

Co-Neutral 15th Commentary
December 2020

Compromise and Settlement Agreement

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

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I. Introduction

This is the Fifteenth Commentary issued by the Co-Neutrals to report progress made by the Oklahoma Department of Human Services (“DHS”) to improve its child welfare system. In order to improve performance for children toward Target Outcomes identified at the outset of this reform effort, DHS must make good faith efforts to achieve substantial and sustained progress in each of the measured areas described in this Commentary. The period covered by this report is January 1, 2020 to June 30, 2020.¹ For this period, the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in 29 of 30 areas. Many of the improvements reported in this Commentary are the result of years of investment, focus and leadership to create a safer and more effective child welfare system. DHS Director Justin Brown and Child Welfare Services Director Dr. Deborah Shropshire have built a strong senior management team that is focused, transparent and deeply engaged in this work. The team possesses the skill and experience necessary to fix long-standing gaps in the state’s placement array for children and advance other critical components of the agency’s Pinnacle Plan, including timely permanency for children in DHS’ custody. The early evidence of their turn-around work includes the first net gains in therapeutic family placements for children in a 12-month period since July 2015, and reverses four consecutive years of compounding net losses. For one Metric, 6.2a, which measures timeliness to permanency within 12 months of a child entering DHS custody, the Co-Neutrals have determined that the department did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcome. As described in greater detail in the body of this Commentary, DHS’ performance outcome for this measure has remained either close to or below the starting baseline performance recorded in 2013. In all other performance measures, DHS continued throughout this period to make good faith efforts to achieve substantial and sustained progress toward the Target Outcomes.

As described throughout this report and summarized in Table 1 below, DHS has achieved substantial and sustained progress in most areas and the Co-Neutrals commend the department’s leadership and staff at all levels for improving outcomes in child safety, permanency and well-being for children and families in Oklahoma. There remain performance areas where more progress is required, particularly where DHS has plateaued or where DHS has struggled to achieve substantial and sustained progress toward the Target Outcomes. Future assessments of DHS’ efforts by the Co-Neutrals will continue to be informed by the agency’s planning and implementation activities to improve its performance. In other words, this current assessment that DHS has made good faith efforts in 29 of 30 areas is neither binding on future

¹ In numerous instances, as described in this Commentary, data and information are only available through March 31, 2020 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In addition, in some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the agency’s performance.

judgments of the Co-Neutrals nor cause for relaxation by DHS. This report represents the collective judgment of the Co-Neutrals that DHS is on the right path in 29 of 30 areas, but the agency must continue to make good faith efforts to achieve substantial and sustained progress in future periods.

As described in detail in this Commentary, DHS has made great progress in important areas, such as child safety and caseloads. There are also areas where DHS must diligently implement strategic shifts in practice, such as shelter utilization for older youth and permanency within 12 months, in order to make substantial and sustained progress toward the Target Outcomes. Without these shifts in both strategies and efforts, the agency risks a plateau in performance or, even worse, a decline. During the last period, which ran from July 1, 2019 through December 31, 2019, the department began to implement new programs and approaches to provide the level of care and services needed for children who require therapeutic supports and services in family-based care. As a result, the Co-Neutrals made a finding the department demonstrated good faith efforts in this performance area for the first time. In many respects, DHS is only at the beginning of its work to ensure that the placement and service needs of children in DHS custody who require family-based therapeutic care are met timely and adequately. The department's leadership team must remain focused, which means tracking performance in real time, observing areas of deficiency and then springing into action to improve performance substantially and sustainably. In areas where the agency has lost ground or plateaued, the Co-Neutrals expect DHS to continue to diagnose the cause, adjust its plans, modify its strategies, and implement practice, program and policy changes as needed.

DHS Response to COVID-19 Pandemic²

During this report period, DHS faced unprecedented challenges as the department, like child welfare systems across the county, was forced to alter certain practices to protect children, families, and child welfare staff from the COVID-19 virus. In March 2020, DHS leadership responded quickly and comprehensively to implement COVID-19 response plans even before a state of emergency was declared in Oklahoma, including expanded virtual visitation opportunities for families, supplemental relief payments to foster parents and other providers, and a specialized field team of 300 staff, equipped with PPE and additional pay, deployed to conduct essential in-person work with children and families. DHS leadership focused on maintaining the necessary social distancing during this pandemic while also carrying out its core mission of keeping children safe, healthy and with their families, whenever possible. DHS

² For numerous measures, including the timeliness to permanency 6.2 Metrics, maltreatment in care and placement stability, the performance outcomes reported for this period represent data only through March 2020. As such, DHS has not identified any significant impact on these outcomes from COVID-19, which was declared a pandemic mid-March 2020.

mobilized 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 in order to move to telework and maintain (and, in most cases increase) contact with and support for children and families.

Included throughout this report is information about specific adjustments in plans and practices that DHS and its partner agencies implemented in response to the pandemic. DHS reported that it prioritized efforts to: maintain contact with children and families through virtual visits (except in emergent situation such as abuse and neglect investigations when face-to-face contact with a child is required); provide any necessary financial and relational support to foster parents and facilities where children in custody are placed; establish constant communication with stakeholders regarding public health concerns and the department's response; and, maintain access to health, therapeutic, educational and court services.

As risk and uncertainties remain and new challenges appear regarding the virus, which can impact so many conditions in the lives of families and the work of the department, DHS has had to maintain extraordinary flexibility in order to support staff, agency partners, families and children with the resources and attention they need. The Co-Neutrals commend DHS for its thoughtful, proactive efforts, small and large. For example, understanding that foster families may confront sudden challenges in maintaining planned childcare arrangements (especially in response to changes with in-person school sessions), DHS approved payments to foster parents for in-home childcare for the children placed in their home. DHS is providing the same financial support for childcare to its caseworkers. DHS reported in its August 2020 Semi-Annual report, "Above all else, CWS takes a stubborn position against allowing a virus to disrupt the future trajectory of children and their families, and commits to tireless creativity in support of staff, children, families, and partners during this historic moment."

Background

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

(Section 2.10 (i)) that, “Twice annually, the Co-Neutrals shall provide commentary regarding the Department’s overall progress as reflected by the [data] reports and shall provide commentary as to whether the Department is making good faith efforts pursuant to Section 2.15 of the Settlement Agreement.”

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

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

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

As required by the CSA, the Co-Neutrals and DHS established the Metrics, Baselines, and Targets Plan (the “Metrics Plan”) on March 7, 2013. For each of the seven performance categories, the Metrics Plan establishes: the methodology for the performance metrics and measuring progress; parameters for setting baselines; interim and final performance targets and outcomes; and the frequency by which DHS must report data and information to the Co-Neutrals and the public. Appendix A provides a summary chart of the metrics for the seven performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and updated through September 2015.³

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

³ 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.

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.

Good Faith Efforts to Achieve Substantial and Sustained Progress

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

The CSA requires the Co-Neutrals to report on those Target Outcomes that DHS has met, those for which the department has achieved sustained, positive trending toward the Target Outcomes, and those Target Outcomes for which DHS has not achieved sustained, positive trending. The following Table summarizes the Co-Neutrals' findings of DHS' progress toward the Target Outcomes and, separately, the Co-Neutrals' assessment of DHS' efforts for each of the performance metrics assessed during this report period.

Table 1: Summary of Target Outcomes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12-month period.	No Baseline: 98.73% Outcome: 99.19% Target: 99.68%	Yes	Yes
1.B: Of all children in the legal custody of DHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	No Baseline: 98.56% Outcome: 98.82% Target: 99.00%	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	No Outcome: 832 Target: 898	Yes	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	Yes Outcome: 91 Target: 54	Yes	Yes
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	No Outcome: 63 Target: 106	No	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
Net gain/loss in TFC homes for the reporting period.	No Outcome: 10 Target: 58	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: 96.8% 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: 94.3% Target: 90.0%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
<p>3.3b: The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge.</p>	<p>No Baseline: 40.65% Outcome: 62.3% Target: 65%</p>	<p>Yes</p>	<p>Yes</p>
<p>4.1a: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.</p>	<p>No Baseline: 70% Outcome: 79.1% Target: 88%</p>	<p>No</p>	<p>Yes</p>

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
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: 62% 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: 34.1% Target: 42%	Yes	Yes
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	No Baseline: 74% Outcome: 79.6% Target: 88%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
5.1: The number of child-nights during the past six months involving children under age 2 years.	Yes Baseline: 2,923 Outcome: 0 Target: 0	Yes	Yes
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Yes ⁴ Baseline: 8,853 Outcome: 1 Target: 0	Yes	Yes
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No Baseline: 20,147 Outcome: 3,915 Target: 0	Yes	Yes
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No Baseline: 20,635 Outcome: 11,425 Target: 8,850	Yes	Yes

⁴ DHS reported one child who experienced one shelter night in this age group, and, as described in the shelter section below, the child met an agreed upon exception of being placed with a sibling group of four or more.

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
1.17: Percent of children 13 and older in a shelter who stayed less than 30 days and no more than one time in a 12-month period.	No Baseline: 33.7% Outcome: 29.9% Target: 90%	No	Yes
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014, the number of children who have achieved permanency.	No Baseline: 207 children Outcome: 87.4% 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
6.2a: 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: 34.8% Target: 55%	No	No

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
6.2b: The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No Baseline: 43.9% Outcome: 53.1% Target: 75%	No	Yes
6.2c: The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No Baseline: 48.5% Outcome: 56.3% Target: 70%	No	Yes
6.2d: The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	No Baseline: 46.6% Outcome: 51% Target: 55%	Yes	Yes
6.3: Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Yes Baseline: 10.3% Outcome: 7.8% Target: 8.2%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	No Baseline: 30.4% Outcome: 55.1% Target: 80%	Yes	Yes
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Yes Baseline: 54.3% Outcome: 75% 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: 96.9% 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	Yes Baseline: 27% Outcome: 93.8% (PIT); 93% Quarterly Target: 90%	Yes	Yes
Supervisors	No Baseline: 58.8% Outcome: 89% Target: 90%	Yes	Yes

Methodology

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

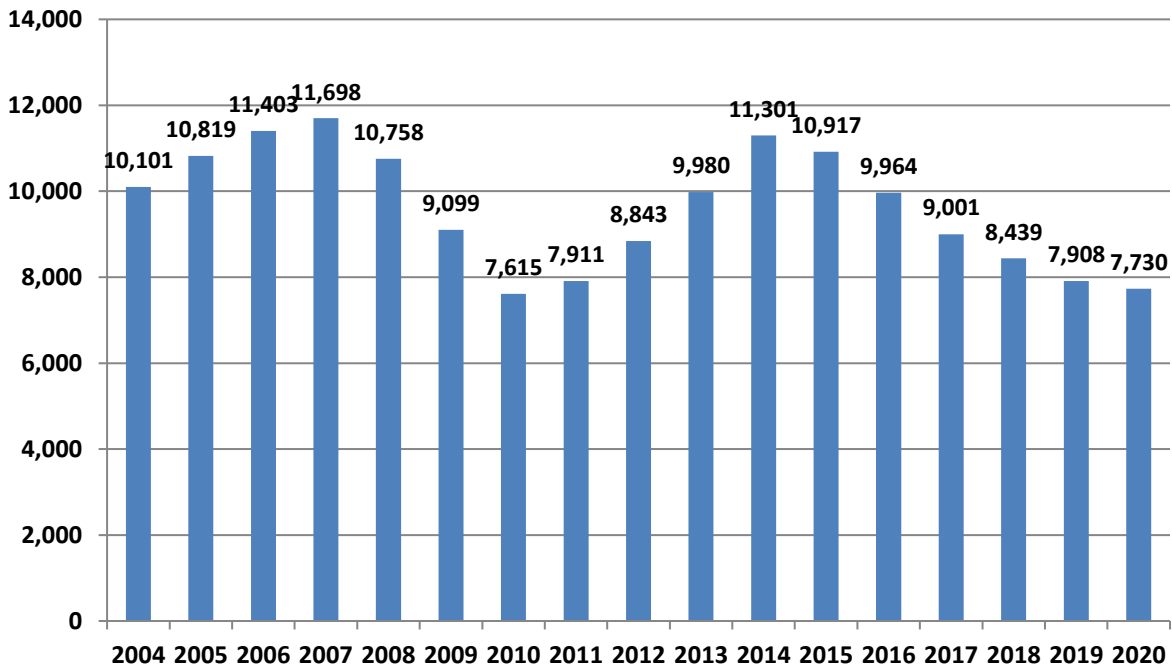
The remainder of this report includes:

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

II. Context Data of Children in DHS Custody

DHS has experienced a steady decline in the number of children in its custody over the last six years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Six years later, on June 30, 2020, there were 7,730 children in DHS custody, a 32 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.

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



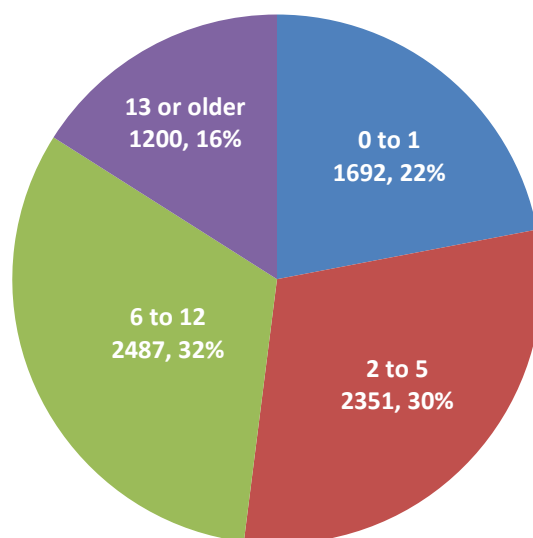
Source: DHS Data

Demographics

DHS' data shows that there were 7,730 children in custody on June 30, 2020, while there were 7,724 children in custody on December 31, 2019.⁵ During the reporting period from January 1, 2020 to June 30, 2020, 1,934 children entered care and 1,928 children exited care.

Young children aged zero to five years made up the largest portion (4,043 or 52 percent). Children aged six to 12 years comprised 32 percent (2,487) of the population in care, and 16 percent (1,200) were 13 years or older, as detailed in the following chart.

Figure 2: Children in Custody on June 30, 2020 by Age Group (Total = 7,730)



Source: DHS Data

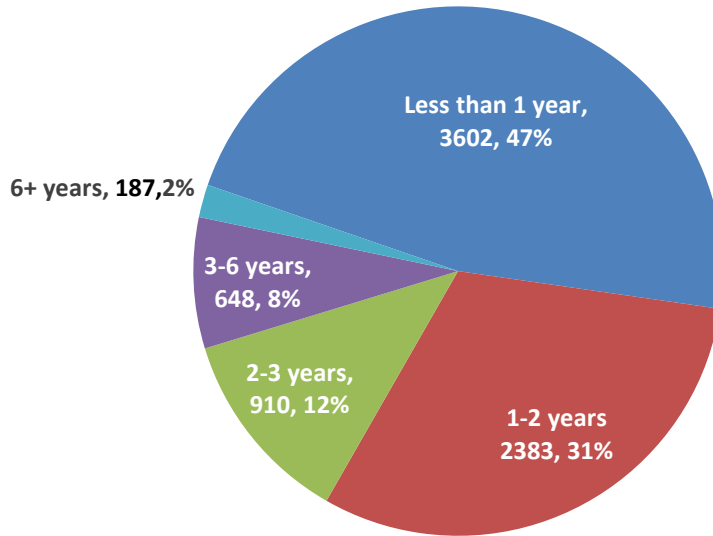
With regard to gender, the population was split almost equally — 52 percent male and 48 percent female. With regard to race, the population of children was 38 percent White, ten percent African American, and seven percent Native American. Overall, 33 percent of children identified as Native American including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 18 percent of children identified with Hispanic ethnicity (and can be of any race).

As presented in the chart below, DHS' data shows that of the children in care on June 30, 2020, 47 percent (3,602) were in care for less than one year; 31 percent (2,383) between one and two

⁵ In the prior commentary, DHS reported 7,719 children in care on December 31, 2019. Due to data entry lag and merged identifying numbers, DHS' data now indicates 7,724 children in care on December 31, 2019. These types of adjustments are common in child welfare administrative data.

years; 12 percent (910) between two and three years; eight percent (648) between three and six years; and two percent (187) for more than six years.⁶

Figure 3: Children in Care on June 30, 2020 by Length of Stay (Total = 7,730)

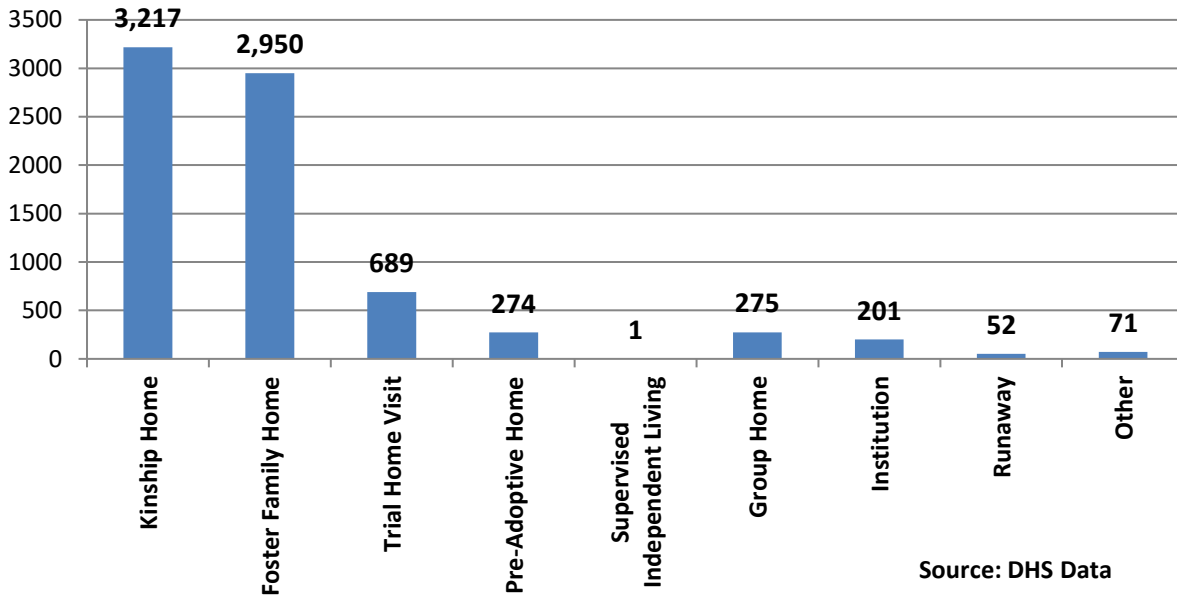


Source: DHS Data

As the following chart demonstrates, 92 percent of children (7,130) in DHS custody on June 30, 2020 lived in family settings, including in relative and non-relative kinship homes (42 percent), with foster families (38 percent), with their own parents (9 percent), and in homes that intend to adopt (four percent). Of children in custody, 476 (six percent) lived in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining one percent resided in unidentified placements (listed as “other” in the table below) or have left care without permission (listed as “runaway” in the table below).

⁶ Percentages in this paragraph do not add up to 100 due to rounding

Figure 4: Children in Care on June 30, 2020 by Placement Type (Total = 7,730)



Of the 7,130 children living in family settings, 1,676 (24 percent) were less than two years old, 2,328 (33 percent) were two to five years old, 2,331 (33 percent) were six to 12 years old, and 795 (11 percent) were 13 years or older. Of the 476 children living in institutional settings, two (0.4 percent) were less than two years old, 12 (three percent) were two to five years old, 124 (26 percent) were six to 12 years old, and 338 (71 percent) were 13 years or older.^{7, 8}

A. Foster Care

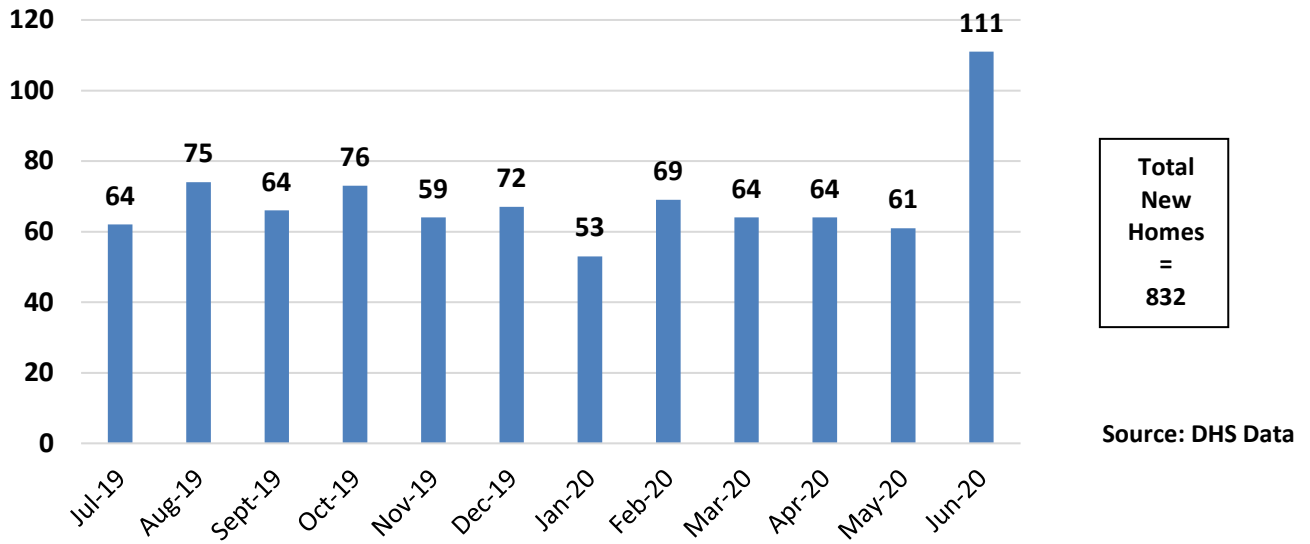
Foster Care Target Outcomes: New Foster Homes and Net Foster Home Gains

For SFY20, DHS committed to develop 898 new traditional, non-kinship foster homes. Over the 12-month period of July 2019 through June 2020, DHS and its private agency partners collaborated with community organizations across the state to recruit and approve 832 new traditional foster homes. This represents 92.7 percent of DHS’ annual target. The Co-Neutrals find that DHS made good faith efforts during this six-month period to achieve substantial progress toward the SFY20 foster home Target Outcome.

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

⁸ One child was living in a supervised independent living program.

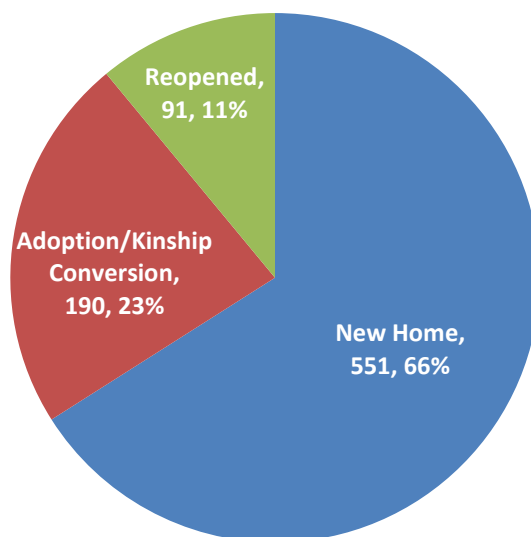
Figure 5: New Foster Care Homes Developed by Month, July 2019 – June 2020



Of the 832 new foster homes approved during SFY20, 551 families (66 percent) were newly recruited by DHS and the private agencies; 190 homes (23 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 91 (11 percent) were DHS resource homes⁹ that were closed for more than a year and reopened during this report period.

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

Figure 6: New Foster Homes by Type, July 2019 – June 2020 (N=832)



Source: DHS Data

To reach 898 new traditional, non-kinship foster homes, DHS committed to develop 475 new homes with its internal foster care recruitment team, and the balance from its contracted agency partners. By the end of the SFY20, DHS had directly developed 421 new homes, representing 88.6 percent of its internal target of 475 new homes. The department established individual goals for each of its five regions and all regions achieved at least 70 percent of their targets, with Region 2 reporting the highest number of new homes approved at 125 and Region 4 approving 110, which exceeded Region 4's target of 99 new homes.

DHS' agency partners developed 411 new homes during SFY20, which represents 97.2 percent of the agencies' combined target of 423 homes. During SFY20, DHS established new home targets with 14 contracted agencies and half (seven) of the agencies achieved or exceeded their individual recruitment goals. Two agencies achieved at least 85 percent of their goals and the remaining five agencies achieved less than 70 percent of their respective targets.

Collaborative Efforts to Recruit and Support New Foster Homes

During this period, DHS reported that its foster care leadership team continued to meet with all the contracted agencies to review strategies the department could implement to further support the agencies' recruitment teams. For the seven agencies that did not achieve their targets, DHS convened additional meetings to review their recruitment plans and efforts and determine what adjustments should be made moving forward. In April 2020, DHS signed a new contract with another private agency, which is the second new contract signed during SFY20, effectively

establishing a total of 15 agencies partnering with the department to recruit and support foster families in Oklahoma.

DHS and its partners maintained joint efforts to continuously monitor families whose progress appeared to have stalled during the approval process in order to timely resolve any organizational barriers. DHS reported that during the six-month period of January to June 2020, 80 families who were in the foster home approval process for more than 90 days were surveyed to understand the reasons for any delays that the department and the private agencies could address. From the 80 families surveyed, 56 reported no agency-specific barriers or that they chose to move slowly due to a variety of personal reasons or barriers, most commonly their schedule, a medical issue or home renovations. Nineteen families reported some process delays, including paperwork, training issues, the family assessment process, and background checks.

DHS reported that despite some families sharing a personal reason for a delay, many of the same families also reported that they were in the final stages of the approval process. Only four families reported that their application was closed due to a personal reason or because their agency denied approval. DHS further reported that a review of all 182 family surveys completed during the full 12 months of SFY20 did not indicate any systemic barriers or concerns. However, DHS plans to continue the surveys to surface and address any case specific concerns that arise and identify any reoccurring issues that may develop in the foster home approval process moving forward.

Recruitment Adjustments During the Pandemic

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

As a result of the pandemic and social distancing, DHS and the private agencies had to adjust their recruitment plans, cancel numerous outreach activities, and significantly reduce direct engagement with the public. DHS and its agency partners shifted efforts and expanded their use of virtual platforms, social media, and other community outlets. Despite these changes that limited foster home recruiters' in-person contact with families, DHS worked diligently and, notably, was able to finish the last three months of the fiscal year (April through June 2020) with the highest number of new homes approved in one quarter compared to each of the three preceding, pre-COVID quarters of SFY20.

Recruiters also increased targeted outreach to families that previously fostered or previously contacted DHS about fostering but did not follow through to explore their interest.

Understanding the unparalleled value of using foster parents as recruiters, DHS previously committed to grow and identify opportunities to coordinate recruitment efforts with foster parents. Prior to the pandemic, DHS had begun to schedule foster parents at speaking engagements and presentations at churches and other community forums to help DHS recruit new families. With social distancing, DHS' recruitment staff videotaped interviews with families about their positive experiences fostering children and posted the videos on social media.

Another COVID-19 barrier the department confronted during this period in advancing the timely approval of new foster homes was the shortage of fingerprint sites as some were closed due to the pandemic. By mid-April 2020, DHS received federal guidance that temporarily allows exceptions to completing a fingerprint search only if a national name-based criminal background check is completed on a prospective foster parent applicant. DHS is required to keep track of these exceptions and still complete the fingerprint background check once an appointment with a fingerprint site is available.¹⁰

Net Gain Target and Performance

DHS' net gain Target Outcome for the full 12 months of SFY20 was set at 54 foster homes and the department well exceeded the target by achieving a net gain of 90 foster homes for the year. Again, despite the challenges that the pandemic presented to recruitment efforts, DHS and its partners rebounded from the first half of the year having reported a net loss of 10 foster homes between July and December 2019 and then reported a net gain of 90 homes by June 30, 2020, the end of the fiscal year.

In addition to the recruitment of new homes, foster home retention is the other determining factor in achieving either a net gain or a net loss. DHS commenced the fiscal year on July 1, 2019 with 2,017 open foster homes and ended SFY20 with 2,107 homes. Of the 2,017 foster homes open at the beginning of SFY20, 709 were no longer open at the period's end, which represents an annual closure rate of 35 percent. This is the fourth consecutive state fiscal year that DHS has positively shown a decrease in its annual closure rate of foster homes reported open at the beginning of the year. Last fiscal year (SFY19), DHS reported an annual closure rate of 38 percent, and in the prior two years, SFY18 and SFY17, DHS reported annual closure rates of 40 and 43 percent, respectively.

¹⁰ As of this report writing in November 2020, DHS recorded and tracked ten fingerprint exceptions: five received fingerprint results; three are no longer seeking foster home approval; one was only recently approved; and, the last is for an individual at high-risk for adverse outcomes from a COVID-19 infection who does not leave the home due to the COVID-19 virus.

Of the 832 new foster homes approved during SFY20, 83 (10 percent) homes closed by June 30, 2020. Since publishing its Pinnacle Plan at the outset of this effort, DHS has achieved an overall net gain in the number of open foster homes. As of June 30, 2020, DHS had 414 more foster homes than on July 1, 2013, when the department reported a starting baseline of 1,693 homes. At the same time, DHS ended the period with 7,730 children in custody, 2,250 fewer than the 9,980 children in custody at the beginning of July 2013.

Efforts to Understand and Reduce Closures Rates

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

Foster Home Closure Reasons Data and Evaluation

As shown in Table 2 below, DHS staff recorded that a total of 829¹¹ homes closed during SFY20, and 257 (31 percent) of the closures were the result of families finalizing an adoption, which is the most frequently recorded closure reason. For 195 homes (23.5 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. Eighteen families (2.2 percent) reported closing their homes because they were displeased with the process of fostering. It was DHS’ decision to close 61 (7.3 percent) of the homes.

Table 2: Traditional Home Closure Reasons, July 2019 – June 2020

Closure Reason	#	%
Adoption Services Completed	257	31.0%
Resource Request- No Desire to Foster/ Adopt	245	29.6%
Resource Request-Family Dynamic Changed	133	16.0%
Resource Request-Medical/ Illness	37	4.5%
Agency Decision	31	3.7%
Agency Decision- Referral/ Investigation	30	3.6%
Resource Request-Moving	25	3.0%

¹¹ DHS recorded a total of 829 foster home closures during this period. However, as noted above, the Co-Neutrals calculated the closure of 709 homes that were open at the beginning of the period and 83 homes that were included in the count of new homes developed during the period. The additional 37 foster homes included in DHS’ total count of 829 closures were opened during the same, current report period but did not meet the criteria established for counting new homes. While these 37 homes are not integrated in DHS’ net gain analysis, the department includes all home closures in their review of home closure reasons.

Resource Request- Displeased with Process	18	2.2%
Other	15	1.8%
Agency Transfer	14	1.7%
Resource Request-Unable to Meet Child's Need	9	1.1%
Resource Request-Placement Preference Not Met	8	1.0%
Respite Only	7	0.8%
TOTAL	829	100.0%

To gather more specific information from families as to why they had decided to close their foster homes, DHS’ Foster Care and Adoption Support Center (FCASC) staff conducted exit surveys with families that voluntarily closed their homes. DHS used a short list of questions to understand what led to the closure, what families found to be most challenging and what families recommend DHS or the private agency do differently to enhance the experience of foster parents. In DHS’ August 2020 Semi-Annual report, the department presented the following exit survey responses gathered from 56 families who voluntarily closed their homes between December 2019 and May 2020:

Information Obtained from the Surveys

- 79 percent reported a desire to focus on his or her own family as part of the decision to no longer foster.
- 64 percent stated they would consider fostering after time has passed.
- 60 percent would recommend or consider recommending fostering/adopting with OKDHS or a contracted agency.
- 42 percent experienced issues with his or her agency or OKDHS that influenced the desire to no longer foster.
- 38 percent would consider fostering in the future if changes were made to the child welfare system.

Positive Aspects of Being a Foster Parent

- 49 percent identified giving back to those in need.
- 45 percent had a good experience with OKDHS or their agency.
- 32 percent reported positively impacting children's lives.
- 30 percent experienced support from their family, friends, and community.
- 6 percent said supporting a birth family through reunification.

Challenging Aspects of Being a Foster Parent

- 92 percent reported the adjustment to being a foster parent, including attachment issues, working with birth parents, lack of support, and time commitment.
- 51 percent stated issues with a caseworker including a lack of information at placement, inability to reach a caseworker in times of crisis, and a lack of response to telephone calls.

- 49 percent indicated issues with the child welfare system including general policies, court processes, inadequate training, and paperwork.
- 43 percent identified the foster child's needs including a child's specific needs related to health, discipline, or behaviors.

Ways to Enhance the Experience as a Foster Parent

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

DHS is committed to gathering foster parent feedback and has decided to shift its survey focus from foster parents who closed their homes to active foster parents in order to proactively address identified issues and concerns. The annual survey will be sent each quarter to one-fourth of all families whose foster homes, including traditional, kinship, TFC and ITFC, are currently open. During this report period, the department conducted a pilot of the new survey, which resulted in 162 fully completed surveys and 41 partially completed surveys. At the time of this report writing in November 2020, DHS had not yet completed an analysis of these new surveys. The department is collaborating with the University of Oklahoma Center for Public Management to finalize and administer the survey going forward. In surveying foster homes that are still open rather than those that have closed, DHS is seeking to take a strength-based and preventive approach to understand what factors lead a family to be satisfied overall in their fostering experience and remain open. At the same time, the survey 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. The Co-Neutrals will provide in the next Commentary an update on DHS' analysis from the new survey and final analysis of the exit surveys.

Supporting Foster Parents to Reduce Closures and Improve Fostering Experience

DHS has made efforts to address the concerns surfaced in foster parent survey responses and improve customer service, communications and supports for foster families. DHS has emphasized 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. In response to the recurring themes in the foster parent surveys, DHS reported these planned efforts to better support and retain foster families:

- Revise and make more comprehensive the placement process and form DHS uses to gather information about a child being placed so that more details about a child's needs and characteristics can be shared with foster parents at the time of placement.
- Expand foster parents' knowledge about and use of the OK Benefits Portal, which contains important information about a child's health, including medical diagnoses, appointments, and benefits, as well as educational history and needs.¹²
- Re-emphasize the importance of foster care and permanency workers communicating with each other before monthly contacts with a foster family.
- Develop a new form, referred to as the Resource Parent Report to the Court, that will give foster parents a voice in court proceedings.
- Prepare a publication for foster parents explaining court processes and how to complete their report to the court.
- Continue to share monthly resource reminders with foster parents, highlighting training opportunities and explaining the supports and efforts underway to address concerns expressed in foster parent surveys.

DHS also continues its collaboration with the University of Oklahoma's National Resource Center for Youth Services (NRCYS) to host 24 foster family support and network groups that cover 32 counties in all five DHS regions. Foster families play a primary role in establishing the time and day for these meetings to accommodate their schedules and setting the meeting agendas, which include in-service training sessions on topics often selected by the families. In response to the pandemic, DHS and NRCYS shifted the meetings of these support groups to a virtual platform for a period of time.

COVID-19 Response

From mid-March 2020 until June 1, 2020, DHS suspended all in-person visits with families and children (except in emergent situations) in order to prevent the spread of COVID-19. DHS mobilized foster care caseworkers to reach out to foster families weekly to offer support and ensure any identified needs amidst the pandemic were addressed. While face-to-face contact with foster parents was significantly limited during the last three months of this period due to the pandemic, DHS made it a quick and focused priority to increase communications with foster parents to support them through these unprecedented times.

¹² Some information about children can be automatically populated into their OK Benefits record, however, some information requires entry by a child's caseworker. As such, DHS must ensure that workers document this information so that OK Benefits serves the intended purpose of supporting foster parents and responding to their concerns regarding lack of information.

DHS marshalled a number of resources for foster parents during this time. The agency sent communications directly to foster parents about DHS' response to the pandemic, explaining how virtual and telephonic visits would be conducted and how to use technology for child/parent visits. Understanding the stress that the pandemic added to all families, DHS teamed with three community partners to provide virtual weekly support groups led by a trained mental health professional. DHS further reported that, "funding was secured to allow emergency relief payments for resource families including TFC families. Each resource home that had placement of a child for the entire month, beginning in March 2020, received an additional \$250 payment the following month. The emergency relief payments were in effect through May 2020." (DHS' Semi-Annual Report, August 2020)

In Oklahoma and across the country uncertainties remain with respect to maintaining regular in-person school sessions through the 2020-2021 school year, as well as other normal activities in light of COVID-19. The public health crisis has and may continue to cause sudden challenges in maintaining planned childcare arrangements for foster families. To support and help foster parents prepare for such challenges, DHS approved payments to foster parents for in-home childcare for the children placed in their home, if needed. DHS' response to COVID-19 reflects an agile, thoughtful approach to adjust policies, practices and services to respond to the needs of foster families, acknowledging the invaluable role they play in the health, safety and well-being of children in custody.

B. Therapeutic Foster Care

Since the beginning of the reform, DHS has struggled to develop and maintain an adequate pool of therapeutic foster care (TFC) homes and to remove barriers that have prevented children with higher-level needs from receiving therapeutic care in family based settings. Last period, the Co-Neutrals found, for the first time, that DHS had made good faith efforts to meet the needs of children in custody who require family-based therapeutic care. The Co-Neutrals have reached the same good faith finding for this report period.

At the beginning of the last report period, DHS' new child welfare leadership team committed to implement significant practice, process and programmatic changes to its TFC program and ensure that more child-focused decisions would be made with respect to TFC authorizations and placements. DHS also committed to expand family-based therapeutic placements, including enhancing therapeutic services and other supports for traditional and kinship foster families caring for children with higher-level needs. Throughout this report period, DHS' leadership team continued to make progress on these commitments. As noted in the Co-Neutrals' last Commentary, DHS has begun to design and build a child welfare system that timely and systematically assesses the therapeutic needs of children in care and ensures those needs are

met, when appropriate, in a family-based setting. In part, this long overdue work began with DHS' current leadership team acknowledging that it can no longer rely solely on its legacy TFC program and TFC agency partners to meet the placement and therapeutic service needs of all children in DHS custody who require therapeutic services and supports but can reside in a family-based placement, especially given the large number of children in DHS custody who are placed with kin. DHS' TFC program and agency partners remain an important part of the department's placement continuum, but there are limits to their capacity. Similar to DHS' decision years ago to recruit and manage traditional foster homes both internally and through private agencies, department leadership is now working to build internally an enhanced therapeutic support program for children placed in traditional and kinship homes managed by DHS, as well as traditional homes managed by private agencies.

As previously reported by the Co-Neutrals, many of the new approaches and changes enacted by the department this and last period represent promising, yet nascent, programs and efforts to meet the therapeutic needs of children in family-based care. Therefore, it remains imperative that DHS leadership is diligent in its continuous assessment of these new efforts and committed to making timely adjustments as needed to achieve substantial and sustained progress in future report periods.

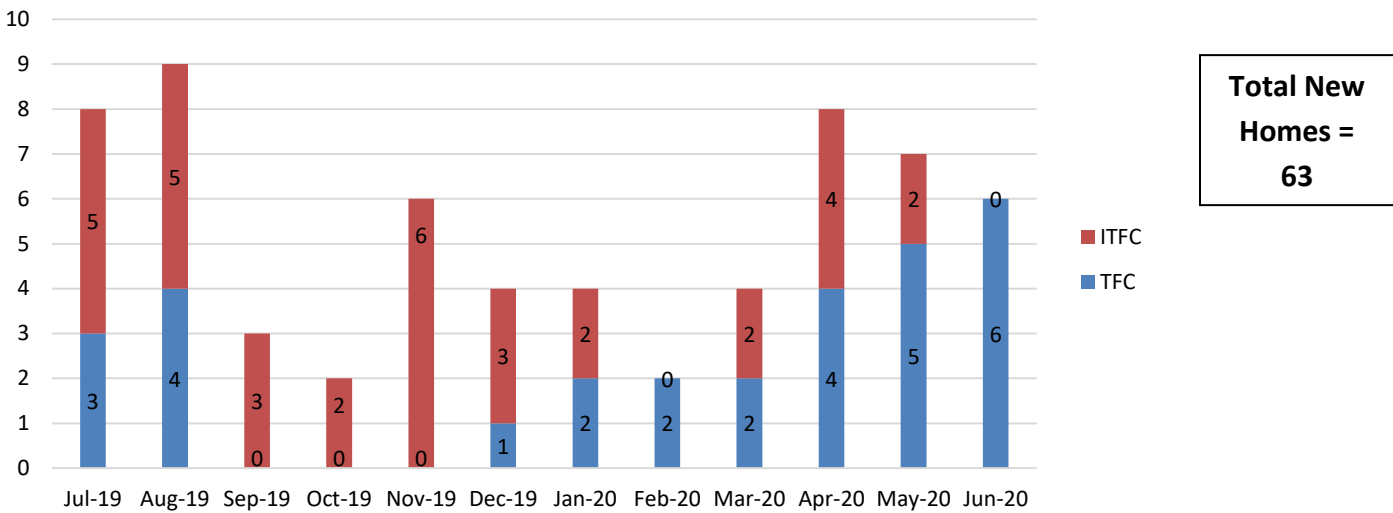
TFC New Home Development and Net Gain/Loss

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

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

The Co-Neutrals accepted DHS' proposed Target Outcome for new therapeutic home development for SFY20, which was set at 106. Of those 106 new homes, 50 were to be Intensive Therapeutic Foster Care (ITFC) homes. During SFY20, DHS reported that the private agencies developed 63 TFC and ITFC homes combined. Twenty-nine of these 63 homes are TFC and 34 are ITFC.

Figure 7: New Therapeutic Foster Homes by Month, July 2019 – June 2020



Of the 29 new TFC homes, 21 were newly developed homes and eight were reopened homes. Of the 34 new ITFC homes, eight were newly developed homes, 14 had been previously opened as a TFC or other type of home and 12 were reopened homes.

TFC Net Gain/Loss

DHS began SFY20 on July 1, 2019 with 97 open TFC homes and ended the year on June 30, 2020 with 107 open therapeutic homes (ITFC/TFC combined), which resulted in a net gain of ten therapeutic foster homes against a net gain target of 58 therapeutic homes (ITFC/TFC combined).¹³ While this net increase is modest, this is the first 12-month period in which DHS has recorded any net gain in therapeutic homes since July 2015 and reverses four consecutive years of annual net losses. Of the 97 therapeutic homes open on July 1, 2019, 31 were no longer open on June 30, 2020, resulting in a therapeutic home closure rate of 32 percent over 12 months.

Development of New ITFC Program and Homes

ITFC has been 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

¹³ Existing TFC homes that are newly approved to also serve as an ITFC home count toward the combined TFC/ITFC new home target but do not count toward the TFC/ITFC net gain since the home was already open as a TFC home. DHS does not close the TFC resource of these homes as they are considered dually approved as TFC and ITFC. This allows a child to remain stable in the same home and step down from ITFC level care to TFC level care when appropriate. If DHS converts a traditional foster home to TFC or ITFC, the converted home counts toward the TFC/ITFC new home target and net gain. However, DHS closes the traditional foster home resource, which counts against the traditional home net gain target for the fiscal year.

and a mental or behavioral health diagnosis. DHS' goal is to be able to stabilize these children and meet their needs in a family setting. The leading tenets of the new model are:

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

The Co-Neutrals reviewed the ITFC placements that children in DHS custody experienced between January and June 2020. The review identified 33 children who experienced a total of 38 ITFC placements, with four children placed in more than one ITFC home.¹⁴ As DHS prioritized the ITFC program for children with very complex behavioral challenges, it was not unexpected that the case review confirmed that these children require intensive care and an extraordinary level of patience, understanding and commitment from their caregivers. Their records show a history of severe traumatization and placement instability, including multiple hospitalizations. The vast majority of the children struggle with aggressive behaviors (31), self-harming and suicidal attempts or ideation (24), non-aggressive problematic behaviors (24), such as eating disorders, and sexually acting out behaviors (17), with many presenting more than one of these challenges.

In 28 of the 38 placements reviewed, it appeared that the ITFC home provided a positive environment for the child and that the managing TFC agencies, DHS and the families made efforts to ensure the child received the necessary therapeutic services and supports based on their individual behaviors and challenges. As of this report writing, five of these 28 children remained

¹⁴ The review included any child in an ITFC placement as of January 1, 2020 and any child placed in an ITFC home between January and June 2019. Some children remained in their ITFC placements after July 1, 2020.

in their same ITFC placement and 11 were able to positively transition to other needs-based home-based placements, including an adoptive home, kinship homes and TFC-level care.¹⁵ For the remaining 12 placements, the children's severe behaviors (including self-harming) led to a disruption despite documented efforts to stabilize the placement, with some requiring 24-hour awake supervision. Among these 12 disruptions, three led to another ITFC placement, four required the child's placement in an acute psychiatric hospital, two involved a psychiatric residential treatment center for the child, two were placed in a higher level group home and one led to a child's placement in a shelter.

In addition to these placement disruptions, four other children were moved from their ITFC placement and were hospitalized due to their self-harming and other severe behaviors. Each of these four children were welcomed back to their same ITFC home; the case notes indicated that a child, in one of these cases, was surprised to go back to the ITFC home as they had grown accustomed to moving so much, especially after the need for a short-term stay in the hospital.

One of these children had experienced 15 placements, including six hospital stays, in the 12 months before entering the ITFC placement reviewed. The child's records show six episodes of self-harming or suicide attempts, including two while placed in the ITFC home. As of this report writing in November 2020, the child is thriving and appears stable in the same ITFC placement of seven months. Case records consistently report that the foster parent in this home is committed to working with the child through therapy sessions, assertively advocates for the child on numerous fronts and provides a calming response to any behavioral concerns with the child.

While 28 placements appeared to make sufficient efforts to provide the services and supports required for each child, sufficiency of similar efforts was less clear in the other 10 placements reviewed. One commonality in these 10 placements was that most of the children had only individualized weekly therapy, with no indication found in the records that the therapy was specialized in any area of concentration. In two placements, it appeared that services, including respite care and assistance with a child's behavioral crisis, were not available when the foster parents needed the support.

Quality, individualized therapeutic services and other supports for children and foster families are key elements to securing a child's stability, permanency, and well-being, especially for children who have experienced severe trauma such as those approved for ITFC-level care. However, as with the specific case noted above, the predominant determining factor that allows

¹⁵ DHS has long allowed TFC families to maintain or accept placement of a child in custody who is not approved for TFC level care: such placements are called companion homes. In the past, this option has been used to allow a child who does not require TFC-level care to be placed with a sibling who does require and is approved for the TFC program. DHS has also used companion placements as noted above: to keep a child stabilized in the same home after they have completed or are no longer approved for TFC level care.

a child to progress toward these goals is the level of understanding, compassion, and commitment a foster parent consistently shows a child. As DHS is aware, this is more likely to occur when foster parents, particularly those designated to care for children with elevated behavioral needs, are well-trained and committed to provide trauma-informed care.

Expanding Supports for TFC and ITFC Families

During SFY20, in October 2019, DHS increased the rate paid to TFC agencies to build their recruitment staff and efforts as well as services to help support and retain TFC and ITFC families. DHS reported that part of the agency rate increase was passed on to TFC families as an increase in the monthly board rate provided for every TFC-approved child placed in their homes. Also, during SFY20, DHS approved, for the first time, paid childcare, including afterschool care, for children placed in TFC homes based on the needs of the individual child and/or family. Paid childcare services have been a long-standing support provided to traditional foster families. Efforts to improve services and supports for TFC families are part of DHS' strategies to recruit, retain and achieve a net gain in the state's pool of TFC homes.

Efforts to Expand Recruitment of TFC/ITFC Homes

Last period, DHS' TFC program staff and Foster Care and Adoptions staff and recruiters began to actively recruit TFC homes through outreach to current traditional foster homes and the recruitment activities coordinated by DHS to develop new traditional homes. As with outreach activities to recruit traditional homes, DHS and its agency partners had to cancel in-person recruitment activities scheduled from April to June 2020 due to the pandemic and rely on social media, news outlets, the distribution of outreach materials and other socially-distanced platforms. DHS reported that some agencies offered bonus incentives to current foster families who helped to recruit new homes. DHS also continued to offer and explore new TFC contracts with additional private agencies to expand current capacity.

Through this period, DHS reported that it continued to participate in regular calls with each TFC agency to provide technical assistance and address any barriers to advance families currently in the TFC/ITFC home approval pipeline.

Improvements in the TFC Authorization Process

DHS and the Co-Neutrals previously chronicled in multiple reports and Commentaries concerns regarding children with mental and behavioral health challenges being denied Oklahoma Health Care Authority (OHCA) authorization for TFC-level care. DHS reported a growing trend in the monthly average percentage of applications denied from the six-month period (May-October 2017) when DHS first began to report monthly authorization data through the end of June 2019. In response to this concern, the Co-Neutrals conducted two case record reviews of children who

were denied TFC authorization by OHCA. The reviews found: concerning inconsistencies in OHCA authorization decisions; a lack of in-depth consideration of each child’s individual needs; and, a high percentage (over 50 percent) of children being denied TFC-level care when many of their case records indicated a need for such additional supports and services. In fact, these case review findings echoed concerns that DHS itself reported about the authorization process. The Co-Neutrals repeatedly urged DHS leadership to elevate their interagency discussions and concerns to address a long-standing lack of coordination and collaboration between the two agencies.

In a marked turn around, DHS’ current leadership team made it a priority to work closely with OHCA and establish a more child-focused process and decision-making approach to TFC authorizations. One result has been a significant decrease in the percentage of TFC/ITFC applications denied, from 52 percent denied during the six-month period ending June 2019 to 36 percent denied for the last six-month period ending December 2019, and further down to 20 percent denied during this report period ending June 30, 2020. See Table 3 below.

Table 3: Applications for TFC/ITFC Placement and Service Authorization

6-Month Timeframe	Monthly Average Applications Submitted	Monthly Average Applications Approved	Monthly Average Percentage Denied
May – October 2017	82	51	40%
January – June 2019	55	27	52%
July – December 2019	49	31	36%
January - June 2020	64	51	20%

Table 3 above also shows that the monthly average number of TFC authorization requests submitted was also on a steady decline from May 2017 through December 2019. As previously reported, the Co-Neutrals learned from field discussions with caseworkers and supervisors that staff had become discouraged from requesting TFC placements due, in part, to the lack of available homes and the increasingly high rate of denials. Last period, DHS established a new strategy aimed at informing and increasing awareness among front line staff about placement and treatment options, including new child-centered approaches to approve and provide therapeutic family-based care for children in custody. For example, DHS and OHCA worked together to revise the TFC/ITFC application and built in more open-ended questions, allowing the child’s caseworker to explain why they believe the child needs a TFC placement and services. Previously, the application contained narrowly posed questions that limited a caseworker’s ability to fully describe the child’s behaviors and therapeutic needs. Further, DHS and OHCA

agreed to a reconsideration process for children denied TFC placement authorization by OHCA to allow DHS to provide to OHCA any additional information obtained to assist in determining whether the child met the medical necessity criteria for authorization.

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

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

During this report period, DHS and OHCA continued their joint efforts to streamline the TFC authorization process. One significant change and prime example of their new cooperative approach is that, shortly after the end of this period, OHCA transferred to DHS the responsibility to make the preliminary TFC authorization decision. This shift not only entrusts DHS with assessing eligibility but also eliminates previous barriers to TFC-placements presented by conflicting authorization assessments between the two departments; it also allows a child to be placed in a TFC home based on DHS' initial assessment. The next steps in the TFC authorization process will continue as previously conducted. The TFC agency that accepts placement of a child based on a preliminary authorization (also referred to as a "sounds like" decision) will begin TFC services and the formal clinical assessment that OHCA will then review to make the final TFC eligibility and authorization decision. As of this report writing, DHS reported no concerns with respect to OHCA disagreeing with or reversing DHS' preliminary authorizations. In making the first decision regarding authorization, the department can make a TFC placement request when they have the necessary and appropriate medical and behavioral health information. The progress DHS and OHCA have made to ensure children are appropriately authorized for TFC-level care is important and necessary. At the same time, the growth in TFC placement approvals has outpaced the development of new TFC homes.

At the beginning of SFY20, DHS leadership made clear that it cannot continue to depend exclusively on private agencies to develop all the foster homes needed for children who require family-based therapeutic care. This declaration represents a long and much-needed paradigm shift in DHS' commitment and approach to build a continuum of care that ensures children receive the therapeutic supports and treatment they need in a foster home that best supports their stability, permanency and well-being.

Continuum of Care

During this report period, DHS created a set of eight strategies to build the state's continuum of care, along with a series of activities to implement each of the strategies. Some of these strategies are more recently developed and others are a continuation, at a more focused level, of ongoing efforts, such as expanding Oklahoma's TFC placements. Some are intended to align with and support DHS' expanded strategies to further reduce shelter placements and improve children's placement stability, as further described below in the shelter use and placement stability sections of this Commentary.

The strategies include:

- Strategy 1: Develop a process for systematic evaluation and planning for children and youth with complex needs to increase supports and service array for children and families.
- Strategy 2: Reduce the number of children and youth 13 and under in congregate and shelter care.
- Strategy 3: Reduce the length of time children and youth are placed in congregate and shelter care.
- Strategy 4: Expand and enhance the current Therapeutic Foster Care (TFC) program.
- Strategy 5: Develop an Enhanced Foster Care program with additional supports and services to serve children with complex needs in family-based settings.
 - Phase 1: Pilot the program to serve children who are currently awaiting higher-level treatment.
 - Phase 2: Develop Enhanced Foster Care Program.
- Strategy 6: Expand and enhance current Specialized Foster Care Program (DDS).
- Strategy 7: Create an avenue for information sharing and ongoing education with front line staff, supervisors, district directors, field managers and other key stakeholders, increasing knowledge about placement and treatment factors contributing to negative childhood experiences.
- Strategy 8: Request engagement with the Annie E. Casey Program to assist with development of the Continuum of Care and ongoing work with the Building Bridges Initiative.

To support the development and seamless use of a continuum of care in Oklahoma, DHS made several organizational changes. First, DHS merged its TFC program with its Foster Care and Adoptions Program to streamline its family-based placement process, strategies and resources. The Co-Neutrals have long supported this merger. Second, DHS created a new executive team position, Deputy Director for Placement Programs, under whom all placement programs are now managed. Finally, DHS' Specialized Placements and Partnerships Unit (SPPU), which manages the department's group home and institutional programs and works with shelters and higher-level settings, including placement decisions, services and facility liaisons, was moved and is now part of this new consolidated placement team.

Needs Assessment

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

For this analysis, DHS reviewed placement data of children in custody and focused on multiple populations of children whose records indicated a need for therapeutic and other specialized care and services. As DHS reported in their analysis, "These populations evaluated included: children receiving 'Difficulty of Care' payments Levels III, IV, and V in December 2019; children with four consecutive elevated [child behavioral health] screeners as of December 2019 (age 4 or over); children included in a prior DHS analysis of children on the TFC or group home waitlist or denied TFC; children with a case plan goal of PAPP^[16]; children who have disrupted from trial adoption; children currently on the TFC waitlist; children involved with mobile crisis response; and all children currently placed in above foster care settings."

As shown in Table 4 below, DHS identified 969 children who need placements that provide specialized therapeutic care and services, including higher-level congregate and family-based care.¹⁷

¹⁶ 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 (see page 119 below).

¹⁷ DHS used point in time placement data as of July 1, 2020 for this analysis. Over the current and previous report periods, DHS also collected placement data and other information about the level of therapeutic services required by children in care using the child indicators noted above in order to project the therapeutic placement needs presented in Table 4.

Table 4: Needs Analysis – Number of Children Who Require Therapeutic Placements

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

Of the 969 children who DHS identified as needing some level of therapeutic placement, Table 4 above shows each child’s placement type at the time DHS completed its review (July 2020) and the type of placement that DHS assessed may best meet their needs. For example, DHS’ analysis shows that 84 of the 969 children were in an acute/psychiatric residential facility and, among these 84, DHS assessed that 43 required this high level of care and the other 41 children could be stepped down to a less restrictive TFC or ITFC placement. For the 79 children in a shelter placement, DHS projected that 44 needed higher-level group home care if such placements were available and 34 would be best served in a TFC or ITFC home.

This was DHS’ first comprehensive assessment to identify children in care whose therapeutic needs could potentially be met in a family-based setting. Moving forward, DHS leadership committed to continue evaluating the best method to assess and project placement needs and allow the department to target efforts to build the necessary continuum of care. The results of this assessment confirm that DHS has much work ahead to fill a major deficit in available foster homes that are supported to meet the therapeutic needs of children in custody. DHS ended this report period with 107 open TFC resources; however, the department’s assessment projects that 663 therapeutically supported family-based placements are needed to stabilize and best serve children in care. Also, as shown in Table 4, DHS envisions meeting the placement and therapeutic needs of 413 of these 663 children, including 234 children under the age of 13, through the new Enhanced Foster Care (EFC) program described below. The assessment also identified that 111 of these 413 children were placed in foster homes already participating in the EFC program.

Enhanced Foster Care

Under Strategy 5 of the department's continuum of care efforts listed above, DHS began last period to pilot an Enhanced Foster Care (EFC) program to provide to children and resource families therapeutic services and supports similar to the TFC program but in traditional and kinship foster homes. As noted above, DHS' leadership team understands and has prioritized the need to build within in its continuum of care a therapeutic services and supports program for children placed in traditional and kinship homes in order to fill a longstanding gap in therapeutic foster home placements. This approach also allows the department to stabilize and support children in foster homes where they are already connected to the families, particularly kinship.

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

As of this report writing, DHS was finalizing some details of the program. However, DHS has identified a set of baseline services that will be provided to participating foster families and children in the EFC program. These include:

- Supplemental Foster Care Rate (Level 5 DOC), approximately \$400 additional per month for each EFC eligible child¹⁸
- Child and Adolescent Needs and Strengths Assessment (CANS)
- 24-Hour Crisis Intervention
- Weekly Individual Therapy for the child
- Family Therapy
- Evidence-Based Treatment Models

Currently, DHS' working list of criteria to determine a child's eligibility for the EFC program include (a child must meet at least one of these criteria):

- Completed CANS indicates that the child would benefit from EFC level of care.

¹⁸ 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 CANS tool will be used to support this assessment.

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

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

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

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

As noted in the shelter section in this and previous Commentaries, DHS continues to rely on shelter placements for children with behavioral, mental and other specialized needs due to a lack of family-based and congregate placements that can meet their therapeutic needs. Case record reviews conducted by the Co-Neutrals have also shown that a significant number of children approved for TFC level-care have experienced shelter stays after, as well as before, receiving authorization due to a lack of TFC homes. Similar placement instability and shelter stays were experienced also by children whose TFC applications were not approved. DHS reported that it now automatically refers for EFC services all children who are approved for TFC placement but are on the waitlist as well as children for whom TFC-level care is requested but denied. As such, DHS is working to make its EFC program not only an integral part of the department's efforts to increase family-based therapeutic placements but also to use it to improve placement stability and reduce shelter use.

DHS reported that it is collaborating with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and community-based providers to locate the specific types of therapeutic services each child needs as close to their community as possible. DHS further reported that ODMHSAS developed a new care manager position to oversee their participation in the EFC program, which includes coordinating the initial matching of services and following up to ensure such services are provided.¹⁹

Under the EFC program, the treatment team will participate in monthly family meetings to review: the child's current functioning and treatment plans and services; efforts to accomplish treatment plan goals; and, any revisions the team decides are necessary to the existing EFC service and support plan. DHS' Continuum of Care program representative assigned to the region will review the required, documented notes from the family meetings to assess the progress and effectiveness of each case as well as the overall implementation of the EFC program in their region.

Assessing Children's Needs and Strengths

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

¹⁹DHS 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.

based placement (TFC, ITFC or EFC) to achieve a child's treatment goals, including stability and permanency. As previously reported, the need to develop and implement statewide a CANS tool in Oklahoma has been discussed by DHS leadership teams since the beginning of this reform. The statewide application of the tool will also support the department's continuous need to understand DHS' placement needs, set appropriate annual targets, and fill the gaps in the state's placement continuum.

In addition to building an Oklahoma-focused CANS tool, DHS, through its combined strategies developed during this report period to construct a Continuum of Care, reduce shelter use and improve placement stability, is seeking to establish various checkpoints and practices that allow for the timely assessment and identification of children's therapeutic placement and treatment needs. The goal is to quickly identify behaviors and key instability indicators that signal elevated services are needed. For example, as discussed in the placement stability section below, DHS requires a timely review of the possible treatment and placement needs of any child who moves from their first family-based placement when the foster parent indicates the placement move was due to the child's behaviors.

As noted in the shelter section below, DHS established a multidisciplinary team (MDT) in every region to conduct more timely staffings for children placed in shelters and help move them into needs-based placements.²⁰ The new shelter reduction strategies also include efforts to support and improve permanency caseworkers' use of the Child Behavioral Health Screeners (CBHS) as a way to help prevent shelter placements. Permanency caseworkers are required to complete these screeners during every monthly contact with a child and their foster parent(s). However, records indicate that caseworkers are not consistently completing the screeners and require not only additional guidance on the importance of completing the screeners but also on how to use them to identify when an intervention is needed to prevent a placement disruption. DHS is developing a CBHS training for staff, which will provide information on: when to consider adding EFC services, when and how to discuss concerns identified on the screener with the child's therapist, when to ask for assistance from DHS' in-house mental health consultants and when to request a staffing with their regional MDT.

DHS' many efforts and strategies newly implemented during SFY20 to meet the therapeutic needs of children in foster home settings have been driven by one goal: to build a child welfare system that meets the needs of children rather than forcing children to meet the needs of the system. The department has much work ahead to fully implement its strategies and establish the resources and practice necessary to meet the therapeutic treatment and placement needs

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

of children in DHS custody. The Co-Neutrals are encouraged by the vision, commitments and efforts that DHS has advanced during this report period and urge the department to remain focused on achieving the established goals.

C. Caseworker Caseloads and Supervisor Workloads

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

Table 5: Pinnacle Plan Caseload and Workload Standard Commitments

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

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

Performance – Target Outcomes

Point in Time Caseload Data – June 30, 2020

DHS’ point in time caseload performance at the end of the period (June 30, 2020) was 93.8 percent, which exceeds the Target Outcome of 90 percent. The department reported 86.7 percent compliance on the final day (December 31, 2019) of the last six-month period. As shown in Table 6 below, DHS’ end of period performance outcomes reflect sustained progress over the last five report periods.

Table 6: End of Period, Point in Time Caseload Compliance

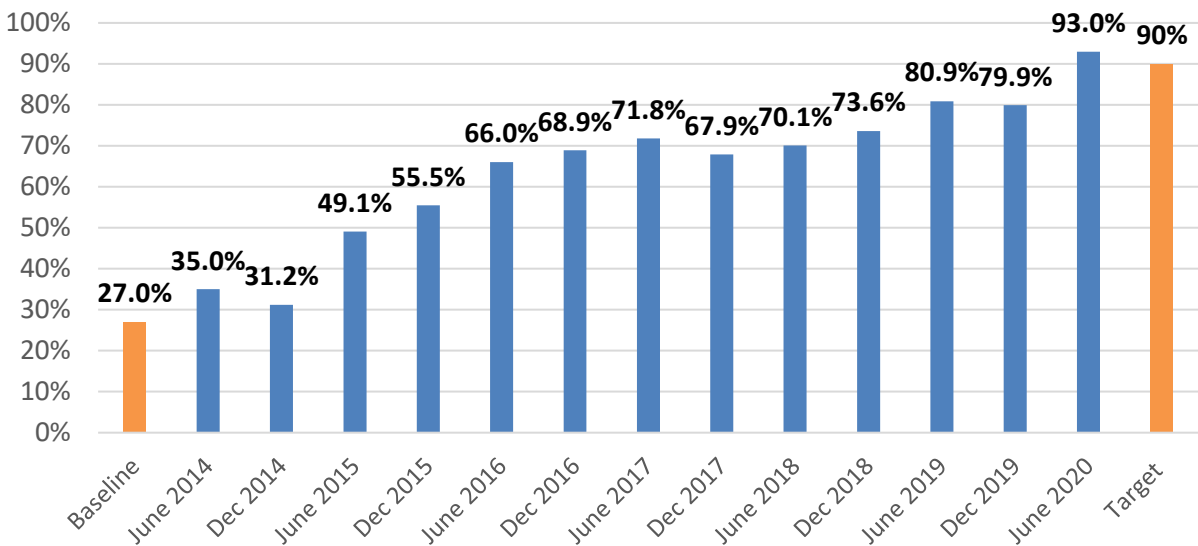
End of Period Point In Time	December 31, 2017	June 30, 2018	December 31, 2018	June 30, 2019	December 31, 2019	June 30, 2020
Compliance of all Caseload Carrying Workers	70.5% met	71.6% met	86.1% met	86.9% met	86.70% met	93.8% met

Quarterly Caseload Data (April – June 2020)

DHS reported its quarterly caseload performance at 93 percent, achieving and exceeding the 90 percent Target Outcome for the first time. This performance represents a significant increase from the last two quarterly periods (April – June 2019 and October – December 2019) when DHS sustained an average statewide compliance of 80 percent over these two three-month periods.

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

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



Mid-Period Legacy Challenge

During the last report period, DHS confronted a recurring challenge to maintain caseload compliance levels after mid-period spikes in the number of cases assigned, which has historically occurred during the months of August and September. These surges in assigned cases are mostly due to seasonal increases in the number of referrals accepted for investigation when children return to school. While early in its transition into leadership, DHS' new administration experienced this same challenge during their first six months in their positions. Between June 30, 2019 and September 17, 2019 of the prior period, the department saw a sharp drop from 86.9 percent caseload compliance to 71.6 percent, a decrease of over 15 percent, due mostly to a significant rise in the number of child abuse and/or neglect referrals assigned for investigation during August and September 2019.

In response to this swift downturn in caseload compliance, DHS' leadership team took comprehensive action to recover the workload progress attained as of the beginning of the last period and to set the department on a course for more sustained caseload improvements and better management of workloads moving forward. DHS' leadership team continued on this course during this period, working closely with regional and district directors on a weekly basis to monitor and manage staffing levels, hiring needs and workload assignments at the district level.

COVID-19 Impact on Workloads

The Co-Neutrals continue to consider carefully the department's efforts to respond to COVID-19 and the impact the pandemic had on caseload levels and workforce management as DHS focused on keeping its staff, partner agencies and children and families safe from the virus. With respect to caseloads, DHS saw a substantial decrease in the number of cases assigned, due mostly to a sharp downturn in the number of abuse/neglect referrals to the hotline. DHS attributed the decrease in referrals and CPS investigations due mostly to school closures and reduced community interaction as the pandemic led residents across the state to shelter at home. In early March 2020, before COVID-19 was declared a pandemic, DHS reported having open CPS investigations that represented a full workload for 417 CPS caseworkers. By the end of April 2020, DHS reported its statewide total CPS cases dropped from 417 to 269 workloads, which was a low point during this period in CPS cases assigned. Subsequently, DHS' total CPS workloads steadily increased, reaching 313 toward the end of the period (June 25) and 393 as of September 2020. DHS continued to report a statewide total caseload compliance rate of at least 90 percent by the end of June and through September 2020. As reported previously, rapid spikes in the number of CPS cases assigned have been a well-documented, seasonal occurrence. DHS understands that CPS caseloads will likely increase further as some school activities and community interactions have begun to normalize since the beginning of the pandemic. However,

DHS leadership also recognizes that the demand to monitor caseloads closely and prepare for any seasonal, sudden or gradual uptick in workloads exists year-round. DHS has expressed to the Co-Neutrals, and demonstrated repeatedly over the past year, its commitment to being a self-correcting agency that recognizes “the need to develop concrete plans to support employees through caseload management and make adjustments when plans do not reach outcomes or new barriers are identified.” (DHS August 2020 Semi-Annual Report)

As noted above in the Introduction of this Commentary, as COVID-19 began to spread in Oklahoma, DHS undertook swift action to help caseworkers stay focused on their responsibilities while also supporting staff to safeguard their own health and that of their families. By March 13, 2020, even before a state of emergency was declared in Oklahoma, DHS had issued guidance to staff on telework protocols and was assessing the department’s expanded technology needs to support this remote work. Days later in March 2020, DHS issued guidance for staff, birth parents and foster parents on pausing face-to-face visits and using virtual platforms instead to complete necessary contacts and visits, with the exception of some emergent situations, such as interviewing a child who is the alleged victim in an abuse/neglect investigation. In order to complete face-to-face visits in emergent cases and limit contact risks among children, families and staff, DHS deployed a field response team of 300 staff who volunteered to complete all in-person visits deemed essential across the state. Face-to-face contacts were limited through May 2020, after which face-to-face visits resumed on June 1, 2020.²¹ Throughout the period, caseworkers continued to be responsible for completing all other casework and conducting virtual visits when face-to-face contacts were not possible or permissible due to the virus’ emergence and threat.

Managing to Achieve Caseload Standards

DHS’ Executive Team continues weekly to produce, review, and distribute to the Co-Neutrals a detailed workload trends report that allows DHS leadership to use data to inform decision-making, and support the regions and districts in their efforts to improve and maintain caseload compliance. DHS developed the workload trends report last period to manage and reverse a significant mid-period downturn in caseload compliance as noted above. The report presents district-specific data, including: workload capacity, which calculates the total case weight of all assigned cases compared to the total case carrying capacity of all caseworkers in each district; caseload compliance percentages; the number of staff in training and not yet eligible to carry a case; the number of new staff assigned graduated caseloads; and the number of staff assigned a caseload 150, 175 or 200 percent over the standard. The report also highlights and tracks: which

²¹ In response to hotspots in a few specific areas of the state where an outbreak of confirmed COVID-19 cases were reported, DHS made some exceptions to fully reinstating face-to-face visits after June 1, 2020 when in person visits across the state resumed.

districts are below 70 percent caseload compliance; whether compliance levels increased or decreased in each district since the previous week’s data report; and, whether a district’s workload capacity is significantly greater than their workload compliance, which would indicate a need for better resource management and distribution of case assignments.

With the aid of the workload trends report, a designated member of DHS’ executive team has led the department’s efforts, in concert with regional and district directors, to monitor and address district level fluctuations in caseload compliance across the state. DHS management assesses workloads regularly to identify when leadership may need to allocate new positions to an area or realign positions across districts or regions. This focused, data-informed approach has played a critical role in DHS’ performance.

District Level Caseload Performance, End of Report Period

As shown in Table 7 below, on June 30, 2020, 24 districts (coded in green) out of 29 met the caseload Target Outcome of 90 percent, including more than half (16) reporting 100 percent of caseworkers meeting their caseload standard. Three districts (coded in yellow) reported having sufficient case-carrying capacity to cover more than 100 percent of all cases assigned in those districts, but reported caseload performance at 69, 76 and 79 percent compliance. While work remains to improve caseload performance in these three districts, each were well-positioned with the staffing capacity necessary to achieve 90 percent of caseworkers meeting the standard. The two remaining districts, Districts 20 and 25 (coded in red), reported caseload compliance at 50 and 65 percent, respectively. While these two red-coded districts were not reported to have the case carrying capacity to cover 100 percent of all assigned cases as of June 30, 2020, DHS reported Districts 20 and 25 had the caseworker capacity to cover at least 90 percent of all cases assigned.

Table 7: Worker Caseloads Capacity and Compliance as of June 30, 2020

District	Capacity to Cover Workload	Capacity of Workload	90% of Workers Meeting Std.	% of Workers Meeting Std.
1	143%	Y	Y	100%
2	116%	Y	Y	97%
3	101%	Y	N	76%
4	126%	Y	Y	96%
5	133%	Y	Y	100%
6	120%	Y	Y	90%
7	138%	Y	Y	100%
8	128%	Y	Y	97%

9	132%	Y	Y	100%
10	141%	Y	Y	100%
11	136%	Y	Y	100%
12	121%	Y	Y	100%
13	115%	Y	Y	100%
14	110%	Y	Y	99%
15	143%	Y	Y	100%
16	143%	Y	Y	100%
17	147%	Y	Y	100%
18	109%	Y	Y	100%
19	124%	Y	Y	100%
20	95%	N	N	50%
21	108%	Y	N	69%
22	152%	Y	Y	100%
23	106%	Y	N	79%
24	113%	Y	Y	96%
25	93%	N	N	65%
26	156%	Y	Y	100%
27	118%	Y	Y	100%
Adoption	158%	Y	Y	96%
Foster Care	135%	Y	Y	90%
State	126%	Y	Y	94%

Combined, Districts 20 and 25 reported 57 caseworkers carrying at least one case as of June 30, 2020, which is less than four percent of the statewide total of 1,570 caseworkers assigned at least one case at the end of the period. These districts, like most of the 29 districts across the state, are relatively small and workload pressures and compliance can be affected quickly with a swift, short-term surge in assigned cases and/or the turnover of a single caseworker position. DHS leadership has committed to minimize such vulnerabilities to negative fluctuations in manageable caseloads by ensuring every district is allocated a sufficient number of caseworker positions and supported to best manage workload assignments, improve caseworker retention and expeditiously backfill staff positions when vacancies occur.

Reducing the Number of Staff over 150 Percent

In addition to significantly increasing the percentage of staff who meet the caseload standard, DHS further improved the number of caseworkers assigned caseloads above 150 percent of the standard. By the end of the report period, DHS reported four caseworkers with a caseload above 150 percent of the standard (one of whom was above 175 percent), compared to 14 caseworkers

with caseloads above 150 percent at the start of the period. The agency's performance reflects a substantial turnaround from the middle of last period when 71 workers were above 150 percent of the standard, 22 were above 175 percent and one was at 208 percent.

Hiring and Vacancies

DHS leadership has supported every area of the state with a more efficient and streamlined process for hiring staff to fill vacant positions. Beginning in October 2019, DHS began using a new web-based system, known as JazzHR, that posts announcements for vacant positions on over 20 job search sites and allows managers to identify and hire qualified applicants immediately after they apply, rather than wait for a closure date on position announcements, which now stay open until a position is filled. Interviews with DHS managers and field staff confirmed to the Co-Neutrals that this new hiring system allows the agency to identify applicants and fill caseworker positions much more rapidly, particularly in areas where the department has regularly experienced challenges identifying qualified applicants to fill vacancies. Statewide, DHS reduced the point in time vacancies from 177 at the beginning of this report period to 141 by the end of the period, which also represents a substantial decrease of over 50 percent of the 288 caseworker vacancies reported one year ago. To stay on pace with the more rapid onboarding process, DHS leadership doubled the frequency of CORE trainings to prevent delays in newly hired caseworkers beginning their training and managing a case assignment.

Net Gain in Caseworkers on Board

At the end of the report period, DHS reported having 1,736 case carrying staff, 1,570 who managed at least one case. Of the remaining 166 caseworkers not carrying a case, 128 were recently hired, still early in their training and not yet eligible to receive case assignments. Since December 31, 2019, the total number of caseworkers statewide increased by 17 workers, from 1,719 to 1,736. This builds upon the net gain of 74 caseworkers DHS reported in the last period. Further, from December 31, 2019 to June 30, 2020, the number of staff carrying at least one case increased by 54, from 1,516 to 1,570.

Establishing a Stable, Competent, Supported Workforce

DHS' leadership team committed to implement strategies that will ensure DHS' workforce is equipped to manage spikes in casework assignments and mitigate the impact of seasonal surges on the child welfare system. This includes a continuous and more comprehensive and focused analysis by DHS leadership of workload flows (past, present and future) at the district level to ensure DHS maintains the necessary number of positions in each district. DHS also committed to anticipate and prepare for future workload increases by aggressively hiring to eliminate all vacancies and to over-fill positions in districts that consistently report higher-than-average turnover and high workloads.

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

The Co-Neutrals continue to encourage DHS leadership to stay the course in implementing these activities and monitoring the department's caseload tracking reports to be able to anticipate, plan for and prevent any potential backsliding in caseload compliance at any point in a period moving forward.

Performance Standards and Target Outcomes – Supervisor Workloads

Strong supervisory support for caseworkers, especially new caseworkers, is essential to support effective and consistent child welfare practice and positive outcomes for children and families. DHS committed to meet the same final Target Outcome for supervisor workloads as it did for caseloads: 90 percent of supervisors meeting the 1:5 caseworker ratio. In all report periods, DHS' calculation of supervisor workloads has included a count of child welfare cases managed by supervisors. This is in addition to the count of all caseworkers assigned to a supervisor's unit. However, the original methodology established for this measure allowed DHS to discount, or remove from a supervisors' workload count, up to two child welfare cases if a supervisor carried any of these cases.

During the last report period in September 2019, the Co-Neutrals, having assessed the data and information underlying DHS' original request for the discount, revised the methodology because it was no longer appropriate to discount two cases from a supervisor's workload. The data and information revealed that many supervisors were managing cases for significantly longer than DHS originally represented when this methodology was developed. The Co-Neutrals therefore set a revised methodology to assess the department's performance under this metric.²² As a result, the Co-Neutrals reserved judgment in the previous Commentary in order to give the

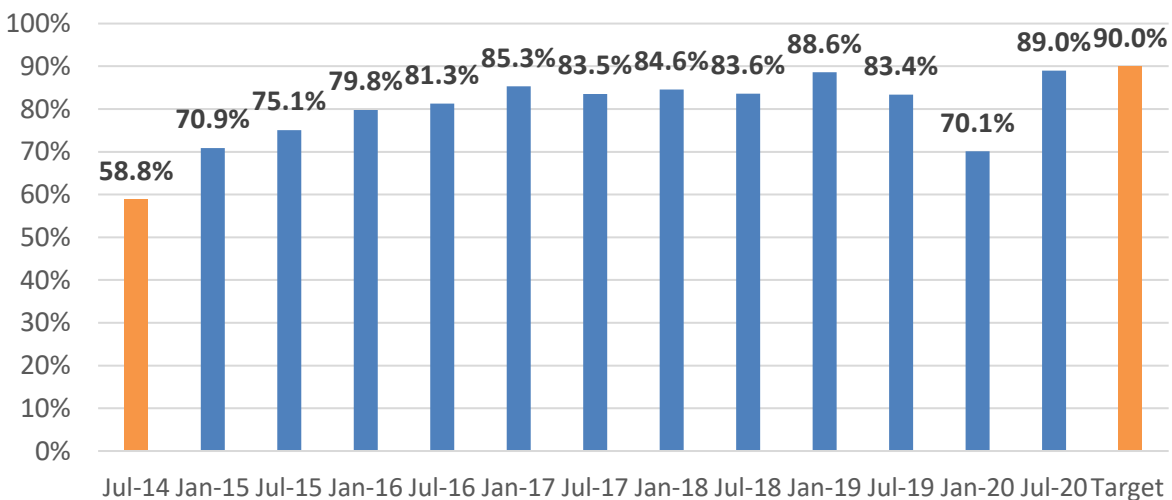
²² When DHS and the Co-Neutrals established the methodology for counting supervisor workloads, the Co-Neutrals approved DHS' request to discount from its supervisory workload calculations two cases assigned to any supervisor. The Co-Neutrals' approval was based on DHS' concern that at any point in time, a supervisor's workload could include cases that were not case assignments managed directly by the supervisor, but instead, cases in the process of being assigned or reassigned to a caseworker by the supervisor. This was true at the time, however, during the last period, DHS and the Co-Neutrals reviewed over 200 cases assigned to supervisors and found that most supervisors were fully managing these cases for extended periods, not transitioning them quickly to primary caseworkers.

department a full six-month period under the revised methodology to demonstrate good faith efforts.

Similar to the department’s efforts to improve caseload outcomes, DHS’ executive leadership team began during this report period to produce and closely review a more detailed supervisor workload report. Further, to establish greater accountability, the department required an explanation from the field for any supervisor not meeting the standard. In reviewing this information and its enhanced supervisor data report, DHS made concerted efforts to reduce by 70 percent the number of cases assigned to supervisors and identified the need to adjust the number of caseworkers assigned to some supervisory units. As a result of this focused monitoring effort and management of supervisor workloads, DHS reported its best outcome to date on this measure.

As of June 30, 2020, DHS reported that 89 percent (341 out of 383) of supervisors met the workload standard. DHS needed just four more compliant supervisors to meet the workload standard to achieve for the first time the Target Outcome of 90 percent of all supervisors meeting the standard. Another 36 supervisors were reported close to meeting the standard and the remaining six supervisors were over the standard. At the end of the last period, DHS reported that only 70.1 percent (265 out of 378) of supervisors met the workload standard, with 72 close and 41 over the standard.²³

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



²³ As noted in the Co-Neutrals’ last Commentary, without the September 2019 change in methodology, DHS would have reported a December 31, 2019 performance outcome of 81.5 percent (308 out of 378) of supervisors meeting the standard, which still would have represented a decrease from the 83.4 percent outcome reported the previous period but less than the decrease reported with a 70.1 percent outcome under the updated methodology.

At the end of the period on June 30, 2019, DHS reported that 34 supervisors carried at least one case assignment with a total of 75 cases assigned among these 34 supervisors. This represents a substantial decrease from December 31, 2019 when a total of 259 cases were assigned among 124 supervisors carrying at least one case. Overall, this represents a 70 percent decline in the number of supervisors with a case assignment and a decrease of 71 percent in total cases assigned to supervisors.

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome. DHS' focused work to achieve this level of improvement was substantially concentrated in the current report period.²⁴

²⁴ The Co-Neutrals did not make a final determination on DHS' efforts with respect to supervisory workloads in the last Commentary, but do so now, and report the determination that DHS did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcome during the previous period, ending December 31, 2019. At the end of last period, DHS reported supervisory workload compliance at 70.1% under the revised methodology that no longer allows the department to discount two cases assigned to each supervisor. Had the previous methodology for supervisory workloads been in effect as of December 31, 2019, DHS' outcome would have been 81.5% (see Table below).

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

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

*This table was included in the Co-Neutrals' final Commentary 14.

DHS had adequate advance notification of the methodology revision and the reasons for it, as detailed in the previous Commentary. In short, the Co-Neutrals discovered through independent data analysis and case reviews that the rationale DHS had been asserting to support excluding up to two children's cases on each supervisors' workload was invalid. In May 2019, the Co-Neutrals advised DHS leadership of the need to revisit the allowance of a two-case discount for supervisors in the supervisory workload methodology:

In the data DHS presented showing the cases assigned to supervisors as of March 31, 2019, there were 69 permanency cases involving 130 children. Only two of these 69 cases were assigned to the supervisor for less than one week. Fourteen of the total 69 cases had been reassigned off the supervisors' workloads by May 1, 2019 when DHS submitted detailed data to the Co-Neutrals. However, these 14 cases had remained on the supervisors' workloads for an average of 26 days. Of the remaining 55 cases that were still assigned to a supervisor at the time DHS pulled the detailed supervisor workload date around May 1st, the average length of assignment on a supervisors' workload was 99 days. [Note: we understand that DHS identified a handful of the 69

cases where no children were included in the permanency case or where the supervisor was assigned a case for administrative corrections only.]

On June 17, 2019, the Co-Neutrals explained to DHS' new leadership the need to revise the two-case discount within the supervisory workload methodology based on the Co-Neutrals' review of the agency's own data. In August 2019, DHS made the case for continuing the two-case discount, writing:

The attached file includes the case assignment information for supervisors as of 6/30/19. There are three tabs. The first tab includes the 110 supervisors that had a countable assignment at end of the reporting period. These supervisors were carrying 205 assignments. The detail on those assignments is on the second tab. As of 7/25/19, 115 of these assignments were still open. 45 of the total 205 assignments were closed in less than 30 days. (22%) This shows that supervisors are carrying these assignments longer than we initially anticipated but upon further review, many of these assignments do seem to be appropriately assigned to supervisor's workloads. For ex. (backlog assignments which are worked after hours, ICPC cases where children are placed out of state and have a responsible ICPC worker, or PP case of children in Trial Adoption with an assigned responsible Adoption worker.) We also found cases where the assignment was counting because the wrong secondary type was selected, as well as several cases where the children were all finalized but the case was still counting on the supervisor's workload since it had not yet been closed out. We would request that we continue to be allowed to not count the first two assignments for these reasons based on why supervisors are carrying these cases and not based on how long they are carrying them as we continue to closely monitor the supervisor workloads.

That rationale does not align with the original purpose of the two-case discount, which was then framed by DHS as appropriate to exclude very short-term transitions of cases to caseworkers. DHS instead presented in August 2019 the types of cases being managed by supervisors, all of which, however, count when on a caseworkers' caseload. This includes cases carried as part of an overtime/backlog plan with the exception of a handful of miscoded secondary assignments.

On September 4, 2019, the Co-Neutrals formally notified DHS of the change to the methodology, based on the Co-Neutrals' data analysis, information review and communications with DHS. The Co-Neutrals informed DHS the agency still had four months to make improvements before reporting supervisory workload data under the new methodology (with no cases discounted) on December 31, 2019. That did not happen. DHS went in the opposite direction, assigning cases to even more supervisors (an increase from 110 to 124) and increasing significantly (205 to 250) the total number of cases assigned to a supervisor.

In DHS' February 2020 semi-annual report, the agency reported that the department's successful efforts to hire new staff put pressure on the department's supervisor units:

In reviewing the cases assigned to supervisors, the majority of the cases were assignments to supervisors whose units lacked capacity to take on the additional assignments. These assignments consisted of cases, such as Interstate Compact on the Placement of Children (ICPC) cases where the children are placed out-of-state and have an assigned ICPC worker; Trial Adoption (TA) cases with children having an assigned TA worker; child death cases waiting on a medical examiner report to close out an investigation; holding cases for workers on leave; or for workers in CORE who will take the case upon certification.

Inadequate caseworker capacity to manage children's cases at the established standard is not a reason to discount otherwise countable cases simply because they are assigned to and managed by supervisors, especially when they are not discounted when assigned to caseworkers.

Shelter Use

In the last Commentary, the Co-Neutrals noted concerns in response to a significant increase in total shelter nights for children six to twelve years of age and youth 13 and older and urged the department to develop and implement new strategies. During this report period, DHS made considerable efforts to develop new strategies focused on preventing children from entering a shelter and reversing the increase in shelter nights reported last period for the two oldest age groups. For this six-month report period (January through June 2020), DHS reported an overall reduction (all age groups combined) since last period in the total number of children who experienced a shelter stay, decreasing from 388 to 341. The largest reduction was reported for children ages six to twelve, for whom DHS reported the lowest number of shelter nights and lowest number of children who experienced a shelter stay since the beginning of this reform effort. 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.

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).²⁵ However, while the Co-Neutrals approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has

As the Co-Neutrals reported to DHS in September 2019, “the data and information recently provided to us as of June 30, 2019, confirms that the vast majority of the 205 cases assigned among 105 supervisors on that date was for the purpose of managing workloads in units where caseworker capacity to manage these cases was insufficient.”

In conclusion, the Co-Neutrals have determined that DHS did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcome during the previous period ending December 31, 2019. However, the sharp decline in the number of supervisors with cases and new case assignments in the current report period (ending June 30, 2020) reflects proactive, focused management. Those efforts contributed substantially to the performance improvement described above for the reporting period through June 30, 2020. This change over the course of one period (January-June 2020) is an important example of the positive impact the current DHS leadership team is having on the Target Outcomes.

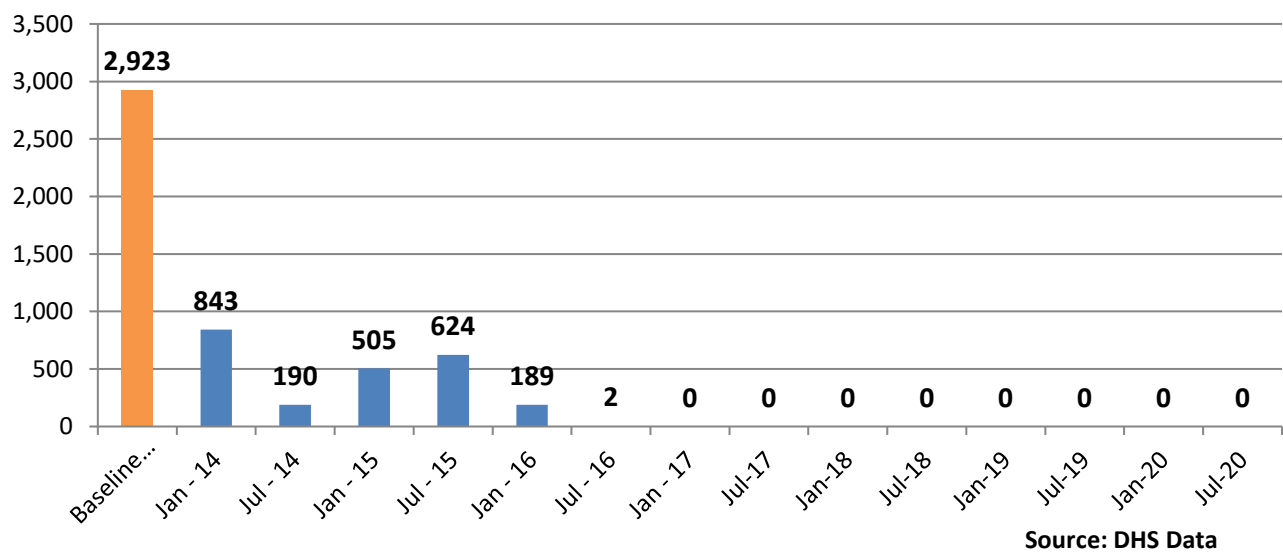
²⁵ Children who meet the criteria for one of the two exceptions are still counted in the shelter outcomes data.

committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

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

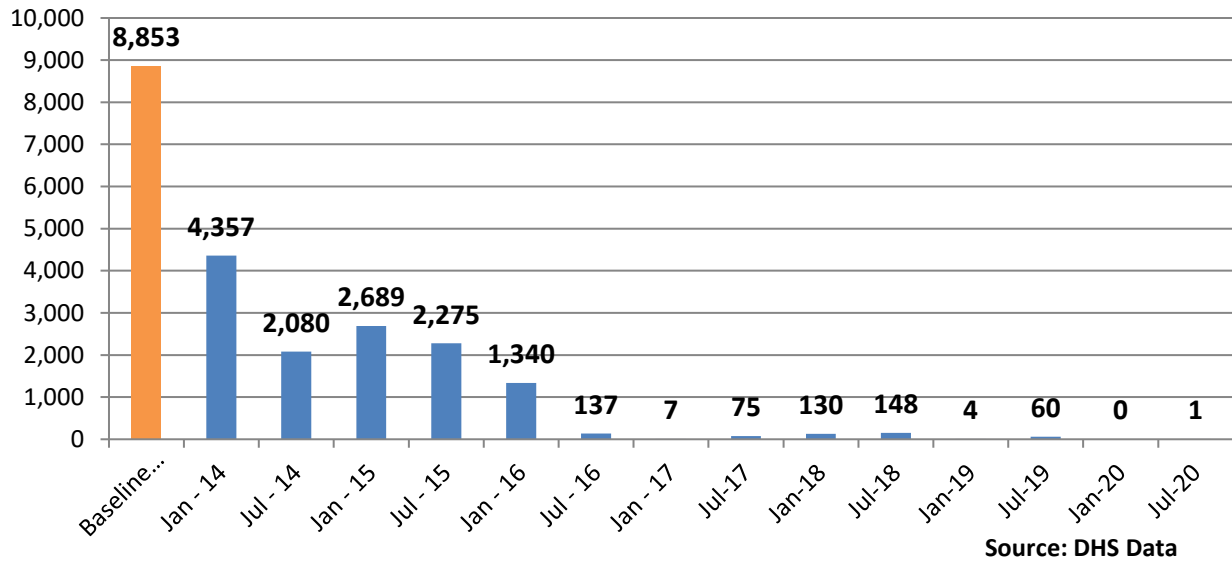
As shown in Figure 10 below, for the eighth consecutive report period DHS has achieved and maintained the Target Outcome of zero child-nights in shelters for children under two years of age. From a starting baseline of 2,923 child-nights, DHS has successfully eliminated shelter care for the youngest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

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



For children ages two to five, the original recorded baseline was 8,853 child-nights. Last period, DHS achieved for the first time the target of zero nights for this age group. This period, one child in this age group spent one night in a shelter. DHS reported, and the Co-Neutrals confirmed through a record review, that this one child met the sibling exception and was placed in the shelter for one night with a sibling group of five children after an emergency removal.

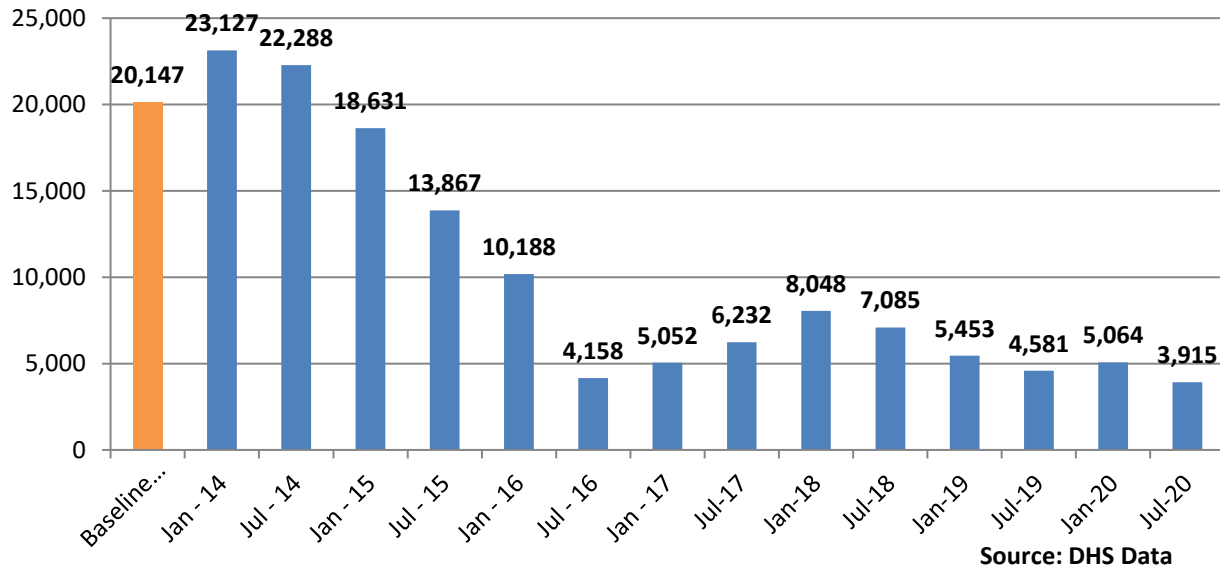
Figure 11: Metric 5.2 – Shelter-Nights, Children Ages 2 – 5



Shelter Metric 5.3 – Children Ages Six to 12

For children ages six to 12, DHS reported that 28 fewer children (a total of 99 unique children) in this age group experienced a shelter stay this period compared to last period when 127 spent at least one night in a shelter. The department also reported a significant decrease from 5,064 child-nights last report period to 3,915 this six-month period. As shown in Figure 12 below, this represents the fewest number of shelter-nights and children for this age group who experienced a shelter stay since the beginning of this reform effort.

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

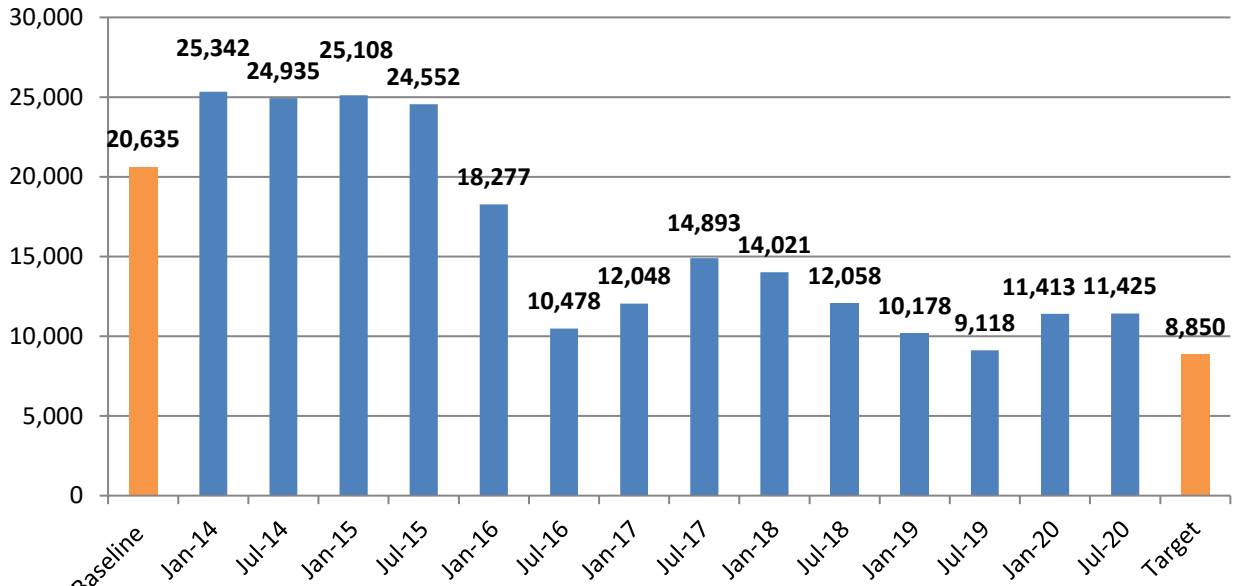


Shelter Metric 5.4 – Children Age 13 or Older

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

For this report period, the number of unique children ages 13 and older who spent a night in a shelter decreased from 261 children in the last period to 241 children this period. DHS reported 11,425 child-nights for this oldest group of children, which, as shown in Figure 13 below, represents close to the same number (11,413) of child-nights reported last period.

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



Source: DHS Data

Reducing Shelter Usage for Children

DHS has substantially reduced shelter usage for children of all ages in Oklahoma over the past seven years. As Table 8 below illustrates, DHS has, since the start of this reform, reduced by 70 percent the total number of nights children of all ages, combined, experience in shelters. DHS has importantly achieved the most significant percentage reduction (approximately 100 percent) for children five years of age and younger. Compared to the baseline period, DHS has reduced shelter-nights for children ages six and older by 25,442: the volume of this reduction is significantly more than the total number of child-nights in a shelter (15,341) reported this period for children of all ages combined.

**Table 8: Child-Nights in Shelters by Age, January 2020 – June 2020
and Change from Baseline**

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (Jan 2020- June 2020)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	1	-8,852	-99.9%
6 to 12	20,147	3,915	-16,232	-80.6%
13 & Older	20,635	11,425	-9,210	-44.6%
TOTAL	52,558	15,341	-37,217	-70.8%

Pinnacle Plan Commitment 1.17 – Youth 13 and Older

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

For the period of January 1 through June 30, 2020, DHS reported that 29.9 percent (72) of the 241 youth ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As shown in the Table 8 above, DHS has reduced by 44.6 percent the number of shelter-nights for this oldest age group of children since the baseline period. Further, DHS reduced by 59.4 percent the number of teens who are counted in the denominator for the 1.17 measure because they experienced a shelter stay, decreasing from 593 in the baseline period to 241 this report period. Similarly, the number of youth whose placements are non-compliant with the 1.17 measure requirements decreased from 393 to 169 (57 percent reduction) comparing the baseline and current report periods as shown in Table 9 below. The performance outcome for Metric 1.17 shows that while the number of teens who experience a shelter stay has decreased substantially, 3.8 percent more of these youth now experience more than one shelter stay or a shelter stay that extends beyond 30 days.

Table 9: Pinnacle Plan 1.17: Baseline and January – June 2020

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		Jan 2020 – June 2020	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	241	100.0%
Shelter Placements Compliant with Pinnacle Plan 1.17				
Those with 1 stay, less than 31 days	200	33.7%	72	29.9%
Compliant TOTAL	33.7%		29.9%	
Shelter Placements Not Compliant with Pinnacle Plan 1.17				
Those with 1 stay, 31 or more days	136	22.9%	73	30.3%
Those with 2 or more stays, less than 31 days	74	12.5%	19	7.9%
Those with 2 or more stays, 31 or more days	183	30.9%	77	32.0%
Not Compliant TOTAL	66.3%		70.1%	

The older youth for whom DHS still accesses shelter placements overwhelmingly represent teens who present with complex behavioral and other needs. As detailed above in this Commentary, DHS recognizes that Oklahoma has a significant gap in available placements that can therapeutically meet the individual needs of children and youth with the most complex mental, behavioral, and dually diagnosed challenges. Further, as noted above, the department made good faith efforts this period to build a continuum of care and placements that can meet the needs of these children, with the goal of therapeutically supporting them in family-based placements when possible. The department’s steadfast commitment to provide the necessary resources and leadership to build and facilitate the effective use of an expanded, needs-based continuum of care is an essential strategy to reduce DHS’ reliance on shelters for children and youth with higher-level needs.

Over the last seven years of this reform, DHS has implemented numerous strategies and efforts that have allowed the department to successfully reduce by just over 70 percent the total number of shelter nights experienced by children of all ages combined (see Table 9 above). 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 have exhausted and clearly documented on a shelter authorization form all efforts to secure an alternate, needs-based placement to prevent a shelter stay.

Efforts to Reduce the Length of Shelter Stays

Several years ago, DHS established regional shelter teams (with a designated regional shelter lead) and protocols for these regional teams to convene bi-weekly staffings for every child in a shelter to identify a needs-based placement and help advance their exit from the shelter. Over the last several periods, DHS focused on expanding and strengthening its shelter staffings to further expedite moving children out of shelters. This included establishing a statewide, multi-disciplinary team that holds elevated staffings for children under the age of 13 who remain in a shelter for at least 30 days and for youth ages 13-17 who remain in a shelter for at least 60 days. DHS reported the purpose of these elevated staffings is to use a multi-disciplinary approach to review the unique, higher-level needs of children and youth that can present challenges to identify appropriate therapeutic placements and often lead to extended shelter stays. At the beginning of this report period, DHS began to increase the cadence of these multi-disciplinary staffings and set a goal to convene the elevated staffing within 30 days of a child under age 13 entering a shelter rather than wait until the child's shelter stay exceeds 30 days. For youth 13 and older, a new goal was set to have their first elevated staffing within 45 days of their shelter placement, rather than wait at least 60 days after they enter a shelter.

At the end of the period, DHS sought to further accelerate the multidisciplinary reviews conducted for any child who presents with higher-level needs and for whom the department confronts challenges to identify and stabilize a needs-based placement. The department established a multidisciplinary team in every region, significantly expanding on the one statewide team previously tasked with conducting elevated staffings for children across the state, particularly for those in shelters. In the next Commentary, the Co-Neutrals will report further on the new protocols DHS established after the end of the period, which call for every child placed in a shelter to receive an elevated staffing by a multidisciplinary team within one week of entering a shelter.

Efforts to Prevent Shelter Placements

This period, DHS turned its attention to new strategies focused on preventing children from being placed in a shelter. DHS concluded early in the report period that additional efforts were needed to more 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. The Co-Neutrals concur with DHS that this is a specific area of practice that requires new efforts to help prevent shelter placements.

The Co-Neutrals reviewed the records for 50 youth who experienced a short-term shelter stay between January 1 and May 15, 2020. For this review, a “short-term shelter stay” was defined as a shelter placement that lasted seven or fewer days. Specifically, the review sought to identify any commonalities or predominant factors related to casework, policy, practices or child specific needs. Twenty of the 50 children had been placed in various congregate settings, including group homes and acute psychiatric facilities, before beginning their short-term shelter stays. For most of these 20 children, DHS had significant lead time to plan for an alternate placement other than a shelter, knowing that these children would exit the facility and require a subsequent placement that included some level of therapeutic support.

To address this shortfall in practice, DHS established new protocols to better plan and prepare for children who are discharging from inpatient and other higher-level placements, which are often time-limited stays. The department has redefined the roles of DHS’ liaisons in the Specialized Placements and Partnerships Unit who are assigned to higher-level facilities in order to help guide more proactive discharge planning with each child’s casework and treatment team. The goal is to better identify a child’s optimal family-based placement and reinforce placement stability through upfront discussions about the child’s and family’s needs and with enhanced services and supports before or upon placement, as required.

The Co-Neutrals’ review of 50 short-term shelter stays also included 24 children who were in a family-based placement just prior to entering a shelter.²⁶ For 21 of these 24 children, case notes in KIDS and/or their shelter authorization forms clearly document or indicate that their behaviors, in part, contributed to the exit from their foster homes. Records reviewed also indicated that for at least seven of the youth, DHS was aware for several days (ranging from four to 36 days) that a possible or imminent disruption would occur: for five of the youth, the permanency caseworker met with or spoke with the family in an effort to stabilize and support the placement. For the other two youth, the child’s caseworker attempted to secure additional services and supports for the child and family under DHS’ new Enhanced Foster Care program. For 11 of the 24 children in a foster home before entering a shelter, the records indicated that DHS had three or fewer days’ notice that a new placement was needed, including four children whose records indicate that the disruption occurred suddenly with a same-day notice that a placement change was necessary.

The case records for all but a few of the 50 short-term shelter stays showed that the children required placements with various levels of therapeutic supports: 18 had been approved for TFC-level care; 13 were on a group home waitlist; and, for two of them, DHS was trying to secure

²⁶ In addition to the 20 children in congregate care and 24 in family-based placements before entering their short-term shelter stay, the prior placement records of the remaining six children reveal that two children had just returned from AWOL, one child exited juvenile detention but had been in DHS custody for some time, and three children newly entered DHS custody with their first placement being their short-term shelter stay.

inpatient services. DHS' lack of therapeutically supported placements (family-based as well as higher-level) has, in part, thwarted the department's ability to further reduce shelter placements and nights for children and youth ages six and older.

As explained above in the TFC section of this Commentary, DHS recognizes that there are limits in the capacity of its remaining five TFC agency partners to develop a sufficient pool of therapeutic homes in the immediate timeframe that they are consistently needed for children in custody. As such, DHS through its Enhanced Foster Care program, has worked to develop new therapeutically supported family-based placements. The department also understands that it must establish a systematic practice that identifies a child's behavioral, mental health and other specialized needs before he or she cycles through multiple placements that are not prepared and supported to meet the child's individual, therapeutic needs. During the second half of the period, DHS developed additional strategies focused on building the department's practice to timely identify and assess when a child may require expanded therapeutic supports in order to meet their needs, improve placement stability and further prevent use of shelters. The Co-Neutrals will review in the next Commentary, DHS' efforts and experience to operationalize these efforts.

Shelters and Impact of COVID-19 Pandemic Response

DHS reported that in March 2020, the department began to participate in weekly calls with Youth Service Agencies' shelter staff and Oklahoma's Office of Juvenile Affairs²⁷ to discuss and plan for the potential impact of the COVID-19 pandemic on shelter staff and new shelter placements. Ultimately, DHS established a new contract for a separate 12-bed shelter, with nursing care, for children in DHS custody who test positive for COVID-19 or are highly likely to have been exposed. The department established the new shelter contract to reduce the spread of the virus and safely quarantine those children who are affected. DHS also provided personal protective equipment (PPE) and other supplies to the shelters as needed to help prevent exposure to COVID-19. Further, to ensure that youth could have safe, video contact with their families and caseworkers, DHS distributed tablets to all the Youth Service Agency shelters.

D. Child Maltreatment in Care

Over the last five years, DHS has improved its child welfare system and practice with respect to ensuring the safety of children in DHS' custody and reducing maltreatment in care (MIC). As outlined below, for both child safety measures established under this Compromise and Settlement Agreement, DHS continues to make substantial and sustained progress toward the Target Outcomes. Comprehensive and necessary work continues throughout the department to

²⁷ The Oklahoma Office of Juvenile Affairs manages the state's contracts with the Youth Service Agencies that operate the shelters DHS accesses for children in DHS custody.

safeguard and promote the health and well-being of children in DHS' care. For this report period, the Co-Neutrals find that DHS made 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.

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

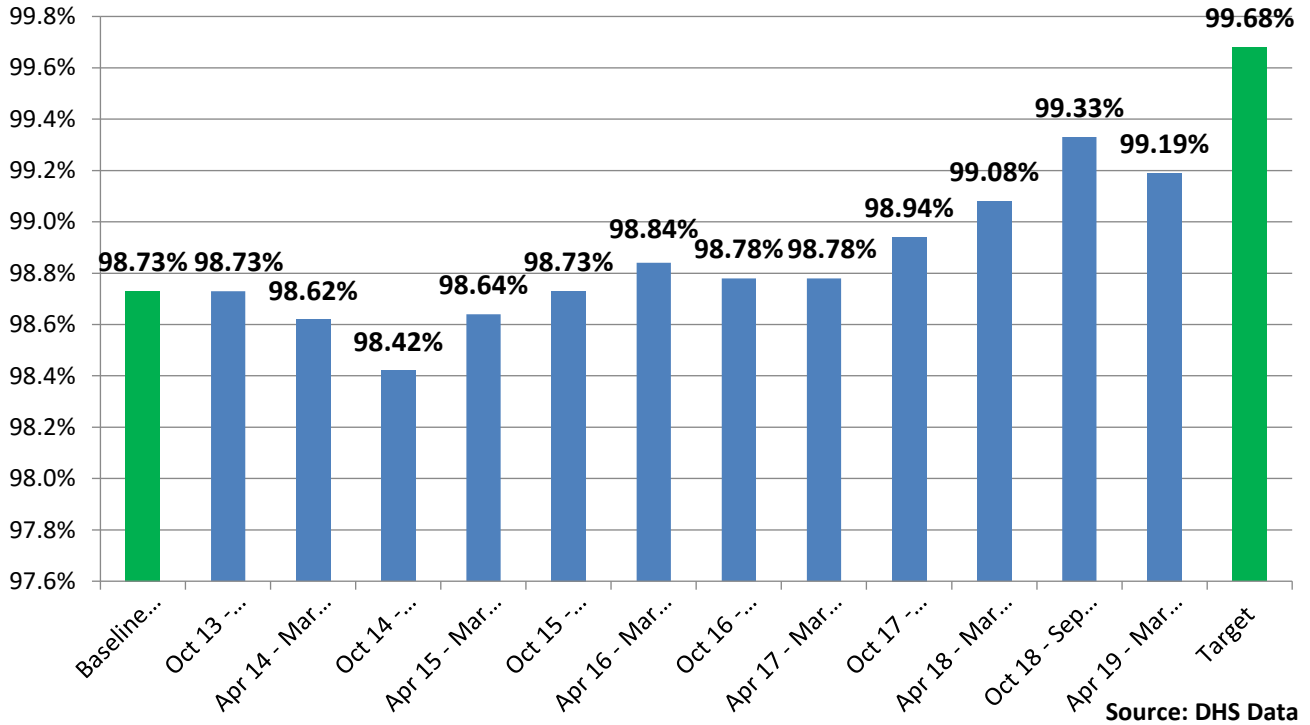
DHS tracks and reports publicly on a monthly basis the number of children abused or neglected by a resource caregiver. DHS and the Co-Neutrals adopted the federal metric applicable at the time, "Absence of Child Abuse and/or Neglect in Foster Care," which reports the percentage of all children in foster care during a 12-month period who were not victims of substantiated maltreatment by a foster parent or facility staff.²⁸

For this metric's current measurement period, April 1, 2019 to March 31, 2020, DHS reported that 103 children out of 12,659 in DHS custody were abused or neglected while in care. This represents a rate of 99.19 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 62 children from abuse and neglect by a resource caregiver.

As shown in Figure 14 below, during the baseline period of April 2013 to March 2014, DHS reported that 98.73 percent of children in DHS custody were not victims of child maltreatment. Over the eight subsequent reporting periods following the baseline period, DHS' safety outcomes did not substantially or sustainably progress toward the Target Outcome. However, as Figure 14 below shows, over the last four periods including the current period under review, DHS achieved substantial progress above the baseline performance and toward the Target Outcome.

²⁸ In October 2014, the federal Children's Bureau changed the metric it uses to assess state child safety in care. The new federal metric combines maltreatment in care by resource caregivers and by parents, with some additional adjustments to the methodology. For consistency and comparability, the Co-Neutrals and DHS continue to use the two metrics and methodology originally established in the Metrics Plan.

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



In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, April 1, 2019 to March 31, 2020, DHS reported 120 substantiations of child abuse and neglect by a resource caregiver. Of these 120 substantiations, 85 (71 percent) are for children in family-based foster care settings, while 35 (29 percent) are for children in institutional placements.²⁹

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

The Co-Neutrals adapted the methodology utilized in the preceding section, Abuse and Neglect by Resource Caregivers, to measure abuse and neglect by parents while a child is in the legal custody of DHS. This includes the significant population of children who remain the legal responsibility of DHS but who reside in, or have been placed back in, their homes of origin for trial home visits. In Oklahoma, children can experience trial home visits for months before judges

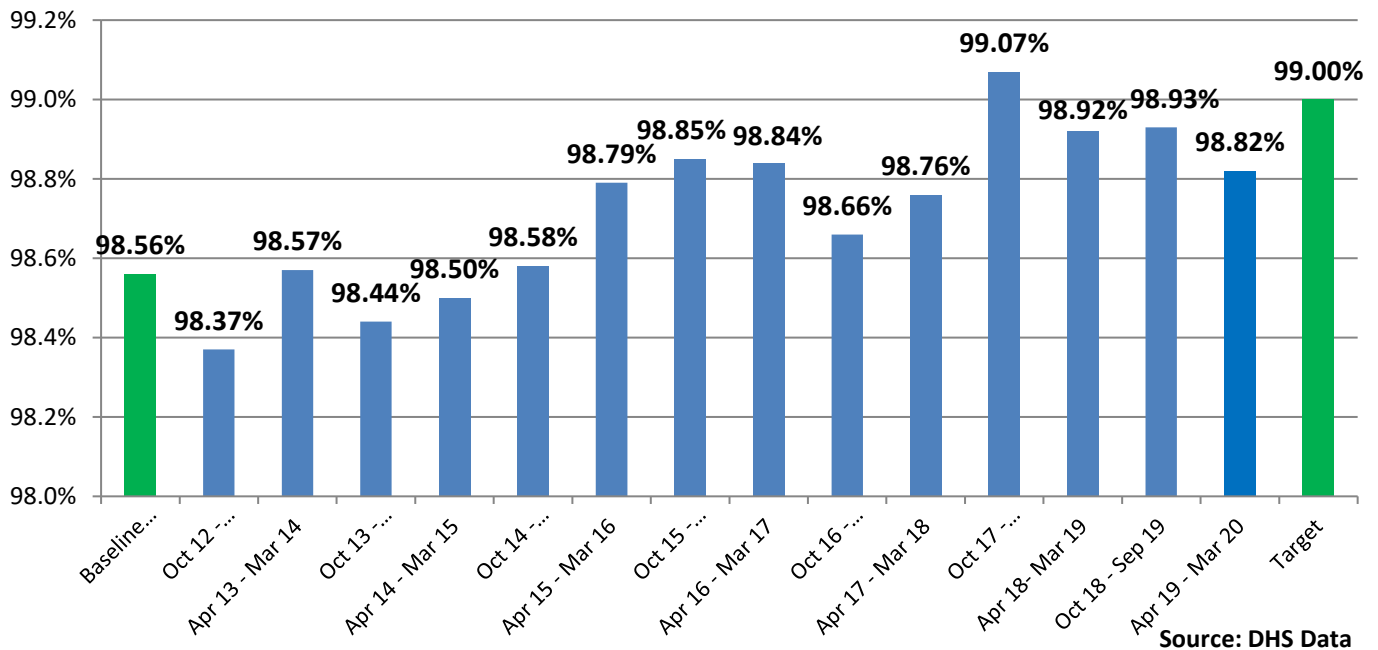
²⁹ Seventeen of the 120 substantiations reported in the monthly data are not included in the Metric 1a federal measure adopted by DHS and the Co-Neutrals for two reasons: (1) 11 child abuse or neglect substantiations were excluded because, according to the federal methodology in place at the time the Metrics Plan was finalized, both the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated by DHS) must exist in the same 12-months federal reporting period; and (2) six child abuse or neglect substantiations were not counted in the federal metric because they represent multiple substantiations for the same child.

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

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

For this report period, April 1, 2019 to March 31, 2020, DHS served 12,659 children in custody, 149 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 98.82 percent against a target of 99 percent. As shown in Figure 15 below, this represents a decrease of approximately one-tenth of a percent from last period, when DHS reported a safety rate of 98.93 percent. DHS needed to keep 22 additional children in custody safe from maltreatment by their parent in order to have met the Target Outcome for Metric 1b during this period.³⁰

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



³⁰ DHS’ data excluded 16 substantiations of maltreatment of children by their parents while in DHS custody from a total of 165 substantiations because of the same federal exceptions applicable in Metric 1a. All 16 substantiations excluded from the federal measure are because the referral date and findings date do not exist in the same 12-month reporting period.

Comparative Maltreatment in Care Rates by Placement Types

The Co-Neutrals reviewed whether children are maltreated by a resource caregiver more often in certain placement types through an analysis of Maltreatment in Care (MIC) rates for each placement type (see Table 10 below). The Co-Neutrals used the method that the United States Department of Health and Human Services Children’s Bureau adopted to measure how often MIC occurs, which calculates a rate of maltreatment based on the days children are in child welfare custody. The rate signifies, for every 100,000 days that a group of children spent in custody, the number of MIC substantiations those children experienced. In the Co-Neutrals’ analysis, lower MIC rates mean that children experienced less maltreatment by resource caregivers in that placement type, while higher rates mean children experienced more maltreatment by resource caregivers while residing in that placement type.

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

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

When compared to the last 12-month report period, the maltreatment rate for children in DHS custody remained in the 4.3 to 4.4 percent range but positively stayed below the 5.2 percent rate reported the previous period. A more detailed review of the data by placement type shows that the maltreatment rate in congregate settings remains the highest of all placement types, though the rate decreased from 23.5 percent last period to 18.6 percent this period. Work remains to be done to reduce further the rate of maltreatment in congregate settings and DHS’ continued efforts in this area are outlined below. It is important to note, however, that compared to two

years ago for the report period ending March 2018, the MIC rate in congregate settings has decreased by almost 50 percent from 33.49 to 18.6 percent this report period.

Core Strategies to Reduce MIC in Family-Based Placements

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

1. **Referral Histories:** foster homes with extensive referral histories that contain screened-out, ruled out, or unsubstantiated referrals for the same or similar abuse/neglect allegations that were eventually substantiated or that revealed patterns of concerning conditions in foster homes;
2. **Quality of Visits:** some caseworkers not thoroughly assessing and/or addressing child safety and caregiver discipline during monthly visits; and,
3. **Home Approval:** foster homes with concerning child welfare, criminal or personal histories that raise questions about the safety of certain new foster homes.

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

Improving Case Practice from MIC Qualitative Review Findings

In its expanded core strategies, the department committed to enhance its quality assurance work and establish a structured information sharing process to ensure key findings from DHS' maltreatment case record reviews are discussed timely and constructively with supervisors and caseworkers. DHS' central office MIC team continued its review of all substantiated maltreatment referrals in foster homes and a monthly sample of eight unsubstantiated investigations to assess ongoing practice issues that contribute to child maltreatment in foster homes. The central office MIC team sends each of these completed case reviews to the relevant district director and foster care field manager. The reviews document any identified case practice concerns that local supervisors are then required to review timely with their assigned permanency and foster care workers so that frontline staff can learn from and address any shortfalls in their casework moving forward.

During calendar year 2019, DHS reported that the department's program staff completed case reviews of 143 MIC investigations, including 49 that were substantiated and 94 that were unsubstantiated for maltreatment. The department's analysis of these 143 case reviews found that quality of visits remains the most frequently identified area of concern. As shown in Table 11 below, of all 143 MIC cases reviewed, 65 (45.5 percent) were identified with quality of visit concerns and among the 49 substantiated cases reviewed, DHS found that 30 (61 percent) presented quality of visit concerns.

Table 11: MIC Investigation Case Review, January – December 2019

Area of Concern	Of all 143 cases reviewed		Of the 49 substantiated cases reviewed	
	Count	Percentage	Count	Percentage
Quality of Visits	65	45.5%	30	61%
Totality of information / Referral History	31	21.7%	12	24.5%
Unapproved person in the home	15	10.5%	10	20.4%
Home approval	18	12.6%	9	18.4%
Child with special needs, challenging behavior	24	16.8%	8	16%
Foster Parent Support*	16	14.8%	6	16%
DHS partners not communicating	15	10.5%	8	16%
Overfill	5	3.5%	0	0%

*Only starting in June 2019 did DHS begin to assess lack of foster parent support as a contributing safety factor in the MIC case reviews. As such, only 108 of all 143 cases reviewed and 38 of the 49 substantiated cases reviewed included this as a potential response.

DHS began over the last year and continued through this report period to implement new efforts focused on providing heightened attention and guidance to caseworkers in order to improve the quality and consistency of worker visits with foster parents and children placed in foster care and with children and families in trial reunification.³¹ To further hone the department’s and supervisors’ focus on improving quality visits, DHS’ program office probed deeper into the 143 MIC case reviews to document specific aspects of visits that require better practice. As outlined in Table 12 below, DHS identified eight recurring aspects of quality visits that require case practice improvements. The top three quality of visit concerns identified 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; and, a lack of discussion about discipline practices.

Table 12: Analysis of Quality Visits in MIC Case Reviews, Jan-Dec 2019

Aspects of Quality Visits Assessed	Frequency	Percent of 143 Cases Reviewed
No discussion about other persons in the home	75	52.4%
No unannounced visits	50	35.0%
No discussion about discipline practices	36	25.2%
Safety not addressed with children or foster parents	30	21.0%
Lack of attempt to gather info from pre/nonverbal children	26	18.0%
No discussion with foster parent as to children’s services	21	14.7%
Infant not observed unclothed	9	6.3%
Contradicting Info not addressed	4	2.8%

During the first quarter of 2019, DHS charged its five regions with developing a targeted action plan designed to decrease the most prevalent MIC contributing factors identified in reviews of MIC investigations from their respective areas. Consistent with statewide and area-specific case review findings, every region chose to focus their plans on improving the quality of caseworker visits, including ensuring that staff: complete unannounced visits as required; assess if any unapproved individuals frequent or live in the home and/or care for the children in custody; discuss the use of discipline; and, assess, monitor and address any other concerning behaviors or conditions observed. DHS reported that since these plans were initiated, supervisors have

³¹ The quality of visit guidance and enhancements in KIDS are also designed to improve quality of visits and better assess safety and protective capacity with birth parents who are working toward trial reunification.

reported improvements in the quality of caseworker discussions regarding discipline and any unapproved individuals in the home.³² DHS has also reported that supervisors are tracking and guiding staff not only to discuss discipline in the home but to discuss the details of the methods, frequency and purpose of the use of discipline.

However, while reported progress has been made, work continues to improve the quality and consistency of caseworker visits to ensure appropriate safety assessments are completed during every visit and that workers are considering the totality of information available about each home and the child in care. Further, in light of DHS' ongoing MIC case reviews mostly showing the same top issues of concern remain, with quality of visits still presenting prominently, DHS decided this report period to better focus the strategy on correction rather than diagnosis. Instead of charging district directors in the field with conducting their own reviews of substantiated MIC investigations (all of which are still reviewed by DHS' central program office),³³ DHS decided district directors will focus more on implementing existing and new strategies focused on improving the quality of visits and other practices essential to enhance the safety of children in custody. As DHS reported in its August 2020 Semi-Annual Report, with the volume and consistency of findings in the case reviews, there is an opportunity to "allocate additional time partnering with other program areas to share and strengthen the TOL [transfer of learning] processes and develop targeted processes to actually enhance the quality this data analysis shows is lacking."

Toward the end of the last and during this report period, DHS advanced several new efforts focused on improving the quality of caseworkers' visits with children and families. First, DHS in November 2019 changed in the KIDS data system the set of questions and issues workers must review and document for every monthly contact with children in custody and the foster parents with whom they are placed. The questions replicate those included in the "Assessment of Child Safety" (AOCS) that the department reviews and assesses when making removal and reunification decisions regarding children and their birth families. Prior to November 2019, the child safety section for each monthly contact with a child in a foster home only required a worker to: confirm if the child was seen alone and provide an explanation if a child was not seen alone

³² As previously noted in the Co-Neutrals' Commentary 13, Region 4 reported that from February to June 2019, there was an increase from 55 to 79 percent of contact notes showing that caseworkers appropriately addressed discipline according to DHS' quality contacts guide. Region 3 similarly reported a 45 percent improvement in quality discussions about discipline by May 2019 and that documentation of discussions about other individuals who may frequent the foster home increased from five to 60 percent.

³³ During the previous two report periods and until March 2020, each district director was responsible for completing a monthly review of up to two substantiated and two unsubstantiated maltreatment referrals in their district. As of March 2020, each district director still reviews at least one unsubstantiated MIC investigation each month and receives for discussion with their staff the case review notes, along with transfer of learning highlights, completed by DHS' program office for any substantiated MIC case from their district.

(this is still required); and describe generally the methods, purpose and frequency of discipline, as well as supervision and sleeping arrangements.

The new guide requires caseworkers to answer four questions and provides detailed descriptions of the type 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?**³⁴
 - 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)],³⁵ mood and behavior, age appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills. Ensure sleeping arrangements are safe and appropriate.
- **Discipline: Describe the disciplinary approaches used by the [foster parent(s)] and under what circumstances?**
 - Describe methods of discipline used, frequency and purpose of discipline by including examples of appropriate purposes such as providing direction, managing behavior, and/or teaching, emotional state of each [foster parent] when disciplining, each child's perception of discipline methods, [foster parent(s)] agreement on discipline, each [foster parent's] view of his or her own discipline experience, cultural implications and if the discipline is based on reasonable expectations of the child and whether it works.
- **Parenting: Describe the overall family values and cultural influences with the family 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?**

³⁴ The contact guide reminds staff that each child in custody and foster parent must be interviewed separately to answer each of the four questions.

³⁵ 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 birth parent (i.e., assessing during monthly contacts with birth parent if a family is ready for trial reunification).

- Describe how the [foster parent] feels, thinks, and acts on a daily basis with focus on functioning and coping skills. Describe the [foster parent's] coping and stress management abilities, self-control in relationships, problem solving abilities, judgment and decision making, home and financial management, employment history, domestic violence, behavioral and physical health and capacity, social and familial support and cultural norms.

DHS also developed a How-To guide for staff on how to conduct the safety assessment during their visits using these key questions. In the department's data analysis of the 143 MIC case reviews completed by program staff for 2019, DHS reported the changes to the monthly contact entries in KIDS are designed to ensure caseworkers are consistently assessing safety and the same family functioning areas across the board. DHS also reported that another update to the KIDS contact field was completed in February 2020 which further supports ongoing assessments of child safety.

These changes to the required monthly contact documentation with questions that focus on a child's safety and well-being build on the Quality Contact Guides that DHS previously developed for staff. DHS reported that staff have been thoroughly trained on the use of the contact guides, which instruct staff on how to prepare for a quality visit, how to conduct a quality visit and best practices for following up on visits to ensure that the support needs of each child and family are met and that any outstanding or concerning issues are appropriately addressed. Training on the Quality Contact Guides was provided in regional increments through the Supervisor Framework, with the last region receiving the framework training on the contact guides in May 2020.

In DHS' analysis of the case reviews of MIC investigations from 2019, the department also pointed out that many of the cases, which again present ongoing concerns with quality of visits, precede the full implementation of these new efforts and training that focus on improving practice in this area. Ultimately, DHS must ensure that all strategies to improve quality visits and safety assessments are implemented and that supervisors are closely reviewing a sufficient number of documented visits and are coaching staff to timely recognize and address risk factors that can lead to maltreatment.

At the end of this period in June 2020, DHS also completed a new Safety Guidebook that compiles in one publication all the department's safety focused processes and practices.

Assessing Safety and Protective Capacities in Foster Homes

In September 2018, DHS implemented an alerts system in KIDS that allows all caseworkers to track any safety related issues or identified stressors in a home that require increased monitoring, support and/or engagement by staff. In its review of confirmed maltreatment investigations, DHS

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

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

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

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

At the beginning of SFY20 (July 1, 2019), there were 148 open resource alerts and DHS resolved 128 (86 percent) of these by the end of June 2020. During the 12 months of SFY20, DHS opened 255 new resource alerts, of which 181 (71 percent) were resolved within the same fiscal year, resulting in a total of 309 alerts resolved between July 2019 and June 2020.

The content of the alerts focus primarily on issues that may represent safety risks, including unapproved individuals caring for or having regular access to a child in custody, the use of discipline and the potential misuse of drugs or alcohol in the home. The resource alert report shows that DHS has closed homes and/or denied finalizing pending foster home approvals if the department was unable to resolve concerns that present a safety threat. In other cases, the alerts highlight concerns that can be and have been resolved with additional supports to foster parents who may have specialized needs or are experiencing elevated stress from fostering or other life experiences.

Reducing the Incidence of Foster Homes with Concerning Referral Histories

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

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

DHS reported that 100 percent of the required 338 screen out consultations were completed during the six-month period of October 2019 and March 2020. As reported in prior Commentaries, the Co-Neutrals have observed through case record reviews that caseworkers and supervisors are consistently completing these post-referral reviews. At the same time, DHS has recognized that beyond just ensuring completion of the screen out consultations, the department must provide support and guidance to field staff in order to strengthen the quality of this safety-driven practice. To aid in this goal, DHS embedded a screen out consultation guide in KIDS, which requires staff to assess the following information about the foster home: the number and content of referrals and investigations involving the home, the number and content of Written Plans of Compliance (WPC) involving the home, and any safety issues in the home. Most importantly, the guide requires staff to document their justification for keeping a child in the home or, conversely, removing a child following a screened-out referral. If it is decided that it is in the best interest of the child to stay in the home, staff must document if a Written Plan of Compliance is necessary to secure child safety, and any additional supports that will be placed in the home to mitigate any identified risk and promote safety for a child.

Again, showing the department's commitment to learn and self-correct from case reviews, DHS reported that a case review of screened-out referrals and other MIC cases completed in January 2020 revealed that caseworkers assigned to foster homes (both DHS and private agency staff) do not consistently follow up to address concerns or policy violations surfaced from these reports. In the same month, January 2020, DHS established a new practice setting a 10-day deadline for DHS and private agency staff to address any identified concerns with the foster family and report back the outcome. Further, DHS delivered a two-hour training to foster home supervisors in February 2020 on completing quality supervisor reviews of screened-out referrals, including reviewing each foster home's history and record in totality to assess any concerns that require action before, during and after the screen out consultation.

Finally, the child welfare director sent a formal memorandum in May 2020 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.

Improving the Foster Home Approval Process

For the past two and a half 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' effort to implement the plan, which includes: training for staff and supervisors to enhance their assessment skills and use of new resource home review tools; the development of new training for all resource staff on conducting thorough home assessments; guidance on higher-level reviews and approval of homes with concerning histories; and ongoing, quality assurance through resource home case reviews. Expanding on the original action plan, DHS has provided additional training, including during this report period, to staff (DHS and private agencies) focused on updated protocols and ensuring all required records about a prospective foster family are obtained and assessed for safety, including criminal and child welfare history checks. Further, throughout 2019, each of the ten field managers who lead foster care field operations across the state implemented action plans to improve the quality of resource family assessments with a focus on the practice areas in most need of improvement. Many of the plans 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, in order to approve a home.

With respect to child safety, DHS continues to undertake a process of continuous, ongoing self-assessment, strategy design and implementation. During the last report period, for example, DHS enhanced documents used to approve or update the approval of foster homes, including the form used to gather important information from behavioral health professionals about the mental/behavioral health history of prospective foster parents or any other adult members of the home. During this report period, DHS again created and updated existing forms to enhance key information gathered during the foster home approval process. This includes: updating the

resource family application to gather information about any adult in the home; new information gathered from school personnel regarding safety-related questions about any child currently living in the home and the prospective foster parent's attention to educational needs and parenting ability; and, new information gathered about prospective kinship families' involvement with the child's current removal case and any potential protective capacity concerns. Several training sessions were delivered during this period to further improve the skill level of field staff to complete background record checks and assess families for home approval.

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

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

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

DHS' Efforts to Reduce Child Maltreatment in Institutional Settings

During the fall of 2015, DHS began to expand and strengthen oversight, monitoring, and engagement with higher-level congregate institutions to reduce the risk of maltreatment of children and youth in those settings. These protocols require DHS to initiate and enforce corrective actions to mitigate any identified safety concerns in an institution. For those institutions with confirmed child maltreatment, DHS committed to engage in heightened

monitoring and oversight to ensure the timely and full resolution of safety concerns. DHS also committed through new contract requirements to ensure that all group home facility staff are trained on Managing Aggressive Behaviors (MAB), a model of positive youth development selected by DHS to prevent child restraints and de-escalate behavioral challenges presented by children and youth.

DHS reported nine fewer MIC substantiations in congregate care this period compared to last period, decreasing from 44 to 35. These 35 maltreatment substantiations are contained in 28 distinct referral investigations as some cases involved more than one child. Six of the 35 maltreatment substantiations occurred in three facilities where DHS terminated its contract or where services are no longer provided.

Heightened Monitoring of Facilities with Prior Maltreatment

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

During this period, DHS placed one new group home facility under heightened monitoring with an improvement plan focused on developing the skill level of shift supervisors and reducing the use of physical interventions. Also, one other group home previously placed under heightened monitoring was released from this additional oversight in June 2020 after showing, as reported by DHS, substantial improvement and successful completion of its action plan during this report period.

Eleven of the 35 MIC substantiations reported during this 12-month report period occurred in facilities where DHS does not oversee the service contract, including psychiatric hospitals and juvenile detention centers. DHS was able to work with one hospital that agreed, after initially refusing, to work with the department's heightened monitoring team and implement an improvement plan. As of this report writing, the hospital continued to work with DHS under the heightened monitoring program but experienced some delays in implementing its plan during

this report period due to the pandemic. While work remains for this hospital to fully implement and achieve the established action plan goals, DHS reported initial improvement as the facility has decreased its use of physical interventions and the number of MIC substantiations reduced from three during the first six months (April – September 2019) of this 12-month data reporting period to one during the second half (October 2019 – March 2020).

Comprehensive Protocol Following an Investigation

Under the core strategies, DHS designed a comprehensive protocol that strengthened the action steps DHS and facilities are required to take during and following an investigation of maltreatment or when any issue of concern is identified. The protocol established a series of deadline-driven actions to ensure facilities effectively implement corrective action to promptly remedy child safety concerns. The Co-Neutrals have observed in numerous case records that facility liaisons in DHS Specialized Placement and Partnerships Unit (SPPU) have monitored and enforced corrective action plans (CAP) and facility action steps (FAS). The reviews have identified that DHS appropriately initiated a CAP following an investigation to address any employee-specific concerns identified. DHS also committed to develop Facility Action Step (FAS) plans to address facility-wide (or agency-wide) behaviors or conditions of concern, including contract compliance, lack of training, low staffing levels, over-use of restraints, or overall non-therapeutic environments. SPPU's heightened monitoring efforts and corresponding action plans generally have improved facility-wide concerns at selected institutions.

Expanded Core Strategies in Facilities

In April 2018, DHS issued staff instructions on the new placement protocols for group homes as part of the department's expanded core strategies to improve safety of children placed in higher-level settings. The first protocol addresses the placement of a child in a group home subject to heightened monitoring. Any group home subject to heightened monitoring may have unresolved safety and quality of care concerns that DHS must consider when making placement decisions. As a result, 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 safety and the safety of other children.

Changes in the SPPU Program

During this report period, DHS made some thoughtful adjustments with its SPPU program work. First, the SPPU program and staff were moved under the newly established Deputy Child Welfare Director for Placement Programs, where DHS has consolidated all placement related programs. Second, DHS realigned the work of its SPPU liaisons who are assigned to work individually with each congregate facility where DHS places children in custody. The department now assigns two SPPU liaisons to each facility: one support liaison who, as reported by DHS in their August 2020 Semi-Annual report, “focuses on supporting the facility and driving good transition work for each youth in the program.” DHS also assigns to each facility an SPPU safety liaison who is responsible for monitoring all referrals involving their designated facility and continuously assessing their facilities for any patterns or areas of concern that need to be addressed, as well as monitoring safety plans and contract commitments. DHS reported that this adjustment has improved communications between SPPU and facilities regarding their direct care practices.

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:

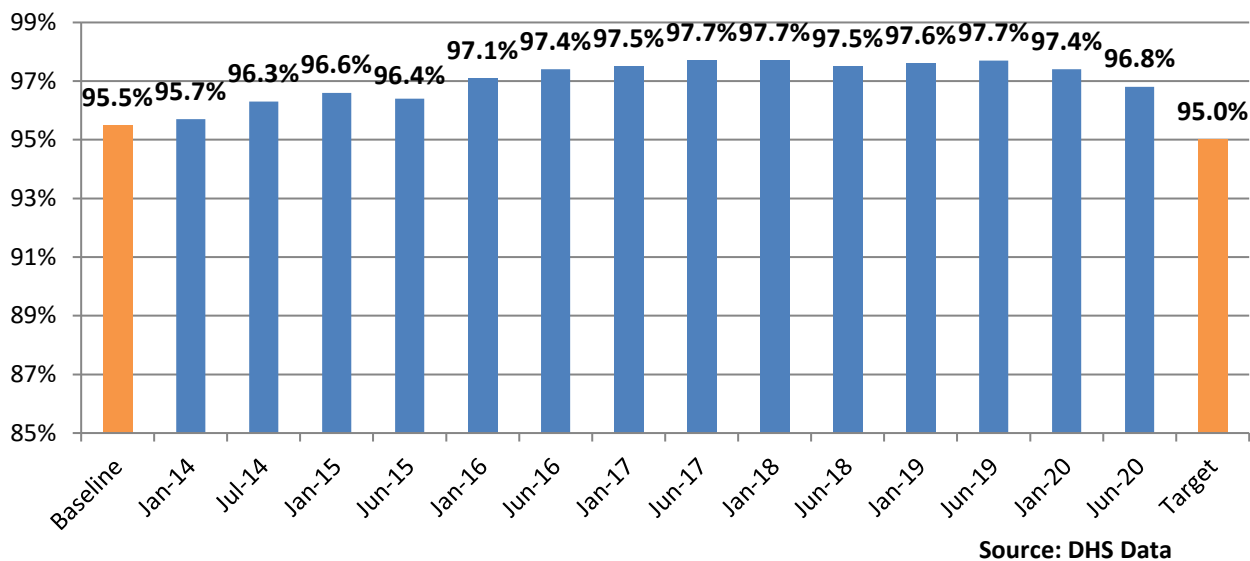
Metric 3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

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 87,210 (96.8 percent) of 90,082 required visits with children during the reporting period of July 1, 2019 to June 30, 2020, again

showing that DHS has achieved the Target Outcome of 95 percent for every period since the beginning of this reform. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.1.

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



It is important to note that the established 3.1 measure for monthly visits requires that the visits be completed in-person, face-to-face. However, as noted above, DHS in response to the pandemic called for monthly visits to be conducted virtually from mid-March until June 1, 2020 in an effort to protect children, families and staff from the spread of the virus. Further, also in response to the pandemic, the Children’s Bureau under the federal Administration for Children and Families issued guidance establishing that child welfare agencies may conduct child visits through video conferencing in order to meet the federal requirement for monthly visits in the residence of a child in custody. Table 13 below shows the number and percentage of visits DHS reported as complete that were conducted virtually each month from March through June 2020.

**Table 13: Required Monthly Visits Conducted Face to Face vs. Virtually
July 1, 2019 to June 30, 2020**

Month	TOTAL Due	Face to Face Completed	Video Completed	TOTAL %		
Jul-19	7627	7442	97.6%	N/A	N/A	97.6%
Aug-19	7548	7384	97.8%	N/A	N/A	97.8%
Sep-19	7622	7433	97.5%	N/A	N/A	97.5%
Oct-19	7606	7419	97.5%	N/A	N/A	97.5%

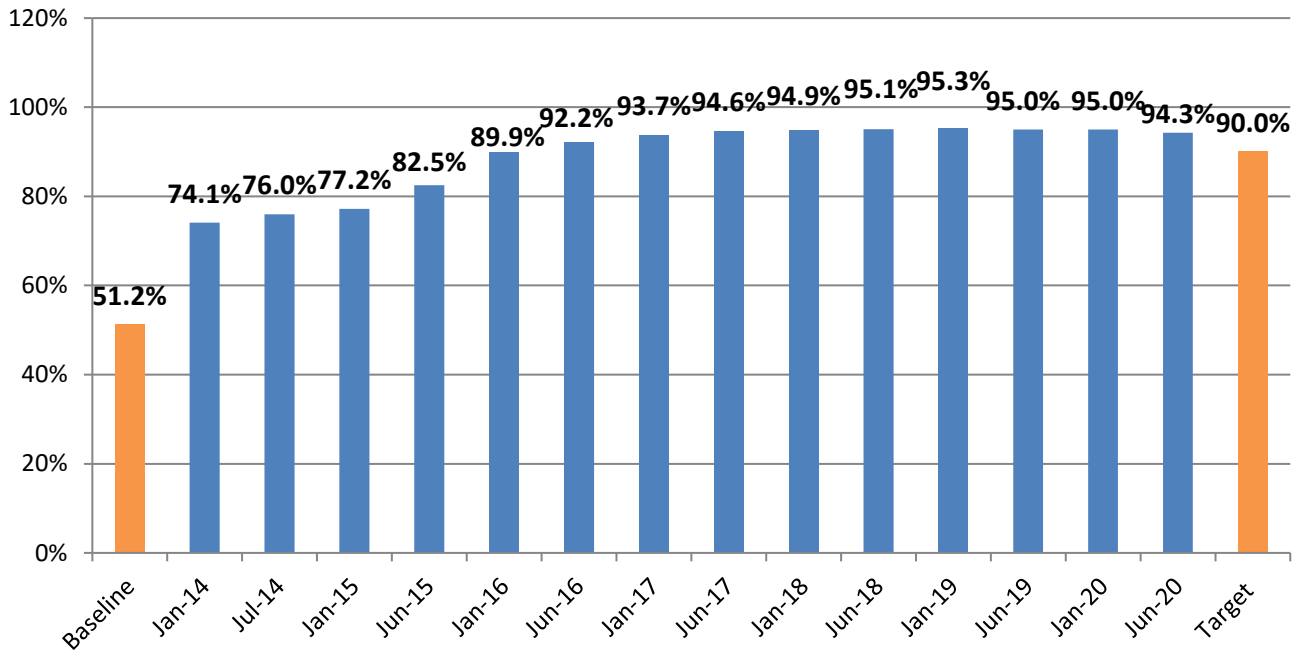
Nov-19	7569	7340	97.0%	N/A	N/A	97.0%
Dec-19	7410	7307	98.6%	N/A	N/A	98.6%
Jan-20	7417	7299	98.4%	N/A	N/A	98.4%
Feb-20	7425	7312	98.5%	N/A	N/A	98.5%
Mar-20	7483	4866	65.0%	1844	24.6%	89.7%
Apr-20	7530	1235	16.4%	5968	79.3%	95.7%
May-20	7448	1297	17.4%	5843	78.5%	95.9%
Jun-20	7397	6857	92.7%	364	4.9%	97.6%
Total	90082	73191	81.2%	14019	15.6%	96.8%

DHS resumed the regular statewide practice of face-to-face monthly contacts on June 1, 2020. However, the department has and continues to designate some limited areas for virtual monthly contacts as needed based on reports of COVID-19 cases that indicate locations at higher risk for the spread of the virus.

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 (July 1, 2019 to June 30, 2020), DHS reported that primary workers made 82,348 (94.3 percent) of the 87,352 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 nine consecutive periods, including the current one.

Figure 17: Metric 3.2 – Frequency of Primary Worker Visits



Source: DHS Data

DHS made the commitment to end the practice of regularly assigning secondary permanency workers to children in custody. Since the beginning of this reform, DHS has substantially shifted case practice by prioritizing the importance of having the same primary worker meet with the same child each month. This enhanced practice supports better outcomes for children through consistent case planning by the same worker to secure a child’s placement stability, safety, and permanency. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.2.

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

The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same primary caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).³⁶ DHS is now in the second phase, reporting for the eleventh time its performance outcomes on continuity of visits over six months (Metric 3.3b). Metric 3.3b measures the following:

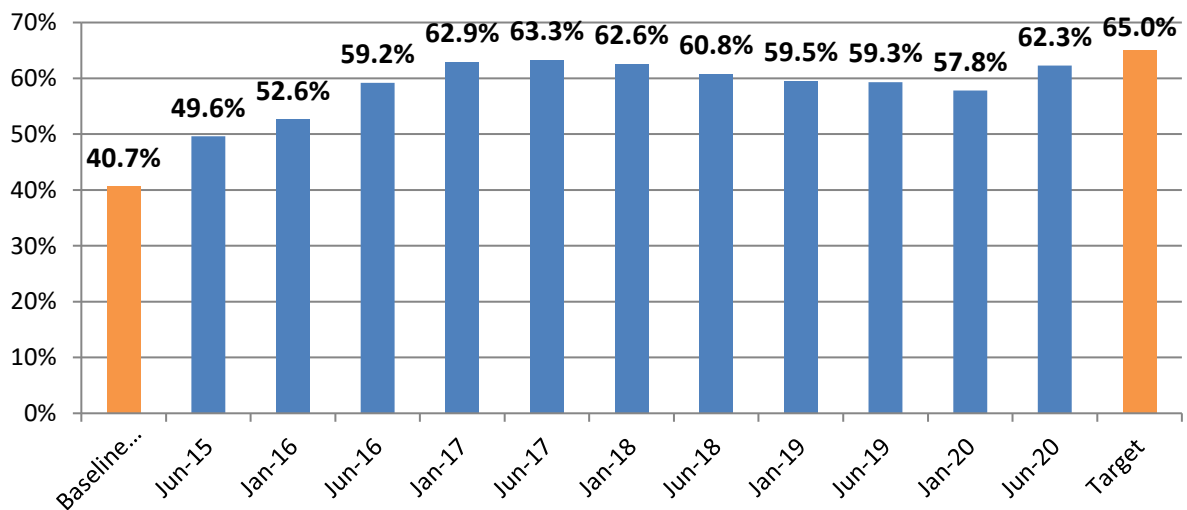
The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the

³⁶ DHS is no longer required to report on Metric 3.3a, which measured three-month continuity of visits with the same primary caseworker.

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, 2019 to June 30, 2020, DHS reported that 7,214 children required at least six consecutive visits. Of these 7,214 children, 4,491 children (62.3 percent) were visited by the same primary worker in their most recent six months in care. This performance outcome represents a 4.5 percent increase from last report period and again placed DHS well-above the baseline set at 40.65 percent and in close range to the Target Outcome of 65 percent.

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



DHS acknowledges that caseworker turnover is the primary challenge to achieving the Target Outcome for Metric 3.3b and that ongoing efforts to stabilize the department’s workforce and improve retention must continue to achieve the Target Outcomes for caseload compliance as well as continuity of workers and visits for children in custody. As noted in the caseload section of this Commentary, DHS continued its workforce management efforts this report period to further improve caseload compliance and stability. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

F. Placement Stability

Over the last several years, DHS has implemented several core strategies to improve placement stability outcomes for children in DHS custody. These strategies have focused 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. As detailed below, DHS has made progress from the starting baseline established for each of the four placement stability measures, but the performance outcomes have mostly plateaued over the last two years. During this period, DHS further honed its assessment of the department's data and practices and developed new strategies to address this flattening in performance to help move outcomes closer to the placement stability Target Outcomes. As a result of these efforts described in greater detail below, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the placement stability Target Outcomes.

Performance Standards

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children's placement stability. This report reviews performance data for the period April 1, 2019 to March 31, 2020 for Metrics 4.1 a, b and c and Metric 4.2.

Performance Outcomes

Metrics 4.1 a, b and c report on the number of children who experience two or fewer placements within different lengths of time in DHS custody (e.g., 0-12 months, 13-24 months, over 24 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care. As detailed in Table 14 below, for this report period, DHS' performance slightly decreased in three of the four placement stability metrics (4.1 a and b and 4.2) and slightly increased in the other one (4.1c).

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

Metric	Baseline Oct 2011 - Sept 2012	Performance April 2017 - March 2018	Performance Oct 2017 - Sept 2018	Performance April 2018 - March 2019	Performance Oct 2018 - Sept 2019	Performance April 2019- March 2020	Target 6/30/2016
4.1(a): percent of children in custody with 2 or fewer placements who are in care less than 12 months	70.0%	77.7%	80.7%	79.8%	79.5%	79.1%	88.0%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12 months	50.0%	58.2%	59.0%	61.0%	63.1%	62.0%	68.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	29.9%	30.8%	33.0%	33.1%	34.1%	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)	79.1%	79.8%	79.5%	79.8%	79.6%	88.0%

Kinship as First Placement

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

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

As shown in Table 15 below, DHS established baseline data for kinship first placements during the six-month period of July to December 2016, with 34.6 percent of children being placed in kinship homes as their first countable placement. For this report period, DHS reported a significant increase to 48 percent first kinship placements, up 3.6 percent from last period and still well above the baseline of 34.6 reported in 2016.

Table 15: Percent of Children Whose First Countable Placement is a Kinship Home³⁷

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

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.³⁸ DHS reported that the department has focused on supporting and guiding staff to implement this key practice as part of the Supervisory Framework but has not taken a compliance driven approach, such as requiring and tracking that district directors and supervisors document their approval of caseworkers’ efforts before approving a non-kinship placement. However, in light of a declining percentage of first kinship placements over the last three periods (see Table 15 above) and since the high point of 49.1 percent recorded four periods ago, DHS re-evaluated establishing enhanced accountability in this practice as described below.

During this report period, the department also delved further into regional data, which showed Region 1 consistently leads among all five regions with the highest percentage of first kinship

³⁷ 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.

³⁸ Before DHS makes a decision to remove and seek custody of a child, the department’s required practice is first to hold a child safety meeting (CSM) to assess if there remains any opportunity to maintain the child safely with their birth family with supports and services from DHS and the family’s available support system. If a CSM is held where a decision is made to remove a child 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.

placements. DHS found the single outstanding factor that distinguishes Region 1 from the others is that the Regional Deputy Director assumed responsibility as the region's placement stability lead. Placement stability leads are charged with helping to guide their respective region's understanding and implementation of the department's placement stability strategies, as well as assess any barriers regarding the same. In this role, Region 1's Regional Director has used her leadership position to hold district directors accountable for ensuring their assigned caseworkers have diligently pursued viable kinship placements before approving a non-kinship placement. In developing an expanded set of placement stability strategies during this report period, DHS prioritized designating every Regional Deputy Director as their respective region's lead for placement stability strategies and practice. This move sends a signal throughout each region that improving placement stability practices and outcomes is a priority. It also reinforces and advances the need for an integrated view and implementation of the numerous strategies DHS developed for other performance areas and that directly impact placement stability (i.e., continuum of care and shelter reduction).

With respect to kinship first placements specifically, DHS has 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's statewide program lead for placement stability reported that guidance is being provided to all child welfare staff emphasizing again the importance of gathering early in the investigation process information about each family's connections and supports, including potential kinship placements in the event a placement is needed. DHS also updated and sent to all child welfare staff updated protocols for conducting Child Safety Meetings, which provide an early and critical opportunity to review with birth families their network of kinship supports. DHS' staff guidance regarding Child Safety Meetings (CSM) states that during an in home abuse/neglect investigation, "A CSM is held any time the child's current safety condition warrants consideration of a safety intervention by moving a child, having a parent leave the home, having a monitor move in or monitor the home." Further, DHS' protocol requires that a CSM be held within 48 hours of the investigating caseworker identifying that a safety intervention, including removal, may be necessary. DHS is directing investigating caseworkers, along with their local leadership, to include and review in the CSM the families' circle of support and build a record of this network of individuals on the Important People in the Child's Life Family Tree Form.³⁹ DHS' continued efforts to signal that identifying kin who can support children starts early in a case

³⁹ 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.

(even if a child is ultimately never removed) is an important practice shift in order to reduce the number of removals where workers scramble to find and approve a kinship home in the 11th hour. Of course, there are exceptions such as when true emergency removals occur, but many cases involve much more lead time as the Co-Neutrals and DHS have discussed.

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

Efforts to Stabilize First Placements

Since January 2017, DHS has focused on two specific efforts to help stabilize a child's first placement in a foster home, which includes foster homes of all types: the "two-day call" and the Initial Meeting. Following a child's first placement in care, DHS requires caseworkers to call the foster family within two days of placement as a mechanism to help ensure a child's needs are being met and that the resource family feels supported. Further, DHS has had a standing requirement that an Initial Meeting is held shortly after a child is newly placed in DHS custody.⁴⁰ The purpose of the Initial Meeting had long been to bring together birth and resource parents to meet and help the child feel safe and comfortable and discuss the child's needs. The meeting is to include the child's parent(s), the foster family, the child's permanency worker, the foster family's resource worker and the CPS worker. DHS made it a priority to clarify with caseworkers the mandate and importance of completing the Initial Meetings 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 the last three months of this period (April to June 2020), DHS reported that 89.3

⁴⁰ Previously the requirement was for the Initial Meeting to be held within seven days, which was changed to within 10 business days several periods ago. As explained later in this section, during this report period, DHS 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 of the two-day calls were documented as complete for a child's first placement, which represents marked improvement not only above the baseline but also compared to the end of last period (October to December 2019) when the completion rate was 81 percent. For the same three-month baseline period (February to April 2017), DHS reported that only 11 percent of the required Initial Meetings were completed, which confirmed DHS' earlier assessment that these meetings, although a long-time requirement, were not a common practice in the field. In comparison, DHS reported during this period (April to June 2020) that 69 percent were completed. A 69 percent Initial Meetings completion rate represents more than a 500 percent improvement above the 2017 baseline of 11 percent. It does, however, also represent a decrease from last period when DHS recorded 75 percent of required Initial Meetings were documented as complete after a child's first placement.

Initial Meetings

During this report period in February 2020, DHS decided to make two significant changes to the department's protocols for conducting Initial Meetings with the goal to better support the work of DHS' staff and accommodate families, and thereby improve their performance in this area. The changes were based on DHS' review of the data, as well as internal discussions about what practice would best meet the needs of children, resource parents, and DHS caseworkers. First, DHS reassigned to permanency planning caseworkers the lead role for coordinating all Initial Meetings. Previously, CPS caseworkers had the lead for bringing together all the required Initial Meeting participants (internal and external to DHS) to conduct an Initial Meeting if the CPS worker's investigation resulted in DHS placing a child in its custody. At times, the Initial Meeting would need to occur while the CPS worker was still in the process of completing the investigation, and, while also completing and initiating other time-sensitive priority investigations. Further, the CPS worker was required to hold the Initial Meeting within seven to ten business days after a child's placement in a foster home following removal. DHS determined that the placement stability and permanency focus and goals of the Initial Meeting practice better align with the work of the permanency planning specialists, particularly since Initial Meetings are now required not only for first placements after a removal but after all new, subsequent family-based placements as discussed further below.

Second, DHS determined the birth and foster families involved would be better supported if additional time is allowed before holding an Initial Meeting and extended the timeline to within 30 calendar days after a child is newly placed in a foster home. DHS reported:

[DHS] recognizes that when an investigation leads to the removal of a child from the home it is an extremely traumatic experience not only for the child but the parents as well. During the first several weeks upon removal

multiple types of assessments occur to identify the child's and resource parent's needs and the safety decision takes precedence over Initial Meetings. This does not discount the importance of bringing a child's parents and resource parents together to create a support plan; however, consideration was given to providing more time for completing Initial Meetings which would perhaps alleviate some stress upon all involved. The desired outcome is increased placement stability as a result of improved participation, Initial Meeting quality, and support plans to better support placements.

In November 2018, DHS began to require that an Initial Meeting be completed for any new family-based placements for children already in care. Prior to this, DHS implemented this strategy only for children entering a first placement. DHS selected May 2019 as the month to establish baseline data for this expanded practice. During May 2019, there were 448 children who required an Initial Meeting following a subsequent family-based placement, and Initial Meetings were documented for 23 percent (103) of these new child placements. By the middle of last period, September 2019, DHS increased to 34 percent the monthly rate of completing required Initial Meetings for subsequent new family-based placements. By the end of this report period, June 2020, DHS further improved the completion rate for this new practice to 49.3 percent.

DHS reported that after implementing these new protocols, the department found that additional staff guidance was necessary to reinforce that prior to completing an Initial Meeting, caseworkers must discuss, identify and meet any immediate needs of newly placed children and their foster parents through other standing practice requirements, including the two-day call with foster parents and caseworker visits.

Over the last year, DHS has made considerable effort 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. DHS reported in its August 2020 Semi-Annual report that record reviews of Initial Meetings that continued this period revealed that, "Region 1's Initial Meetings are consistently on target with documenting the purpose as intended and uploading support plans into KIDS." This finding further corroborates the positive impact of having the Regional Deputy Director lead the implementation of the department's placement stability strategies. DHS also reported that the reviews showed a noticeable improvement across all regions in foster and birth parents meeting and teaming to support placement stability and the number of support plans created and documented in KIDS. DHS attributes this progress to ongoing, monthly efforts to review the quality of Initial Meetings and provide feedback to regional leadership.

Tracking Implementation of Placement Stability Strategies

To support caseworkers' real-time tracking of the placement stability practices needed for new child removals, DHS developed a report (yi867b) that runs each night and offers caseworkers a daily tracking tool. Once the practices have been completed and properly documented, the case no longer appears on the report. DHS uses another form of this report (yi867) as a management tool to assess DHS' monthly progress toward increasing the rate of completion of each of the stability practices. The department's placement stability team sends to regional leadership a data report that shows how their region compares to statewide completion rates of the two-day calls, Initial Meetings, and kinship first placements. The reports also show completion rates broken down by each district within the region.

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

In addition, DHS now requires that when a child exits their first placement from a family-based setting and the exit reason is either "placement cannot meet child's behavioral treatment needs" or "provider requested change of placement," a case staffing for the child must be conducted by the child's assigned permanency caseworker and supervisor, any assigned ATU worker, and foster care representatives from the county/district or private agency that manages the foster home involved. The staffings are to assess: the child's functioning, relationship and interactions with their placement provider; the Important People in the Child's Life Family Tree Form to again review kinship options; supports and services the child may need to secure placement stability; and, the possible need to request EFC services or placement. Further, the staffings are intended to allow DHS to do all that it can to support stability in the child's next placement and to learn, as an organization, what supports are needed generally for both children and resource parents to improve placement stability outcomes.

New Training

DHS continued to work with the University of Oklahoma during this period to finalize a new online placement stability training for staff which focuses on: engaging families early in a case to support first and ongoing kinship placements; selecting the best placement for a child; conducting quality two-day calls and Initial Meetings; and assessing and addressing each foster family's support needs continuously; using the placement stability guidance documents and tools; and,

documenting placement stability practices as required. Shortly after the end of the period, DHS made the training available to all child welfare staff for mandatory completion.

G. Permanency

In order to achieve permanency for children in DHS' custody, the department has implemented core permanency strategies for children with the goal of reunification; for children who are legally free with a goal of adoption but do not yet have a permanent family identified; for children who are legally free and have an identified permanent placement; and, for older legally free youth without an adoption goal at risk of aging out of foster care. For this report period, the Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for nine of the ten permanency Metrics.⁴¹ For one permanency Metric, 6.2a, which measures timeliness to permanency within 12 months of a child entering care, the Co-Neutrals find, as explained further below, that DHS did not undertake good faith efforts to achieve substantial and sustained progress toward a Target Outcome. For this period, DHS reported an outcome for permanency for children within 12 months that is below the baseline performance established in 2013.⁴²

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. It is important to note that the permanency data outcomes reported for this period for the 6.2 Metrics extend only through March 2020. As such, DHS has not identified any significant impact on these permanency outcomes from COVID-19, which was declared a pandemic in mid-March 2020.

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

⁴¹ There were 11 permanency metrics originally established in the Metrics Plan. However, the measure that covers the older cohort of youth from Metric 6.1 is no longer monitored and reported as no children in this cohort remained in DHS custody as of the beginning of this report period.

⁴² Metric 6.2a, for the current period, involves 2,017 children who entered foster care between October 1, 2018 and March 31, 2019, and measures the agency's performance through March 31, 2020. All the children in the 6.2 Metrics for this period were removed from their families prior to the leadership of the current DHS director and the current child welfare director.

United States Department of Health and Human Services' Administration for Children and Families, completed Child and Family Services Reviews to assess the performance of state child welfare agencies with respect to child safety and numerous other well-being outcomes for children in states' custody, including timeliness to permanency. Based on the results of these reviews and other normalizing factors, the Children's Bureau published national standards that predominantly reflect the average level of performance of all reporting states, including the outcomes of the states across the nation that struggle to achieve timely permanency. As such, the national standards do not represent what may be considered the reasonably optimal permanency outcomes for children and families, but they do offer a mean against which the federal government measures and establishes a minimum standard for each state's performance. As shown in Table 16 below, the Metric 6.2 Target Outcomes established for DHS at the start of this reform are significantly higher compared to the equivalent federal standards for timely permanency. Timeliness to permanency within 24 to 36 months (6.2c) and within 36 to 48 months (6.2d) are combined into the federal measure of timeliness to permanency for any child in care for 24 months or longer.

Table 16: Comparison of Federal and Oklahoma Measures for Timely Permanency

Federal Measure (Equivalent OK measure in parenthesis)	Oklahoma Metric Target Outcome	Oklahoma Performance Outcome this Period	Federal CFSR National Standard
Permanency within 12 months (6.2a)	55%	34.8%	40.5%
Permanency within 12-23 months (6.2b)	75%	53.1%	43.6%
Permanency for children in care 24 months or longer (6.2 c and d combined)	6.2c - 70% (24-35 months)	6.2c – 56.3% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d – 51.0% (36-48 months)	

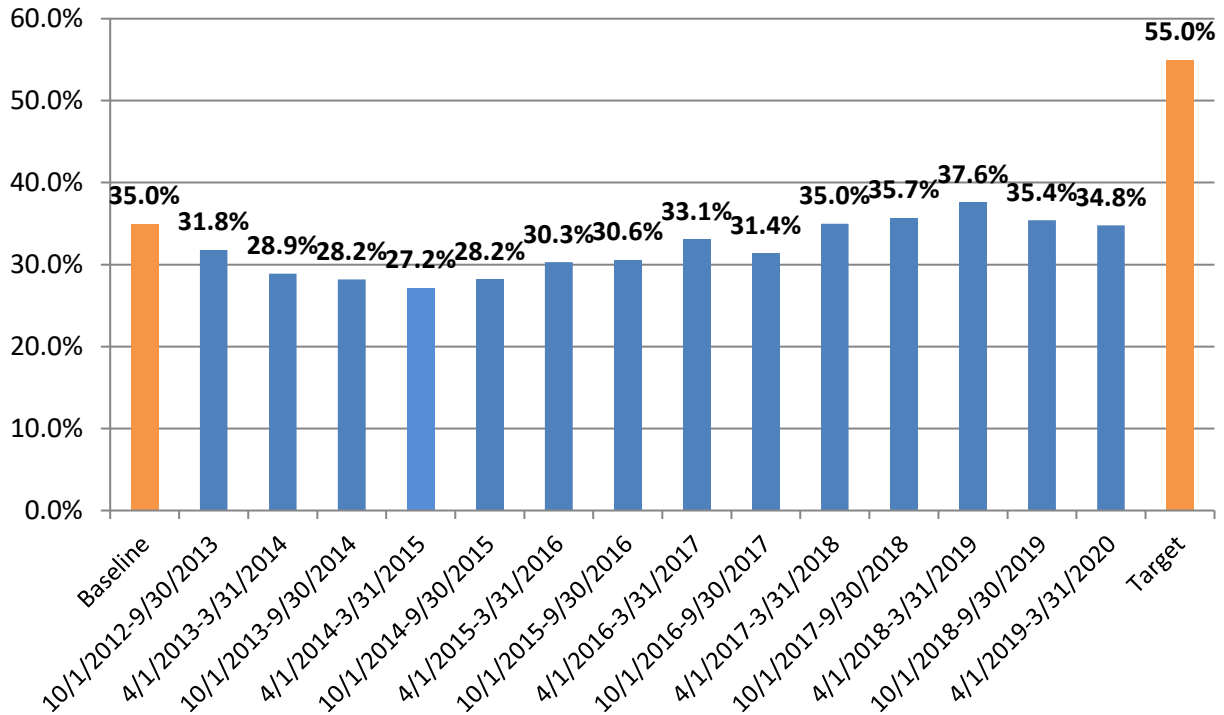
A review of three of DHS' current permanency outcomes in the context of the current national standards shows that DHS has made significant progress compared to states across the country, exceeding the equivalent national standards for Metrics 6.2 b, c and d. However, as noted in the comparison chart above, DHS remains below the national standard for permanency within 12 months, Metric 6.2a.

The following summaries and tables detail the baseline, performance-to-date and Target Outcome for each of the 6.2 Metrics.⁴³

Metric 6.2a, Permanency within 12 months of removal: DHS reports that of the 2,017 children who entered foster care between October 1, 2018 and March 31, 2019, 701 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 34.8 percent for Metric 6.2a, which represents a decrease of 0.6 percent since the last period and brings DHS' performance below the baseline outcome of 35 percent reported in 2013. This is the second consecutive performance decline reported for this measure, and the agency's performance has historically left too many children in state care for too long. For DHS to have performed to the federal standard, the agency would have had to secure permanency in 12 months for an additional 116 children. To reach the Metric 6.2a Target Outcome, the agency would have had to secure permanency in 12 months for an additional 408 children.

⁴³ The Co-Neutrals counted in the 6.2 Metrics children who in their 12th month of care entered trial reunification as having achieved permanency.

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



Source: DHS Data

Most children who achieve permanency within 12 months of removal do so through reunification. That fact makes it critical for DHS to have in place a strong case practice that engages birth families early and often in order to return children to their own homes as soon as safely possible and achieve substantial and sustained progress under Metric 6.2a. Of the 701 children in the 6.2a cohort who achieved permanency this period, 542 (77 percent) were reunified, 95 (14 percent) were adopted, and 64 (nine percent) achieved permanency through guardianship or custody with a relative.

Table 17: 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				
	Mar-20	Sept-19	Mar-19	Sept-18	Mar-18
Reunification	77% (542)	77% (609)	75% (597)	78% (662)	78% (650)
Adoption	14% (95)	10% (81)	11% (89)	8% (70)	9% (79)
Guardianship/Custody to Relative	9% (64)	13% (105)	13% (106)	14% (115)	12% (103)
Permanency Total	100% (701)	100% (795)	100% (792)	100% (847)	100% (832)

Source: DHS data

DHS' 6.2a Permanency Strategies, Efforts and Outcomes

Since the beginning of Oklahoma’s child welfare reform effort, DHS has struggled to achieve substantial and sustained progress toward the Target Outcome for timely permanency within a child’s first year in custody. In fact, the department has reported outcomes below the starting baseline for Metric 6.2a for the majority (10 of 13) of the report periods, including this period, ending in March 2020, in which verified performance data has been reviewed for this measure.⁴⁴ Despite the overwhelming number of data reports showing outcomes below baseline, the Co-Neutrals over the years have credited the agency’s articulation of core strategies to improve practice and its burgeoning implementation to render a determination that DHS made good faith efforts to achieve the Target Outcome for Metric 6.2a during eight out of the 11 report periods where a good faith finding was rendered.⁴⁵ However, eight years into this reform effort, DHS’ efforts to achieve permanency for children within 12 months of entering the state’s custody remain ineffective, insufficiently data-informed and without a strong diagnosis for its worsening performance for children. DHS has not made good faith efforts to identify the causative factors and barriers that contributed to this declining, below-baseline performance and has continued to implement core strategies that have not, in and of themselves, improved performance. DHS and the Co-Neutrals have engaged in ongoing discussions regarding the agency’s poor performance under Metric 6.2a and DHS has committed to first diagnose barriers that have led to declining performance and then implement amended Metric 6.2a core strategies grounded in

⁴⁴ In the first two Commentaries, the Co-Neutrals and DHS were still in the process of verifying DHS’ permanency data to determine data sufficiency.

⁴⁵ In the other three Commentaries (1st, 2nd and 4th), the Co-Neutrals did not make a good faith finding. In Commentaries 1 and 2, the Co-Neutrals and DHS were still in the process of verifying DHS’ permanency data to determine data sufficiency. For Commentary 4, the Co-Neutrals reserved judgment to allow DHS time to establish and implement core strategies.

the results of its diagnostic work. This work is essential to permanency for children and to demonstrate in future periods good faith efforts to achieve substantial and sustained progress toward the Metric 6.2a Target Outcome.

For over four years as described in previous Co-Neutral Commentaries, DHS has continued to implement core strategies for Metric 6.2a, including Permanency Safety Consultations (PSCs) as the primary strategy to advance reunification. PSCs are structured case conferences convened at regular intervals to assess through a team approach the viability of a child's safe reunification with his or her family. 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 effort, as well as any opportunities or barriers to permanency.

As PSCs remain DHS' primary statewide strategy focused on reunification, which is the leading permanency exit type for children within 12 months, it is important to surface the last time the Co-Neutrals determined that the department did not make good faith efforts toward substantial and sustained progress for this measure, as well as other Commentaries since that time. The finding was documented five report periods ago in Commentary 10, which provided a review of DHS' efforts through December 2017. In that report, the Co-Neutrals stated,

The Co-Neutrals have repeatedly extended the benefit of the doubt to the department with respect to its efforts to achieve permanency pursuant to Metric 6.2a, but at some point, progress must be evident and the CSA anticipates some positive trending toward the Target Outcome. The department has maintained that its implementation of the PSCs would improve permanency for the shortest-staying children, reflected in the Metric 6.2a measurement, and would remain its primary strategic effort. After more than five years, DHS' performance on Metric 6.2a remains worse than it was at the beginning of this reform and is headed in the wrong direction. DHS must assess its performance for these children, diagnose the barriers to permanency for short-staying children and implement measures to achieve substantial and sustained progress toward the Metric 6.2a Target Outcome.

In Commentary 10, the Co-Neutrals also reported on DHS' analysis of permanency trends from a review of 125 cases and 234 PSCs. From this analysis, DHS stated that the "lack of quality engagement with parents and families and assessing their needs is a reoccurring theme found throughout the study." As further reported in Commentary 10 five periods ago, DHS found that the PSC feedback process observed deficiencies in these same practice areas related to engagement with a child's birth family. Commentary 10 also previewed new efforts by the department that DHS expected to improve engagement with birth parents and achieve better

outcomes for Metric 6.2a and other measures. These additional new efforts included DHS' Supervisory Framework designed to improve permanency, safety and placement stability outcomes by having supervisors regularly and effectively assess and guide case practices essential to advancing better outcomes for children in these performance areas. Further, at that time, DHS had begun a three-county court improvement pilot project (CIP) with its court partners. DHS continuously reported that a common barrier to timely reunification is that the courts often do not assess safety in the same manner as the department. The goal of this pilot CIP was to begin to address these court barriers and to then expand upon the pilots' successes to other districts and statewide.

In the next Commentary, the 11th issued for the period ending June 2018, the Co-Neutrals rendered the department a good faith finding based, in part, on DHS' commitment and steps to address findings from its review of 234 PSCs that showed parent engagement was lacking and to guide staff to "prepare for and conduct quality visits with birth families and support birth parents to remain engaged in their child's life and case planning while they are in DHS custody." This was also the first report period, five years into the reform, that DHS reported a Metric 6.2a performance outcome that was not below the baseline and at least at baseline – 35 percent. The Co-Neutrals' positive finding in Commentary 11 was also based on DHS' commitment to build on its CIP pilots with the courts and conduct ongoing leadership-level discussions with the courts statewide by establishing a Juris-in-Residence program and position. DHS later made the decision not to implement the Juris-in-Resident program and position.

In the following Commentary, the 12th issued for the period ending December 2018, the Co-Neutrals again rendered DHS a good faith finding based, in part, on continued efforts to improve upon its PSC practice and to select five districts in need of targeted permanency plans. Each of the target districts, including the state's two largest districts that incorporate Oklahoma City and Tulsa, developed plans focused on improving engagement with birth parents. At this point in the reform, DHS also reported that as part of their Supervisory Framework, all regional leadership teams would be trained on new guides (Quality Contacts with a Parent) designed to support quality monthly contacts with parents and parental engagement and improve permanency outcomes. In this Commentary, the Co-Neutrals also shared DHS' preliminary reports that the three-county CIP projects were making progress through initiatives focused on family engagement.

DHS' selected strategies, including the PSCs, a Supervisory Framework that supports better assessments of case practice and coaching of permanency caseworkers, improved collaboration with the courts and early, quality engagement and support of birth families may be part of the right group of strategies that will lead to substantial and sustained progress toward the Target Outcomes for permanency within 12 months. In fact, the Co-Neutrals again noted these

strategies in support of good faith findings reported in Commentaries 13 and 14 as well. However, DHS' reported commitment to these priorities and strategies have been on record for some time now; its implementation of some of these strategies has stalled, its diagnostic work in this regard has been weak and its performance is below both the starting baseline established in 2013 and below the national standard.

In Commentary 14, which documented outcomes for the last report period, the Co-Neutrals also stressed that they had informed DHS leadership that for several permanency measures, particularly 6.2a, the department has either plateaued in its progress toward the Target Outcomes or has not made the level of progress expected at this stage in the reform. The Co-Neutrals again stated the need for DHS to assess current practice and adjust and expand upon its focus and strategies to achieve better outcomes in the permanency measures that are lagging in progress.

The department's leadership has made numerous substantial and sustained improvements to the Oklahoma child welfare system, without question, but its implementation and timely assessment of its selected strategies to improve practice for better outcomes on Metric 6.2a have been insufficient and ineffective. The department must bring the same level of focus and effort to this critically important permanency outcome for children as it has time and again shown in other areas of this reform.

One prime example of the department's unfocused approach, as reported to the Co-Neutrals during this period in February 2020, is DHS' substantial, statewide underperformance in caseworkers completing their required monthly visits with birth parents.⁴⁶ To address this serious practice concern, DHS reported that, starting in October 2019, it began sending data reports to the field twice a month showing the number of required caseworker/parent contacts and those documented as complete, and sent communications to staff establishing clear expectations regarding caseworker/parent visits and parent engagement. Still, months after DHS began distributing the data twice monthly and messaged to staff the importance of completing parent visits, the statewide completion rate, while improving modestly, reached only 42 percent by the end of January 2020.

While DHS has stated its commitment and the ongoing need to improve compliance, the department also reported it believes there is an unspecified undercount in the number and

⁴⁶ The caseworker/parent visit report was designed to track as complete only those visits that are conducted in person. In December 2019, DHS updated the report to capture attempted caseworker/parent visits when a parent either cannot be located or refuses to meet with the assigned caseworker. Further, parents who are incarcerated or live out-of-state are also captured in the report as a completed worker visit if the assigned caseworker makes contact only by telephone. From mid-March through May 2020 in response to the pandemic, DHS began virtual meetings with birth parents, which, when conducted, are recorded as a completed visit.

percentage of required worker/parent visits completed due to a lack of documentation by caseworkers. First, to be clear, documenting parent visits is also an important aspect of casework practice that supports a worker's and supervisor's ability to track and manage parental engagement and progress. Nevertheless, even if DHS can verify and correct some documentation errors, a completion rate of even 50 percent is simply too low after considerable time has passed since DHS committed to implement strategies and guidance making parental visits and engagement a priority.⁴⁷

During this period, DHS developed new permanency strategies again focused on parent engagement and to improve the completion rate and quality of required monthly visits with parents. Indeed, DHS needs to ensure that caseworkers are completing and documenting quality monthly visits with parents. However, at this point in the reform and after implementing such strategies as PSCs, targeted district plans focused on parent engagement, the Supervisor Framework and the CIP pilot, it is highly concerning that DHS did not ensure that visits with parents - a fundamental component of casework practice to achieve timely permanency - were a priority.

The Co-Neutrals have strongly encouraged the department to strategically review and diagnose its permanency data and cases to assess the issues that prevent DHS from making any significant progress on permanency outcomes within 12 months. After the end of this report period and at the time of this report writing, DHS was in the process of conducting a case review of children included in the most recent 6.2a measure. The goal of the review is to obtain a more detailed and current understanding of where DHS needs to place its resources and efforts to address barriers to permanency within 12 months. The department is also looking to identify any reoccurring practice conditions that have allowed children to exit care safely within one year in order to replicate the same across the state. With the findings from this review, DHS leadership reports it will assess and prioritize the department's full menu of strategies, including existing efforts noted here and explained in detail in previous Commentaries (PSCs, Supervisor Framework, etc.), as well as more recent strategies the department has presented. The Co-Neutrals will report in the next Commentary on this analysis and the efforts the department makes to use data and information to build and implement strategies that lead to permanency progress on Metric 6.2a.

In the meantime, it is important to note that during this report period DHS also recommitted to expand its use of guardianships, particularly for children who are not yet legally-free for adoption but are placed in a kinship foster home and have a goal of adoption. To further bolster

⁴⁷ During and after this period, DHS continued to adjust its caseworker/parent visitation data report. DHS shared that to some degree the report is more inclusive and stringent in assessing parent visits as it includes more adults who require a visit (i.e., individuals identified as possible, yet not confirmed, birth parents).

permanency through guardianships, in February 2020 DHS increased the subsidy rates that it provides to families who establish legal guardianship with a child in DHS custody to be consistent with those provided to families who foster a child in DHS custody. DHS reported that its new messaging to staff that began in October 2019 on the importance of pursuing opportunities for permanency through guardianship has resulted, as of August 2020, in an average of eight guardianship requests per month, an increase from an average of four per month before DHS' expanded outreach to staff in October 2019. DHS has also begun to develop reports of children who may be appropriate for guardianship and shares these reports monthly with guardianship leads assigned to each region.

However, DHS will need to look to future report periods to assess any positive impact of these efforts on guardianship finalizations because for this period (October 2019 through March 2020), DHS reported a decrease in the percentage of children in the 6.2a measure who achieved permanency through guardianship. As shown in Table 17 above (see page 98), there was a decrease from 13 percent (105) last period (April 2019 through September 2019) to nine percent (64 children) this period in guardianship exits within 12 months. The Co-Neutrals have long encouraged DHS to maximize the use of guardianships when this exit type from state custody serves a child's best interest and is a viable opportunity for timely permanency. Here too, DHS must undertake a thorough review around the clarity of its messaging and coaching with field staff and case specific efforts to ensure guardianship outcomes improve.

In February 2020, prior to broad-scale awareness of the pandemic, DHS also had planned to develop a parent advocacy program as part of the agency's efforts to better support and engage birth parents and to build on its CIP pilot project with ongoing training and communications to improve court relationships. DHS reported that these efforts related to parent advocacy and collaboration with the courts were put on hold due to the COVID-19 pandemic. Developing a shared understanding with the courts regarding safety assessments and the conditions that support reunification remain a primary focus for DHS.

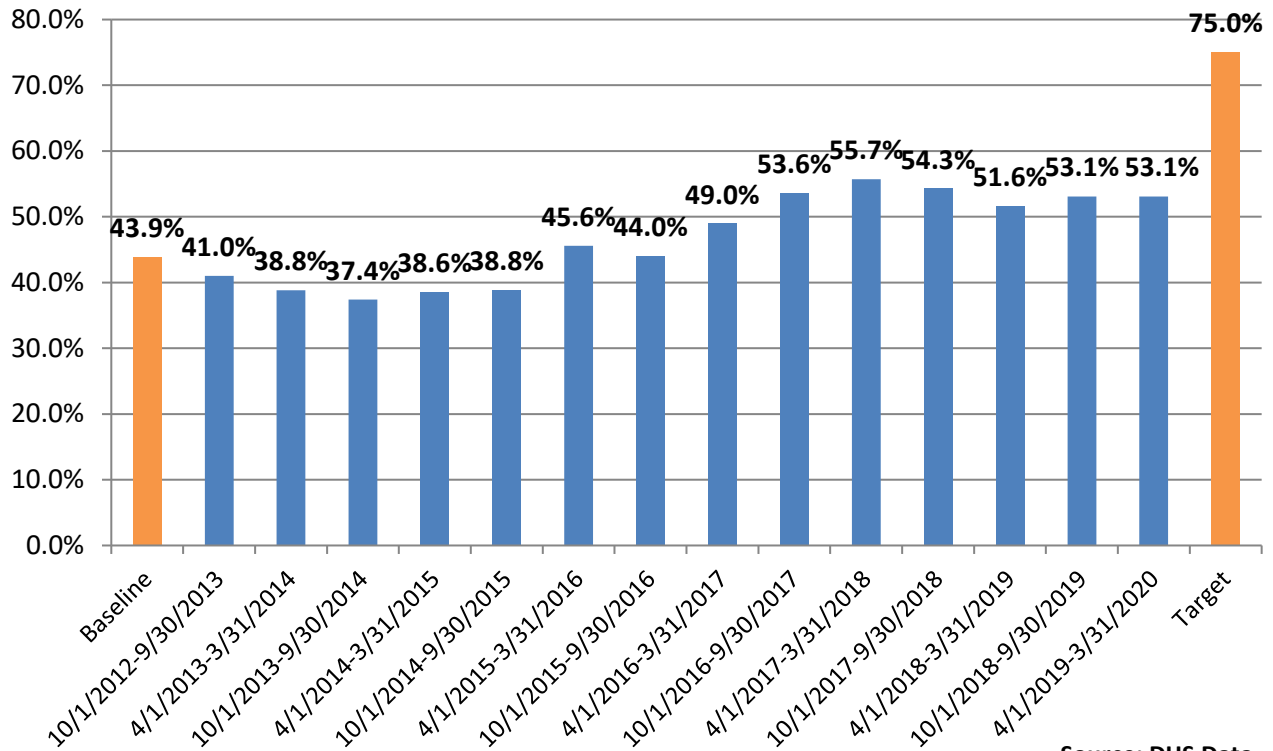
In DHS' August 2020 Semi-Annual report, the department reported plans to have district directors reach out to judges presiding over their respective districts to identify and work on opportunities to improve permanency outcomes and to discuss the data dashboards now available to the courts. The judicial dashboards provide data for each jurisdiction regarding time to adjudications, first placement hearings, time to permanency exits and termination of parental rights. The Co-Neutrals have encouraged DHS leadership to provide its district directors with specific guidance and goals to work through with their district-level court partners. The Co-Neutrals also encourage DHS leadership to engage Oklahoma's court leaders in discussions to establish common goals and specific statewide plans to achieve better permanency outcomes for children.

At the time of this report writing in the Fall of 2020, DHS was also in the process of reviewing the efficacy of the various meetings that DHS requires casework staff to convene with birth parents after a child's removal – some must occur within days, some within weeks and some further out and on regular intervals. These meetings, which include 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. Again, understanding that reunification is the primary permanency goal and exit type within a child's first year in care and that the data reveals the likelihood of reunification diminishes precipitously after 12 months, DHS must ensure that the timing and quality of these meetings allow staff to effectively engage families early and often and best guide and support them toward timely reunification.

In order for DHS to demonstrate good faith efforts to achieve substantial and sustained progress toward Target Outcome 6.2a, DHS leadership must diagnose the barriers to timely permanency within 12 months, based on data and information from its record reviews, develop and implement strategies to improve performance, with continuous assessments of the resulting progress. DHS has proven that when its leadership prioritizes improving a specific child welfare outcome and applies the necessary and detailed focus on assessing and improving practice, district by district, it can and will achieve substantial progress. Such efforts are overdue and required here for DHS to achieve substantial and sustained progress toward the 6.2.a Target Outcome, which children in Oklahoma need and deserve.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,281 children who entered foster care between October 1, 2017 and March 31, 2018, and stayed in foster care for at least 12 months, 680 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 53.1 percent for Metric 6.2b. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent.

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



Source: DHS Data

As shown in Table 18 below, adoption is the primary permanency outcome for children in the 6.2b cohort. Of the 680 children in this cohort who achieved permanency this period, the majority, 377 (55 percent), were adopted. Reunification also remains a prominent permanency outcome for children in custody between 12 and 24 months. This report period 273 (40 percent) of the 680 who achieved permanency were reunified.

**Table 18: 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				
	Mar-20	Sept-19	Mar-19	Sept-18	Mar-18
Reunification	40% (273)	40% (313)	43% (335)	46% (407)	44% (362)
Adoption	55% (377)	53% (414)	51% (393)	47% (423)	53% (441)
Guardianship/Custody to Relative	4% (30)	7% (54)	6% (48)	7% (61)	3% (28)
Permanency Total	100%* (680)	100% (781)	100% (776)	100% (891)	100% (831)

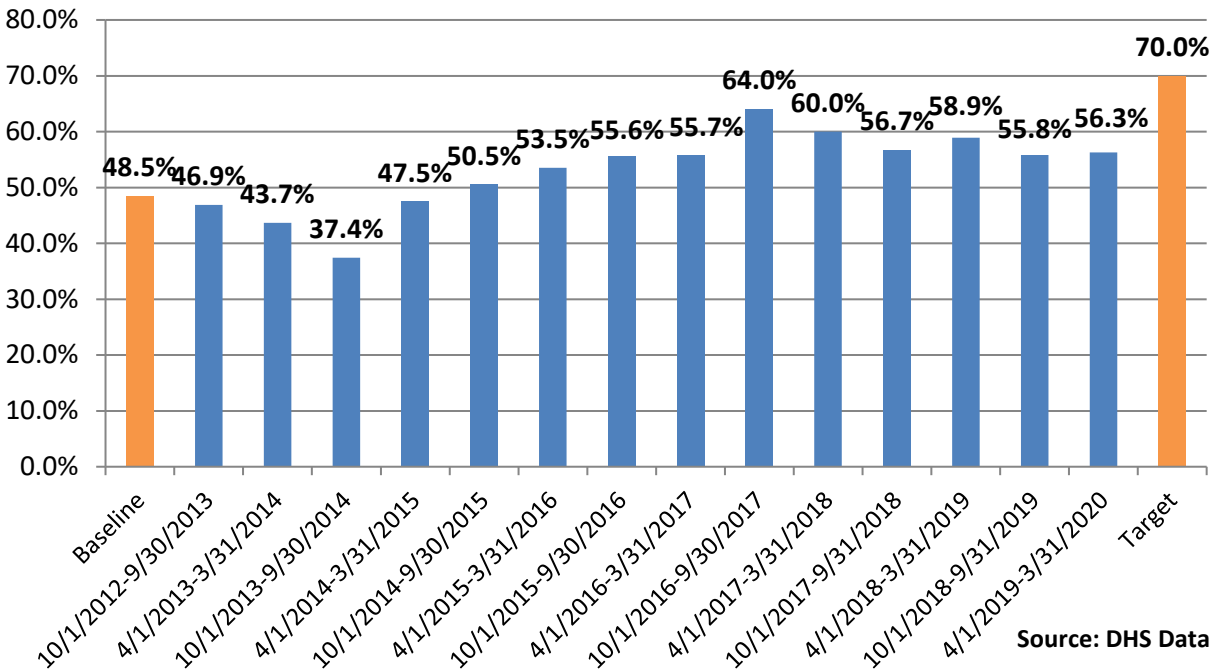
*99% rounded to 100%

Source: DHS data

The percentage of children whose permanency is achieved through reunification diminishes sharply each year: from 77 percent within 12 months as reported in measure 6.2a; to 40 percent between 12 and 24 months as reported in this 6.2b Metric; and, down to 17 percent once a child enters their third year in custody as shown in Metric 6.2c below. Every concern outlined above regarding the department's need to diagnose barriers to timely reunification and hone its strategies and field implementation are relevant for this measure as well. At the same time, as the permanency goals for children shift significantly to adoption after 12 months in care, DHS' adoption practice has allowed the department to make notable progress during this reform toward the Target Outcome for Metric 6.2b and exceed the equivalent national standard as shown in Table 18 above. However, to be clear, DHS must continue also to monitor, assess and strengthen its adoption practice and strategy implementation to make additional and sustained progress toward the Target Outcome established for this measure. Progress has become relatively stagnant since the department achieved its highest outcome of 55.7 percent four report periods ago. Further, DHS must fully implement its reported strategies and commitment to expand the use of guardianships when appropriate for a child to support the department's achieving better permanency outcomes for children under this measure.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 720 children who entered foster care between October 1, 2016 and March 31, 2017 and stayed in foster care for at least 24 months, 405 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 56.3 percent for Metric 6.2c. The Target Outcome is 70 percent, and the baseline for this metric was set at 48.5 percent. DHS experienced an increase of 0.5 percent this period.

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



For this metric, permanency is achieved most often through adoption. Of the 405 children who achieved permanency during this report period, 311 (77 percent) were adopted and 70 children (17 percent) were reunified with their families. Twenty-four children (six percent) achieved permanency through guardianship or custody to a relative.

**Table 19: 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				
	Mar-20	Sept-19	Mar-19	Sept-18	Mar-18
Reunification	17% (70)	16% (66)	15% (58)	21% (92)	17% (76)
Adoption	77% (311)	74% (300)	80% (302)	72% (319)	76% (340)
Guardianship/Custody to Relative	6% (24)	10% (39)	5% (18)	7% (32)	7% (29)
Permanency Total	100% (405)	100% (405)	100% (378)	100 (443)	100% (445)

Source: DHS data

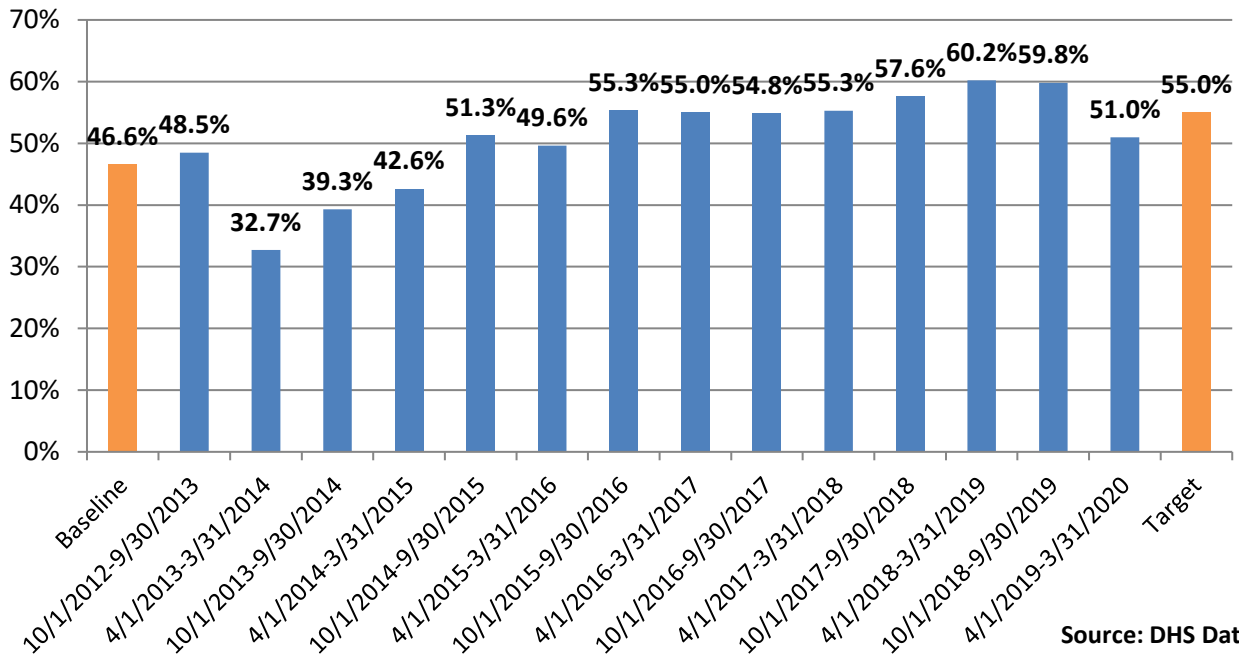
Through April 2020 of this period, DHS continued to conduct permanency backlog calls for children in care more than 24 months, which includes children in the 6.2 c and d cohorts who are

not yet in trial reunification but still have a case plan goal of return to home. The department had designated staff from its Quality Assurance team to facilitate monthly calls in each region with supervisors and permanency caseworkers to identify barriers to reunification and to develop action steps that the child's caseworker will complete prior to the following month's call. In May 2020, DHS decided to discontinue these calls having concluded that there is a significant overlap in the reviews and planning discussions conducted during PSCs and these calls as both focus on the same children who have a goal of reunification. For the calls that continued through April 2020, DHS again reported that the common barriers for children who remain in custody after two years with a goal of reunification is that their mental and behavioral health needs often require higher-level placement and challenges with the courts assessing safety differently from DHS. The department reported that staff will divert the time previously spent on the backlog calls to parent engagement efforts.

As noted in the Co-Neutrals' last Commentary, DHS' performance has plateaued in achieving permanency for children under Metric 6.2c. The department has been unable to achieve again or exceed its highest performance outcome of 64 percent reported five report periods ago, hovering at an average outcome of 56.9 percent for the last four periods, including the current period. With permanency through adoption representing the vast majority of exits from foster care for children in custody between 24 and 36 months, here too, DHS must assess if its current strategies to secure adoption for children reviewed under Metric 6.2c are appropriate and thoroughly executed for each case.

Metric 6.2d, Permanency within four years of removal: DHS reports that of the 247 children who entered foster care between October 1, 2015 and March 31, 2016 and stayed in foster care for at least 36 months, 126 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 51 percent. Of the 126 children who achieved permanency, 114 (90 percent) were adopted, five (4 percent) were reunified with their families and seven (6 percent) achieved guardianship. This represents a significant 8.8 percent decrease from the last report period and the first time in five periods that DHS has not exceeded the Target Outcome set at 55 percent.

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



For the majority (seven) of the 13 report periods in which DHS reported verified outcomes data for Metric 6.2d, the department achieved the Target Outcome for children in care between three and four years.⁴⁸ As such, during most of this reform DHS’ strategies and efforts have sufficiently allowed the department to achieve substantial and sustained progress toward the Target Outcomes. DHS will need to carefully monitor the permanency goals, progress and outcomes for the longest-staying children reviewed in upcoming report periods to determine if the department is vulnerable to a downward trend for this measure, requiring adjustments to efforts in the field, or if the decrease this period represents only a temporary decline.

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

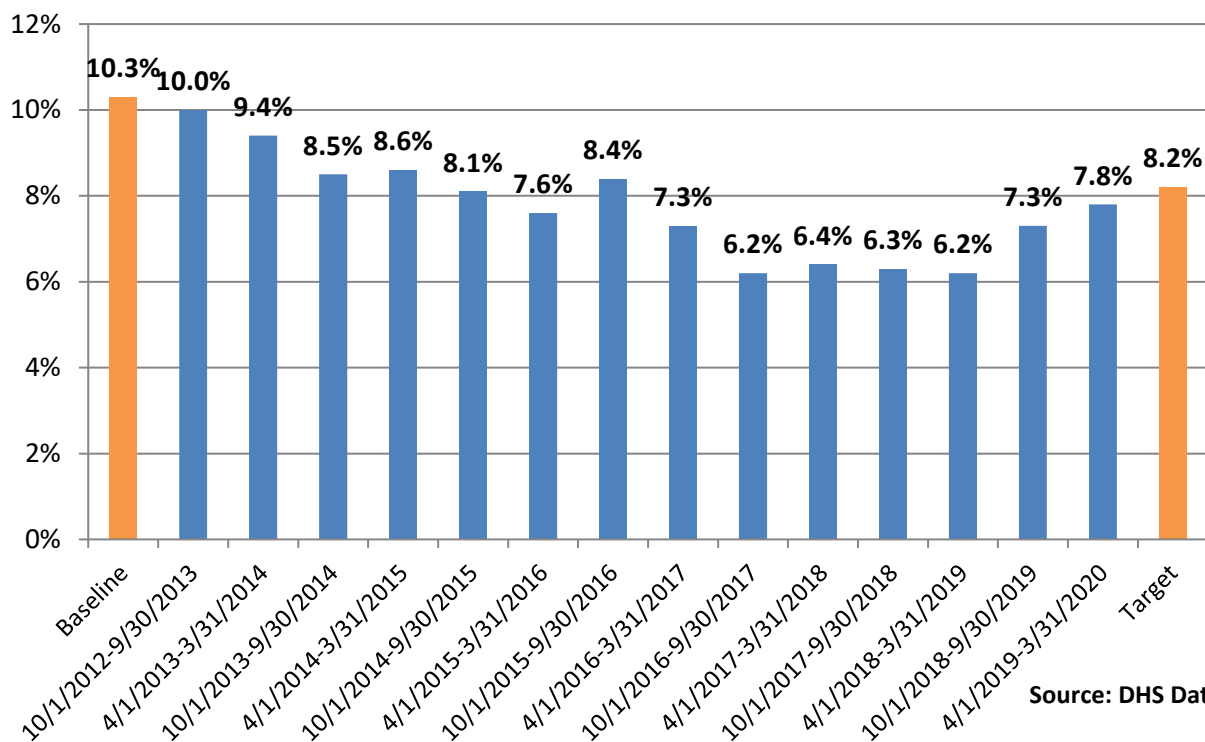
Metric 6.3 measures how well DHS ensures that children who achieve permanency remain with their permanent families and do not re-enter foster care in a short period of time. Specifically, Metric 6.3 measures re-entry to foster care within 12 months of a child’s discharge to permanency (not including adoption) in the 12-month period prior to the reporting period. The baseline for this metric is 10.3 percent of children re-entering care, and the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reports that of the 2,576 children who discharged to permanency (not including adoption) between April 1, 2018

⁴⁸ In the first two Commentaries (and two report periods), the Co-Neutrals and DHS were still in the process of verifying DHS’ permanency data to determine data sufficiency.

and March 31, 2019, 201 children re-entered care within 12 months, which represents 7.8 percent of child re-entries. This is the seventh consecutive report period that DHS met and exceeded the final Target Outcome of 8.2 percent for this measure. The Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

DHS attributes the requirements of the PSC practice, including the assessment and documentation of safety prior to reunification and the provision of services and supports to families during trial reunification, as key efforts to the department’s achieving the Target Outcome for reduced child re-entries into the state’s custody. In August 2020, DHS reported that it is conducting a qualitative case review and analyses of re-entry causes. This analysis, which the Co-Neutrals will report when complete, is important since DHS has reported two consecutive periods of negative increases on this measure. While DHS continued to meet the Target Outcome this period, the outcomes for the last two periods represent a significant reverse in DHS’ longstanding positive outcomes on Metric 6.3. Completing a diagnosis of re-entry causes will position DHS to continue and maintain its successful progress and outcomes on the measure.

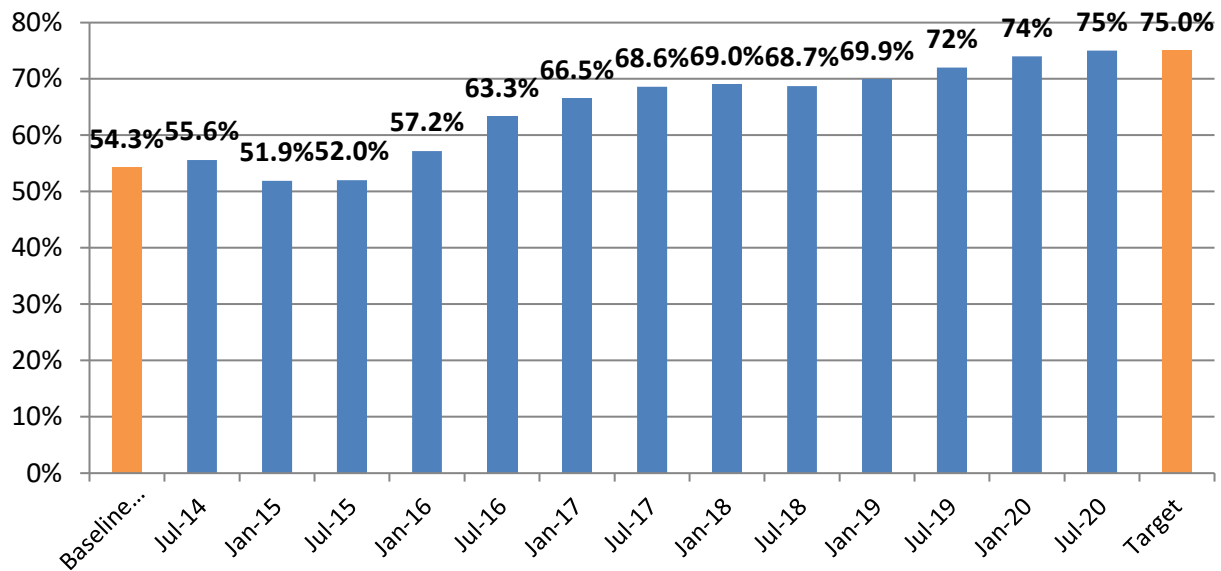
Figure 23: Metric 6.3 – Re-entry within 12 Months of Exit



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

Metric 6.5 measures the timeliness to adoption for children who became legally free for adoption in the 12 months prior to the reporting period. The baseline for this metric was established at 54.3 percent with the performance target set at 75 percent. In the current report period, DHS data shows that of the 2,129 children who became legally free between April 1, 2018 and March 31, 2019, 1,596 were adopted within 12 months of becoming legally free. This represents a performance of 75 percent and the first time DHS has achieved the Target Outcome. The Co-Neutrals find DHS has made good faith efforts during this report period to achieve substantial and sustained progress toward the Target Outcome for Metric 6.5.

Figure 24: Metric 6.5 – Permanency Performance



Source: DHS Data

As previously highlighted in the Co-Neutrals' Commentaries, DHS has sustained improved outcomes for Metric 6.5 over the last eleven report periods, while at the same time, the number of children reviewed under this metric increased substantially since the baseline cohort for this measure. Table 20 below shows for each period the underlying number of children (denominator) who became legally free in the 12 months prior to the period and the number of children (numerator) who achieved permanency through adoption in the 12 months after becoming legally free.

Table 20: Number of Children who became Legally Free under Metric 6.5⁴⁹

Metric 6.5	July 2014	Jan 2015	July 2015	Jan 2016	July 2016	Jan 2017	July 2017	Jan 2018	July 2018	Jan 2019	July 2019	Jan 2020	July 2020
Numerator	857	839	935	1200	1459	1567	1754	1886	1770	1674	1669	1634	1596
Denominator	1540	1618	1797	2099	2304	2355	2558	2734	2577	2395	2319	2208	2129
Performance Outcome	55.6	51.9	52	57.2	63.3	66.5	68.6	69.0	68.7	69.9	72.0	74.0	75.0

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

DHS previously identified and reported that a backlog of resource homes that were overdue for their required reassessment or annual update was causing a delay in adoption finalizations. A resource home must have a current and approved reassessment or annual update to finalize an adoption. As a result, DHS’ Foster Care and Adoption (FC&A) program leadership began in January 2019 to review all overdue homes, with each regional field manager reporting once a month their plan to resolve any backlog of homes requiring a reassessment or annual update. By the end of this period, June 2020, DHS reduced the backlog to 79 homes, which is a 71 percent decrease from the 273 resource homes reported in backlog in January 2019 and an added reduction from the 100 homes in backlog at the end of the last period (December 2019).

⁴⁹ The column headings contained in this table reflect each semi-annual report date measured for this metric. The semi-annual report dates listed in the table correspond to the 12-month reporting periods contained in Table 18.

Further, as noted in the last Commentary, DHS notified foster and adoptive families in November 2019 that the department has a designated group of DHS attorneys who focus solely on finalizing adoptions of children in DHS custody and that these attorneys will handle their adoption legal work at no charge. At the end of the period, starting in June 2020, DHS' adoption attorneys began to participate in every ATAT call to work through any issues regarding legal barriers. DHS reported that during the ATAT calls, the attorneys also discuss the option of guardianship when appropriate.

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

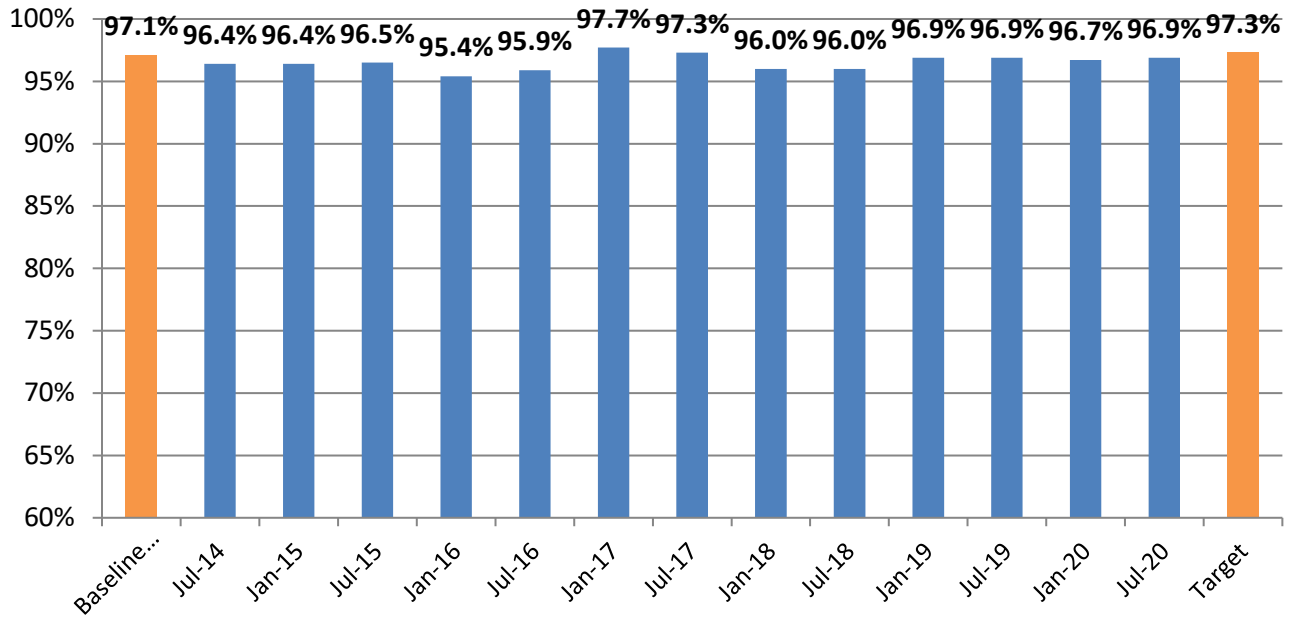
Adoption Permanency, Metrics 6.6, and 6.7

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

Metric 6.6 – Adoption Disruptions

Metric 6.6 measures the percentage of adoption placements that do not disrupt over a 12-month period, of all new trial adoption placements made during the previous 12-month period. The baseline for this metric was set at a very high-performance level, 97.1 percent, and the Target Outcome was set at 97.3 percent. For this reporting period, DHS' data shows that of the 2,196 children who entered a trial adoption placement between April 1, 2018 and March 31, 2019, 2,127 children did not disrupt from their placements within 12 months of entering trial adoption, resulting in a performance outcome of 96.9 percent. This represents a 0.2 percent positive increase from the last report period. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 10 of the 69 pre-adoption disruptions reported this period.

Figure 25: Metric 6.6 – Permanency Performance



Source: DHS Data

Of the 2,196 children who entered a pre-adoptive placement, only 123 (six percent) were identified as children in Quad 2, which means the child was placed with a pre-adoptive family that did not have any relationship with the child prior to adoption placement.⁵⁰ 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 21 below, the percentage of disruptions for children in Quad 2 (21.1 percent) is highly disproportionate compared to the very low percentage of disruptions experienced by children in Quad 1 (2.1 percent), as well as the total percentage of disruptions (3.1 percent) reported for this period. However, DHS did make significant progress in reporting a reduction from last period in the percentage of Quad 2 disruptions from 30.3 percent to 21.1 percent.

⁵⁰ Quad 2 children are legally free with a goal of adoption but do not have an identified family who will or may adopt them.

Table 21: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type

	Total Children	# of Children Disrupted	% Disrupted
Quad 1 (Previous relationship with the family)	2,073	43	2.1%
Quad 2 (No previous relationship with the family)	123	26	21.1%
Total	2,196	69	3.1%

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 often these children are older with increased special needs and placed with families where there was no previous relationship. However, DHS reported that it is committed to ensure pre-adoptive families, particularly those preparing to adopt a child in Quad 2, receive the appropriate level of DHS staff support, and that any services required to meet any special needs of the child and/or the family are in place before trial adoption begins.

During the last period, DHS conducted a case review and analysis of children whose trial adoptions disrupted to identify contributing factors and trends in the cases, in addition to those related to children’s ages and behavioral health needs as noted above. DHS found that behavioral and other necessary treatment and support services are not always in place before disruptions occur or before a child enters their trial adoption placement, which is the preferred practice. As such, during this period DHS developed an expanded set of focused strategies to support and stabilize trial adoptions.

First, DHS committed to increase supports to potential adoptive families and child(ren) in custody before trial adoption begins based on the individual needs of each family and child. Second, DHS reported it is using a team approach to implement visitation plans and include the prospective adoptive parents in the child’s appointments and routines prior to the trial adoption placement. Further, DHS made changes to its adoption disclosure process, particularly for Quad 2 children, to improve the structure, quality and consistency of these discussions. During an adoption disclosure meeting, DHS presents a prospective adoptive family with information about a child, including any special needs they may have or support services they may require.

The department prepared and distributed to caseworkers new guidance and tip sheets that include actions that assigned caseworkers must complete before, during and after a disclosure, as well as the roles and responsibilities of each person participating in this meeting. DHS now

requires that a post-adoption field service worker attend all Quad 2 adoption disclosure meetings, as this person is to ensure that a family continues to receive any necessary services after their adoption is final, thereby creating consistency in DHS' support through trial adoption and after.

Focusing on the contributing factors that indicate a child may be more vulnerable to a Quad 2 adoption disruption, DHS has taken steps to maximize the work of its regionally based behavioral health consultants with respect to their participation in Quad 2 adoption disclosures. These consultants have been charged with conducting a thorough case review and participating in the adoption disclosure meetings for Quad 2 children who: have two or more behavioral health diagnoses; have had three or more removal episodes; have experienced a previous adoption disruption or dissolution; and, have had 10 or more placements.

A case review of adoption disruptions completed by the Co-Neutrals last period showed that most (44) of the 73 child adoption disruptions reviewed occurred within 90 days after the trial adoptions began. Further, consistent with DHS' assessment, these disruptions were due mostly to children's behavioral challenges experienced in homes where there was no prior relationship between the family and child. Considering these assessments, it is vital that DHS establish a strong case practice that helps build and support trusting relationships between pre-adoptive families and the children placed in their homes for adoption. In this regard, the department must ensure consistent implementation of its newly established efforts designed to prepare pre-adoptive families with the necessary services, training, coping mechanisms and positive engagement techniques before trial adoption begins.

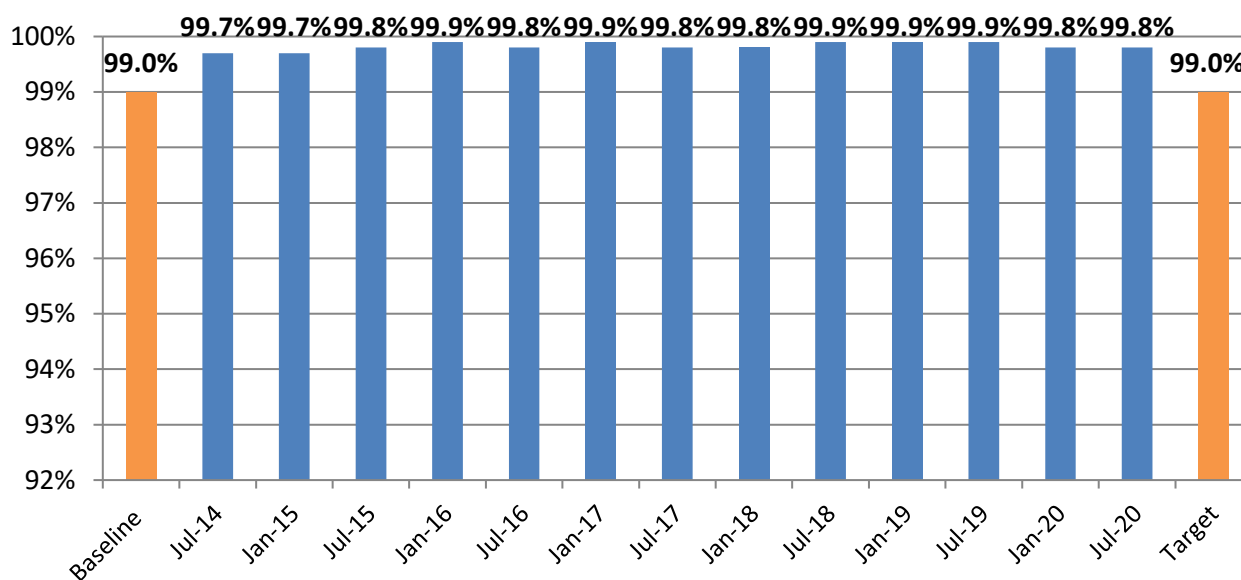
As the Co-Neutrals have highlighted in previous Commentaries, it is notable still that the number of children who are reviewed under this measure has increased significantly since earlier in this reform effort. Five years ago, in the review period of April 1, 2014 to March 31, 2015, there were 1,297 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.5 percent of adoptive placements that did not disrupt), which is significantly fewer than the 2,196 children in pre-adoptive placements reviewed in this report period with a 96.9 percent success rate. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcome for Metric 6.6.

Metric 6.7 – Adoption Dissolution

Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99 percent, and the Target Outcome was set to maintain a 99 percent performance outcome. For this reporting period, DHS' data shows that, of the 5,036 children who were adopted between April 1, 2016 and March 31,

2018, the adoptions of 5,025 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 70 percent to 5,036 adoptions reviewed for this period. Even with marked increases in the number of adoptions reviewed over the course of this reform, DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 26 below. In part, DHS attributes its success in this area to the collaborative efforts and work of its post adoption services team and field workers. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 26: Metric 6.7 – Permanency Performance



Source: DHS Data

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

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

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

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

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

DHS reported that 181 (87.4 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of June 30, 2020. This is an increase of three children since December 31, 2019 and brings the department within close range of the 90 percent target.

As of June 30, 2020, 19 children from the younger cohort remained in DHS custody and required permanency. Further, four children in the younger cohort aged out of care during the six-month period that ended June 30, 2020. Years remain before the date of the 18th birthday of most of the children from the younger cohort who are still in DHS custody. December 2026 is the month/year when the last child in this cohort will turn 18 years of age. However, DHS must continue its efforts and various case practices designed to achieve more timely permanency for these and all other children who are legally free and seeking a permanent adoptive home.

Table 22: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 6/30/2020
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%	181 children (87.4%) achieved permanency

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

A primary strategy DHS has implemented to advance permanency, primarily with a focus on adoption, for the children in the 6.1 cohort is to assign an Adoptions Transition Unit (“ATU”) worker to help identify and secure a permanent family. ATU workers, along with the child’s permanency caseworker, review each child’s progress toward permanency and develop plans to identify permanent placements for each child and youth. ATU workers specialize in locating permanent homes for children by performing diligent searches to identify family connections and by using information gathered from discussions with children and youth to help identify potential adoptive or guardianship families. The children included in the 6.1 cohort were identified based

on their status as Quad 2 children - legally free for adoption and without an identified adoption home.

DHS maintained through this period its commitment to establish a statewide team of ATU workers and supervisors to help children without an identified placement find a permanent adoptive family. DHS assigns an ATU worker to all children in Quad 2 and has successfully committed to add and fill ATU positions as needed to meet the caseload standards for these workers. As of June 30, 2020, DHS' caseload data showed 44 ATU caseworkers carrying at least one case, with all but one meeting their caseload standard and the remaining ATU worker just slightly over but close to the standard. As described in greater detail below, the ATU team has adopted the evidence-based practice model known as Wendy's Wonderful Kids developed by The Dave Thomas Foundation for Adoption to conduct targeted outreach for each child remaining in the 6.1 younger cohort and all Quad 2 children. Further, DHS requires that a behavioral health consultant participate in all Quad 2 adoption disclosure meetings for children who remain in the 6.1 cohort to help ensure stable and successful transitions from trial to finalized adoptions.

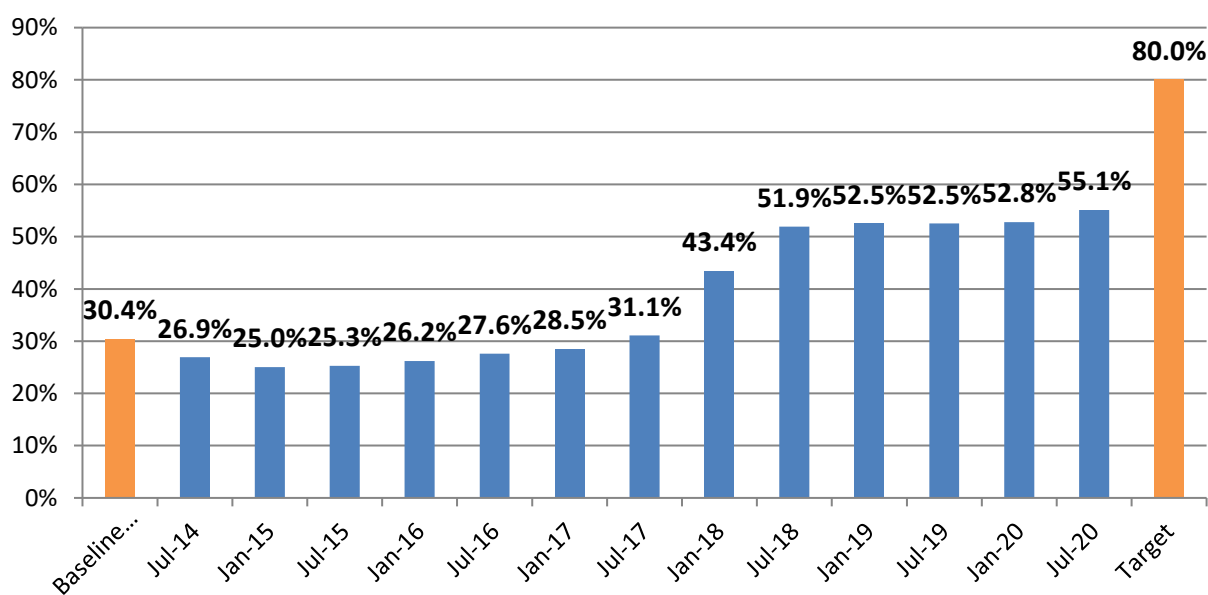
Starting last report period, DHS began to apply the ATAT review process for the children who remain in the younger 6.1 cohort. Participants include ATU team members, the assigned caseworkers, supervisors, district directors and staff from the Development Disabilities Services (DDS) team as needed. These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

Permanency for Older Legally-Free Youth, Metric 6.4

Metric 6.4 includes a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those youth to measure the percentage who exited foster care to permanency, defined as adoption, guardianship or reunification, before the age of 18. The final Target Outcome for this metric is set only for the percentage of youth who achieve permanency. However, the outcomes for youth exiting care without permanency or who remain voluntarily in DHS' care after the age of 18 are also publicly reported to provide transparency into their overall experience. DHS' baseline for this permanency metric was set at 30.4 percent of youth exiting with a permanent family. The final target was set at 80 percent by June 30, 2016.

For this period, DHS reported that 118 legally free youth turned 16 years of age between April 1, 2017 and March 31, 2018. This period, 65 of these youth, representing 55.1 percent, achieved permanency while 52 youth exited out of DHS custody without achieving legal permanency and one additional youth was transferred to another agency. With 55.1 percent of the youth reviewed achieving permanency, this is an improvement of 2.3 percent from last period and is the highest performance outcome for this measure that DHS has reported to date. The 65 youth who achieved permanency exited DHS custody as follows: 52 youth were adopted, 12 youth exited through guardianship or custody to a relative and one youth reunified with a parent.

Figure 27: Metric 6.4 – Permanency Performance



Source: DHS Data

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, the majority of youth reviewed in Metric 6.4 during prior report periods had a permanency case plan goal of planned alternative permanent placement

(PAPP), not a goal of adoption, guardianship or reunification, which most often led, in part, to the youth aging out of foster care. DHS continued in this report period to positively reduce the percentage of youth reviewed in Metric 6.4 with a PAPP case plan goal. In the review period of October 2015 to September 2016, 66 percent (81 of 123 youth) in the 6.4 cohort had a PAPP case plan goal. Since then, DHS has steadily and significantly reduced this to 25.4 percent (30 of 118 youth) in the current period. Twenty-nine of the 30 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting the correlation between these two factors and the importance of continuing to reduce the number of children assigned a PAPP case plan goal.

Importantly, DHS has strengthened the reviews and requirements to change a youth's case plan goal to PAPP. Supervisors are permitted to approve the change only after the youth's caseworker has explored and documented that all other permanency options have been determined not to be feasible or in the child's best interest. Further, staff must identify permanent connections upon whom the youth can depend after aging out of DHS custody. Previously, DHS would still assign an adoption specialist, known as a Permanency Expeditor (PE), to work in collaboration with the youth and permanency worker to support the youth in achieving permanency before he or she ages out of care. DHS developed this caseworker position type (PE) several years ago to work with children assigned a PAPP goal, as some caseworkers found it challenging to engage youth who requested a PAPP goal and no longer desired or refused DHS' efforts to achieve legal permanency with a family.

During this period, DHS decided to assign an ATU worker to every child with a PAPP goal. This is now a feasible option as the number of children with a PAPP goal has significantly reduced. Further, ATU workers now apply the Wendy's Wonderful Kids 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 ATU structure and team of caseworkers and supervisors dedicated to achieving adoption for children with no identified permanent home, the Dave Thomas Foundation for Adoption has collaborated and shared resources with DHS to implement the foundation's Wendy's Wonderful Kids adoption model. An independent five-year evaluation by Child Trends of this child-focused recruitment model showed that children served under the program are 1.7 times more likely to be adopted than those not included in the model but for whom permanency efforts have been a challenge. Notably, the foundation reported that the model's evaluation showed, "its impact on adoption is strongest among older youth, and children with mental health disorders – groups that have traditionally been the least likely to be adopted. Using this evidence-based program, these children are three times more likely to be adopted."

DHS' ATU staff have been trained on the WWK model, which focuses on completing diligent searches and case record reviews, network building, child-specific recruitment planning, building a strong relationship with the child, and assessing adoption readiness for both the child and any identified families. During the six-month period of January through June 2020, DHS reported that ATU workers advanced permanency efforts under the WWK model for 685 children, including youth in the 6.4 measure.

Further, while PEs are no longer assigned to focus solely on children with a PAPP goal, DHS is continuing to capitalize on the expertise and experience that PE workers have developed in working with older children who present with significant barriers to permanency. DHS reported that the PEs assigned to Regions 3 and 5 are working to advance permanency for older youth with the goal of adoption but who are not yet legally-free and do not have an identified placement. More broadly, the PEs are still helping permanency caseworkers and supervisors who are assigned children with a PAPP goal in facilitating monthly staffings to identify barriers to permanency and appropriate action steps. Also, as deemed appropriate by regional directors, the PEs will assist in the casework for youth with the goal of guardianship and other youth who face significant challenges to permanency.

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

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

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

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

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

2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES

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

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

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

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

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

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

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

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

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 ⁵¹ , the number of children who have achieved permanency.	Semi-Annually, in the January and July monthly reports - same for all permanency metrics	Jan 10, 2014 Cohort 292 children	90% of children ages 12 and under on Jan 10, 2014 will achieve permanency 80% of children ages 13 and older on Jan 10, 2014 will achieve permanency
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35% Reunification = 31.4% Adoption = 1.6% Guardianship = 2%	Total = 55%
6.2(b): The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9% Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%
6.2(c): The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5% Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%
6.2(d): The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Same	Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4%	Total = 55%

⁵¹ The legally free cohort for Metric 6.1 was to be set originally on March 7, 2013, the date the Metrics Plan was finalized, but due to since-corrected data challenges the cohort was established for January 10, 2014.

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

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

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