new tool also assessed if the EFC Services and Support plan and treatment team meeting notes were uploaded to each child’s records.

For this first round of phase two verification, DHS submitted for the Co-Neutrals’ review 127 children who were served in the EFC program during the current period of July through December 2022. The Co-Neutral team verified 97 (76 percent) of the 127 EFC-child cases submitted for review and did not verify 30 (24 percent) child cases.

### **Pressley Ridge Training**

DHS requires that each EFC foster parent(s) complete 15 hours of the Pressley Ridge therapeutic training curriculum which, as noted above, is an evidence-based training curriculum required for TFC-approved homes. Throughout the prior and this report periods, DHS experienced significant delays in building the training capacity needed to deliver the Pressley Ridge training to all foster parents participating in the EFC program.<sup>43</sup> For the 127 EFC-child cases that DHS presented to the Co-Neutrals for verification this report period, the department reported that the foster parent(s) in 81 homes (64 percent) had completed or started Pressley Ridge training and 46 homes (36 percent) had not. Despite barriers to provide more Pressley Ridge trainings, DHS forged ahead to deliver EFC services and supports to children and families in the EFC program as the department worked through challenges with training capacity. As such, the Co-Neutrals did not discount an EFC case from this round of verification if all other program elements and services required in this review could be verified with the exception of Pressley Ridge training. However, to be clear, evidence-based therapeutic foster parent training such as Pressley Ridge is a critical component of the EFC program and, moving forward, completion of DHS’ selected baseline EFC training program will be required for the Co-Neutrals’ case verification in future reviews.

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<sup>43</sup> In its February 2022 Semi-Annual report (page 116), DHS reported that as of January 20, 2022 (just after the end of the period), 219 EFC foster parents had completed all their required Pressley Ridge modules, 193 were signed up for a scheduled training, and 97 had begun the training but chose not to finish because they were no longer caring for a child in the EFC program.

As of this report writing, DHS had established a new team of eight trainers who received their Pressley Ridge training certification in May 2022 and are now dedicated primarily to delivering this training to EFC foster parents.

DHS has not set a strict schedule or deadline by when a new EFC foster parent must complete Pressley Ridge training. Of the 97 verified EFC-child cases, DHS reported that 57 (45 percent of 127) children were served in homes where the foster parent(s) completed the required Pressley Ridge training and 40 (31 percent of 127) children were not. Of the 30 EFC child-cases not verified, DHS reported 14 (11 percent of 127) children were in homes where the foster parent(s) completed the required Pressley Ridge training and 16 (13 percent of 127) children were not.<sup>44</sup>

Moving forward with a new, dedicated team of Pressley Ridge trainers, DHS has committed to ensuring that this training is completed along a reasonably established schedule. The newly implemented EFC Service and Support plan guides staff to discuss with EFC caregivers this required training and document a time by when they will complete the training.

### **EFC Case Verification Review – This Report Period**

Overall, case records reviewed during this verification round showed significant progress with respect to documentation of therapy sessions that occurred, including dates and participants (child and/or family), progress notes from therapists and other service providers, and caseworker contact notes showing discussions of the child’s therapeutic progress and challenges. Still, there remains room for progress for each of these areas of case documentation. Further, while the Co-Neutrals observed in this period’s review more documentation of discussions with foster parents about their approaches to respond therapeutically to EFC-approved children in their care, identifying details of the therapeutic parenting services provided to EFC foster parents remains among the most challenging EFC program elements to verify. As noted above, the majority (73 of 113) of EFC cases the Co-Neutrals did not verify in the last report period was due to a lack of documentation of therapeutic parenting services in the home.

### **Child and Family Counseling Services**

Again, for this review period, the majority (24 of 30) of the EFC cases not verified failed due to a lack of documentation of therapeutic parenting services or family therapy in the home. A total of 12 cases were not verified due to a lack of documentation of individual child therapy. Among the 30 unverified cases, six were identified for a lack of sufficient documentation of both therapeutic parenting and individual child counseling services.

For 16 of the 30 unverified cases, the requisite child and family counseling services were not in place until the end of or after the period under review and the Co-Neutrals could not yet assess whether the family and their service providers were on a routine and stable schedule to receive ongoing EFC services. The

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<sup>44</sup>For ten children, DHS reported that the EFC foster parent(s) had started but not yet completed all of their Pressley Ridge training modules: the Co-Neutrals verified the EFC case for nine of these children and did not verify the one other case.

Co-Neutrals have identified these 16 cases as ones DHS and the Co-Neutrals could consider for verification in the next period's EFC reviews if all EFC program elements and services are in place.

### **Crisis Plans**

The Co-Neutrals identified some form of a crisis plan documented in almost all (123 of 127) EFC cases reviewed for this report period. This represents improvement compared to previous EFC verification rounds. However, the quality and timeliness of the crisis plans reviewed highlighted that this important EFC program and support element requires significant improvement. The quality of the crisis plans reviewed varied greatly. In this verification round, the Co-Neutrals more frequently reviewed crisis plans that were thoughtfully developed with details, including: what triggers and/or upsets the child; signs of the child winding up into a behavioral outburst or crisis; positive replacement behaviors; steps that have or have not previously helped the child de-escalate and regulate their emotions; and, importantly, steps both the child and foster parent can take to help prevent and de-escalate a crisis. The Co-Neutrals also found 11 crisis plans that merely listed services or individuals the child or foster parent could call in the event of a crisis with no details on how to prevent a crisis. Five plans focused on a specific crisis situation that previously occurred, such as one involving another child or that happened at school and did not broadly support the child and family in preventing more general crisis scenarios. The case review also surfaced crisis plans that identified what triggers or upsets the child and how those circumstances manifest in different behaviors but lacked the details for helping the child and family prevent or de-escalate a crisis.

Timeliness in developing the crisis plans also remains a concern as children entering the EFC program are usually at risk for behavioral crises and placement instability. The Co-Neutrals identified only 25 crisis plans dated within 30 days of the child entering the EFC program and another 27 dated between 31 and 60 days after the child entered the EFC program. The majority (55 of 123) of crisis plans reviewed were dated more than 60 days after the child entered EFC, with 44 dated more than 90 days after the child's entry into EFC. For 13 children reviewed, a crisis plan was already developed before the start date of the child's EFC placement under review this report period. Importantly, crisis plans must remain dynamic and be updated and adjusted, as necessary, based on the child's changing needs, as well as tailored to each foster family participating with the child in the EFC program.

### **EFC Service and Support Plans**

Case records showed that 115 (91 percent) of the 127 EFC cases reviewed had a documented EFC Service and Support Plan for the child and their foster family, and only 12 did not. DHS began to require during this report period that an EFC Service and Support Plan be completed for each EFC home beginning in August 2021. This plan includes the child's strengths, challenges and needs as well as those of the foster parents, and, among other supports, lists the specific therapy services (including frequency) that would be provided to each EFC-child and their EFC family. The completed EFC Service and Support Plans documented in 115 EFC cases reviewed this period helped to inform the Co-Neutrals' verification decisions as some completed plans provided clarity around the therapeutic services the child and family were to receive, while some confirmed that family therapy or therapeutic parenting services were not yet defined or planned for the family. Moving forward, DHS will need to ensure quality and complete documentation

in the EFC Service and Support Plans, as well as timeliness. It is important that these plans are completed early within each EFC-approved case, around the 30-day mark, so that the child's treatment team has clarity around what services will be provided and when they will be provided, and if planned services will sufficiently support therapeutic care in the home as required under the EFC program.

### **EFC Treatment Team Meetings**

As noted above, DHS also began this period in August 2021 to require that Treatment Team Meetings (TTM) be held 30 days after a child enters the EFC program and every 60 days thereafter. The Co-Neutrals' review found that 123 of the 127 child cases reviewed documented at least one TTM completed by the time the Co-Neutrals' case review was completed. Only four child cases did not have a completed TTM but each of these four cases was still verified as an EFC case this period as the children exited the EFC program close to the time TTMs were first required.<sup>45</sup> The remaining 123 children had at least one TTM completed.

The case review showed that 47 children had their first TTM within 30 days of the required timeframe, 40 had a second TTM within 30 days of the required timeframe and 21 had both their first and second TTMs completed timely. Overall, the records showed significant improvement in the timeliness and thoroughness of these meetings toward and after the end of the period as DHS' EFC program coordinators assigned to each region have established a routine practice helping caseworkers to schedule, organize and lead these treatment team discussions. The TTMs are an essential new component of the EFC program designed to ensure the appropriate therapeutic treatment and support services are in place for each EFC-approved child and their foster family. The EFC case reviews this period found TTMs documented with quality discussions among the child's team (primarily the foster parents, their service providers and DHS caseworkers) regarding the child's progress and ongoing challenges, services provided since the last TTM, and any additional (or changes in) services and supports the family or child may require. The documented TTMs played a key role in supporting the Co-Neutrals' verification of the majority of cases reviewed this period.

At the same time, the case reviews revealed EFC program areas that should receive more detailed discussion and documentation. First and foremost, more attention should be given to documenting the specific counseling or therapeutic parenting services and guidance the family receives to provide trauma-informed care to each EFC-approved child in their home. As previously noted, verifying the frequency and type of family therapy and therapeutic services in the home remains the most challenging aspect to verify in an EFC case. Already recognizing this fact through their own case reviews and self-assessments, DHS developed at the end of the report period a new TTM form to help better guide and document these team discussions, with a new section titled "Therapeutic Parenting." Instructional language in the new Therapeutic Parenting section of the TTM form includes these prompts:

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<sup>45</sup> For one case, although the foster parent and child ended participation in the EFC program close to the time TTMs were first required, the foster parent continued throughout the period and after to provide therapeutic care in the home as the foster parent is a child psychologist who continued to assess the child's therapeutic needs and provide trauma-informed care. For the other three children (a sibling group), they were adopted by their EFC caregiver and exited care shortly after TTMs were first required.

- Does the resource family understand the child’s trauma history and its impact on the child’s behaviors?
- What specific coaching, services, supports were identified to assist the family in providing a therapeutic environment for the child?
- Has the family completed the required Pressley Ridge training or any training that enhances their ability to provide appropriate therapeutic responses to the child? If they have completed training, discuss the information learned and how it is applied to their parenting?

To help monitor and assess each EFC-child case, DHS has requested that every service provider involved in an EFC case submit monthly progress notes that include the date of each counseling session completed (or cancelled/rescheduled) for the month, who participated in each session (child only, family only or child and family together) and therapeutic progress, challenges and needs assessed during these sessions. Here too, the quality and consistency among providers in completing and submitting these reports vary. In line with DHS’ ongoing EFC program refinements and development, the department, in partnership with ODMHSAS, developed an EFC Monthly Progress Report form for providers to complete, making clear the information DHS wants to receive. This new Monthly Progress Report form is also intended to support these EFC service partners by providing clarity and guidance around DHS and ODMHSAS’ expectations for the EFC program. DHS began using this form with providers after the end of this report period. The Co-Neutrals will provide their observations of these completed forms in the next round of EFC verification reviews.

### **EFC Program Areas Requiring Focus and Improvement**

The service provider progress notes found in the case records for this review, as well as caseworker contact notes and other EFC documentation, revealed three areas that require the department’s focus: 1) improving the timeliness and ongoing consistency of service delivery; 2) ensuring foster parents understand from the beginning the requirement for them to actively participate in some form of service that guides them to provide therapeutic parenting and care in their homes; and, 3) ensuring that caseworkers are trained and supported to provide an elevated level of trauma-informed case management for children and foster families in the EFC program.

### **Improving Timeliness and Consistency in Service Delivery**

With respect to the first area, timeliness and consistency of services, case records frequently showed delays to start services, including child and family counseling and creating a crisis plan. These delays appeared to result for various reasons, including a lack of service availability where the child is placed and a lack of more proactive coordination and communication among DHS, the foster family and service providers. Inconsistencies and gaps in service delivery and schedules were also found among the cases reviewed. Cancelled child and family counseling sessions were common with both service providers and family members missing appointments, which can be expected from time to time. This seems especially likely during a pandemic, as the Co-Neutrals found at least 12 cases where services were missed or delayed due to Covid. However, some cases documented significant time gaps in counseling sessions often due to changes in service providers or assigned therapists, as well as a lack of available service professionals.



## **Ensuring Therapeutic Parenting Services Are in Place**

The case records indicated that greater clarity is needed regarding the second area for improvement, foster parents' understanding their role as a therapeutic intervention and their receipt of services to support them in this role. In addition to ensuring foster parents understand their role to provide enhanced, therapeutic care, DHS must regularly confirm and clearly document in case records that foster parents are receiving the guidance necessary for each EFC-approved child in their care. Importantly, as noted above, EFC case records examined this review period showed significant improvement in documenting family counseling sessions and discussions with foster parents about their approach to trauma-informed care and to helping a child develop their own coping skills. At the same time, many cases lacked clarity about what specific guidance foster parents were receiving to provide therapeutic care based on the specific trauma and needs of their EFC-placed foster children. DHS has long referred children and families for services through ODMHSAS' System of Cares that provide wrap around services in the form of care management and coordination with the family as well as counseling services. This case review identified a total of 71 cases that noted "WRAP" as the form of service provided to the family under the EFC program. Nineteen of the 71 cases found to document WRAP services also specifically noted that the family participated in counseling services. The other 52 cases only noted WRAP as the family service provided and there was other supporting documentation of discussions regarding what trauma-informed techniques the foster parents have learned and are using in their homes. However, many of these 52 cases only noted generally that the family participated in or received WRAP services, making it unclear if the family received the necessary guidance to provide therapeutic care in the home.

As noted throughout this section of the Commentary, DHS has continued to develop training, tools and program adjustments to strengthen the EFC program design and implementation, such as the new TTM form that includes a guided section on therapeutic parenting and the new EFC Monthly Progress Report for providers to complete, which specifically asks what therapy modality is used and "How is the [foster parent] involved in the child's treatment?" Further, DHS recognized through its own case reviews and ongoing daily management of EFC cases throughout the state that more work is needed to clearly define how therapeutic parenting is occurring and supported in the home, especially when WRAP is broadly identified as the primary family treatment service. The department's EFC team notified the Co-Neutrals of this concern and is working with ODMHSAS and service providers to ensure the appropriate level of services and support is provided to each EFC-approved child and family.

This case review showed that establishing and communicating clear expectations for everyone who participates in a child's EFC treatment team remains an important area for improvement to help ensure the success of a child's participation in the EFC program. This also requires that each of the key players also understands the roles and expectations of their partners. A case in point is that caseworkers and service providers understand the requirement and goal that EFC foster parents provide therapeutic care to EFC-approved children in their homes, and consistently reaffirm and discuss these expectations and support them in this role. Establishing this understanding and commitment from foster parent(s) at the beginning of an EFC-case is essential.

## **Caseworker Training/Support to Provide Enhanced and Trauma-Informed EFC Case Management**

The EFC program requires more upfront work for caseworkers who are assigned a child or foster home approved for this new therapeutic foster care model. The theory is that this early investment will result in more stable placements, which means fewer disruptions and other crises that can consume the time of a caseworker. EFC cases demand coordinating and tracking the service delivery of multiple providers, participating in additional team meetings, transporting clients to additional appointments when needed, and documenting timely and clearly the new EFC service elements in the child and family's case records. Children and families who are identified and approved for the EFC program are most often confronting immediate, complex and daily challenges to find balance in the child's emotional and mental state and behaviors. Just as the goal is for foster parents to provide trauma-informed care to their EFC-approved children, DHS caseworkers must also provide trauma-informed care and case management to their assigned EFC children and families.

DHS' caseworkers have the primary role of communicating expectations, shepherding the multiple components of each EFC case and, importantly, setting the tone for trauma-informed care to help ensure the traditional or kinship foster home engaged in the EFC program is, in fact, therapeutic as per the expectations of the EFC program.

As noted above, DHS is developing a new, more comprehensive, detailed and interactive EFC training for staff. Again, caseworkers must be well-informed regarding the EFC program, including what is expected of them to manage an EFC case and what is expected of foster parents and all members of an EFC treatment team to advance therapeutic care in a foster home, including setting clear expectations throughout the life of an EFC case. Positively, case records this period showed that caseworkers are more frequently documenting in their monthly contact notes their discussions with children and foster families about the services they are participating in under the EFC program. Still, as noted above, caseworkers need to regularly discuss, confirm and document which services, guidance and/or techniques their foster parents are using to provide therapeutic care to EFC-approved children in their homes. The Co-Neutrals found that monthly contact notes often reported that the family said they felt "supported" and "had everything they needed," with no further discussion about therapeutic parenting in the home. Foster parents may not know what services or support they may need to provide trauma-informed care to a particular child or even what trauma-informed care looks like based on each child's history of abuse/neglect and how each child may or may not cope with their trauma. Helping foster parents understand and ask for the services and guidance they need is key to the success of the EFC program for children and families.

The Co-Neutrals' EFC case record review found that caseworkers also need training and guidance on how to navigate highly complex child cases, beginning with understanding the language they should use in discussing a child's trauma. Caseworkers' monthly contact notes frequently use language related to a child's behaviors as being compliant or non-compliant. Documentation of caseworkers and foster parents' discussions note that a child "acts up," "shows behaviors," or "has an attitude." These behavioral observations are frequently noted after a child's visit with their parent(s), when these visits are cancelled or after other situations that create fear or disappointment for the child. It appears that caseworkers need more guidance on how to discuss these situations with the foster parent and the child. For example, discussions could focus on the fact that visits with parents are complicated for a child and that while they

may enjoy seeing them, it is difficult for the child to transition their emotions afterwards, and then discuss how the foster parents may help. Given that visitation is a regular part of child welfare practice, DHS, in collaboration with its clinical team, could further support caseworkers and foster parents with a set of tip sheets on what could be said to children and foster parents to prepare them before and after visits. DHS could assess other similar occurrences in a child's daily life and case milestones (i.e., termination of parental rights) to provide similar guidance and trauma-informed language for caseworkers and foster parents. Here too, the Co-Neutrals are aware that DHS' EFC program leads are working on new ways to support caseworkers and foster parents in their efforts to expand therapeutic family-based care, including peer support for foster parents. The Co-Neutrals will provide an update on these expanded efforts in the next Commentary.

### **Supporting Placement Stability through the EFC Program**

Placement stability can be a significant outcome indicator that an EFC foster family has built a trusting, positive family environment for a child who has experienced trauma. At the time of this period's verification review in March and April 2022, the vast majority (115) of the 127 EFC cases assessed showed that the child remained in their same foster home where EFC was approved and 84 of these 115 children continued to participate in the EFC program. Ten children remained in the same home but exited care and the EFC program after being adopted by their EFC foster family, and for five children, records showed that their EFC foster families were planning to or interested in adopting them. Understanding the complexity of the trauma and behavioral challenges these children have experienced, this level of placement stability for the majority of EFC children in the case reviews represents positive progress.

Among the 12 children who moved from their EFC placement during this review period, three moved to trial reunification and four moved to another foster home and continued in the EFC program. Only four of 127 children reviewed moved from their EFC placement – all to another foster home – but did not continue in the EFC program.

One youth exited the EFC program when they turned 18 years old and aged out of care. While the youth did not achieve permanency, she wanted to and did return to her home state to live with her birth family. Importantly, however, this youth in her final DHS placement in care, experienced a stable family-based placement with the support of the EFC program. This youth had experienced 16 different placements during her 18 months in care before entering the home where EFC supports were provided. Of the youth's prior 16 placements, only one was family-based and was a TFC home where she remained for approximately one month and then moved to an acute psychiatric hospital when the TFC home could not manage her behavioral health needs. All the youth's other placements were in higher-level settings (including residential care, shelters, group homes and hospitals) with placement changes often prompted by AWOL episodes. With the support of the EFC program and a committed foster parent, this youth finally experienced stability, trust and hope.

The Co-Neutrals also observed cases where the child's stability and apparent well-being in the EFC foster home did not require the full implementation of the EFC program. In some cases, the child and family together may experience their needs being met with only child therapy and the additional financial support that a "difficulty of care payment" provides, or with another reduced combination of the EFC

program elements. The Co-Neutrals encourage DHS to continue to identify what combination of service elements can best meet the needs of each child and their foster family in order to achieve placement stability, permanency and well-being. At the same time, the Co-Neutrals agree with DHS' decision to require that EFC foster parents engage in some appropriate service, therapy or counseling as a key component of the EFC program to ensure the family has the necessary guidance and support to provide therapeutic parenting and care in their home.

### **Continuum of Care**

DHS has undertaken significant steps over the last two years to understand the therapeutic placement and service needs of children in care and to begin building a continuum of care to meet the varying levels of child placement needs in the least restrictive setting. To inform and support the development of this continuum of care, DHS has begun to complete an annual systemwide, population-level needs assessment to identify the levels and types of therapeutic placements children in custody require. DHS also developed new, internal processes, practices and staffing structures to assess and identify the individual mental health, behavioral and other treatment needs of each child and the appropriate placement along a continuum of care that can best meet their needs.

### **Needs Assessment**

DHS has committed to complete a needs assessment annually to identify children in DHS custody with behavioral health needs, project the number (or percentage) of children in care who require homes with therapeutic supports and determine the number of therapeutic family-based placements the department must develop to fill the state's placement gap. DHS completed its first comprehensive needs assessment for SFY21 and focused on both point-in-time placement data (as of July 1, 2020) as well as other available data regarding multiple populations of children whose records indicated a need for therapeutic and other specialized care and services. Data reviewed for this needs assessment included: children receiving 'Difficulty of Care' payments Levels III, IV, and V; children (age 4 and over) with four consecutive elevated [child behavioral health] screeners<sup>46</sup>; 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<sup>47</sup>; children who have disrupted from trial adoption; children involved with mobile crisis response; children placed in levels above foster care settings.

To identify the department's overall need for EFC therapeutic placements for SFY22, DHS again used an inclusive approach by assessing and factoring in numerous data points. To start, DHS reported that as of June 30, 2021, 429 children were identified as needing or currently in the EFC program. In addition, DHS identified another 202 children in care who had participated in the EFC program during SFY21 but exited the program prior to June 30, 2021. Lastly, DHS identified another 90 children who potentially needed EFC services during SFY21 by reviewing other data and program reports, like those noted above, including

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<sup>46</sup> Child behavioral health screeners are a series of questions about a child's behaviors, functioning and trauma responses that permanency caseworkers are directed to ask a foster parent during every monthly visit. Through these questions, foster parents are asked to share their observations of each child in custody placed in their home. The caseworker is required to document in the child's case record the foster parent's responses, which generate a score indicating if the child may require additional mental health services and/or assessments.

<sup>47</sup> 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.

children whose records showed they disrupted from trial adoption or were provided mobile crisis response services during SFY21.<sup>48</sup> All combined, and based on the population of children served during SFY21, DHS projected the need to support 720 children in EFC placements during SFY22.

The 720 children identified in the SFY22 needs assessment represent 6.4 percent of the total population of 11,173 children in care during SFY21.<sup>49</sup> Over time, DHS is also seeking to understand if the department can identify a consistent range with respect to the percentage of children in care at any point-in-time who will likely require EFC placements and supports. This type of finding would also help DHS and its partner agencies understand Oklahoma's needs for therapeutic services to support EFC placements, as well as gaps in the availability of such services in different parts of the state.

Similar to the methodology and approach DHS and the Co-Neutrals have used to establish annual targets for new TFC and traditional foster homes, the department first identified its continuum need, which is 720 EFC placements for SFY22. From there, DHS and the Co-Neutrals applied qualifying factors, including a consideration of the state's current program and service capacity to fully meet the EFC service and case management needs of children who require an EFC supported family-based placement. As EFC is still a new and developing program, DHS and the Co-Neutrals understand that the department's current practice and program capacity, as well as the service capacity of mental/behavioral health providers, limit DHS' ability to fully deliver EFC care to 720 children during SFY22.

As such, to account for current capacity limits within the EFC program, DHS and the Co-Neutrals made the following adjustments to set an EFC placements target for SFY22: 25 percent reduction was applied to the total identified EFC placement need to reach a target of 540 EFC placements (720 minus 180 (25 percent of 720)). Next, considering DHS' ongoing development of this new program, DHS and the Co-Neutrals divided and distributed the target of 540 placements over two fiscal years, thereby setting a target of 270 verified EFC placements in SFY22. DHS and the Co-Neutrals established this target in September 2021, before the parties established this performance area (TFC/EFC) as a Delayed Performance Area Measure under the Covid Recovery Agreement. While the Co-Neutrals are not rendering a judgment this period regarding DHS' good faith efforts to achieve substantial and sustained progress toward this Target Outcome, it is important to review DHS' efforts to assess and identify the state's full need for EFC placements and the methodology used to set a target for this state fiscal year.

While Oklahoma has much work ahead to further expand and deepen this new EFC program and the capacity of DHS staff and agency partners to meet the state's family-based therapeutic placement needs of children who require this level of care, the Co-Neutrals continued to observe progress in the third round of EFC case reviews for this report period. Child records documented foster parents reporting that their treatment plans, counseling sessions and other selected services provided them with coping skills and therapeutic responses to help the children through heightened moments of emotional and mental stress,

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<sup>48</sup> DHS' analysis of these additional groups of children identified 363 children who potentially required EFC placements. These additional groups also included children who experienced placement instability due to behaviors, had elevated child behavioral health screeners, had AWOL episodes and/or had a case plan goal of PAPP. However, upon further review, including a review of the case records for these children, DHS found that only 25 percent (approximately 90) of the 363 identified children actually needed or could have been served through the EFC program.

<sup>49</sup>

cognitive agitation, and an inability, at times, to self-regulate. 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.

As previously noted, DHS and the Co-Neutrals' ongoing, joint case record reviews of the therapeutic supports and services provided to children in the EFC program will continue to expand and look to verify even greater levels of consistency in the delivery of therapeutic services and fidelity to the department's EFC program expectations and requirements. This period, DHS continued to show its commitment to build the resources necessary to improve and grow this program and ensure consistent and quality family-based therapeutic services and supports are provided to every EFC-approved child and their foster parent(s).

## **B. Permanency (6.2, 6.4 Metrics)**

### **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. Because the 6.2 Metrics are Delayed Performance Area Measures under the Covid Recovery Agreement, the Co-Neutrals this report period will not render a judgment regarding DHS' efforts to achieve substantial and sustained progress toward the Target Outcomes for these measures. However, this Commentary includes the performance outcomes, as well as ongoing and new activities DHS is undertaking to advance permanency for children in custody. As noted above, the modifications to the CSA under the Covid Recovery Agreement are meant to allow time for the department, as well as its child welfare partners, including the courts, to recover from the systemic impacts of the pandemic on the timely achievement of permanency for children in DHS' custody.

DHS does not independently make the final decision regarding a child's permanency outcome. Every permanency decision or recommendation the department makes must be approved by the courts and according to the courts' schedules. DHS found last year through an analysis of its permanency data that a common thread among children who achieved super timely permanency within seven months was the timeliness of their court hearings and for many children, as previously reported, their permanency was delayed during the last two report periods as the pandemic caused court hearing backlogs and continuances across the state. These delays were identified most predominantly among children who had a goal of adoption, as their progress toward permanency was placed on hold at each stage that required court action, starting with the pandemic-induced backlog of jury trials that are often required to terminate parental rights and establish a child as legally-free for adoption.

DHS' child welfare data showed that over the two-year period of April 2019 to March 2021, there was a 30 percent decline in the monthly average number of children who became legally-free for adoption, who entered trial adoption and who achieved permanency through a finalized adoption. As the court system strove to resume a more normal, pre-pandemic schedule over the last year, DHS reported that the backlog in court hearings, as well as residual delays in the legal process for achieving permanency through

adoption caused by the virus, still linger in the permanency outcomes reported for this performance period.

As detailed further below, DHS' performance outcome for measure 6.2d (permanency between 36 to 48 months) showed a sharp decline of over 10 percent, dropping from 55.7 to 45.6 percent since the last report period. For this measure, most of the children who achieve permanency do so through adoption. However, DHS has clearly demonstrated the ability to perform well under this Metric, having achieved the Target Outcome of 55 percent in five of the last seven report periods, including last period. This indicates that other pressures and factors are impacting the department's ability to sustain the Target Outcome and, as noted above, the department's data has shown that the effects of the pandemic have caused delays in permanency, especially exits to adoption. It is for this reason that the Parties included the 6.2 timeliness to permanency measures as Delayed Performance Area Measures to allow DHS and its partners, including the courts, to work through any ongoing, reverberating delays experienced from the pandemic.

### **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 a 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 17 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 17: 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
<b>Permanency within 12 months (6.2a)</b>	55.0%	35.0%	40.5%
<b>Permanency within 12-23 months (6.2b)</b>	75.0%	44.2%	43.6%
<b>Permanency for children in care 24 months or longer (6.2 c and d combined)</b>	6.2c - 70% (24-35 months)	6.2c – 50.3% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d – 45.6% (36-48 months)	

Source: DHS Data

DHS’ current permanency outcomes in the context of the current national standards show that DHS has made significant progress for Metrics 6.2c and d compared to states across the country, exceeding the equivalent national standards. For Metrics 6.2a, permanency within 12 months, DHS’ performance outcome for this report period is below the national standard and for 6.2b, the department is slightly above the national standard for permanency within 24 months. The following summaries and tables detail the baseline, performance-to-date and Target Outcome for each of the 6.2 Metrics.<sup>50</sup>

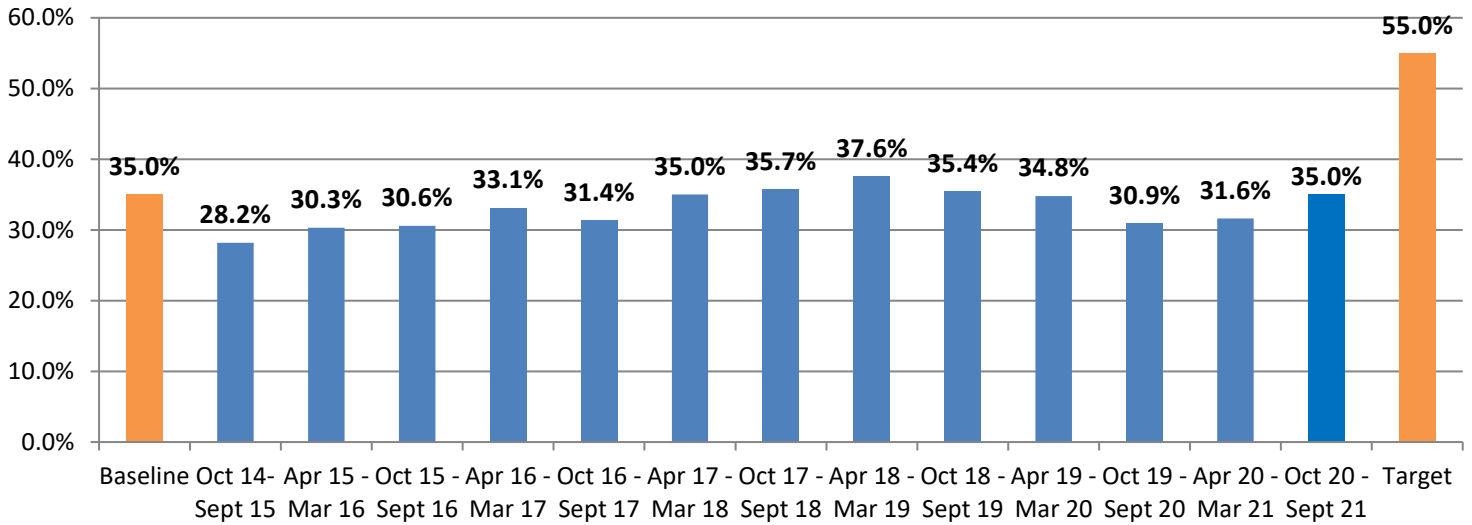
**Metric 6.2a, Permanency within 12 months of removal**

For the last two report periods, DHS presented data and case records that showed court hearing continuances resulting from the COVID-19 pandemic caused delays to permanency exits under this measure, placing the department below the baseline performance of 35 percent for each period. This period, DHS reported an increase in the 6.2a measure from 31.6 to 35 percent, which places the department’s outcome right at the baseline performance for permanency within 12 months. Specifically, DHS reported that of the 1,849 children who entered foster care between April 1, 2020 and September 30, 2020, 647 children achieved permanency within 12 months of their removal date, which represents a permanency achievement rate of 35 percent for Metric 6.2a.

<sup>50</sup> The Co-Neutrals counted in the 6.2 Metrics children who in their 12<sup>th</sup> month of care entered trial reunification as having achieved permanency.



**FIGURE 23: METRIC 6.2A - PERMANENCY WITHIN 12 MONTHS OF REMOVAL**



Source: DHS Data

**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 in custody. Of the 647 children in the 6.2a cohort who achieved permanency within 12 months this period, 528 (82 percent) were reunified with their families. The reported percentage of permanency exits through reunification dropped to 55 percent between 12 and 24 months as detailed in the 6.2b section; and further decreased to 30 percent once a child entered their third year in custody as shown in Metric 6.2c below. As a result, DHS understands the critical need to have 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-21	Mar-21	Sept-20	Mar-20	Sept-19
<b>Reunification</b>	82% (528)	82% (513)	83% (554)	77% (542)	77% (609)
<b>Adoption</b>	8% (51)	6% (38)	8% (52)	14% (95)	10% (81)
<b>Guardianship/Custody to Relative</b>	10% (68)	12% (75)	9% (63)	9% (64)	13% (105)
<b>Permanency Total</b>	100% (647)	100% (626)	100% (669)	100% (701)	100% (795)

Source: DHS Data

Since the beginning of Oklahoma’s child welfare reform effort and through this report period, 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 several Commentaries, the Co-Neutrals have reflected on the department’s reported efforts over six years, starting in July 2016 when DHS began to implement numerous strategies focused on engaging and supporting parents who were working to reunify with their children and to achieve this goal within 12 months. DHS demonstrated over this extended timeframe 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, it was not until the period that ended one year ago (September 2020) that DHS began to fully focus the department at all levels and comprehensively develop a game plan to achieve timely permanency within 12 months by supporting birth families toward reunification with early and meaningful engagement.

DHS’ more focused plan advanced three key actions. First, 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 records for all children who entered trial reunification between January 2020 and September 2020. The Co-Neutrals and DHS have previously presented the findings from this and another case review noted below. However, we outline these findings again in this Commentary as it is important to maintain an understanding of these analyses and more fully appreciate key factors that impact timely permanency and the department’s renewed and focused efforts to improve timeliness to permanency.

In its summary analysis of the January to September 2020 permanency data, DHS reported, “Data shows that of children exiting to reunification, they are most likely to return home within the 1<sup>st</sup> month, at month 7 or after the 22<sup>nd</sup> month. Since there is a clear distinction that after the 7<sup>th</sup> 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 the likelihood for these ‘super’ timely reunifications.”

DHS analyzed numerous data points for the 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 children who returned home within seven months, DHS conducted a case record review of 74 children from the 6.2a and b cohorts for the 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 6.2b cohort and reunified within 13 months, barely missing the 12-month permanency goal for measure 6.2a. In the final summary of this analysis, 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 within 12 months, the department found that parent engagement was delayed in some cases by six months after removal.

These two analyses completed a year ago were 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. Two and a half years ago, DHS also informed the Co-Neutrals that the department had found substantial, statewide underperformance in caseworkers completing their required monthly visits with birth families. DHS has since taken action to address this significant deficiency in case practice.

### **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 reassessed its 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 caseworker/parent visits, the department established a 95 percent completion target<sup>51</sup> 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.

The Parent Visit Report shows a total percentage of all documented parent engagement efforts, including attempted, completed, and parents with documented contact exceptions. While completing contacts with parents is the desired goal, DHS reported that it included attempted contacts in the total percentage to monitor all casework efforts to engage a parent, including efforts to identify, locate and visit parents.<sup>52</sup>

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 on how to use the Parent Visit Report 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. During the last review period, in March 2021, DHS began to require all permanency caseworkers to document 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.<sup>53</sup> DHS reported that its leadership team receives and reviews monthly the Parent Visit 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. In its February 2022 Semi-Annual report (page 67), DHS reported:

Regional and statewide accountability plans regarding worker/parent contacts were implemented in March 2021 as part of the 6.2a Monitoring Plan. The accountability plan requiring explanations for missed worker/parent contacts was modified after several months of maintaining high percentages of completed contacts, averaging 94.2 percent, in April – November 2021. Beginning in August 2021, only the districts falling below the 95 percent target are required to report their explanations for missed contacts.

Also, during this report period, DHS updated its KIDS data system and designated a field in a child's case record where caseworkers are required to document their monthly visits with a Parent Contact Summary.

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

<sup>52</sup> 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.

<sup>53</sup> 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.

This update to the data system was completed in October 2021 and DHS reported efforts are underway to begin supervisor evaluations of the quality of their assigned caseworkers' contacts with birth parents.

Further, during this report period, DHS requested coordinated assistance from the Oklahoma Department of Corrections to help caseworkers schedule regular discussions with incarcerated parents of children on their caseload. These two Oklahoma departments are in the process of establishing a data sharing agreement to support this effort.

### **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 at 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.

Last year, 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 required time frames for family meetings 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 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 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 state's 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."<sup>54</sup> Based on staffing capacity, the department next implemented this one family-same facilitator practice region-wide in Regions 3, 4 and 5. During this report period, DHS finished rolling out implementation of this practice in the remaining Region 1 districts and added one additional Region 2 district, leaving four Region 2 districts to staff and fully implement these facilitator-guided family meetings

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<sup>54</sup> DHS February 2021 Semi-Annual Report, page 64

by the end of the period. As of this report writing, DHS had fully implemented this practice in every district across the state, finishing with the last Region 2 districts in April 2022.

DHS continued to create a staffing and operational structure (facilitators, a Family Meeting Continuum (FMC) lead and supervisors, and an FMC planning group and sub-groups) to implement this family engagement effort. These efforts include: training staff; having the FMC lead complete and enter into the Qualtrics data system a qualitative review of at least five family meetings per week using new fidelity review tools; building the practice through sub-groups focused on additional training needed for staff and community partners; and, seeking input from families through parent surveys. During this report period in September 2021, the department began to send a new monthly report to regional leadership generated from data in the KIDS system that shows all completed family meetings and highlights any that are overdue based on a previously identified due date. The report also tracks parent participation in these meetings. To build accuracy in this family meeting report, DHS added Family Meeting Continuum as a purpose type that caseworkers can select when entering their contact notes for each family meeting. DHS acknowledged that this new FMC practice, with more frequent family meetings and designated facilitators, requires the ongoing focus of program and field leadership to ensure its success. To this point, DHS found this period that the participation of supervisors in family meetings is inconsistent. DHS reported that it plans to evaluate and maximize the use of FMCs and supervisor participation in these meetings through its upcoming quality assurance reviews of FMCs.

To help advance the success of this effort, DHS also reported that during this report period its CQI team and a permanency planning program field representative were trained on the FMC fidelity review process to gather additional qualitative information regarding implementation of this new practice.

DHS' new Family Meeting Continuum is intended to help parents be successful and timely in their efforts to reunify and establish a safe, stable and thriving environment with their children. As such, DHS worked with the University of Oklahoma during this report period to develop a Hope Centered Approach to the department's family meetings practice. As part of this effort, DHS created a guide, A Hope Centered Family Meeting Continuum, for use by all (families, DHS and other child welfare supporters) who participate in the family meetings with a focus on two key components to a family's success: Pathways and Willpower. In the guide, DHS presents the question, "How do we create pathways for families to reach their goals?" In response, DHS lists: resources, community-based services, casework, courts, and foster parents. For Willpower, DHS poses the question, "How do we support the motivation of families to achieve their goals and build hope?" In response, the guide notes, "The family is the expert, identifying strengths, supports and mutual accountability." The guide further proffers that when families react with anger, despair or apathy, it represents a lack of hope. On the other hand, the guide explains (with tips included) that when hope is nurtured through a trauma-informed practice, families can begin to believe that their "future will be better than today and [that they] have the power to make it so." Reinforcing with staff that they must help create the pathway for families to timely reunification and that they can help inspire hope and willpower in parents to achieve reunification is an important effort to elevate case practice and hopefully improve permanency outcomes moving forward.

## **Family Time**

During the last report period, DHS began efforts to implement statewide a new “Family Time” practice to promote early, frequent and intentional quality visits with children in custody and their families. The Family Time practice model charges staff to consider establishing the least restrictive supervision for these visits at the outset of a permanency case, including unsupervised visits as soon as the department assesses that such visits can occur safely. Initiated first as a pilot in Tulsa, DHS expanded Family Time training to all other areas of Region 5 in January 2021 and the other four regions thereafter with all regions trained by October 2021 during this report period.

DHS presented information about Family Time to tribal and court partners and has developed a Family Time brochure that can be shared with the courts and other partners. DHS’ brochure highlights research findings that report children with more frequent contact with their parents:

- exhibit fewer behavioral problems and show less anxiety and depression;
- are more likely to have higher well-being ratings;
- adjust better to out of home placement; and,
- are more likely to reunify with their families with shorter lengths of stay in custody.<sup>55</sup>

Further, DHS developed a Family Time tool to support safety discussions between caseworkers and families during family meetings and to focus the conversation on actual safety threats that must be addressed and specific steps to ameliorate these conditions. DHS reported the tool is designed for caseworkers to review and update during all family meetings and monthly visits with parents.

## **Detailed Tracking of Variables that Impact Timely Reunification**

As detailed above, DHS’ review last period of 594 children who reunified with their families between January 2020 and September 2020 identified several common variables that appear to impact a child’s likelihood of returning home timely and within 12 months. Based on this review, DHS developed a data management tool to monitor every child in a 6.2a cohort against six factors. The six factors that DHS began to track and monitor during the last report period 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). In March 2021, DHS began to produce a new monthly 6.2a monitoring report for review by every region’s deputy and district directors. The report identifies children who have multiple flags, which, based on the indicators DHS selected, include a past due family meeting or Initial Meeting or a child experiencing changes in their assigned permanency worker. District directors are required to hold follow-up meetings with their supervisors to establish heightened accountability for children in the 6.2a cohorts and guide staff to provide 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.

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<sup>55</sup> DHS’ Family Time brochure attributes these research references to: Cantos & Gries, 1997 and Hess, 2003.

## **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 if a child's case plan goal remains reunification.

As noted above, PSC timeliness was added as a factor that is flagged on the 6.2a Monitoring Report if past due. DHS reported that as of December 7, 2020, 622 children were overdue for a PSC. DHS reported a sharp reduction over the following six months, with 62 PSCs overdue on June 28, 2021, and then documented a slight increase, with 116 overdue PSCs at the end of this period (December 27, 2021) while still maintaining a substantial decrease in overdue PSCs compared to one year earlier (116 vs 622).

As the department has focused on expanding parent engagement and holding itself accountable in this area, DHS made changes during this report period to its PSC form and fidelity review tool to guide and assess specific discussions related to quality parent engagement and parent-child visitation, including Family Time. The PSC form was updated to review: the possibility of guardianship or a concurrent case plan goal; increased utilization of the safety threshold in safety recommendations; and increased accountability and intentionality of action items established during a PSC. Adjustments were also made to the PSC tools and process to allow the department to track and assess practice trends down to district, supervisor and caseworker levels.

## **Proactive Efforts to Achieve Permanency Through Guardianship**

During the report period, DHS further expanded efforts to train and guide staff to regularly consider guardianship as a permanency option, including for children who may have a case plan goal of reunification or adoption. As noted above, DHS also now directs staff to assess during PSC discussions if guardianship may serve a child's and family's best interest, even though PSCs are primarily convened to focus on progress toward the goal of reunification. Similarly, DHS now systematically reviews 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 has targeted reviews of Quad 3 children in care for nine or more months and placed in a kinship home, sending monthly emails to regional leadership as a reminder to consider guardianship for these children.

Further, DHS now requires staff to answer two guardianship questions in KIDS when completing adoption criteria staffings for a child and identify if guardianship has been discussed with the family connections in a child's life.



In partnership with the Foster Care Association of Oklahoma (FCAO), DHS last period made available and required all child welfare staff to review a video session that features a discussion on frequently asked questions about guardianship. As a result of this training, staff requested a live, interactive video session to ask their own case specific questions about guardianship. The first session was held in May 2021 and continued monthly as a statewide live Town Hall until August 2021, when the sessions were changed to regional Town Halls to support discussions about local barriers and more child specific questions.

As previously reported, DHS also increased the subsidy rates that it provides to families who establish legal guardianship with a child in DHS custody to be consistent with those provided to families who foster a child in DHS custody.

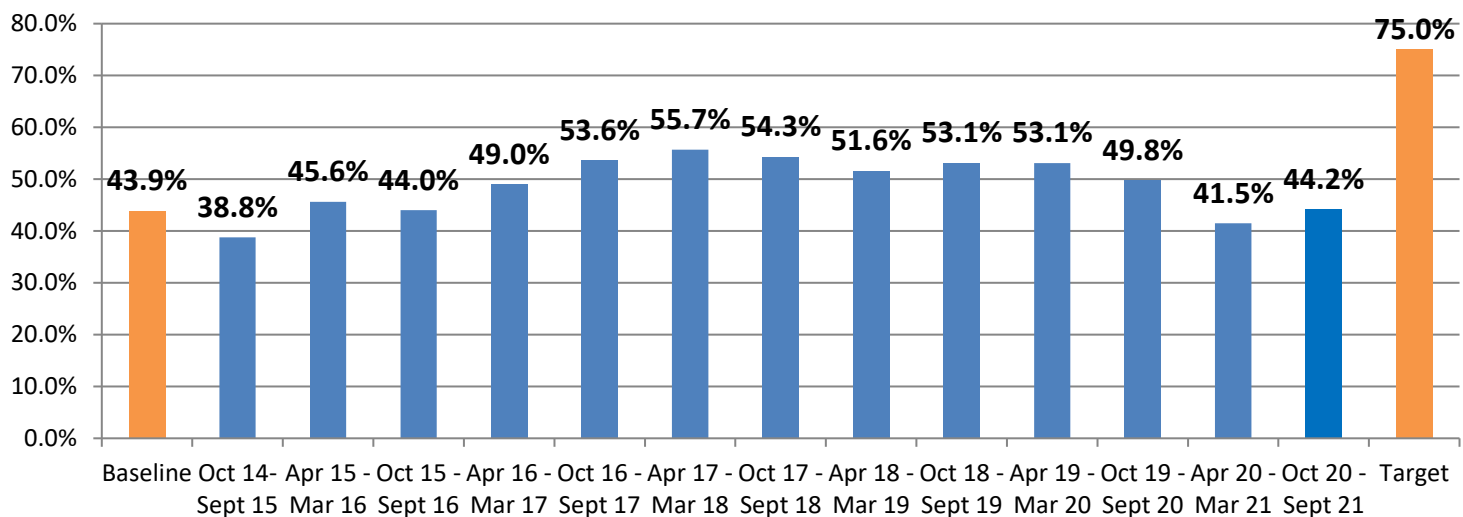
### **Working with Court Partners**

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 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. The department has provided its court partners information regarding the dashboard's functions and how to utilize it to look at their district's outcomes.

During this report period, DHS collaborated again with its Oklahoma Court Improvement Project (CIP) partners to begin a second five-year targeted effort to increase permanency within 12 months with a focus on three new districts: Cleveland County, Lincoln County and Bryan County. These three counties were selected for this round of the project based on, in part, their showing three consecutive report periods with lower than the state's average performance outcome for Metric 6.2a. County judges from these three districts agreed to participate in this joint project. As previously reported, DHS implemented from 2017 through 2019 a similar CIP effort with court administrators and judges, which also focused on three jurisdictions (Adair, Pottawatomie, and Canadian counties) to assess permanency outcomes and improve permanency exits within 12 months. Based on a cohort of 144 children from these counties who entered care between October 2017 and March 2018, DHS reported improved permanency outcomes within 12 months. As with this last CIP pilot effort, DHS reported that the focus again for the new CIP, three-county effort is to increase parent engagement as well as establish a shared understanding of a safety threshold for determining when reunification remains viable and is appropriate.

**Metric 6.2b, Permanency within two years of removal:** DHS reports that of the 1,467 children who entered foster care between April 1, 2019 and September 30, 2019, and stayed in foster care for at least 12 months, 649 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 44.2 percent for Metric 6.2b and an increase from the outcome of 41.5 percent reported last period. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent.

**FIGURE 24: METRIC 6.2B – PERMANENCY WITHIN 2 YEARS OF REMOVAL**



Source: DHS Data

Adoption has long been the primary permanency outcome for children in the 6.2b cohort as indicated by the data outcomes shown in Table 19 below. However, for this and the last report periods there was a shift as most children in this measure who achieved permanency exited care through reunification with their families. This period, 55 percent (356 of 649) of the children who achieved permanency were reunified, last period 50 percent (271 of 538) exited through reunification, and in the prior period it was 39 percent (279 of 715) of children in the cohort who were reunified. As reported in the Co-Neutrals' last two Commentaries, many children who were positioned to achieve permanency through reunification had their permanency exits delayed by one to three months due to court delays caused by COVID-19. These children who had the opportunity to reunify timely as part of their 6.2a cohort were instead included in the following 6.2b cohorts and contributed to the increases in reunification exits presented in the current and last report periods.

While DHS reported an overall performance increase of 2.7 percent this period, the detailed data shows a decline in the number and percentage of children who were adopted. The department reported that 244 (38 percent) out of the 649 children in the 6.2b cohort who achieved permanency exited through adoption this report period, which represents a four percent decrease from the last report period and a 14 percent decrease compared to one year ago as shown in Table 19 below.

**TABLE 19: MEASURE 6.2B, PERMANENCY RATES BY REPORT PERIOD  
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 2 YEARS (MOST RECENT ON LEFT SIDE)**

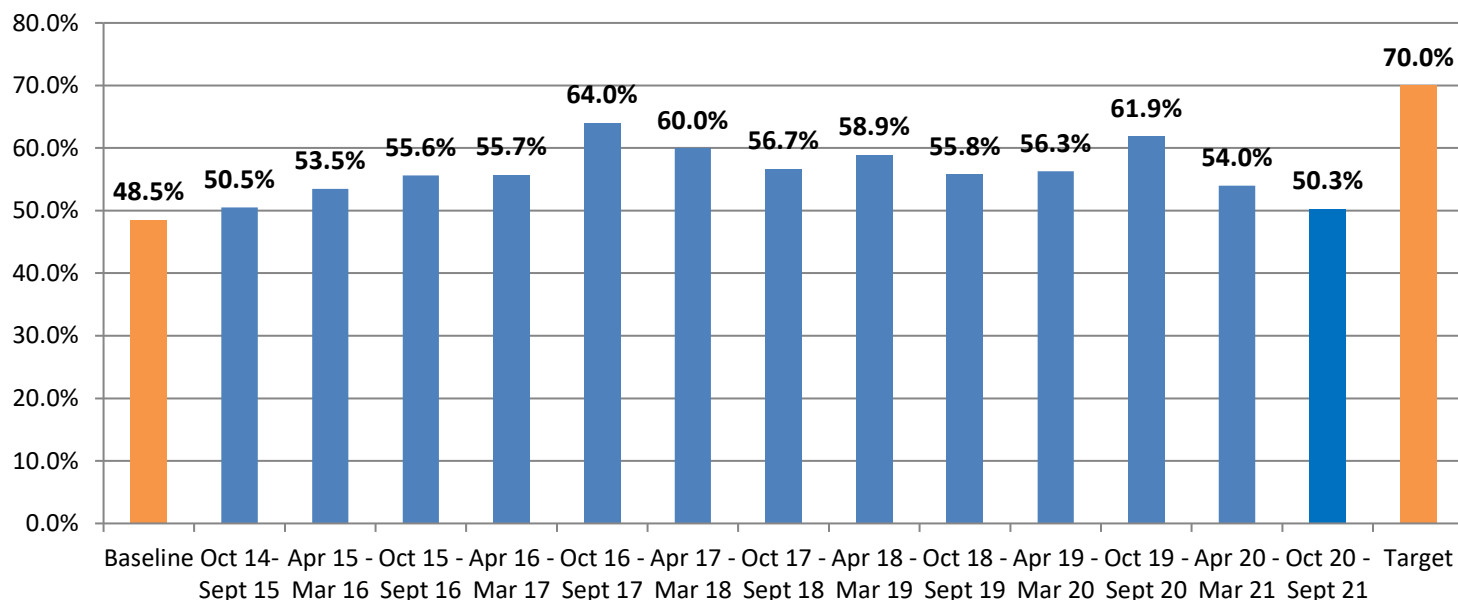
	12-Month Data Report Period End					
	Sept-21	Mar-21	Sept-20	Mar-20	Sept-19	Mar-19
<b>Reunification</b>	55% (356)	50% (271)	39% (279)	40% (273)	40% (313)	43% (335)
<b>Adoption</b>	38% (244)	42% (227)	52% (373)	55% (377)	53% (414)	51% (393)
<b>Guardianship/Custody to Relative</b>	7% (49)	7% (40)	9% (63)	4% (30)	7% (54)	6% (48)
<b>Permanency Total</b>	100% (649)	100% (538)	100% (715)	100% (680)	100% (781)	100% (776)

Source: DHS Data

Every concern outlined above regarding the department’s need to diagnose barriers to timely reunification, hone its strategies and field implementation and engage parents timely and meaningfully are relevant for this measure as well. However, as highlighted in previous Commentaries, it has been DHS’ adoption practice that allowed the department in prior periods to make progress toward the Target Outcome for Metric 6.2b as the permanency goals for children shift significantly to adoption after 12 months in care. Moving forward, as the department and its partners normalize and return to the pre-COVID practices and schedules necessary to achieve timely adoption, the outcomes reported in both this and last period show how important DHS’ efforts to advance timely permanency through all forms of exits are to achieve and sustain progress toward the Target Outcomes for 6.2b and each of the 6.2 measures.

**Metric 6.2c, Permanency within three years of removal:** DHS reports that of the 710 children who entered foster care between April 1, 2019 and September 30, 2019 and stayed in foster care for at least 24 months, 357 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 50.3 percent for Metric 6.2c and a decrease of 3.7 percent from last period for this measure. Here too, as shown in Table 20 below, DHS reported a decrease in permanency exits to adoption for the second consecutive period at the same time exits to reunification for this measure increased. The data and outcome patterns for 6.2c this and last periods follow the same as those reported above for Metrics 6.2a and b: court delays caused by the virus delayed exits to reunification into later cohorts and reduced the number of children timely moving through the required legal processes from termination of parental right to adoption finalization.

**FIGURE 25: METRIC 6.2C – PERMANENCY WITHIN 3 YEARS OF REMOVAL**



Source: DHS Data

Still, adoption is the primary exit type for this 6.2c measure and cohort. Of the 357 children who achieved permanency during this report period, 233 (65 percent) were adopted and 106 children (30 percent) were reunified with their families. Eighteen children (five 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-21	Mar-21	Sept-20	Mar-20	Sept-19
Reunification	30% (106)	20% (62)	18% (74)	17% (70)	16% (66)
Adoption	65% (233)	72% (228)	80% (324)	77% (311)	74% (300)
Guardianship/Custody to Relative	5% (18)	8% (25)	2% (8)	6% (24)	10% (39)
Permanency Total	100% (357)	100% (315)	100% (406)	100% (405)	100% (405)

Source: DHS Data

**Metric 6.2d, Permanency within four years of removal:** DHS reports that of the 241 children who entered foster care between April 1, 2017 and September 30, 2017 and stayed in foster care for at least 36 months, 110 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 45.6 percent and a substantial decrease of 10.1 percent since last report period. Of the 110 children who achieved permanency, 95 (86 percent) were adopted, four (four percent) were reunified with their families and 11 (ten percent) achieved guardianship or were placed in the custody of a relative.

**TABLE 21: MEASURE 6.2D, PERMANENCY RATES BY REPORT PERIOD  
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 4 YEARS (MOST RECENT ON LEFT SIDE)**

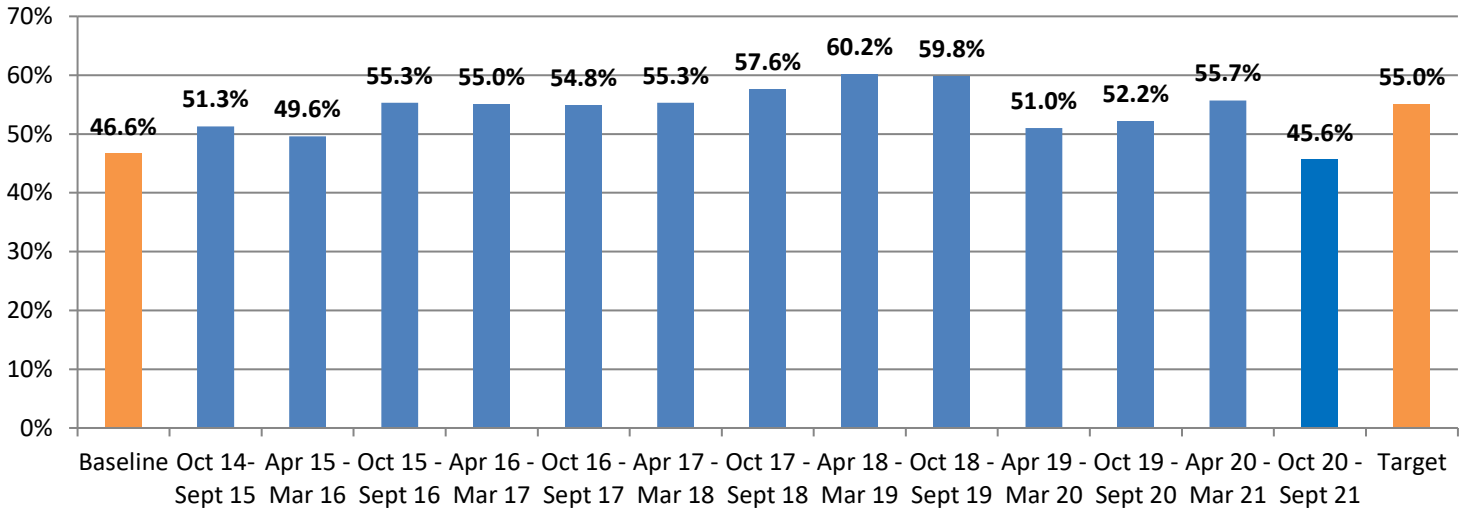
Permanency Type	12-Month Data Report Period End				
	Sept-21	Mar-21	Sept-20	Mar-20	Sept-19
Reunification	4% (4)	10% (16)	15% (24)	4% (5)	10% (19)
Adoption	86% (95)	88% (147)	82% (128)	90% (114)	82% (158)
Guardianship/Custody to Relative	10% (11)	2% (4)	3% (4)	6% (7)	8% (15)
<b>Permanency Total</b>	<b>100% (110)</b>	<b>100% (167)</b>	<b>100% (156)</b>	<b>100% (126)</b>	<b>100% (192)</b>

Source: DHS Data

In contrast to the other, earlier permanency cohorts (6.2 a, b and c) discussed above, DHS did not previously report any significant impact from the pandemic and court delays on the permanency outcomes for children in this 6.2d measure, the smallest of the 6.2 cohorts where adoption is the predominant exit to permanency. In the last report period, DHS achieved the 55 percent Target Outcome achieving a permanency rate of 55.7 percent. DHS reported that the adoption delays caused by COVID-19 and the backlog in jury trials had not yet substantially impacted adoption exits through March 2021 as the termination of parental rights for most children in the 6.2d cohorts had already occurred prior to the beginning of those previous reports.

In Oklahoma every parent has the right to a jury trial before a petition for termination of parental rights is granted and the department reported that the state experienced significant delays convening jury trials because of the pandemic. Further, DHS noted in its February 2022 Semi-Annual report (page 73) that, “Despite court hearings resuming in late 2020, the delay caused by courts shutting down earlier in 2020 continued to impact the number of children exiting to adoption in [calendar year] 2021 due to the many court-related steps for an adoption.”

**FIGURE 26: METRIC 6.2D – PERMANENCY WITHIN 4 YEARS OF REMOVAL**



Source: DHS Data

As mentioned above and presented here in Figure 26, DHS has shown that it has the necessary practice norms and ability to achieve the Target Outcome for this measure, having achieved or exceeded the 55 percent permanency rate during seven of the last 10 report periods, starting with the period ending September 2016. Metric 6.2d is included in the COVID-impacted measures to allow DHS additional time to resume for children in upcoming 6.2d cohorts a timelier progression through the legal steps necessary to achieve permanency through adoption.

**Permanency for Older Legally-Free Youth, Metric 6.4**

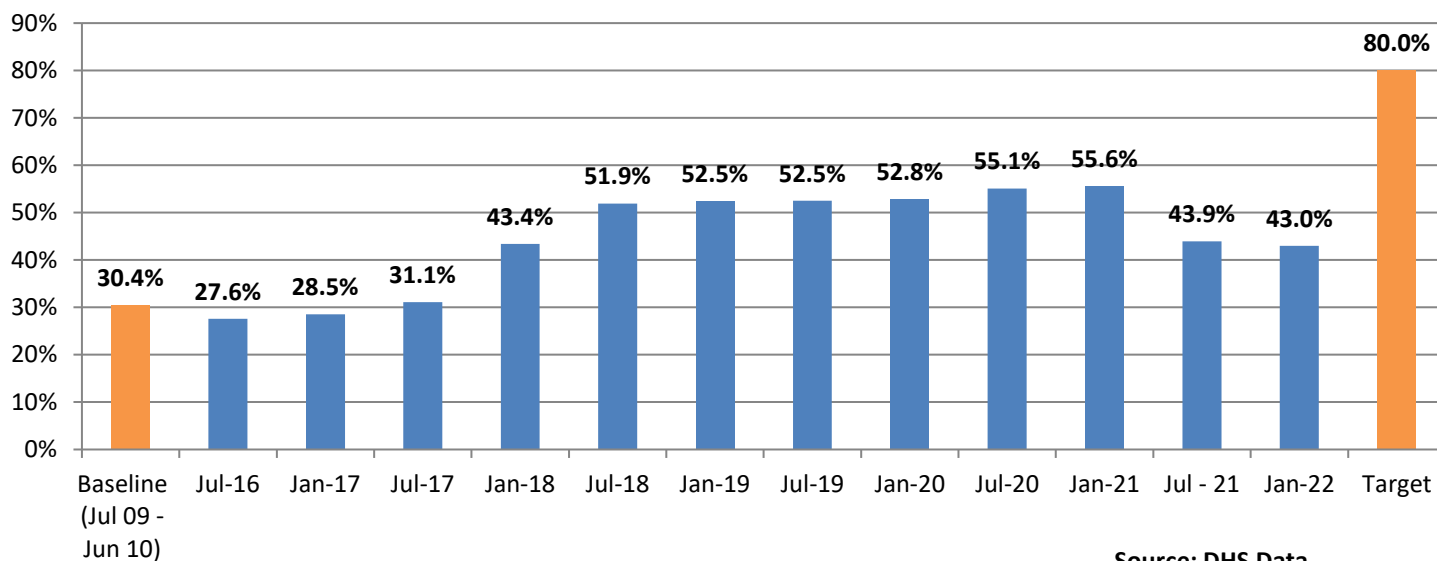
Metric 6.4 includes a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those youth to measure the percentage who exited foster care to permanency, defined as adoption, guardianship, or reunification, before the age of 18. The final Target Outcome 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.

This 6.4 Metric is included in the Delayed Performance Area Measures under the Covid Recovery Agreement. As such, for this report period, the Co-Neutrals will not render a judgment regarding DHS’ good faith efforts to achieve substantial and sustained progress toward the Target Outcome for measure 6.4. Most youth who achieved permanency in the 6.4 cohorts reported during each period of this reform exited care through adoption. As described in detail above, the COVID-19 pandemic has had a significant impact on timely exits to adoption.

For this period, DHS reported that 114 legally free youth turned 16 years of age between October 1, 2018 and September 30, 2019. This period, 49 of these youth, representing 43 percent, achieved permanency

while 65 youth exited out of DHS custody without achieving legal permanency. With 43 percent of the youth reviewed achieving permanency, this is a significant decrease of 12.6 percent from two periods ago when DHS reported its highest performance outcome (55.6 percent) to date for this measure. The 49 youth who achieved permanency exited DHS custody as follows: 39 youth were adopted, nine youth exited through guardianship, and one youth exited through custody to a relative.

**FIGURE 27: METRIC 6.4 – PERMANENCY PERFORMANCE**



As shown in Figure 27 above, DHS began with the data reported in January 2018 to show substantial and sustained progress toward the Target Outcomes for six additional report periods after reporting no progress against the starting baseline for the first four years of this reform.<sup>56</sup> The progress DHS previously reported was the result of marked changes and improvements in the department’s practice standards and efforts to achieve permanency for older youth. However, during the last and this report periods, the department showed a significant decline from the substantial and previously sustained performance outcomes documented for the seven periods reported prior to the period that ended one year ago, September 2020.

### Case Review of Youth Who Aged Out

For this report period ending September 2021, the Co-Neutrals reviewed the case records of all 65 youth in the 6.4 cohort who aged out without permanency. As with previous 6.4 cohorts and case reviews the Co-Neutrals have completed on this measure, child welfare records showed that most of the youth have significant higher-level needs. In fact, of the 65 total youth who aged out, DHS’ 6.4 cohort data sheet identified 59 youth as having some form of disability, 55 youth having emotional challenges, 42 youth with medical challenges and 26 youth presented with mental health challenges. Twenty youth are

<sup>56</sup> DHS began reporting performance data for this metric in January 2014 (20.7 percent), followed by 6.4 outcomes data reported in July 2014 (26.9 percent), January 2015 (25 percent), July 2015 (25.3 percent), and January 2016 (26.2 percent), which are two and a half additional, prior years of performance not included in Figure 27 above.

identified with all the above challenges. Records showed that 14 youth were AWOL for an extended period and/or had multiple AWOL episodes prior to aging out. Of these 14 youth with a record of AWOL, five were also involved with the juvenile justice system. As such, DHS confronted challenges to achieve permanency with this cohort of older youth.

At the same time, the Co-Neutrals identified in these 6.4 case reviews other concerns with respect to structural barriers and case practice that did or may have prevented permanency for youth where the opportunity may have otherwise existed with an identified family or individual. Some specific areas of concern are discussed below.

#### *Children with Developmental Disabilities*

Case records showed that just over 25 percent (17 of 65) of the youth who aged out of care this period were confirmed to have a developmental disability and received services through the Office of Developmental Disability Services, including six youth who were living in a DDS-serviced foster home (i.e., Agency Companion Home) and planned to stay in the same home upon reaching the age of 18. These six youth and their foster families had established, committed relationships. However, case records for eight of the 17 youth eligible for services through DDS showed little or no discussion about achieving legal permanency or guardianship before the youth aged out. For two other youth, the record noted that the youth and/or their caregiving family would lose eligibility for some DDS services at the age of 18 if legal permanency were established with a family.

Upon discussing these case review findings with DHS, department leadership informed the Co-Neutrals that federal funding guidelines for services to support children and adults with developmental disabilities limit the support available if the person eligible for disability services establishes legal permanency with a family. This represents a structural barrier to permanency for legally free youth with developmental disabilities who otherwise have achieved a life-long commitment for housing, care and support from an identified family. However, this barrier is not a new one and had the same limiting impact on permanency outcomes during previous report periods, thereby not explaining the decline in performance during this period.

#### *Loss of Services*

For eight youth reviewed, the youth's records (not including youth with DDS services noted above) mentioned concerns that the youth and/or their prospective permanent family would lose or not receive the full benefit of post-care services and support if adoption or guardianship was finalized. DHS in prior report periods developed information materials to help clarify for child welfare staff, resource families and youth the services available when youth turn 18 years old if they establish permanency through adoption or guardianship. These services include health benefits, college funding, and a subsidy if the youth remained in the same resource home. DHS needs to ensure there is clarity among staff and families regarding any falsely perceived barriers to funding and supports available to youth and families who establish a permanent legal relationship and identify any necessary short or long-term pathways to remove any real, ongoing practice, administrative or even legal barriers that prevent positive permanency outcomes for youth in the state's custody.



### *Return to Birth Parents*

For 15 youth, their records documented their desire to live with a birth parent, and of those 15, seven youth returned to live with their birth family after aging out. In one case, one year prior to the youth's 18<sup>th</sup> birthday, the youth who was living in a Level D group home indicated that they wanted to reunify with their birth mother who was living in another state. This provided ample opportunity for DHS to fully evaluate reinstatement of parental rights and potential reunification. However, it appears that DHS began weekly family therapy sessions with the youth and their mother just one month before the youth turned 18, and when the youth turned 18, they were picked up by their mother and returned to her home state. As explained further below, DHS has taken steps to support permanent reconnections between older youth and their birth families when that is the expressed desire of the youth in custody and their family member(s). This is an important approach as the above case demonstrates that youth who indicate a desire to be reunified can do so, when determined safe, with the support and assistance of DHS or may well find their way back home without the department's assistance.

### **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 27 percent (31 of 114 youth) in the current period. All but one of the 31 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting a 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 strengthened the reviews and requirements to change a youth's case plan goal to PAPP. At the beginning of January 2021, DHS established that a PAPP case plan goal for youth ages 16 and 17 must be approved 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.”<sup>57</sup>

DHS has also assigned a YTS worker to every child with a PAPP goal. This is now a feasible option with the department’s existing YTS positions as the number of children with a PAPP goal has significantly reduced. Further, YTS workers now apply the Wendy’s Wonderful Kids (WWK) evidenced-based 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. As a result of DHS’ commitment to build its statewide YTS 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.

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 15, 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 without a permanency resource. This effort is an important step as the Co-Neutrals have found through case record reviews, as noted above, that some youth at risk of aging out will tell DHS they do not want to be adopted because after reaching the age of 18 they plan to live with a birth parent or other family member, typically someone DHS has denied approval for placement. 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.<sup>58</sup>

As DHS is aware, it is still essential for youth of any age for the department before placement to ensure a complete evaluation of any potential safety risks in a home and that any such risks are addressed and do not present a safety threat to the youth.

DHS also completes multi-level permanency staffings, including the district director, starting when a child reaches the age of 15. Previously, DHS conducted these permanency staffings every six months starting at age 15 through age 16, and then quarterly once the youth reached the age of 17. At the end of the last

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<sup>57</sup> August 2021 Semi-Annual report, page 88

<sup>58</sup> February 2021 Semi-Annual report, page 78

report period, DHS began holding quarterly staffings for youth ages 17 and 16, with these permanency reviews conducted every three months by the regional MDT that now meet weekly. The youth's permanency and YTS caseworkers, supervisors and district directors still participate in these MDT staffings, which DHS reports are designed to address barriers to achieving permanency and identify steps needed to ensure the youth is on a progressive track to legal and relational permanency and adulthood.

During this report period, DHS consolidated several forms used previously by staff to review and plan for permanency options for youth, including teens. DHS developed and distributed in October 2021 a new Permanency Planning Intentional Case Staffing Guide designed for use by the MDTs and supervisors to advance permanency efforts for all children in care, including older youth in the 6.4 cohort who are at risk of aging out.

Also, during this period, DHS' CQI team completed a review of MDT staffing notes documented between July and September 2021 for 83 youth in the 6.4 cohort. DHS reported that the review focused on assessing the MDTs' discussions regarding legal and relational permanency efforts, the creation of permanency-oriented action items, follow up on previous action items and exploration of discussions surrounding reinstatement of parental rights. In its summary of findings from this review, DHS noted the following for these areas assessed:

- *Relational Permanency*: "Relational permanency typically entails the concept of significant, forever relationships which help a child or young person feel loved and connected. Some relationships which could represent relational permanency regardless of a child's placement could be siblings, family friends, extended family, community relationships (pastor, teacher, etc.) and former foster family members." DHS reported that 53 (73 percent) of 73 MDT staffing notes reviewed for this area showed relational permanency was discussed. Ten of the 83 cases included in this review were not considered for this question as the youth was already in a kinship placement.
- *Action Item Creation and Follow-Up*: "In order to keep a continuous momentum working towards a youth's path to permanency, it is paramount to assess what steps need to be taken and put them into action." DHS assessed this question for each contact, "Were action items to achieve permanency documented during this Multi-Level Staffing." DHS reported that 54 (65 percent) of all 83 contacts reviewed indicated that action items were documented.

DHS further reported that, "it is then the expectation of the MDT Lead to follow up on action steps at 14 calendar days and again at 30 calendar days with the specialist, supervisor, and district director." However, the department's review included only 26 of the 83 contacts for this assessment "either due to there [being] no previous staffings held/documented or action items not being created at previous staffings if they were held." DHS found that 12 (46 percent) of the 26 contacts included in this assessed area showed documented efforts to complete or follow-up on previous action items.

- *Reinstatement of Parental Rights:* DHS reported that according to Oklahoma Statutes, “a child 14 years of age or older may, by an application signed by the child and the child's attorney, request the court reinstate the parent's previously terminated parental rights when the: (1) Child was previously found to be a deprived child; (2) Parent’s rights were terminated in a deprived proceeding under Title 10 or 10A of the Oklahoma Statutes; and (3) Child has not achieved his or her permanency plan within three years of a final order of termination.” Sixty of the 83 contacts were assessed for this area. DHS expanded the review to look at prior MDT staffings for the 60 children reviewed, which led the CQI team to identify a total of 18 children (30 percent) who had an MDT staffing where reinstatement of parental rights was discussed.

Beginning with the period ending in September 2016, DHS reported for seven consecutive report periods substantial and sustained progress toward the Target Outcomes for this 6.4 measure. Despite DHS’ ongoing and expanded efforts during this and the last report periods, the permanency outcomes for older youth decreased significantly compared to the outcome reported one year ago. As a COVID-impacted performance area, it does appear the pressures of the pandemic have impacted these outcomes. At the same time, DHS’ own, self-initiated reviews, along with the case review completed by the Co-Neutrals this report period, show that the department still has work ahead to further refine implementation of its case practice and strategies to achieve permanency for youth who may present significant challenges to legal permanency but who deserve every effort and opportunity to achieve permanency.

**APPENDIX A: "AGREEMENT TO AMEND THE COMPROMISE AND SETTLEMENT AGREEMENT AND PARTIALLY SUSPEND GOOD FAITH REPORTING ON SELECTED PERFORMANCE AREA MEASURES."**

**AGREEMENT TO AMEND THE COMPROMISE AND SETTLEMENT AGREEMENT AND PARTIALLY SUSPEND GOOD FAITH REPORTING ON SELECTED PERFORMANCE AREA MEASURES**

Reference is hereby made to the Compromise and Settlement Agreement between the Parties dated December 15, 2011, and approved by the United States District Court for the Northern District of Oklahoma by Order dated February 29, 2012, Case 4:08-cv- 00074-GKF-FHM Document 778 (the "Settlement Agreement"). All defined terms hereafter used shall have the meanings ascribed to them in the Settlement Agreement.

Upon the occurrence of all signatures being affixed to this Agreement, the Parties hereby enter into and this Court approves amendments to Sections 2.10(i) and 2.15 of the Settlement Agreement to bifurcate and partially suspend Good Faith reporting on selected Performance Area Measures by and between the Parties on behalf of themselves and as representatives of the Plaintiff Class, Class Counsel, and Settling Defendant (hereafter also referred to as the "Department").

As set forth in greater detail below, the Plaintiff Class, Class Counsel, and the Department, intending to be legally bound hereby, for good and sufficient consideration the receipt and sufficiency of which is mutually acknowledged, request that the Co- Neutrals suspend their twice annual Commentary regarding the Department's overall progress to make Good Faith efforts to achieve substantial and sustained progress (hereafter, "Good Faith Assessments") in the Performance Areas of: 1) Therapeutic Foster Care, and 2) selected Permanency measures identified below.

- (1) **Covid Recovery Period.** It is AGREED by the parties that:
  - (a) Circumstances neither foreseen nor contemplated by the Parties during the drafting and signing of the Settlement Agreement have created conditions that significantly hamper the Department's efforts to positively impact the data metrics for certain performance areas. The continuing impact of the COVID-19 pandemic has drastically hindered both the Department's activities and efforts as well as those of external parties upon which the Department depends to achieve substantial and sustained progress.
  - (b) Until the impact of the COVID-19 pandemic on the Oklahoma child foster care system is more fully understood, addressed, and ameliorated, the Parties seek to hold in abeyance during a "COVID Recovery Period" the twice annual determinations of the Co-Neutrals whether the Department has engaged in good faith efforts to achieve substantial and sustained progress with regard to the following Performance Area Measures (hereafter, collectively referred to as "Delayed Performance Area Measures"):

- (i) TFC Performance Area Measure 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period;
  - (ii) TFC Performance Area Measure Net Gain/Loss in TFC homes for the reporting period;
  - (iii) Permanency Performance Area Measure 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;
  - (iv) Permanency Performance Area Measure 6.2b: The number and percent of children who entered their 12<sup>th</sup> 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;
  - (v) Permanency Performance Area Measure 6.2c: The number and percent of children who entered their 24<sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within three years of removal, by type of permanency;
  - (vi) Permanency Performance Area Measure 6.2d: The number and percent of children who entered their 36<sup>th</sup> month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal;
  - (vii) Permanency Performance Area Measure 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.
- (c) All remaining Performance Area Measures will not be impacted by or otherwise subject to the COVID Recovery Period (hereafter, collectively referred to as “Non-Impacted Performance Area Measures”).
- (d) During the COVID Recovery Period, the Co-Neutrals will continue to provide Technical Assistance as well as validate, report, and comment upon the performance of the Department and its trending for all Performance Area data as it pertains to Delayed Performance Area Measures. The Co-Neutrals, however, will refrain from making any Good Faith determinations of the Department’s efforts as it pertains to Delayed Performance Area Measures during the COVID Recovery Period.

- (a) During the COVID Recovery Period, the Co-Neutrals will continue to provide Technical Assistance as well as validate, report, and comment upon the performance of the Department and its trending for all Performance Area data as it pertains to the Non-Impacted Performance Area Measures. Additionally, the Co-Neutrals will continue to make Good Faith determinations of Departmental efforts in all Non-Impacted Performance Area Measures in the Seventeenth and subsequent Commentaries.
- (2) **Term.** The Parties further agree:
- (a) The COVID Recovery Period shall continue for a period of 18 months and shall be taken into account by the Co-Neutrals when they prepare and publish the Seventeenth, Eighteenth, and Nineteenth Commentaries addressing the Department's activities and efforts during the calendar periods of:
    - (i) January 1, 2021 through June 30, 2021
    - (ii) July 1, 2021 through December 31, 2021
    - (iii) January 1, 2022 through June 30, 2022
  - (b) Absent further agreement between the Parties, the Co-Neutrals shall resume their Good Faith determinations as to the Delayed Performance Area Measures for Departmental efforts beginning July 1, 2022 and shall resume publishing those Good Faith findings in the Twentieth Commentary. For Delayed Performance Area Measures that had not yet achieved two successive years of Good Faith Assessments, the Co-Neutrals will continue to make Good Faith determinations of Departmental efforts until that Performance Area Measure has achieved two successive years of Good Faith Assessments, inclusive of all assessments made prior to the initiation of the COVID Recovery Period. Upon resumption of Good Faith Assessments and after Delayed Performance Area Measures have collectively achieved two successive years of Good Faith Assessments, they will no longer be subject to any validation, reporting, comment, or Good Faith Assessment by the Co-Neutrals.
  - (c) Because of the continuing uncertainties posed by COVID 19, the Parties further agree to assess and negotiate in good faith and determine whether the reporting period in which the Co-Neutrals resume their Good Faith determinations of these Delayed Performance Area Measures should be further altered.

- (d) Should the Department continue to achieve Good Faith Assessments by the Co-Neutrals for Commentaries Seventeen, Eighteen, and Nineteen as to the Non-Impacted Performance Area Measures, those Measures will no longer be subject to any validation, reporting, comment, or Good Faith Assessment by the Co-Neutrals. Otherwise, the terms of the original Compromise and Settlement Agreement shall continue to apply.
- (3) **Final Report.** To reflect modifications made to the Co-Neutrals' determinations of Good Faith efforts and their impacts upon the publication of the Co-Neutrals' Final Report, the Parties further agree as follows:
- (a) As referenced in Section 2(d) supra, should the Department achieve successive Good Faith Assessment for all Non-Impacted Performance Area Measures in Commentaries Seventeen, Eighteen, and Nineteen, Commentary Nineteen shall be considered the Final Report for the Target Outcomes of the Non-Impacted Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement for those measures shall terminate.
  - (b) Pursuant to Section 2.13 of the Settlement Agreement and as a demonstration of transparency and sustainability of progress, the Department agrees to report to the Co-Neutrals and Class Counsel, for a minimum period of one year after publication of the Non-Impacted Performance Area Measures Final Report, the data metrics reflecting the Target Outcomes for all Non-Impacted Performance Area Measures.
  - (c) After resumption of Good Faith Assessments by the Co-Neutrals and the Department subsequently achieving Good Faith Assessments for all Delayed Performance Area Measures over a period of two successive years, inclusive of Good Faith Assessments made prior to the COVID Recovery Period, the final Commentary reflecting such efforts shall be considered the Final Report for the Target Outcomes of the Delayed Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement shall terminate.
  - (d) Pursuant to Section 2.13 of the Settlement Agreement, and as a demonstration of transparency and sustainability of progress, the Department agrees to report to the Co-Neutrals and Class Counsel, for a minimum period of one year after publication of the Delayed Performance Area Measures Final Report, the data metrics reflecting the Target Outcomes for all Delayed Performance Area Measures.



- (e) Should the Department submit any request for a Final Report before the conclusion of two successive years of Good Faith findings by the Co-Neutrals, such request must identify whether the Department is seeking a Final Report as to the Delayed Performance Area Measures, the Non-Impacted Performance Area Measures, or both.
  - (f) The Parties retain the right to seek an appeal, in accordance with the Settlement Agreement, as to each and any Final Report published by the Co-Neutrals as referenced above
- (4) **Settlement Agreement.** Subject to the modifications outlined above, all remaining terms and conditions for both the Settlement Agreement and the 2016 Suspension of Final Date for Pinnacle Plan remain in full force and effect.

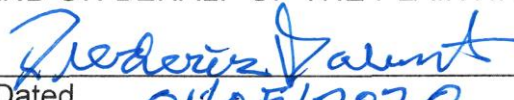
IN WITNESS WHEREOF, the parties hereto have executed this Request in several counterpart originals on the date set forth opposite their names.

FOR AND ON BEHALF OF THE SETTLING DEFENDANT

By   
 Justin Brown, Director, Oklahoma Human Services (Authorized Signatory)  
 Dated 12.15.21

By \_\_\_\_\_  
 Attorney General of the State of Oklahoma  
 Dated \_\_\_\_\_

FOR AND ON BEHALF OF THE PLAINTIFF CLASS:

By   
 Dated 01/05/2020

FREDERIC DORWART  
 FREDERIC DORWART, LAWYERS  
 Old City Hall  
 124 East Fourth Street  
 Tulsa, OK 74103

*Marcia Robinson Lowry*

By \_\_\_\_\_

Dated 01/4/21

MARCIA ROBINSON LOWRY  
A BETTER CHILDHOOD, INC.  
1095 Hardscrabble Rd.  
Chappaqua, NY 10514

- (e) Should the Department submit any request for a Final Report before the conclusion of two successive years of Good Faith findings by the Co-Neutrals, such request must identify whether the Department is seeking a Final Report as to the Delayed Performance Area Measures, the Non-Impacted Performance Area Measures, or both.
  - (f) The Parties retain the right to seek an appeal, in accordance with the Settlement Agreement, as to each and any Final Report published by the Co-Neutrals as referenced above
- (4) **Settlement Agreement.** Subject to the modifications outlined above, all remaining terms and conditions for both the Settlement Agreement and the 2016 Suspension of Final Date for Pinnacle Plan remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Request in several counterpart originals on the date set forth opposite their names.

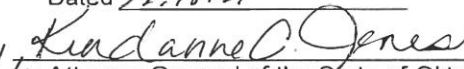
FOR AND ON BEHALF OF THE SETTLING  
DEFENDANT

By



Justin Brown, Director, Oklahoma Human  
Services (Authorized Signatory)  
Dated 12.18.21

By



Deputy Attorney General of the State of Oklahoma  
Dated 12/20/21

FOR AND ON BEHALF OF THE PLAINTIFF CLASS:

By

\_\_\_\_\_

Dated \_\_\_\_\_

FREDERIC DORWART  
FREDERIC DORWART, LAWYERS  
Old City Hall  
124 East Fourth Street  
Tulsa, OK 74103

**APPENDIX B: 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.**

<b>1. MALTREATMENT IN CARE (MIC)</b>			
<b>Metric</b>	<b>Reporting Frequency</b>	<b>Baseline</b>	<b>Target</b>
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

<b>2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES</b>				
<b>Metric</b>	<b>Reporting Frequency</b>	<b>Target SFY 14*</b>	<b>Target SFY 15*</b>	<b>Target SFY 16*</b>
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.

<b>3. CASEWORKER VISITS</b>			
<b>Metric</b>	<b>Reporting Frequency</b>	<b>Baseline</b>	<b>Target</b>
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%

<b>4. PLACEMENT STABILITY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target – by June 30, 2016</b>
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©: 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.



<b>6. PERMANENCY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target</b>
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 <sup>59</sup> , 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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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%

<sup>59</sup> 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.

<b>6. PERMANENCY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target</b>
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%

<b>7. CASELOADS</b>				
<b>Metric</b>	<b>Report Frequency</b>	<b>Standard</b>	<b>Baseline</b>	<b>Target</b>
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		

