



PINNACLE PLAN MEASURES SEMI-ANNUAL SUMMARY REPORT

February 20, 2020

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OVERVIEW

The Oklahoma Department of Human Services (OKDHS) is committed to improving the safety, permanency, and well-being of children served by the child welfare (CW) system. The Pinnacle Plan is the roadmap and public reporting is critical to ensuring transparency and accountability. The [OKDHS Metrics, Baselines, and Targets Agreement - 3/7/13](#) outlines how the outcomes and other indicators are measured and reported. Monthly and semi-annual reports are made available to the public.

Oklahoma is committed to good faith efforts and positive trending toward the goals outlined in the Plan. Twice per year OKDHS provides an analysis in which the agency outlines: (1) the strategies employed to improve performance in the areas identified in the Compromise and Settlement Agreement; and (2) the progress toward improving performance. The report includes an update regarding performance improvement strategies implemented to date and, when possible, an assessment of the effectiveness of those strategies. Each semi-annual report addresses seven performance areas comprised of 27 specific metric elements. The seven areas are: Foster Care Safety, Counts for New Foster Homes, Worker Contacts, Placement Stability, Shelter Usage, Permanency Timeliness, and Workloads.

The Compromise and Settlement Agreement requires the Co-Neutrals to determine the extent to which OKDHS makes good faith efforts to achieve substantial and sustained progress toward each Target Outcome. This report summarizes the most significant strategies implemented for each Target Outcome and, where possible, draws connections between those efforts and progress toward the Target Outcomes established in the Metrics, Baselines, and Targets Agreement.

Measurement Notes

OKDHS was the first state agency in the nation to have a federally-approved statewide automated child welfare information system (KIDS) and continues to strive for high quality data. **The findings in this report are subject to change due to ongoing data entry, changes in policy, changes in practice, and changes in definitions, or data quality issues that may be discovered through the process.**

Organization of the Report

To align the metrics in this report with the elements of a continuous quality improvement (CQI) process, OKDHS believes it is important to clarify how the various metrics relate to the levers that OKDHS can potentially influence to improve outcomes for children in care.

The CQI process is based on the premise that improving outcomes for children requires some degree of system reform and system reform involves changing one or more elements of the traditional way of doing business: (1) the process of care, (2) the quality of care, and (3) the capacity to deliver care. Process changes relate to how the work is done; quality changes pertain to how well it is done; and capacity changes pertain to the tangible resources the agency devotes to delivering care. CQI presumes that a combination of these three types of reforms will lead to improved outcomes (i.e., safety, permanency, and well-being) for children.

To clarify how the various Settlement Agreement metrics relate to these particular aspects of OKDHS' ongoing reform efforts, the report begins with some contextual information and is then organized by metric type:

SECTION 1: Contextual information. This section provides a general description of entry and exit trends since the enactment of the Settlement Agreement and trends in the demographic profile of the children captured during the history of reporting periods.

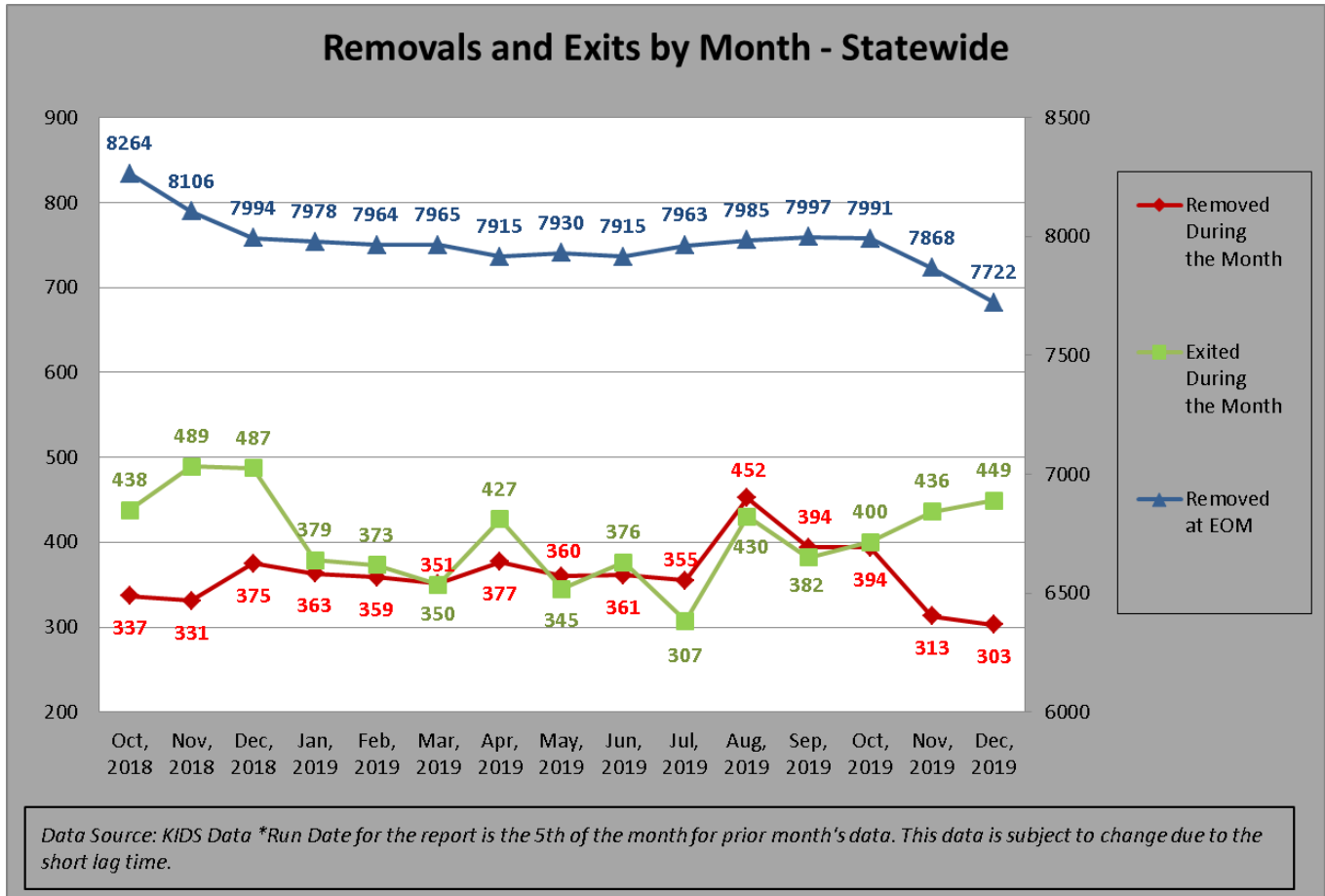
SECTION 2: Child outcomes. This section reports on metrics related to safety and permanency outcomes for children in care. These include indicators pertaining to **maltreatment in care, frequency of worker contacts, placement stability, shelter placement, and permanency.**

SECTION 3: Capacity indicators. This section reports on metrics designed to measure the capacity of OKDHS to deliver foster care services. These include metrics pertaining to **foster home development and caseload/workload.**

SECTION 1. Contextual Information

Entry and Exit Trends

The Oklahoma Department of Human Services (OKDHS) began Pinnacle Plan implementation in July 2012, six months after the Settlement Agreement was reached. In July 2012, just over 9,000 children were in care, and this number continued to rise before peaking at 11,303 in October 2014. In November 2014, the number started to decline for the first time since Pinnacle Plan implementation began. As of Dec 2019, the number of children in care was 7,719, a 31.7 percent decrease since October 2014, which is a continued reduction in the number of children in care. Section 1, Graph 1 shows the number of children removed and the children who exited care during each month from October 2018 through December 2019. In federal fiscal year (FFY) 2019, the overall number of children exiting care outnumbered the number of children removed during the 12-month period.

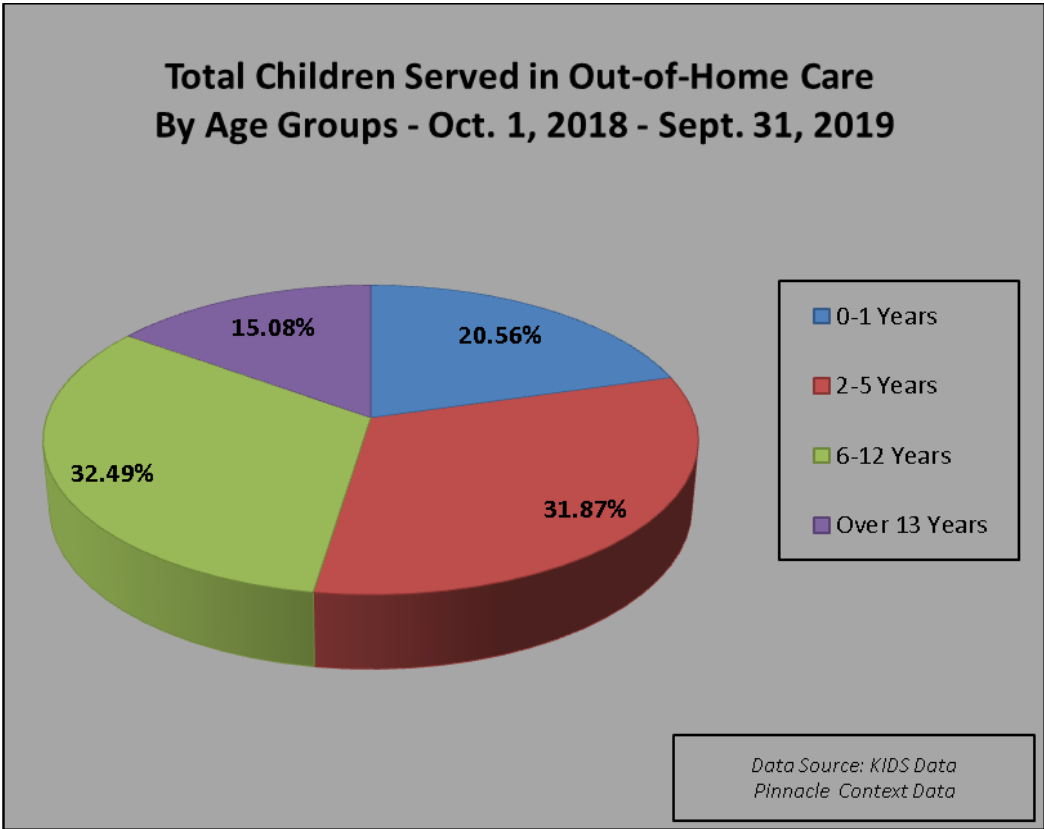


Section 1, Graph 1

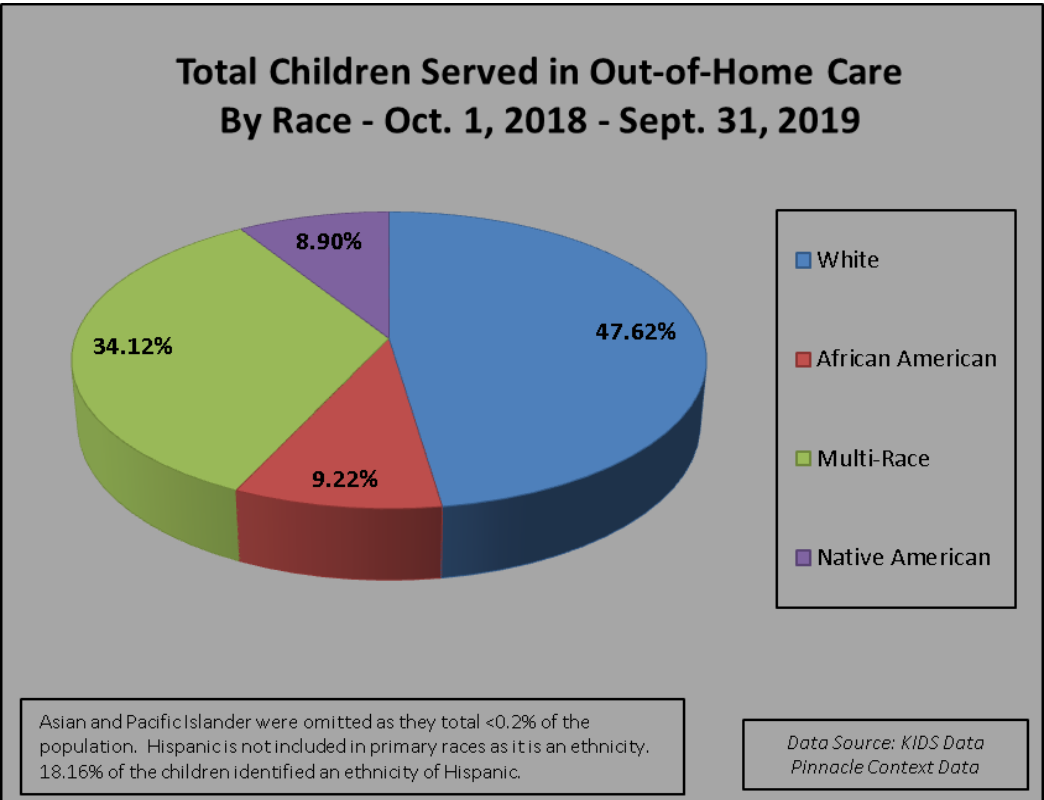
Demographic Information by Reporting Period

During the reporting period of October 1, 2018 through September 30, 2019, according to Adoption and Foster Care Analysis Reporting System (AFCARS), OKDHS served 13,082 children. The "served" population includes all children who were in care for at least 24 hours. This number also includes children in tribal custody. For the purposes of Pinnacle Plan reporting, children in tribal custody are not included in the measures, except for the Absence of Maltreatment in Care measure that includes all children served. This leaves a served population of 12,781 excluding children in tribal custody.

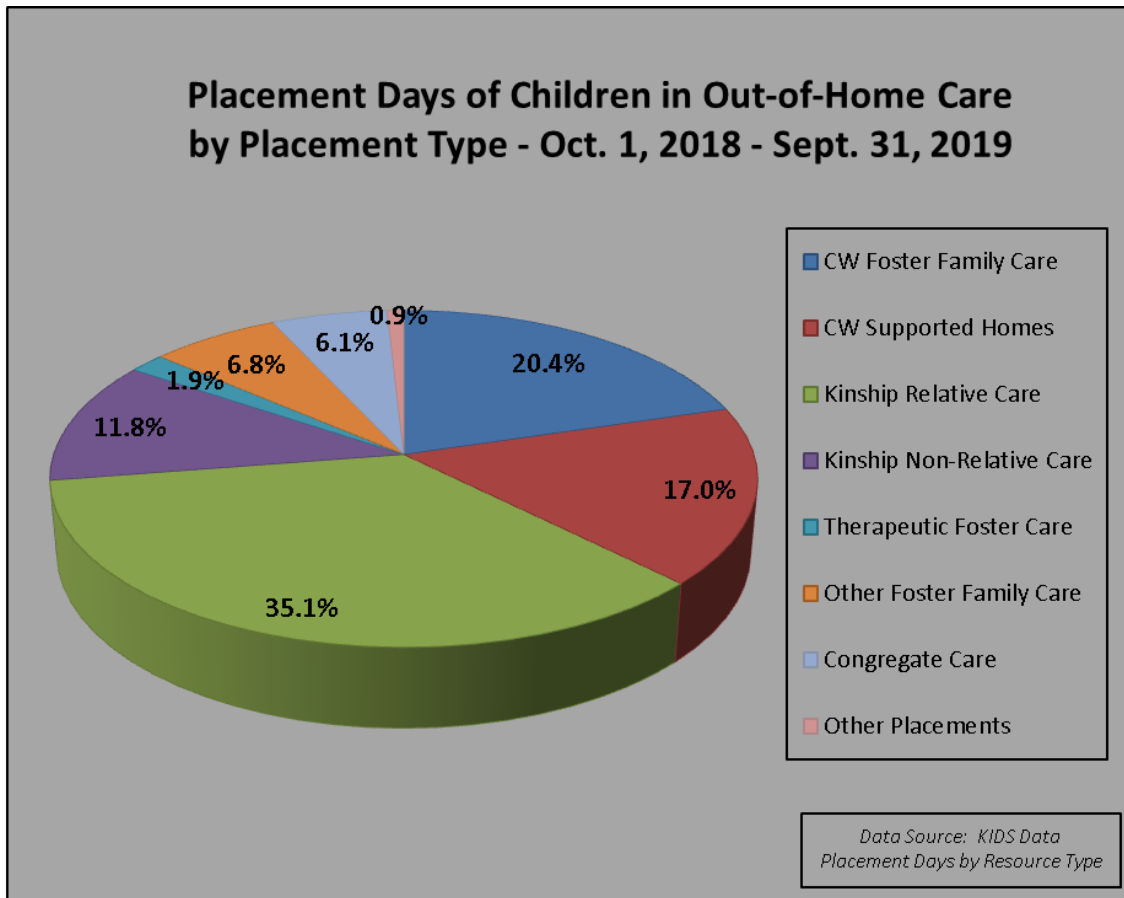
Section 1, Charts 1, 2, and 3 show the children's demographics by age, race, and placement type. For race, when a child claims more than one race, the child is counted in the Multi-Race category. Hispanic or Latino origin is no longer counted as a primary race.



Section 1, Chart 1



Section 1, Chart 2



Section 1, Chart 3

SECTION 2. Child Outcomes

1.1: Absence of Maltreatment in Care by Resource Caregivers

Operational Question

Of all children served in foster care during the 12-month reporting period, what percent were **not** victims of substantiated or indicated maltreatment (abuse or neglect) by a foster parent or facility staff member?

Data Source and Definitions

For the semi-annual report, Oklahoma uses the logic from the official federal metric. This measure is a 12-month period based on the federal fiscal year (FFY) of October 1 through September 30. Oklahoma uses the two official state-submitted Adoption and Foster Care Analysis Reporting System (AFCARS) (19A & 19B) files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) file covering AFCARS 19A & 19B periods to compute the measure. The NCANDS file used for this report is calculated the same as the file submitted to the federal government, which includes running the data through the official validation tool. However, the official submission to NCANDS occurs only once annually and is due yearly by January 31, so NCANDS data is subject to change until that date.

- Counts of children not maltreated in foster care (out-of-home care) are derived by subtracting the NCANDS count of child maltreatment by foster care (out-of-home care) providers from the AFCARS count of children placed in out-of-home care during the reporting period.
- This metric measures performance over 12 months and differs from the monthly data collected from KIDS.
- The federal metric only counts a victim once during the FFY, even if a child is victimized more than once in the course of a year. In the monthly report, a victim is counted for every substantiated finding of abuse or neglect.

- NCANDS does not include any referral when the report date and completion date do not both fall during the same FFY reporting period.
- The total population in this measure includes tribal custody children, as these children are included in the federal submission to NCANDS.

This measure includes all children placed in traditional foster care homes, kinship homes (relative or non-relative), therapeutic foster care homes, group homes, shelters, and residential facilities. Oklahoma began including children substantiated for maltreatment by the Office of Client Advocacy (OCA) in institutional settings in March 2013.

Description of Denominator and Numerator for this reporting period

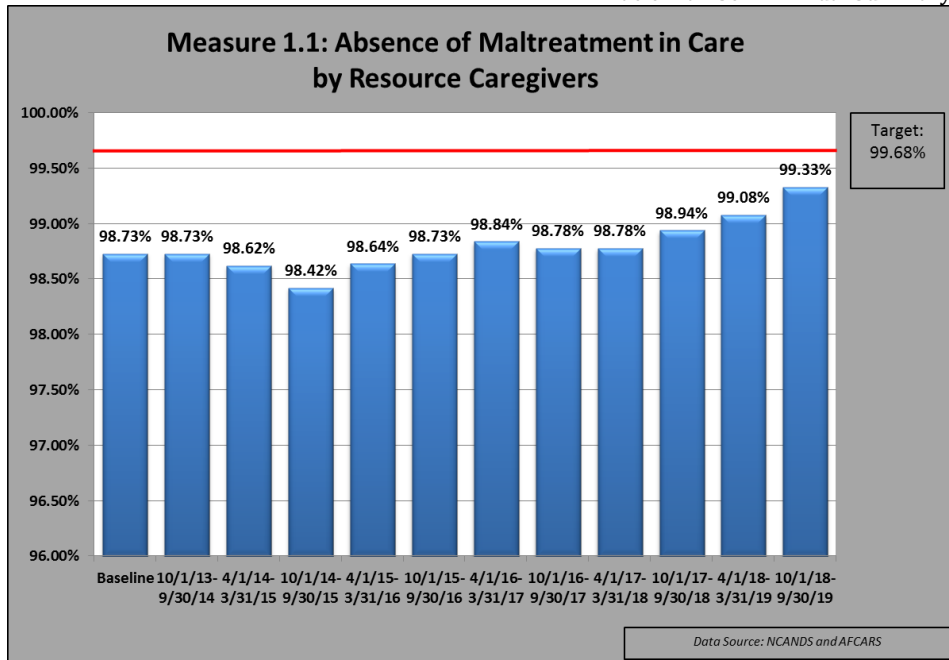
Denominator: All children served in foster care from 10/1/2018 through 9/30/2019.

Numerator: The number of children served in foster care from 10/1/2018 through 9/30/2019 who did not have any substantiated or indicated allegations of maltreatment by a foster parent or facility staff member during that period.

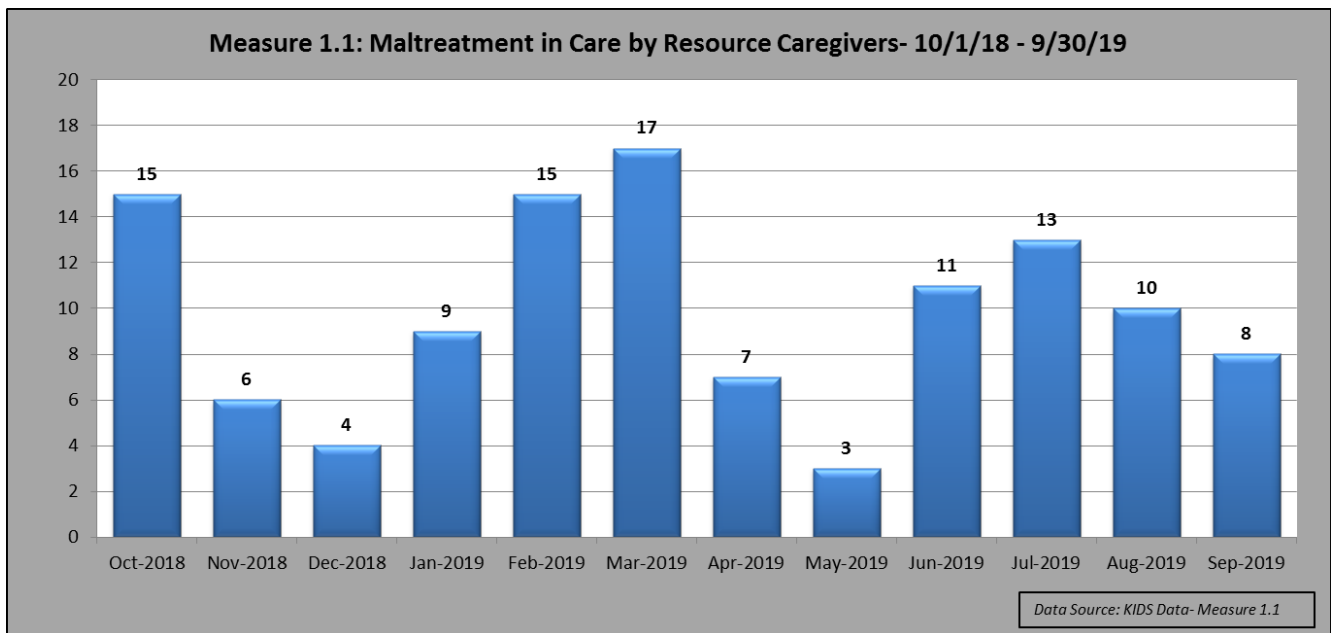
Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014	15,605	15,806	98.73%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014	16,066	16,272	98.73%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015	16,410	16,640	98.62%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015	16,543	16,808	98.42%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016	16,323	16,548	98.64%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016	16,037	16,244	98.73%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017	15,571	15,753	98.84%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017	14,929	15,113	98.78%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018	14,229	14,405	98.78%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018	13,754	13,901	98.94%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 - 3/31/2019	13,317	13,441	99.08%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 - 9/30/2019	12,995	13,082	99.33%
Target				99.68%

Section 2, Table 1.1-1



Section 2, Graph 1.1-1



Section 2, Graph 1.1-2

Children in Out-of-Home Care October 1, 2018 - September 30, 2019						Ending 9/30/19
Placement Type	Placement Days	Percent	Placement Type	MIC	Percent	MIC Rate per 100,000 days
CW Foster Family Homes	559,549	20.4%	CW Foster Family Homes	22	18.6%	3.9
CW Foster - Supported Homes	467,920	17.0%	CW Foster - Supported Homes	9	7.6%	1.9
Kinship Foster Care - Relative	964,848	35.1%	Kinship Foster Care - Relative	26	22.0%	2.7
Kinship Foster Care Non-Relative	324,148	11.8%	Kinship Foster Care Non-Relative	14	11.9%	4.3
Therapeutic Foster Care Homes	51,607	1.9%	Therapeutic Foster Care Homes	1	0.8%	1.9
Congregate Care	187,620	6.8%	Congregate Care	44	37.3%	23.5
Other Foster Family Care	166,659	6.1%	Other Foster Family Care	2	1.7%	1.2
Other Placements	24,020	0.9%	Other Placements	0	0.0%	0.0
Total	2,746,371	100%	Total	118	100%	4.3

Data Source: Pinnacle MIC Data for 12 months ending 9/30/19; Run Date: 12/1/19 and Placement Days by Resource Type; Run Date: 10/5/19

Section 2, Table 1.1-2

Commentary

This indicator is based on the federal measure for maltreatment in care and produces representative information about the incidence of maltreatment in care (MIC). For NCANDS reporting, 87 victims were reported.

For the reporting period October 1, 2018 – September 30, 2019, 118 substantiations of maltreatment while in out-of-home care were reported in the monthly MIC Pinnacle Plan Measure. These 118 victims were included in 80 separate referrals: 46 referrals for children in foster care and 34 referrals to the OCA. Of the 118 victims, 74 were placed in foster care settings and 44 were placed in congregate care settings:

Foster Family Care Types: 74 Victims

- 26 children were in a Kinship Foster Care - Relative Home (35.1%);
- 22 children were in a child welfare (CW) Foster Family Home (29.7%);
- 14 children were in a Kinship Foster Care Non-Relative Home (18.9%);
- 9 children were in a CW Foster-Supported Home (12.2%);
- 1 child was in a Therapeutic Foster Care (TFC) Home (1.4%);
- 1 child was in an Adoptive Home (1.4%); and
- 1 child was in a Contracted Foster Care Home (1.4%).

Congregate Care Placement Types: 44 Victims

- 31 children were in a Level Resource Facility (B, D, D+, or E) (70.5%);
- 4 children were in a Psychiatric Residential Treatment Center (9.1%);
- 3 children were in a Detention Center (6.8%);
- 2 children were in a Non-Oklahoma Department of Human Services (OKDHS) Operated facility (4.5%);
- 2 children were in a Residential Individual Therapeutic Service (4.5%); and
- 2 children were in a Youth Services Shelter (4.5%).

The difference between the two measures is explained in Data Source and Definitions.

FOSTER CARE

Screen-Out Consultations on Out-of-Home Referrals			
Screen-Out Referral Month	Total Screen-Out Referrals	Screen-Out Referrals with Screen-Out Consultation	% in Compliance
Baseline (Sept-Nov 2016)	312	122	39.1%
Apr-19	100	100	100.0%
May-19	78	77	98.7%
Jun-19	43	42	97.7%
Jul-19	53	52	98.1%
Aug-19	72	67	93.1%
Sep-19	76	72	94.7%
TOTAL	422	410	97.2%
<i>Data Source: Y1790B - Out-of-Home Screen-Out Detail; Run Date: 12/18/19</i>			

Section 2, Table 1.1-3

10-day Staffing on Out-of-Home (OOH) Investigations			
Investigation Closure Month	Total Children in OOH Referrals Assigned	Children with 10-day Staffing	% in Compliance
Apr-19	128	128	100.0%
May-19	111	111	100.0%
Jun-19	121	121	100.0%
Jul-19	88	88	100.0%
Aug-19	83	83	100.0%
Sep-19	98	98	100.0%
Total	629	629	100.0%
<i>Data Source: Y1751 - Out-of-Home Investigations; Run Date: 12/18/19</i>			

Section 2, Table 1.1-4

Statewide Automated Child Welfare Information System (SACWIS)/KIDS

Several WebFOCUS reports continue to be utilized by Foster Care and Adoptions (FC&A) management to inform and guide practice critical to MIC reduction of maltreatment in care. The Y1790B Out-of-Home (OOH) Screened-Out Referrals report contains screened-out referrals in the last 12 months; this report highlights when a screen-out consultation does not include required approvals for each responsible CW specialist and is noted as incomplete. Resource family partner (RFP) liaison supervisors conduct screen-out consultations for supported foster homes, monitor the Y1790B report, and share information to RFP agencies, as applicable.

The Y1025 Child Protective Services (CPS) Referral & Written Plan of Compliance (WPC) for Open Resource Homes report and progress report/scorecard is sent out monthly to Resource staff. The FC&A field deputy director and field managers review the information and use it to monitor trends and practice in the field. The Y1025 report contains all open resource homes with a current or previous referral(s) and/or WPC. It also provides a totality perspective of each resource's overall referral count, referral dispositions, and WPC count. For easy identification, the report also highlights

when a resource home has an overdue WPC. The FC&A field administrator reviews and monitors this report as well for the RFP supported foster homes.

The Y1043 WPC Summary report continues to provide WPC trend information. The report includes monthly data and a current fiscal year count of all WPCs for foster care resources, along with closed resources. The report also features the number of new WPCs created monthly and all resources with an open WPC that subsequently have or had an open investigation. The report provides statewide, regional, and agency specific trends to further guide practice by providing a proactive approach to reducing MIC.

During this reporting period, planning and development continued on the project to track resource exception requests and policy violations within KIDS, which is set to release in May 2020. Adding to KIDS resource exception requests and policy violation tracking will assist Child Welfare Services (CWS) staff with appropriate follow-up and help easily identify practice trends. An additional KIDS enhancement is set to release in August 2020 and that will provide details on the reason a WPC was implemented, as well as congregate data to inform practice change.

CPS programs staff continues to review every OOH screened-out referral to ensure policy guidelines are adhered to in the disposition process. KIDS also continues to capture the review process when CPS programs staff document if their office concurs with the screened-out disposition. When CPS programs staff does not concur with the referral's disposition, programs staff overrides the original disposition and assigns it in KIDS for investigation.

Foster Home Assessments

In January 2019, each field manager developed and implemented a Continuous Quality Improvement (CQI) Action Plan based on the Resource Family Assessment (RFA) state and regional analysis, which identified specific practice areas needing the most improvement. Each action plan was monitored for a minimum of 90-calendar days by the field manager and his or her supervisors. Eleven initial action plans and two subsequent action plans were developed, implemented, and closed following improved practice. Examples of action taken during the plans' duration included, but were not limited to: training, mentoring, utilization of the RFA Review tool and Initial Kinship Approval Checklist, and development of tracking logs. One additional action plan developed in September 2019 addressed further practice concerns; this ongoing plan is currently being monitored.

The revised and finalized RFA forms were released in September 2018 and provided to RFA contractors for use beginning October 2018. Quarterly RFA contractor meetings continue to be held to address questions and concerns, and to ensure clarity and consistency in the assessment process of resource homes. Trends and information pertinent to the reduction of MIC continue to be shared with RFA contractors.

FC&A programs staff provided RFA Update training May through July 2019. This training is developed annually and required for RFA contractors and RFP staff responsible for writing, reviewing, or approving RFAs. The training was also offered to the TFC contractors and tribal partners. The training's objective is to provide information to enhance the RFAs' quality and the applicant's initial assessment process. Topics covered in training include, but are not limited to: assessing protective capacities of resource parents, MIC statistics, resource alerts, enhanced communication with CWS, and assessment of criminal and CW background information. A resource book was created and provided to all participants. The resource book included information about the kinship and traditional resource approval process, Resource Family Model, numerous policies related to safety, RFA example sections, and publications developed to support resource parents. As part of this training, all participants are required to complete the Foster Child's Bill of Rights online training and MIC online training.

Revisions of several FC&A forms related to the initial and ongoing resource approval process were completed in this reporting period. In September 2019, the **Adult Behavioral Health Reference Letter** was revised and enhanced to gather pertinent information from behavioral health professionals that served the applicant or adult household member. Additional questions regarding past history of trauma, triggers, and coping skills were incorporated. In

November 2019, the **Annual Update Reference Letter** was created and released for use. This reference letter contains numerous safety-related questions and is used as part of an annual assessment of the resource parent's ability to continually care for children.

In previous reporting periods, overdue annual updates and reassessments were determined to be a barrier to reaching permanency goals, assessing safety timely for children, and identifying needs for families. As a result, FC&A leadership developed a backlog plan to address this issue. Each field manager develops his or her own plan to resolve the backlog issue and reports the plan the first Monday of each month to the FC&A field deputy director. The goal is to resolve the backlog, increase expectations, and hold staff accountable to assessing safety timely. This review process began in January 2019 with 273 overdue annual updates or reassessments. By December 2019, the backlog was reduced to 115 overdue annual updates or reassessments. This point-in-time data reflects positive trending and improvements across the state. This model decreased the number of overdue annual updates/reassessments each month, and also ensured that staff assessed child safety more timely, addressed any needs for the child and family, and provided exceptional customer service to resource families. FC&A believes each of these strategies increases placement stability, improves permanency for children, and decreases MIC.

FC&A programs staff provided Annual Update and Reassessment training between January and March 2019, for all Resource and RFP staff responsible for writing, reviewing, or approving annual updates or reassessments. The training was also offered to TFC contractors and tribal partners. This information will be incorporated into training for new Resource and RFP staff as well and will be offered on an ongoing basis.

Overfill requests continue to be reviewed and approved at a higher level of decision-making. The assigned Resource specialist gathers information regarding the child, resource family, and family unit as a whole to assist in assessing the situation. A new required form, **Resource Overfill Assessment**, was released on 9/16/2019 to document the information gathered; this new form is based off the previous guide. When the request is for seven total children in the foster home, the field manager reviews and makes an approval decision. When the request is for eight or more children in the foster home, the FC&A field deputy director and the regional deputy director review and make an approval decision.

When a resource home is overfilled, Resource staff and the child's assigned CW specialist continue working to make sure families are supported and the safety and well-being needs of children and families are addressed. Overfilled resources are tracked for evaluating if supports are in place when necessary to aid the resource family. As detailed in prior reports, FC&A programs staff was responsible for tracking support plans, but this task was moved to the administrative staff assigned to each field manager. The responsibility of monitoring support plans for supported foster homes was shifted to the RFP agency directors with the expectation that CWS may request verification and/or documentation at any time. This reassignment of duties allows for more accountability at the local level and includes managerial oversight to ensure appropriate supports are established and modified as needed to ensure child safety in the resource home.

As detailed in previous reporting periods, FC&A leadership worked with KIDS to develop enhancements to assist when an issue or concern in a resource home requires follow-up or ongoing monitoring. In September 2018, CWS Numbered Memo 18-09, Documenting Resource Contacts, took effect 9/17/2018. This documentation, or resource alert, increases communication between programs when concerns arise in a resource home and ensures the continued safety of children placed in the resource home. When an issue or concern is identified by Resource staff or the child's assigned CW staff at any point during the approval process or after the home was approved and open, a resource alert is entered to notify all assigned staff of the need for ongoing monitoring. Ongoing monitoring of issues or concerns includes communication between assigned staff prior to initiating monthly contacts, and discussion of the resource alert during a screen-out consultation or 10-day staffing when a referral is received for the resource home.

As part of the ongoing evaluation of new processes and practice implementation, several KIDS enhancements occurred since initiation of resource alerts. In November 2018, an enhancement included initiation and resolution of a resource alert within one contact. This enhancement also included an automated alert to the assigned Resource staff, as well as

to all CW staff with children placed in the home, when the issue or concerning information is entered. Each KIDS user has the ability to see the number of unviewed alerts and total alerts for the children or resource families on his or her respective workload. In June 2019, FC&A programs staff explored further KIDS enhancements after review of the implementation of resource alerts and feedback from field staff. Enhancement needs included:

- the ability to specifically track ongoing monitoring;
- generation of an automated alert to newly assigned staff upon case transfer or placing a new child in the resource home; and
- the ability to close a resource with an unresolved alert.

In November 2019, a new KIDS contact type for Resource staff was added to track the occurrence of ongoing monitoring of the issue or concern. Guidance for usage of the new contact type was sent to Resource staff on 11/25/2019. The anticipated release date for the remaining enhancements is May 2020.

Resources with resource alert contact purposes generate to the WebFOCUS YI042 Resource Homes with an Open Resource Alert Issue report for monitoring by Resource staff and CWS staff with children placed in the home. The report is emailed monthly with an expectation that field managers, supervisors, and RFP agency staff use the report as a management tool to track open and resolved resource alerts. Additional details regarding resolution of a resource alert were added to the YI042 report in July 2019. This includes the narrative details for the basis of a resource alert closure.

Following introduction of the resource alert protocol, the number of new resource alerts and resolutions continues to steadily increase. On 2/1/2019, 79 resource alerts were open and 18 resource alerts were resolved since introduction of the protocol on 9/18/2018. On 12/8/2019, 157 resource alerts were open and 126 were resolved since 7/1/2019. This point-in-time data indicates positive trending in the usage of resource alerts. The increased alert usage represents improved, proactive practice in addressing potential safety concerns and/or risk factors identified in a resource home. Common anecdotal risk factors requiring ongoing monitoring might include, but are not limited to, a history of substance abuse, increased family stress, individuals identified as unsafe potentially having access to the child in OKDHS custody, unclean or hazardous home environment, and criminal action taken against a resource parent that does not result in automatic closure. In addition to increasing and improving communications between Resource staff and each child's assigned CW specialist, resource alerts also improve support for resource families. As part of this enhanced ongoing monitoring process, increased communication and addressing the needs of a resource family provides a positive customer service experience and furthers efforts to retain resource families. Resource alerts are highlighted in the MIC Level 2 training released 7/1/2019.

Training

To assist staff in assessing and remediating concerns in a resource home, Assessing Concerns in Resource Homes training was added to the required Level II curriculum for Resource staff. Both FC&A staff and RFP staff received this training in 2017, but it is now a required training for all new Resource and RFP staff. The training is also offered to any staff that requests the training or needs a refresher. The first Level II session was completed in January 2019. The training was offered a total of seven times in 2019. In the future, the training will be offered to Resource and RFP staff on a quarterly basis in the future. This training develops and enhances Resource staff skills in determining the appropriate level of intervention required when concerns are present in a foster home, including addressing policy violations, and developing and monitoring WPCs.

FC&A programs staff initiated development of two records check trainings during this reporting period. A decision was initially made to conduct a Training of Trainers (TOT) for completing records searches. However, in July 2019, FC&A leadership determined that two separate trainings, to be developed and presented on an ongoing basis by FC&A programs staff, is more beneficial than a TOT.

The first training, Records Check Training, will be offered to new and/or specialists in need of training and will assist in developing skills related to searching and documenting records in a quality manner. This training will eventually be a

required Level I training for all Resource staff. In December 2019, three sessions of Records Check Training were completed by FC&A programs. Two sessions were provided to a select group of staff that included members of FC&A programs, FC&A Quality Assurance (QA), and two Resource staff selected by each field manager. Each field manager was asked to identify two lead workers or supervisors with experience and superior practice on records check completion; these individuals may conduct small group trainings or mentor staff based on their knowledge and experience. The intent of training this select group was to create consistency in programs and field instruction provided to new specialists and/or staff identified as in need of training, and solicit feedback from the group regarding the training material. Upon completion of the recent Region 5 QA review, a session of Records Check Training was provided to Region 5 Resource staff selected by the applicable field managers. Additional training dates will be scheduled in early 2020 and offered to Resource staff, RFP contractors, and TFC contractors.

The second training, Records Check Review and Approval Training, is required for all lead workers, supervisors, and field managers. This training will initially be provided to Resource staff, RFP contractors, and TFC contractors in spring 2020. The trainings will be offered regularly in the future. This training is designed to assist in crafting skills related to reviewing and coaching staff for quality records checks, and approval at the appropriate level.

FC&A QA

Over prior reporting periods, the FC&A QA team was established and began conducting resource reviews and face-to-face transfer of learning (TOL) debriefings based on review findings. As described previously, the QA team modeled debriefing the review tool to FC&A field management and began review tool debriefings with applicable Resource staff. Moving forward, the QA team will complete debriefings by request with the approval of the QA program supervisor.

As a result of the *Kinship Review Summary Report*, which the QA team presented to FC&A field management in February 2019, FC&A programs staff developed a packet of best practice tips and guidance that addressed the identified improvement areas. The packet was distributed to all Resource staff in May 2019. Furthermore, CWS continues a review of its practices with regard to the retrieval of archived CW records and the timeliness of resource approvals to improve quality, efficiency, and customer service. The QA team and FC&A programs team met in March 2019 to collaborate and create a feedback loop regarding QA reviews. The QA team explained the resource review process, the tools they utilized, and the overall findings of the reviews. As a result of this collaborative discussion, especially related to criminal and CW searches and documentation, a decision was made to move forward with development of training related to completion of records checks. In October 2019, the QA team and FC&A programs staff presented information on criminal and CW searches, and documentation at the CWS FC&A supervisor meeting. The presentation included background information concerns identified by the QA team. The presentation also included tips, examples, and information about the two upcoming trainings. The QA and FC&A programs teams will meet on a quarterly basis to discuss review findings, training needs, and policy or procedure revisions at a programs level.

In May 2019, the QA team identified a need to conduct resource approval reviews on a regional basis, rather than statewide. The QA team began resource approval reviews in Region 3 in May 2019 and a debriefing was held in June 2019. The debriefing included the QA team, Region 3 supervisors, field managers, and FC&A programs staff. The beneficial debriefing allowed for interaction between programs and field staff, that clarified information on the approval review results and also assisted in the discussion of additional training needs. The debriefing helped the QA team identify a need specific to one unit. Most likely this need would not have been identified in a statewide review.

In July 2019, the FC&A QA team met with a Continuous Quality Improvement (CQI)/QA program supervisor to discuss and address consistency within the reviews completed by the QA team. The program supervisor was instrumental in developing the Resource Approval Review instrument and training the QA team. Prior to the meeting, the QA team was assigned the same resource for individual review. During the meeting, each area of the Resource Approval Review instrument was discussed to ensure accuracy and consistency of selections within the tool by all QA team reviewers.

In July 2019, the QA team began resource approval reviews in Region 5. A debriefing held in October 2019 included the QA team, Region 5 supervisors, field managers, and FC&A programs staff. In September 2019, Region 5 had a leadership change with a temporary field manager assigned in October 2019. The QA program supervisor and newly assigned field manager met with one of the Region 5 supervisors to identify needs. In response to the supervisor's individual needs, the field manager scheduled weekly meetings and developed a review process for the supervisor. Additional debriefings will be conducted upon completion of regional reviews. FC&A programs staff will attend all regional debriefings to offer support, gather field staff feedback, and ensure consistent messaging statewide.

In December 2019, the FC&A QA program supervisor met with the MIC lead to discuss the format for sharing information and emerging trends. As a result of this meeting, the QA team is considering using Qualtrics, an online surveying software that compiles data and produces analysis reports based on the input. FC&A sent the review instruments to the MIC lead for review. After the MIC lead reviews the instruments, a meeting will be scheduled between QA and the office of Innovation Services regarding the development, usage, and feasibility of Qualtrics for the QA team.

Since the establishment of the FC&A QA team, the approach to conducting resource reviews has shifted from statewide to regional based upon feedback and data collection. A baseline of review data was not established due to implementation of the regional reviews in May 2019. Data prior to May 2019, included a sample of statewide resource reviews that made it difficult to identify specific trends. Comparing statewide data to regional data would likely skew the results and not be reflective of true practice trends. CWS will establish a baseline of regional review data for comparison to findings in subsequent regional reviews. The qualitative data provided to FC&A leadership will determine any additional next steps for practice improvement.

The QA team is to review a random sample of newly approved kinship and traditional foster home approvals from one region each month. The QA team will continue to utilize the Resource Approval Review instrument in completing regional reviews. In November 2019, the QA team reviewed a sample of RFP resources approved in November. A debriefing is scheduled with RFP CWS staff. FC&A leadership will continue to evaluate progress and make adjustments as needs are identified. FC&A leadership are meeting to discuss plans for how best to incorporate the review of TFC homes into the QA process. Currently, this work is occurring through the TFC programs staff; however, leadership wants to ensure a consistent process occurs for all resource family homes and will be evaluating the QA team's capacity regarding adding the TFC homes reviews.

A steady decrease of MIC for children placed in out-of-home care occurred over the past four reporting periods. During this time period, CWS implemented numerous efforts to improve the quality of resource home approvals and ongoing assessment processes. The RFA statewide analysis and QA reviews provided valuable insight into practice strengths and concerns regarding approvals of families. Information from the QA team's reviews was shared with Resource staff and the FC&A programs team to create consistent communication and feedback loops. Supervisors and field managers continue to address practice concerns specific to their individual teams to help ensure accountability and improve practice. As a result of information sharing with the FC&A programs team, guidance and training for Resource staff is continually developed or revised to address identified concerns and enhance quality. The efforts aimed at enhancing the resource home approval and ongoing assessment processes are instrumental to continue positive trending of MIC reduction.

MIC Expanded Strategies

To continue positive trending and maintain MIC reduction momentum, practice improvements in all areas remain a high priority for all programs in CWS. Implementation of MIC reduction and prevention processes, such as case reviews, case analysis, and regional action plans, specific to the needs of each region, continued during this reporting period. Both quantitative and qualitative analyses continue through monthly reviews. The MIC program team continues to review all substantiated cases of MIC as well as the eight randomly selected unsubstantiated MIC cases regarding children placed in out-of-home care. In addition to the MIC program reviews, the district directors and field managers also conduct their

monthly reviews for both substantiated and unsubstantiated MIC cases as part of the MIC expanded strategy effort. The monthly field manager and district director reviews, in effect since the first months of 2019, indicate the review momentum continued throughout the year. A significant amount of data is now available that will provide some analytical results to help CWS identify ongoing trends and/or patterns related to MIC in the upcoming year.

The MIC leadership team maintained regular monthly meetings with good member attendance. Meetings continue to focus on improving CW practices, specifically the known contributing factors to MIC. Another focus of the meetings is the continued qualitative reviews and TOL occurring in each district. The regional MIC teams continue to meet at least every other month to discuss statewide and regional prevention strategies, to present MIC data and trends within the districts, and to discuss ongoing implementation efforts. The statewide MIC leadership team will begin meeting every other month until the MIC Expanded Strategies are fully implemented and operating as intended, as determined by the MIC leadership team. When this is accomplished, the statewide MIC leadership meetings will change to quarterly.

MIC program staff continue to help the field and regional MIC teams identify system strengths and needs, in providing ongoing performance analysis and evaluations, and in collectively making adjustments to implemented strategies, as needed. MIC program staff continues to review all substantiated referrals in a family-like setting as well as a random sample of 10 unsubstantiated referrals selected by the Co-Neutrals, eight in a family-like setting and two in congregate care. Beginning January 2019, those reviews were sent to each involved district director and field manager to increase understanding and communication on the reviews at the regional and district levels. Since that time, there has been positive feedback from the field staff about that review finding communication. Leadership staff have expressed that it is a helpful and positive take away that they appreciate. This helps to affirm that such concrete information sharing aids in stimulating an ongoing process for TOL specific to each region and district.

Case Reviews

At the regional and district levels, district directors continue monthly reviews of two substantiated and two unsubstantiated family-like setting referrals from the previous month within their district when enough are available for review. The objective remains for leadership staff to be able to identify contributing MIC factors and trends within a district to monitor if specific regional strategies are reducing MIC and having the intended impact. As stated in the previous report, these reviews provide some informative analytic results, which helps CWS identify ongoing MIC trends and/or patterns. This information enables leadership staff to strategically respond in ways that can significantly prevent and reduce MIC. The District Director Review Tool and the Field Manager Review Tool are used to capture MIC contributing factors present in field practice as identified by the monthly case reviews. The tools also track TOL efforts that stem from these reviews. Review trends were initially tracked manually statewide, as well as within each region, but given the significant amount of data accumulated, tracking and analysis is currently transferring to an online analysis program. The reviews were previously documented on review tool instruments and entered into spreadsheets. Those reviews were then sent to the region's MIC lead for review and analysis, and the regional MIC lead then sent the reviews to the State's MIC strategy lead. To provide the most accurate analysis possible and garner the most pertinent information, on statewide, regional, and district levels, the review tools and spreadsheet entries are now entered into Qualtrics.

With this project, Qualtrics was used to bring additional consistency to the auditing process and provide on-demand, interactive data analysis for the reviews conducted by district director and field manager staff. The audit consists of the same questions listed in the district director and field manager review tools. Some questions are being added and a few removed while the system is finalized. The review questions will continue to cover the known contributing factors to MIC, as well as the review feedback regarding TOL for any identified strengths or improvement areas. To assist with the process, the reviewing auditors were provided with an updated guidance tool on 11/22/2019, as well as one-on-one guidance from the MIC program team. Additional one-on-one guidance from the MIC program staff will be provided as needed in each individual region to ensure consistency and accuracy regarding database selections and entry. Region 4 scheduled an additional guidance meeting for 1/17/2020. The goal for the electronic system is to be the primary manner in which field managers and district directors conduct and enter their reviews. Doing so enables reviewing staff

to observe trends and analyze practice immediately, in real time. The system is in the finalization stage at this time. It opened for official use by the reviewers on 11/1/2019, but not all manually documented reviews have been added to the electronic system. The next steps for MIC case reviews will be for all manual tools to be uploaded into Qualtrics, a complete analysis of all reviews to date will be conducted, and a report produced.

Preliminary Data

A mid-year count of the district director and field manager monthly reviews was conducted between January and June of 2019. As of 7/31/2019, approximately 204 reviews were conducted by district directors and field managers combined during the first half of the calendar year. A total of about 370 MIC investigations were assigned between January and June 2019, which indicates that reviews were occurring on approximately 55 percent of the assigned foster home investigations. Since that time, approximately 142 additional reviews were conducted for a total of 346 reviews manually submitted as of 1/7/2020. Please note, this is a manual count which might have errors because several reviews which were completed, had not yet been sent on to the MIC regional leads, and passed on to the statewide MIC lead for inclusion in this number. Additionally, the count of those reviews did not include a thorough quality check to confirm duplications were removed. As of 1/6/2020, 229 reviews were entered into the Qualtrics system. Of those, 212 were district director reviews and 17 were field manager reviews. Although this is early data and a thorough review needs to be conducted once all reviews are uploaded into Qualtrics, approximately 575 MIC case reviews were completed over the past year.

Although merely preliminary data, the district director review entries into Qualtrics thus far, show a correlation to past MIC review findings, prior to the expanded strategies implementation. Of the 212 district director reviews, 177 reviews indicated a contributing factor to MIC was found in practice or review documentation. Based on the early perusal of the entered data, the highest contributing factors identified by district directors were:

- Inadequate contacts/visits at a rate of 66 percent (117 out of 177 responses)
In examining the leading aspects that contribute to a poor quality contact/visit, it was discovered that discussions surrounding discipline and safety were the leading areas of deficiency. Not having unannounced visits and not sufficiently addressing safety with all members were other key factors impacting the quality of visits.
- Unsafe person(s) in or visiting the home at a rate of 41 percent (73 out of 177 responses)
The leading area for improvement was the inadequate discussion with all household members about who is around and/or caring for the children. Another significant factor contributing to MIC was staff not observing the entire home.
- Lack of communication or information sharing between programs at a rate of 40 percent (70 out of 177 responses)
The primary issue was overwhelmingly that Permanency Planning specialists were not contacting Resource specialists prior to making their monthly contacts with the children.

Considering all of the previous analyses of factors that contribute to MIC, this data actually supports the previously identified top factors. This review style further solidifies the previously known data when considering this review was conducted by auditors with subjective discretion, from various regions across the state, and with varying perspectives. Despite these influencing factors, this early evidence is consistent with what the agency has already identified as issues that contribute to MIC incidents. Knowing all of the action plans put into place have the potential to reduce MIC rates and that most strategy efforts are preventing and reducing MIC motivates field staff. Also, a noteworthy component of this preliminary analysis is the indication that TOL is occurring a majority of the time when an issue of concern is noted and that TOL was mostly done through face-to-face meetings with staff.

With regard to the 17 field manager reviews entered into the Qualtrics system so far, eight of those indicated a contributing factor was identified. The leading contributing factors for these reviews were that staff was not addressing the placement provider's ability to meet the child's psychological needs and that follow-up action steps were not developed when concerns were identified in the home. Given that this is such a small number in relation to the amount

of reviews conducted, more analysis is required to better determine the factors identified by field managers that significantly contribute to MIC. The Qualtrics system design was reviewed for edits by the MIC lead team on 10/11/2019, and it launched for use on 11/1/2019. The tool may be completed by reviewers at any time and provides a live dashboard of the review results in real-time by users.

At this time, RFP staff continues to use the manual MIC review tools. RFP agencies do not have access to CWS data reports to be able to complete the electronic review. Modifications will need to be made to their review tools for them to be represented accurately in the Qualtrics forum, otherwise it might skew the result data from the field manager reviews. The goal is to create a workgroup within the MIC leadership team that can work specifically on making the review system usable for the agencies without creating skewed data. The workgroup will determine if there should be three separate review tools rather than two.

Anticipated Limitations

Limitations were observed with this type of data analysis. There can and will be duplication of reviews at times as district directors, field managers, and RFP staff will be reviewing the same cases at times. For example, one district director might review a substantiated MIC case as part of their expanded strategy requirements, and an field manager or RFP staff might review the same case. The system does allow for the analyst to separate the district director reviews from the field manager and RFP reviews; however, the cases with duplicated reviews might also have differing contributing factors selected from multiple separate reviewers making selections based on their own discretion. The biggest benefit of this review process so far, has been that direct managers are reviewing their staff's quality with contributing factors in mind and also conducting TOLs based on those reviews. This benefit is determined to supersede the known limitations noted above. This will be important to keep in mind when interpreting the data going forward. Discussions are ongoing with Innovations Services staff, formerly known as Office of Performance Outcomes and Accountability (OPOA), to determine the impacts of this and if troubleshooting will be necessary.

Another notable limitation to interpreting the overall data trends will be in understanding how reviewers discern their selections. For instance, there have been multiple questions about how best to interpret the contributing factor surrounding the totality of information considered. When the analysis is underway, attention to the practice notes is required to help analysts interpret if the selections were being applied as directed by the guide and in keeping with the measurement's intent.

Case Analysis

MIC regional leads began the process of presenting a case analysis to their regional staff in early 2019. Since that time, all regions, as well as all RFP agencies, completed at least one case analysis. All five regions are routinely conducting case analyses every quarter. During the case analysis process, MIC regional leads work alongside their regional district directors, field managers, and in many cases supervisors to present an MIC case analysis to the region's leadership team and/or steering committees. Upon the presentation's completion, clear direction is provided to the participants with specific takeaways to utilize in a subsequent TOL with supervisors and field staff to focus on. The key factors utilized in the TOL process with field staff are the specific opportunities identified by the leadership team that would enhance risk assessment skills, safety assessments, and prevention strategies for all programs going forward. Discussions also include any identified practice strengths. Regional case analyses take place every quarter and the MIC program team attends various regional case analyses at random times for quality assurance. Each region expressed a growing comfort for conducting the case analyses and focus will begin to shift toward ensuring quality TOL is occurring sufficiently and consistently throughout the state.

As of 11/12/2019, each agency had completed their case analysis and provided documentation and feedback to the RFP MIC leads. The RFP agencies do not always have a case analysis of their own to review each quarter. In some cases, agencies don't have any to review for consecutive quarters. Because of this, accommodations were made to their expanded strategy requirements for case analysis. Given the small amount of MIC cases in RFP agencies, their requirement will be modified to conduct two case analyses per year. The case reviews will be scheduled by the RFP MIC

leads. The before mentioned RFP MIC workgroup will also discuss the case analysis modifications in addition to the review tool. The overall consensus was that the process prompted stimulating and very beneficial discussions. Some agencies provided valuable feedback stating they enjoyed the case analysis process and found it helpful for their staff who learned quite a bit from their participation.

Regional Implementation

In early 2019, each region developed and finalized a targeted strategic action plan to improve practice and decrease the presence of contributing MIC factors. Each region's targeted strategy specifies an action that is expected to reduce MIC and aligns with a contributing factor specific to the region. Each region's strategy includes a specific action step and monitoring strategies so regional staff can eventually determine the action step's impact on practice. The goal is overall improvement in practice relating to MIC contributing factors. Focus on the contributing factors is believed to be one of several causal factors that aids CWS' continued reduction of MIC incidents. Increased CWS staff awareness is likely enhancing staff's ability to recognize MIC risks before incidents occur. Impact from the strategic action plans was not officially analyzed; however, leadership across the state continues to report benefits from their individual action plans. The actions plans will remain in action as positive results continue.

Supervisory Framework

The Supervisory Framework series training, part of Oklahoma's Program Improvement Plan (PIP) focused on best practices, quality worker contacts, effective multi-program communications, and supervision strategies, is still in statewide implementation. The Safety through Supervision Framework training began in August 2018, and is fully implemented in Regions 1, 2, 3, and 5. The training's final regional implementation just began in Region 4 with an expected completion date of May 2020. Each of these trainings is followed up with individual TOL between leadership and the PIP lead that lasts for 90-calendar days following each region's completion of the Safety through Supervision Framework training. TOL is currently underway in Region 2. Guidebooks that highlight many of the MIC prevention processes are provided to all CWS staff attending this training series and are currently being integrated with the Child Safety Guidebook. A final Safety Guidebook is expected to be released in February 2020. It will be updated annually and/or as needed.

Screen-Out Consultations

Screen-out consultations continue to maintain a compliance rate in the upper 90 percent range, but there was a slight decrease from the previous reporting period. In previous reporting periods, a compliance report was sent out to all staff indicating the screen-out consultation compliance rates on cases. This was sent through email by the previous deputy director of Foster Care and Adoptions. The report is no longer sent out as a reminder for staff to complete their documentation, which might have affected staff documentation compliance. Twelve screened-out reports this period did not include a contact documented as a screen-out consultation. Upon review of those 12 referrals, some of them included Interstate Compact on the Placement of Children (ICPC) children, and others documented staffing the screen-out within a 10-day staffing of a companion referral and/or within another contact in the case. In the previous reporting periods, emails to the staff involved in such documentation errors were sent out offering staff the opportunity to correct their documentation, but no advance notices were provided to field staff this reporting period. The screen-out consultation process was added into KIDS early last year. In the latest policy update, staff is instructed to complete the screen-out documentation within five-business days of the meeting.

The screen-out consultation guide is still presented to all CWS staff through the Supervisory Framework PIP trainings and the only region without that training is Region 4. By May 2020, all CWS staff will have attended and received this training. In January 2019, MIC program staff began another screen-out consultation review looking at its quality and effectiveness. The actual data was reviewed and compiled into a spreadsheet for further analysis. At that time, it was reported that the screen-out consultation analysis was currently underway. Upon further analysis, the data was found to have numerous errors and could not be analyzed with fidelity. This error delayed the production of a screen-out consultation report, which was expected to be completed by September 2019. A new data compilation will have to be conducted and analyzed prior to another screen-out consultation report. Currently, the MIC program team is re-

evaluating if such an analysis is necessary. Consultation with the MIC statewide team must occur prior to reaching a final decision. This matter is set to be discussed at the statewide MIC leadership meeting on 1/31/2020.

Trainings

To further prevent and reduce MIC incidents, a second-level online training course was developed that requires mandatory participation for all CW specialists I–IV, as well as RFP staff. The MIC 2 training was released to CWS on 7/1/2019. The training was launched for RFP staff on 8/1/2019 through the contractor's Learning Management System (LMS) portal. The later launch was due to the separate computer system, which provides for better tracking and logistics for log-on access. Such issues were problematic in the first MIC training implementation. As previously reported, the MIC 2 course focused on how to prevent MIC through quality placement assessment conversations, how to thoroughly assess protective capacities for children in care, and how to develop quality support plans and WPCs. This training explains the proper uses for injury alerts and resource alerts and also focuses on how to obtain quality information from monthly and quarterly contacts. The training was designed for specialists and supervisors assessing safety during ongoing cases in homes and facilities; however, it is open for all CWS staff.

These subsequent MIC trainings were developed with other strategy leads, specifically the leads of Core Strategy MIC-Facilities, Core Strategy Placement Stability Improvement, Core Strategy Resource Home Recruitment-Foster Care, and Core Strategy Targeted Permanency Consultation. To help field staff apply what this course offers to their actual work and relate it to their specific cases, a separate TOL session was assigned to supervisors on 8/1/2019. This TOL is a guided group style learning session that provides supportive and interactive engagement between the individuals on each team/unit. The TOL session accompanied the MIC 2 Training for supervisors. Supervisors were provided with a Transfer of Learning Group Case Learning Guide to use in preparing a setting where they can engage and support specialists in implementing the learned concepts into practice as well as to help reinforce understanding of the presented concepts in MIC 2.

As of this report, three compliance reports were processed for MIC 2 training completion rates for CWS staff. The first two reports were about all required CWS staff, while the third report only pertained to those required supervisors. On 10/10/2019, the first completion analysis was to determine how many staff had completed the MIC 2 training by the expected due date, 9/30/2019. This first compliance report showed 68 percent of staff (938 of 1,371) completed the training by that date, while 11 percent (149 staff) were currently in progress. A rate of 21 percent of staff were Not Yet Started (NYS) as of 9/30/2019. Excluding the staff on leave (5) or in CORE (39), the NYS rate drops to 18 percent leaving a 71 percent completion rate as of 9/30/2019. Leadership received email notifications requesting assistance for staff to complete the training. After notifications were sent, another analysis was completed and as of 10/25/2019, the completion rate for MIC 2 was at 77 percent with 9 percent in progress and 14 percent NYS. The third compliance report involving only supervisors was conducted on 12/5/2019, and showed that of the 242 required supervisors, excluding those who left CWS, as of 11/29/2019, 91 percent (220) had started or completed the MIC 2 training. Of those 220 supervisors, seven percent (16) were currently in the process of completing the training. Of the 242 supervisors, 84 percent (204) had fully completed the training. Another compliance report for all required staff is currently being analyzed with an expected completion date of 1/10/2020.

Regarding RFP agency staff, a majority completed the training by 9/30/2019. A few RFP staff experienced issues logging into LMS and have yet to complete the training. The MIC 2 TOL was analyzed for compliance on 2/6/2020. Out of 202 required Permanency Planning and Resource supervisors, 10 had NYS the TOL session in LMS. The TOL cannot be completed until all or most of a supervisor's unit has completed the MIC 2 training. As of this report, 95 percent of required supervisors have started or completed the MIC 2 TOL session. Out of the 192 supervisors who had at least started the session 49, or 24 percent, showed a full completion. A reminder email was sent to supervisors on 2/7/2020, reminding them to complete the MIC 2 TOL. Compliance analysis will continue as the goal is for 100 percent of supervisors to complete the MIC 2 TOL with their staff.

The first online MIC training remains open and required by staff who onboard into CWS and is a part of CORE. Adjustments and updates will occur as needed. A final report was run on 10/8/2019 regarding completion compliance. A total of 2,514 CWS staff completed the MIC 1 training as of that final run date. Out of a listed 2,680 CWS staff, 109 staff members were NYS. Of those 109 NYS, 56 specialists were enrolled in CORE at that time and had not reached Module 3, which is the module with the MIC training. In addition to those 56, three staff members were identified as being on leave through the Family and Medical Leave Act (FMLA). Excluding those 59 staff from the 109, that leaves 50 staff members showing as NYS. Fifty-seven specialists showed as in progress. Fourteen specialists were in process as they were currently enrolled in CORE and had not reached their Module 3 to complete the training, also one participant was listed as in progress, but on FMLA leave. Of the staff in progress, minus the 15 in CORE and/or on leave, 42 staff were identified in progress. This resulted in a final rate calculation of 94 percent completion, 2 percent in progress, and a 4 percent non-completion rate.

Conclusion

In this latest reporting period, CWS made the most significant progress to date since the Plan began. The applied strategies are the most likely causal factor for the significant progress in positive trending. The baseline data ending June 2013, indicated an absence of MIC by resource caregivers was achieved 98.73 percent of the time compared to the most recent rate of 99.33 percent. This is a 0.60 percent decrease in MIC, showing significant progress. Not only is this the closest measurement to achieving the 99.68 percent target; only positive trending has occurred since September 2017. Moreover, the most significant progress made in any reporting period to date was achieved this reporting period, with a decrease of MIC by 0.25 percent. Diligent efforts were made statewide in implementing the MIC strategies since 2017. The positive trending indicates the strategies are contributing to preventing and decreasing MIC incidents. While CWS acknowledges the intended target has not yet been reached, it is evident that CWS has demonstrated substantial improvement in not only the metrics but in identifying activities, efforts, and strategies which are improving practice related to MIC by resource caregivers.

CONGREGATE CARE

Ongoing efforts are occurring in all core strategy activities to address MIC in higher levels of care. Current semi-annual data indicates an increase of nine MIC victims in congregate care when compared to data from the last report. Despite this increase, the overall MIC in congregate care settings remains significantly lower when compared to the majority of previous semi-annual data sets. Current semi-annual data indicates a decrease of 25 MIC victims when compared to the 69 victims in the April 2017 – March 2018 semi-annual data set and a decrease of 16 MIC victims when compared to the 60 victims in the October 2016 – September 2017 data set. Overall, this demonstrates continued positive and sustained trending for to this measure. Additionally, 15 of the total 44 MIC incidents in congregate care, during the current reporting period, occurred in resources of facilities whose contracts were terminated or are no longer providing services. Furthermore, nine of the remaining 29 MIC victims experienced maltreatment in programs OKDHS does not hold the funded contract for, i.e. psychiatric hospitals, Office of Juvenile Affairs (OJA) placements, and shelter care.

The three primary efforts designed to decrease MIC in congregate care settings: heightened monitoring of facilities with the highest number of MIC incidents; policy, practice and technical enhancements; and contract enhancements will continue with ongoing commitment to continually seek ways to support safe care for youth who have been determined to need a treatment and/or a placement above foster care.

Children with Substantiations of Abuse or Neglect while in Out-of-Home Care OCA Heightened Monitoring Facilities (HMF)											
Heighten Monitored Period	Closure Month	Group Homes / Shelters									Total
		Group Home/ Shelter 1	Group Home/ Shelter 2	Group Home/ Shelter 3	Group Home/ Shelter 4	Group Home/ Shelter 5	Group Home/ Shelter 6	Group Home/ Shelter 7	Group Home/ Shelter 8	Group Home/ Shelter 9	
14th Data Period	Oct-2018			2							2
	Nov-2018				1	1					2
	Dec-2018										0
15th Data Period	Jan-2019	4						1			5
	Feb-2019	4				1	1				6
	Mar-2019					1	2				3
16th Data Period	Apr-2019										0
	May-2019										0
	Jun-2019	4						1			5
17th Data Period	Jul-2019					1		1			2
	Aug-2019			1		1			1		3
	Sep-2019										0
TOTAL		12	0	3	1	5	3	3	1	0	28
<i>Data Source: KIDS Data Measure 1.1 MIC; Run Date: 11/30/19 -Numbers indicate children with substantiations while in DHS custody and placed at Facility. Substantiations for children in DHS custody only.</i>											
13th Period Data ID'd as HMF		14th Period Data ID'd as HMF			15th Period Data ID'd as HMF			16th Period Data ID'd as HMF			

Section 2, Table 1.1-5

Children with Substantiations of Abuse or Neglect while in Out-of-Home Care OCA Heightened Monitoring Facilities (HMF)			
Heighten Monitored Period	Closure Month	Acute/ RTC 1	Total
14th Data Period	Oct-2018		
	Nov-2018		
	Dec-2018		
15th Data Period	Jan-2019		
	Feb-2019		
	Mar-2019		
16th Data Period	Apr-2019		
	May-2019		
	Jun-2019	1	1
17th Data Period	Jul-2019		
	Aug-2019	2	2
	Sep-2019		
TOTAL		3	3
<i>Data Source: KIDS Data Measure 1.1 MIC; Run Date: 11/30/19 -Numbers indicate children with substantiations while in DHS custody and placed at Facility. Substantiations for children in DHS custody only.</i>			
13th Period Data ID'd as HMF	14th Period Data ID'd as HMF	15th Period Data ID'd as HMF	16th Period Data ID'd as HMF

Section 2, Table 1.1-6

Note: The color blocking denotes the data period when a facility was identified as requiring heightened monitoring. Data reporting periods are for three months.

Heightened Monitoring (HM)

The specific activities and detailed processes on the selection of, and the work completed with, facilities in need of HM based upon 15 data sets were summarized in previous semi-annual reports. This reporting period includes HM activities based on the 16th and 17th MIC data sets. Of the six group homes identified from the 13th, 14th, and 15th data sets only two had a subsequent maltreatment incident during the 17th data period, indicating that HM efforts are successful with the majority of providers engaged. Of the two providers who had the subsequent MIC during the 17th data reporting period, group home/shelter 3 is no longer contracted to provide services and group home/shelter 5 decreased restraints from 292 in the first half of 2019 to 196 in the last half of the year. Specialized Placements and Partnerships Unit (SPPU) program staff met with the only hospital to have MIC during this reporting period, they had refused to participate in HM in the past and during this reporting period, but after meeting agreed to a modified HM plan so that support and oversight could be provided to their facility in a way that they felt could support their already initiated improvement activities.

16th MIC Data Set: April – June 2019

A quarterly heightened monitoring team (HMT) meeting was held on 7/8/2019 to identify facilities in need of enhanced HM support based on data from April – June 2019. Monthly HMT conference call updates were held on 4/3/2019, 5/1/2019, and 6/5/2019. During monthly calls, action plans were reviewed and updates were suggested based on information from weekly onsite monitoring by SPPU liaisons, bi-monthly visitation by the SPPU program field representative (PFR) assigned to HMT activities, National Resource Center for Youth Services (NRCYS), and OCA feedback.

The 16th MIC data set was received July 2019. Review of this data set identified one resource in need of HM at the group home and shelter level of care. One other resource would have been identified as in need of HM at the group home and shelter level of care; however, their contract was terminated and they ceased service provision on 6/30/2019 and as a result were not selected. An HM meeting was not held with the identified resource as the resource was familiar with the process; however, a program assessment did occur 8/7/2019 – 8/9/2019. The team met to develop the support plan on 9/26/2019 and the plan was finalized on 10/14/2019. Two additional resources were identified and began

participating in HM in late August as a result of concerns with referrals noted by the Co-Neutrals and internal review. A program assessment for the additional identified programs was completed on 9/3/2019 and 9/4/2019 with the final program assessments provided to OKDHS on 9/19/2019 and 10/2/2019. The HMT team met to review all program assessments and develop support plans on 9/26/2019 and 10/25/2019. With the plans now agreed upon and finalized, the HMT is evaluating progress towards the completion of the action steps.

Review of the 16th data set identified one resource in need of HM at the hospital acute/residential center (RTC) level of care. The RTC resource declined to participate in the HM process.

17th MIC Data Set: July – September 2019

A quarterly heightened monitoring team meeting was held on 10/18/2019 to identify facilities in need of enhanced HM support based on data from July – September 2019. Monthly HMT conference calls were held on 7/3/2019, 8/7/2019, and 9/4/2019. During the monthly calls, action plans were reviewed and updates were suggested based on information from weekly onsite monitoring by the SPPU liaisons, bi-monthly visitation by SPPU PFR assigned to HMT activities, NRCYS, and OCA.

The 17th MIC data set was received August 2019. Review of this data set identified three resources in need of heightened monitoring at the group home and shelter level of care. Two of the resources identified were already participating in the HM process and did not require an initial meeting or new program assessment. The initial meeting for the third identified resource was held on 11/6/2019 with the program assessment completed 11/13/2019 and 11/14/2019. The completed assessment was provided to OKDHS on 12/20/2019 and the support plan was developed on 1/10/2020. The HMT is now working to support the program in progress on its support plan.

The 17th MIC data set identified one resource at the RTC level of care. SPPU reached out to the identified RTC resource 10/18/2019 and 10/23/2019 with no response. The SPPU liaison followed up on 11/19/2019. The resource contacted SPPU and a meeting was held on 12/4/2019. A program assessment was completed on 12/18/2019 and 12/19/2019. Once the final assessment is approved, the HMT will meet with the resource to provide additional support.

Policy, Practice, and Technical Enhancements

All activities to support the utilization of the Assessing Safety in Residential Settings Contact Guide continue. The guide is provided to the youth's assigned child welfare (CW) staff when the group home referral is made and is addressed in the MIC Module 1 and 2 online trainings.

Utilization of the SPPU Facility Service Plan (FSP) continues. Facilities with assigned liaison's review all assigned and screened-out referrals quarterly in an attempt to identify patterns, trends, or areas of concern in the broader agency practice and culture which may not be easily recognizable during individual referral review. This practice also serves to strengthen the communication between the facility and SPPU related to direct care practices in a facility. There is currently a workgroup formed to identify any changes that may need to be made to the way screened-out referrals are addressed by SPPU for congregate care facilities. The first workgroup meeting was rescheduled to early February 2020.

From January through August 2019, shelter placement training was provided across the state for CWS field staff levels I through IV. More than 700 CWS field staff participated in the training. A total of 20 trainings were held in 17 county offices before the end of August 2019. The training's purpose is to enhance the knowledge of field staff working with children placed in shelters. The training focuses on connecting the agency's practice standards to the CWS team supporting children in shelter care. During this training, information is provided on group home levels of care and safety assessment expectations in all levels of care outside of foster care. Due to many questions regarding access to treatment programs and group homes, work is now being done to provide a similar training across the state. The training will focus on identifying the most appropriate level of treatment care when needed, discharge planning efforts, and safety assessment. This additional training is expected to begin delivery across the state by April 2020.

The way group home referrals are made and how the group home waitlist is managed have become well integrated since the last reporting period. In the past, due to staff capacity and protocol, the group home waitlist was primarily managed by one SPPU staff. In April 2019, a new process was initiated to engage SPPU PFR's assigned to support youth in other levels of care, such as hospital care and shelter care, as well as staff from the clinical team. This call occurs each Tuesday afternoon and provides real-time perspective about how a youth is functioning in a lower level of care and provides the opportunity for good planning for all youth on the waitlist. Often, during these weekly calls alternate plans for placement and services are identified and provided to the youth's assigned CW team for consideration. The group home waitlist call also supports the preplacement calls for all youth being placed into a program under HM and for all youth with a history of problematic sexual behavior. These calls are tentatively scheduled for Thursday, when applicable, and the time is often based on the providers schedule.

The SPPU program was provided a new program supervisor position to focus on supporting the ongoing HM activities as well as integrating training and supports provided to contracted and non-contracted providers. SPPU plans to have the new position hired by the end of February 2020.

Contract Enhancements

Provider performance report cards continue to be shared with D+ and E providers throughout the year and as they become available. In December 2019, the SPPU program staff assigned to support this effort identified ways to increase the providers engagement around this activity. At the Group Home Provider Meeting, in February 2020, a time is scheduled to address the report cards and increase the accurate reporting of relevant information from the group home's required monthly report.

Activities to support the Managing Aggressive Behaviors (MAB) implementation continue to be supported by the OKDHS contract with NRCYS. Supports provided through this contract since the last reporting period are as follows:

MAB Training, Co-Training, and Trainer Development

1. MAB Trainer Certification Course – April 15–19, 2019
2. MAB Direct – May 1–2, 2019
3. MAB Direct – June 12–13, 2019
4. MAB Plus – June 18–20, 2019
5. MAB Direct – September 25–26, 2019
6. Incident Documentation Training – September 27, 2019
7. MAB Trainer Certification Course – October 7–11, 2019
8. MAB Direct – October 30–31, 2019
9. MAB Direct – July 23–24, 2019
10. MAB Direct – July 29–30, 2019
11. MAB Direct Observation – December 16–18, 2019

MAB Trainer Webinars and Newsletters

November 13, 2019 – Postvention

[https://mailchi.mp/ou/quarterly-oktcp-mab-trainer-newsletter-2kizfj|w5k-1175591?e=\[UNIQID\]](https://mailchi.mp/ou/quarterly-oktcp-mab-trainer-newsletter-2kizfj|w5k-1175591?e=[UNIQID])

Additional training opportunities to support better quality care, direct care engagement and MAB specific training were provided by both NRCYS and OKDHS. In December 2019, a two-day training was provided by the Building Bridges Initiative (BBI) focused on quality care and treatment for youth in congregate care facilities. BBI brought in several providers from across the nation to speak on how to increase youth and family engagement so that youth can exit to a family setting as quickly as possible. This training was very well received by the Oklahoma group home providers who attended. There will be more opportunities for the providers to discuss ideas for implementation of activities identified in the training with the NRCYS team.

Conclusion

Efforts targeted to the reduction of MIC in congregate care settings began in August 2015 and have encompassed significant changes in multiple areas of work. Specific initiative activities have included policy and protocol modifications, standardized tool development and implementation, KIDS technical enhancements, improved community partner collaboration, creation of an intensive intervention and remediation process for problematic providers, and contract modifications related to reduction of restraint, trauma-informed service provision, and overall provider accountability. While work remains to be done in the reduction of MIC in congregate care settings, examination of the data in the last three reporting periods indicates a meaningful and sustained decrease, indicative of the multi-faceted and responsive approach undertaken by OKDHS related to this measure.

1.2: Absence of Maltreatment in Care by Parents

Operational Question

Of all children served in foster care during the 12-month reporting period, what percent were **not** victims of substantiated or indicated maltreatment (abuse or neglect) by a parent while in Oklahoma Department of Human Services (OKDHS) custody?

Data Source and Definitions

For the semi-annual report, Oklahoma uses the same logic as Data Element XI. Children Maltreated by Parents while in Foster Care on Oklahoma's Federal Data Profile. This element uses a 12-month period based on the time frame of October 1 through September 30. Oklahoma used the two official state-submitted Adoption and Foster Care Analysis Reporting System (AFCARS) (19A & 19B) files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) (covering AFCARS 19A & 19B periods) file to compute the measure. The NCANDS file used for this report is calculated the same as the file submitted to the federal government, which includes running the data through the official validation tool. The official submission to NCANDS occurs only once annually and is due yearly by January 31, so the NCANDS data is still subject to change until that date.

- This metric measures performance over 12 months and differs from the monthly data collected from KIDS.
- The federal data element requires matching NCANDS and AFCARS records by AFCARS IDs.
- The NCANDS report date and completion date must fall within the removal period found in the matching AFCARS record.
- The federal metric only counts a victim once during the federal fiscal year (FFY), even when a child is victimized more than once in the course of a year. Whereas in the monthly report, a victim is counted for every substantiated finding of abuse or neglect.

The federal data element includes all victims of substantiated abuse or neglect by a parent while in care, even when the reported abuse occurred prior to the child coming into care.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 10/1/2018 through 9/30/2019.

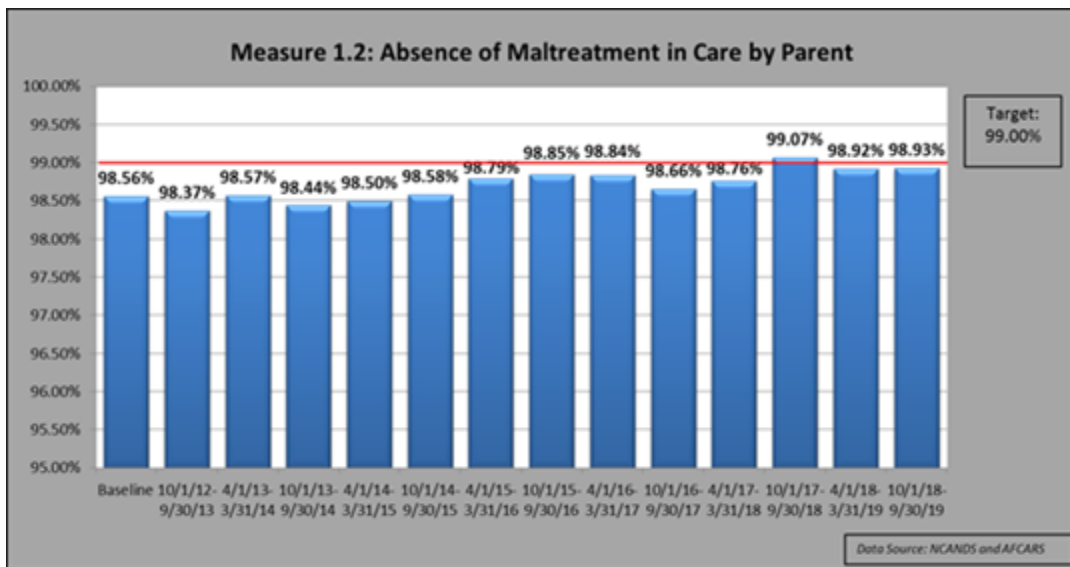
Numerator: The number of children served in foster care from 10/1/2018 through 9/30/2019 that did not have any substantiated or indicated allegations of maltreatment by a parent during that period.

Trends

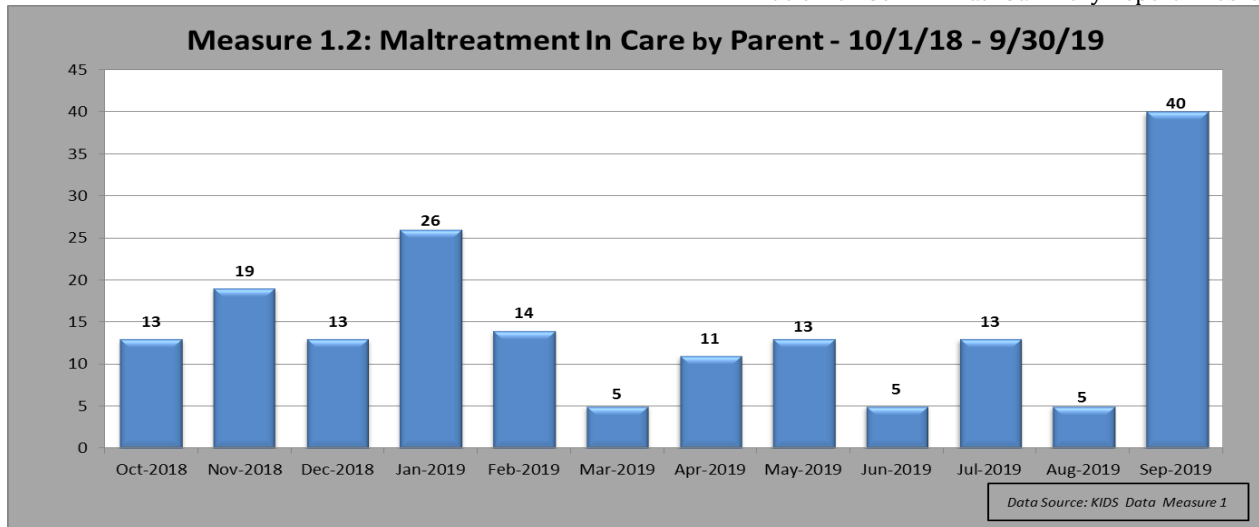
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2010 – 9/30/2011	All children served from 10/1/2010 - 9/30/2011	12,352	12,533	98.56%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013	14,800	15,045	98.37%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014	15,580	15,806	98.57%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014	16,018	16,272	98.44%

4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015	16,390	16,640	98.50%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015	16,571	16,808	98.58%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016	16,348	16,548	98.79%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016	16,057	16,244	98.85%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017	15,570	15,753	98.84%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017	14,911	15,113	98.66%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018	14,226	14,405	98.76%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018	13,772	13,901	99.07%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 - 3/31/2019	13,296	13,441	98.92%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 - 9/30/2019	12,942	13,082	98.93%
Target				99.00%

Section 2, Table 1.2-1



Section 2, Graph 1.2-1



Section 2, Graph 1.2-2

Commentary

Section 2, Graph 1.2-1 is based on the federal indicator for maltreatment in care (MIC) and produces representative information about the incidence of MIC by parents. This reporting period had a slight improvement by 0.01 percent making the overall outcome 98.93 percent. Child Welfare Services (CWS) remains above the baseline by 0.37 percent and only 0.07 percent away from the target.

In the most recent reporting period, 98.93 percent of children in out-of-home (OOH) care were not abused or neglected by a parent. Of the 13,082 children served in care during the reporting period, 140 had a substantiation of abuse by a parent.

For the reporting period 10/1/2018 through 9/30/2019, a total of 177 MIC substantiations while in out-of-home care by a parent was reported in the monthly MIC Pinnacle Plan Measure. The 177 victims were included in 89 separate referrals. In the monthly reporting for the same time period, 80 of these victims were excluded based on the alleged abuse/neglect occurring prior to the child coming into out-of-home care; however, these victims are still reported to NCANDS.

Of the 177 victims in out-of-home care maltreated by a parent:

- 58 children were in Trial Reunification (32.8%);
- 49 children were in a Kinship Foster Care - Relative Home (27.7%);
- 22 children were in a Kinship Foster Care Non-Relative Home (12.4%);
- 20 children were in a child welfare (CW) Foster-Supported Home (11.3%);
- 19 children were in a CW Foster Family Home (10.7%);
- 4 children were placed in a Psychiatric Residential Treatment Center (2.3%).
- 2 children were in a Level B Resource Facility (1.1%);
- 2 children were in a Non-OKDHS Operated Facility (1.1%); and
- 1 child was in a Therapeutic Foster Care (TFC) Home (0.6%).

Children Maltreated in Out-of-Home Care by Parent, Excluding Prior Abuse

Section 2, Tables 1.2-2 and 1.2-3 provide an additional view of performance on this measure. Understanding not only the type of setting in which the abuse occurred, but also when the abuse occurred is important. Victims with a substantiation of abuse or neglect that occurred prior to the child coming into care are normally excluded in the monthly reports, but are included in the Pinnacle Plan's Semi-Annual Reports. This means the Semi-Annual Report counts substantiations on abuse and neglect by a parent regardless of when the child in OKDHS custody reports the abuse. When a child while in OKDHS custody reported abuse that occurred in his or her parents' home prior to custody, and

that abuse was substantiated, then the child is currently counted in the MIC 1.2 numbers, even though the abuse and/or neglect did not occur while in OKDHS custody.

Measure 1.2a - Children Maltreated by Parent While in Out-Of-Home (OOH) Care - Excluding Prior Abuse														
Report Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	TOTAL	% Safe
# in OOH	8933	8842	8735	8621	8616	8608	8637	8566	8577	8598	8735	8666	13082	99.41%
# Safe in OOH	8932	8836	8734	8603	8608	8608	8631	8563	8574	8591	8733	8644	13005	
# Maltreated in OOH	1	6	1	18	8	0	6	3	3	7	2	22	77	
# in OOH is from the Annual File built from the MAR 2019 and SEP 2019 AFCARS files														
# Maltreated in OOH is from the FFY 2019 NCANDS File														
Report Run on: December 12, 2019 at 2:04 pm														

Section 2, Table 1.2-2

MIC 1.2 Excluding Prior Abuse by Placement Type		
Placement Type	# Children	% Children
CW FOSTER FAMILY CARE	1	1.3%
CW FOSTER FAMILY CARE - SUPPORTED HOME	8	10.4%
KINSHIP/NON-RELATIVE/CW FOST. FAM. CARE	5	6.5%
KINSHIP/RELATIVE/CW FOST. FAM. CARE	21	27.3%
TRIAL REUNIFICATION	42	54.5%
TOTAL	77	100.0%
Data Source: # in OOH is from the Annual File built from the MAR 2019 and SEPT 2019 AFCARS files. # Maltreated is from the FFY 2019 NCANDS File; Run Date: 12/12/19		

Section 2, Table 1.2-3

Based on the monthly reporting that ended 9/30/2019, 80 of these victims would be excluded because the alleged abuse/neglect occurred prior to the child coming into OOH care. Seventeen of the 80 victims are already excluded in the NCANDS report as they are not included in the AFCARS population, leaving 63 additional victims that could be excluded due to reported abuse that was prior to the child's removal. If those substantiations were to be excluded in the Semi-Annual Report, the overall number of victims would be reduced to 77 victims, from the originally reported 140 victims, out of a served population of 13,082. This calculates out to a rate of 99.41 percent safe, which is above the federal standard and above the target for this measure of 99.00 percent. Of the 77 victims abused in OOH care by a parent, 42 victims or 54.5 percent were placed in trial reunification at the time of the MIC.

Since reform began, CWS has continued to progress toward achieving an absence of MIC by parents 99.00 percent of the time. Although downward trending periods occurred from time to time since 2013; to date, there has been an overall positive trend rate of 0.37 percent. Efforts towards preventing and reducing MIC by parents remains a high priority of CWS and strategy efforts will continue to focus on prevention and MIC reduction.

3.1: Frequency of Worker Contacts

Operational Question

What percentage of the total minimum number of required monthly face-to-face contacts occurred with children who were in foster care for at least one calendar month during the reporting period?

Data Source and Definitions

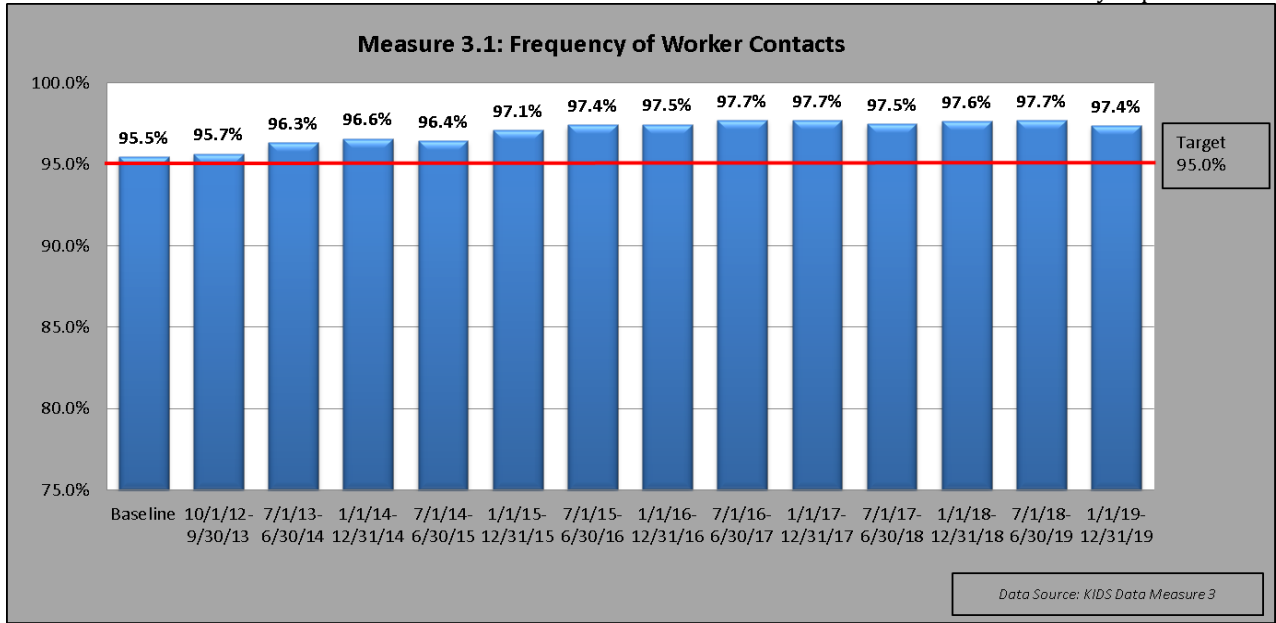
This measure is calculated using the criteria for the federal visitation measure. However, the measure differs from the federal measure since this measure does not include children in tribal custody.

- The data reflects the total number of required monthly contacts due to children in out-of-home care over the course of 12 months and the number of total required monthly contacts made for those visits.
- Only one monthly contact per month is counted even though multiple visits may have occurred.

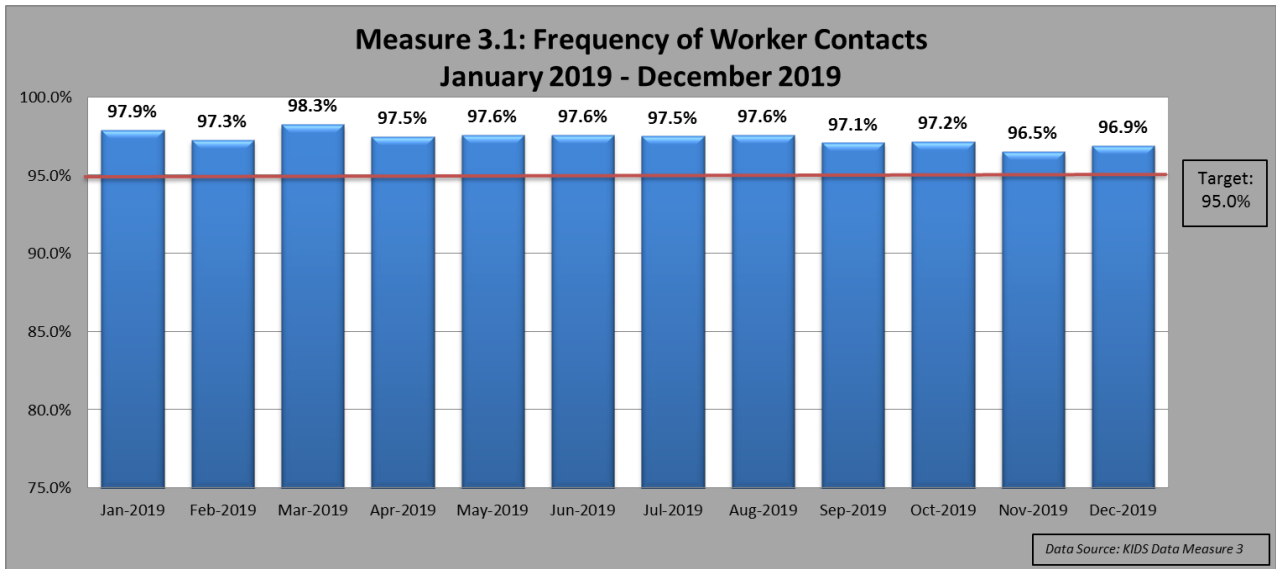
Description of Denominator and Numerator for this reporting period**Denominator:** The number of required monthly contacts due from 1/1/2019 through 12/31/2019.**Numerator:** The number of qualifying required monthly contacts made.**Trends**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month from 7/1/2011 – 6/30/2012	90,355	94,639	95.5%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month from 10/1/2012 – 9/30/2013	105,868	110,673	95.7%
7/1/2013 – 6/30/2014	All children due a visit who were in care at least a full calendar month from 7/1/2013 – 6/30/2014	118,824	123,343	96.3%
1/1/2014 – 12/31/2014	All children due a visit who were in care at least a full calendar month from 1/1/2014 – 12/31/2014	124,355	128,745	96.6%
7/1/2014 – 6/30/2015	All children due a visit who were in care at least a full calendar month from 7/1/2014 – 6/30/2015	123,596	128,173	96.4%
1/1/2015 – 12/31/2015	All children due a visit who were in care at least a full calendar month from 1/1/2015 – 12/31/2015	121,799	125,417	97.1%
7/1/2015 – 6/30/2016	All children due a visit who were in care at least a full calendar month from 7/1/2015 – 6/30/2016	117,879	120,998	97.4%
1/1/2016 – 12/31/2016	All children due a visit who were in care at least a full calendar month from 1/1/2016 – 12/31/2016	111,659	114,567	97.5%
7/1/2016 – 6/30/2017	All children due a visit who were in care at least a full calendar month from 7/1/2016 – 6/30/2017	106,218	108,704	97.7%
1/1/2017 – 12/31/2017	All children due a visit who were in care at least a full calendar month from 1/1/2017 – 12/31/2017	102,032	104,427	97.7%
7/1/2017 – 6/30/2018	All children due a visit who were in care at least a full calendar month from 7/1/2017 – 6/30/2018	98,321	100,853	97.5%
1/1/2018 – 12/31/2018	All children due a visit who were in care at least a full calendar month from 1/1/2018 – 12/31/2018	94,582	96,870	97.6%
7/1/2018 – 6/30/2019	All children due a visit who were in care at least a full calendar month from 7/1/2018 – 6/30/2019	90,751	92,882	97.7%
1/1/2019 – 12/31/2019	All children due a visit who were in care at least a full calendar month from 1/1/2019 – 12/31/2019	88,628	90,979	97.4%
Target				95.0%

Section 2, Table 3.1-1



Section 2, Graph 3.1-1



Section 2, Graph 3.1-2

Commentary

The baseline for this measure was 95.5 percent and the target is to sustain 95.0 percent. Over the 12-month period of 1/1/2019 through 12/31/2019, 90,979 monthly contacts were required and 88,628 monthly contacts were completed resulting in a rate of 97.4 percent. Performance in this area continues to be above the baseline and exceeds the target.

3.2: Frequency of Primary Worker Contacts

Operational Question

What percentage of the total minimum number of required monthly face-to-face contacts was completed by the primary worker with children who were in foster care for at least one calendar month during the reporting period?

Data Source and Definitions

This measure is calculated similarly to the federal visitation measure. However, the measure only counts visits made by the primary caseworker. In October 2016, for children in trial adoption cases, the monthly contact will be completed by

the primary permanency planning worker if the child is being adopted in an identified placement. However if the child is in a non-identified placement, the monthly contact is completed by the adoption worker with a primary assignment. Beginning with the semi-annual reporting period ending December 31, 2015, children who were placed in out-of-state placements will be excluded from the primary worker visitation measure, as these children have an assigned worker out-of-state responsible for monthly visitation.

- The data reflects the total number of required monthly contacts due to children in out-of-home care over the course of 12 months and the number of total required monthly contacts made by the primary assigned worker.
- Only one contact per month is counted even though multiple visits may have been made during the month.
- To be counted as a valid monthly contact completed by a primary worker, the worker who completed the visit must have had a primary assignment at the time of the visit.

Description of Denominator and Numerator for this reporting period

Denominator: The number of required monthly contacts due from 1/1/2019 through 12/31/2019.

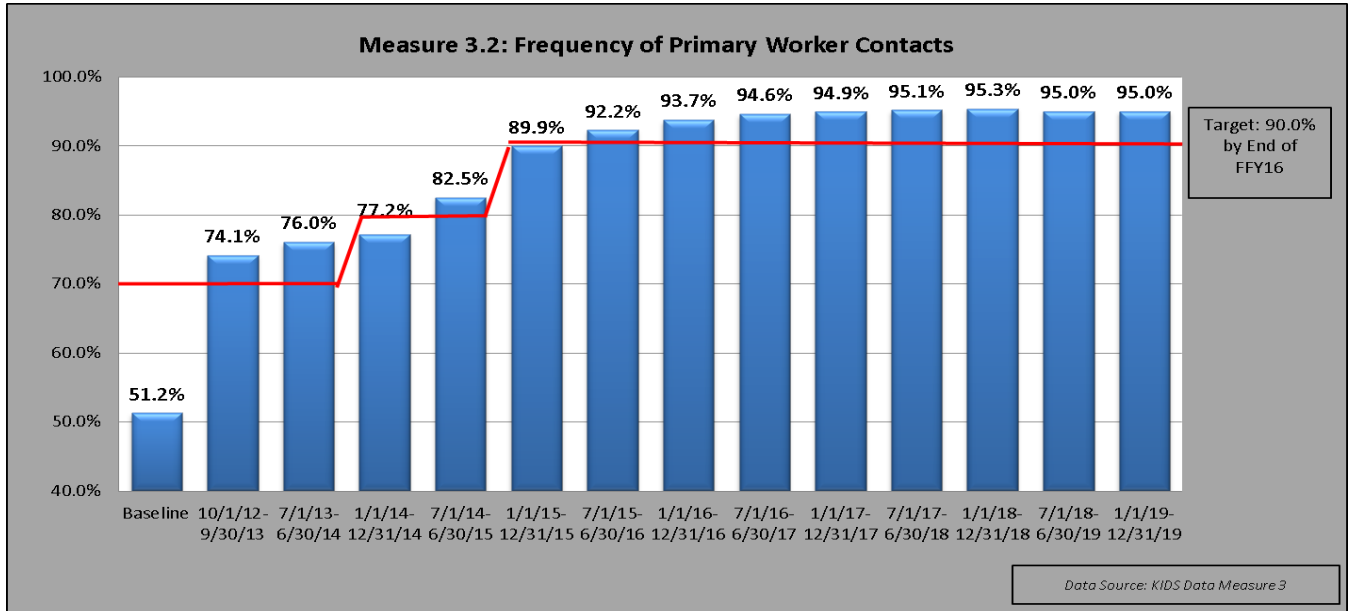
Numerator: The number of qualifying monthly visits made by a primary worker.

Trends

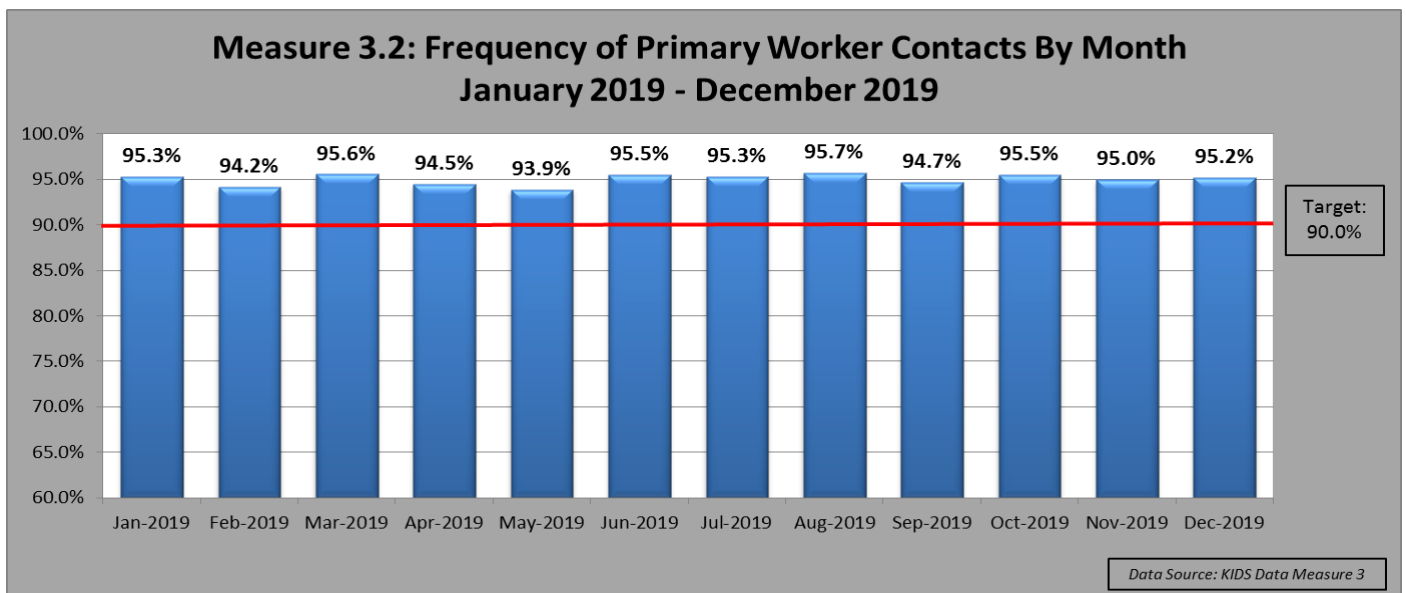
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month from 7/1/2011 – 6/30/2012	48,497	94,639	51.2%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month from 10/1/2012 – 9/30/2013	81,971	110,673	74.1%
7/1/2013 – 6/30/2014	All children due a visit who were in care at least a full calendar month from 7/1/2013 – 6/30/2014	93,760	123,343	76.0%
1/1/2014 – 12/31/2014	All children due a visit who were in care at least a full calendar month from 1/1/2014 – 12/31/2014	99,358	128,745	77.2%
7/1/2014 – 6/30/2015	All children due a visit who were in care at least a full calendar month from 7/1/2014 – 6/30/2015	105,749	128,173	82.5%
1/1/2015 – 12/31/2015	All children due a visit who were in care at least a full calendar month from 1/1/2015 – 12/31/2015	108,859	121,024	89.9%
7/1/2015 – 6/30/2016	All children due a visit who were in care at least a full calendar month from 7/1/2015 – 6/30/2016	107,763	116,834	92.2%
1/1/2016 – 12/31/2016	All children due a visit who were in care at least a full calendar month from 1/1/2016 – 12/31/2016	103,881	110,830	93.7%
7/1/2016 – 6/30/2017	All children due a visit who were in care at least a full calendar month from 7/1/2016 – 6/30/2017	99,699	105,424	94.6%
1/1/2017 – 12/31/2017	All children due a visit who were in care at least a full calendar month from 1/1/2017 – 12/31/2017	96,217	101,378	94.9%
7/1/2017 – 6/30/2018	All children due a visit who were in care at least a full calendar month from 7/1/2017 – 6/30/2018	93,124	97,873	95.1%

1/1/2018 – 12/31/2018	All children due a visit who were in care at least a full calendar month from 1/1/2018 – 12/31/2018	89,532	93,917	95.3%
7/1/2018 – 6/30/2019	All children due a visit who were in care at least a full calendar month from 7/1/2018 – 6/30/2019	85,422	89,924	95.0%
1/1/2019 – 12/31/2019	All children due a visit who were in care at least a full calendar month from 1/1/2019 – 12/31/2019	83,617	87,998	95.0%
Target				90.0%

Section 2, Table 3.2-1



Section 2, Graph 3.2-1



Section 2, Graph 3.2-2

Commentary

The baseline for this measure was 51.2 percent and the final target is 90.0 percent to be met by the end of 6/30/2016. Over the 12-month period of 1/1/2019 through 12/31/2019, 87,998 primary monthly contacts were required and 83,617 of those monthly contacts were made by the primary worker for a rate of 95.0 percent. Performance in this area continues to be above the baseline and exceeding the target.

3.3: Continuity of Worker Contacts by Primary Workers

Operational Question

What percentage of children in care for at least six consecutive months during the reporting period 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?

Data Source and Definitions

This measure looks at 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 OKDHS legal custody during the reporting period, the six months prior to discharge. This measure does not include children in tribal custody or children placed out-of-state.

- Only one contact per month is counted even though multiple visits may have been made during the month by different workers.
- To be counted as a valid monthly contact completed by a primary worker, the worker who completed the visit must have had a primary assignment at the time of the visit.

For children in trial adoption (TA) cases, the monthly contact must have been completed by the adoption worker with a primary assignment. When the child went into TA status in the last six months of the reporting period or when a child in TA's adoption finalized in less than six months, then they are excluded from this measure.

Description of Denominator and Numerator for this reporting period

Denominator: Number of children in custody for at least six consecutive months from 7/1/2019 through 12/31/2019.

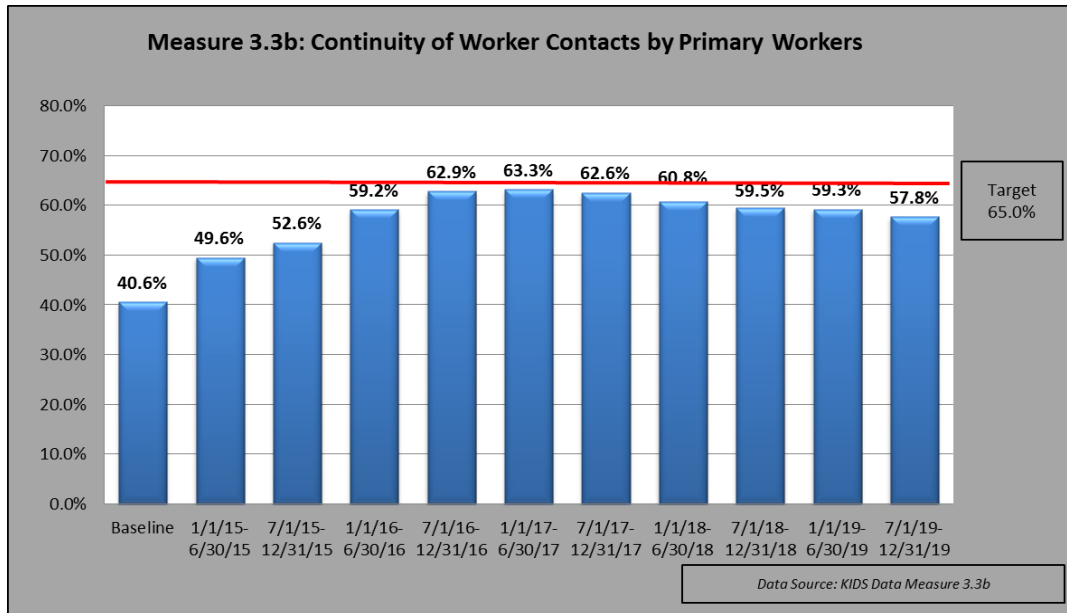
Numerator: Number of children who were seen for six consecutive months by the same primary caseworker for the last six months of the reporting period or for those children discharged from OKDHS legal custody during the reporting period, the last six months prior to discharge.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 1/1/2014 – 6/30/2014				40.6%
1/1/2015 – 6/30/2015	All children in care at least 6 full calendar months from 1/1/2015 – 6/30/2015	5,135	10,349	49.6%
7/1/2015 – 12/31/2015	All children in care at least 6 full calendar months from 7/1/2015 – 12/31/2015	5,259	9,997	52.6%
1/1/2016 – 6/30/2016	All children in care at least 6 full calendar months from 1/1/2016 – 6/30/2016	5,717	9,650	59.2%
7/1/2016 – 12/31/2016	All children in care at least 6 full calendar months from 7/1/2016 – 12/31/2016	5,717	9,094	62.9%
1/1/2017 – 6/30/2017	All children in care at least 6 full calendar months from 1/1/2017 – 6/30/2017	5,519	8,718	63.3%
7/1/2017 – 12/31/2017	All children in care at least 6 full calendar months from 7/1/2017 – 12/31/2017	5,238	8,370	62.6%
1/1/2018 – 6/30/2018	All children in care at least 6 full calendar months from 1/1/2018 – 6/30/2018	4,951	8,140	60.8%

7/1/2018 – 12/31/2018	All children in care at least 6 full calendar months from 7/1/2018 – 12/31/2018	4,599	7,726	59.5%
1/1/2019 – 6/30/2019	All children in care at least 6 full calendar months from 1/1/2019 – 6/30/2019	4,393	7,405	59.3%
7/1/2019 – 12/31/2019	All children in care at least 6 full calendar months from 7/1/2019 – 12/31/2019	4,216	7,297	57.8%
Target				65.0%

Section 2, Table 3.3-1



Section 2, Graph 3.3-1

Commentary

From 7/1/2019 through 12/31/2019, 57.8 percent of the children in care were seen by the same primary worker for six consecutive months. The baseline was set at 40.6 percent. There was a decrease from the last reporting period by 1.5 percent; however, the measure is 17.2 percent above the baseline reporting.

Child Welfare Services (CWS) remains committed to ongoing efforts to ensure the continuity of worker visits. Work to reduce caseloads and improve hiring and staff retention is a vital part of supporting performance in measures 3.1, 3.2, and 3.3. For calendar year 2019, CWS improved hiring rates and experienced a net gain of new specialists, which resulted in reassignments of Permanency Planning cases when specialists completed their required training. While the case reassignments are not ideal, the onboarding of new staff is a positive outcome for CWS as it further lowers caseloads and supports staff retention. As related to Measure 7, CWS experienced a caseload compliance decrease during the first quarter of State Fiscal Year (SFY) 20 due to an increase of total workload need, which likely impacted worker continuity as cases were reassigned to other specialists and supervisors in order to provide more manageable caseloads for specialists. To address caseload needs, Permanency Planning (PP) "overtime plans" were approved across the state that included reassignment of permanency planning cases. This reassignment was a short-term strategy to increase the number of staff experiencing manageable caseloads and to provide time to stabilize the workforce. As an effort to mitigate the effect on worker continuity, CWS Leadership continuously communicated to district directors that worker continuity must be considered when reassigning cases. Staff retention and development efforts are outlined in Measure 7 and aimed at increasing workforce stability and decreasing turnover. Both efforts directly impact worker continuity and improved staff retention lessens the likelihood of reassigning PP cases. Additionally, further implementation of the Supervisory Framework has occurred in four of the five regions and the Framework will continue to enhance a supervisor's ability to support and coach staff, thus improving worker retention and directly impacting Measures 3.1, 3.2, and 3.3. Data reports and other ongoing strategy work will continue to be used to help identify

trends that might impact the continuity of worker visits, such as workload percentages, staff vacancies, and secondary assignments.

Measure 3.1, frequency of worker visits, has remained above the target percentage since the beginning of the reform. Frequency of primary worker contacts, Measure 3.2, with a baseline percentage of 51.2 percent for data ending in June 2012 has stayed above the target for the last eight reporting periods. Continuity of worker contacts by the primary worker, Measure 3.3, had positive trending the first five reporting periods beginning in January 2015 through June 2017. Measure 3.3 began to decline in the July 2017 reporting period and unfortunately has continued to do so. However, when reviewing Measure 7.1 data for worker caseloads, specifically reporting period 7/1/2017 – 9/30/2017, a 13.7 percent drop occurred from the previous reporting period. This significant percentage drop for worker caseloads most likely directly impacted the continuity of primary workers completing worker visits as cases were reassigned to accommodate worker caseload compliance. While Measure 3.3 experienced a slight decline over the last several reporting periods, it also indicates that CWS is self-correcting protocols and procedures as different needs arise, including manageable caseloads to meet the needs of families.

4.1a: Placement Stability—Children in Care for Less than 12 Months

Operational Question

Of all children served in foster care during the 12-month reporting period that were in care for at least eight days but less than 12 months, what percent had two or fewer placement settings to date?

Data Source and Definitions

Timeliness and Permanency of Reunification – Adoption and Foster Care Analysis Reporting System (AFCARS) 19A and 19B

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 10/1/2018 through 9/30/2019 whose length of stay (LOS) as of 9/30/2019 was between eight days and 12 months.

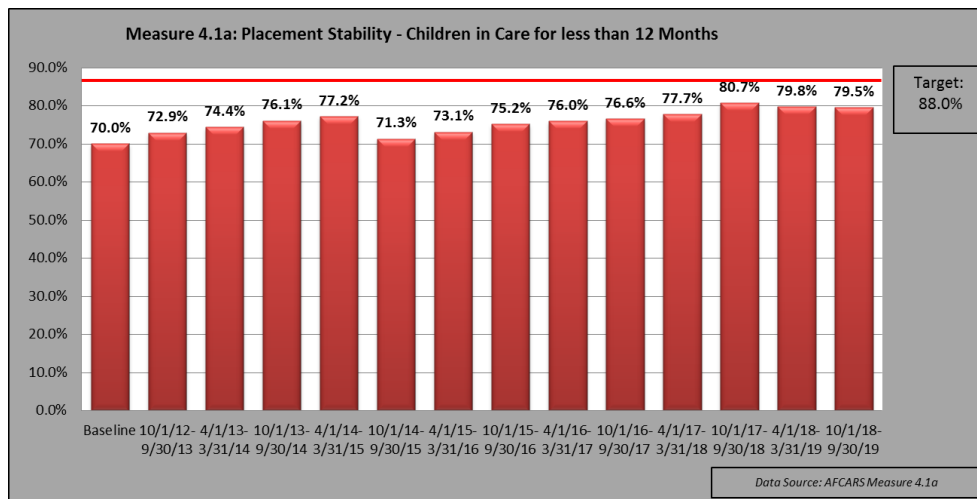
Numerator: All children served in foster care from 10/1/2018 through 9/30/2019 whose length of stay as of 9/30/2019 was between eight days and 12 months and who had two or fewer placement settings as of 9/30/2019.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with LOS between 8 days and 12 months			70.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS between 8 days and 12 months	4,396	6,031	72.9%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS between 8 days and 12 months	4,564	6,136	74.4%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS between 8 days and 12 months	4,513	5,933	76.1%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS between 8 days and 12 months	4,297	5,564	77.2%

10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS between 8 days and 12 months	3,981	5,585	71.3%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS between 8 days and 12 months	4,048	5,537	73.1%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS between 8 days and 12 months	4,106	5,462	75.2%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS between 8 days and 12 months	4,271	5,617	76.0%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS between 8 days and 12 months	4,219	5,506	76.6%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS between 8 days and 12 months	4,039	5,196	77.7%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS between 8 days and 12 months	4,048	5,017	80.7%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 - 3/31/2019 with LOS between 8 days and 12 months	3,971	4,975	79.8%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 - 9/30/2019 with LOS between 8 days and 12 months	3,873	4,869	79.5%
Target				88.0%

Section 2, Table 4.1a-1



Section 2, Graph 4.1a-1

4.1b: Placement Stability—Children in Care for 12 to 24 Months

Operational Question

Of all children served in foster care during the 12-month reporting period that were in care for at least 12 months but less than 24 months, what percent had two or fewer placement settings to date?

Data Source and Definitions

Timeliness and Permanency of Reunification – Adoption and Foster Care Analysis Reporting System (AFCARS) 19A and 19B

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 10/1/2018 through 9/30/2019 whose length of stay (LOS) as of 9/30/2019 was between 12 months and 24 months.

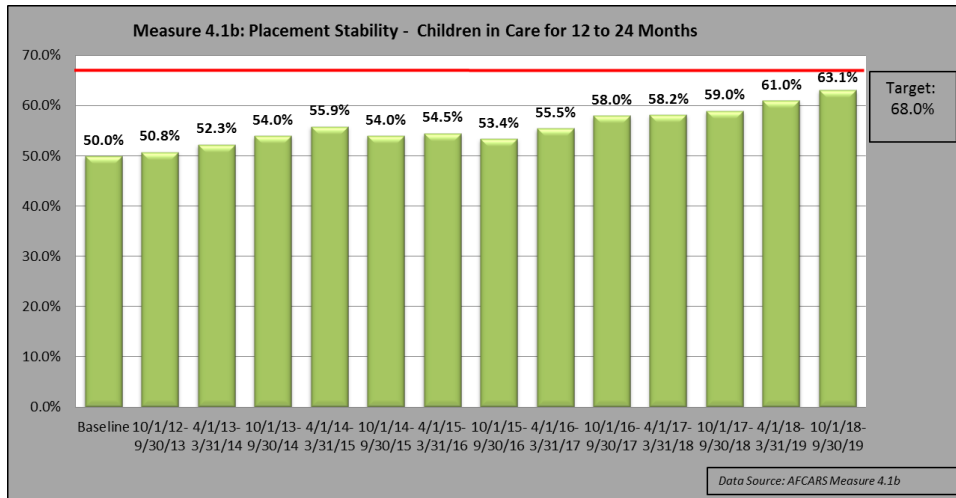
Numerator: All children served in foster care from 10/1/2018 through 9/30/2019 whose length of stay as of 9/30/2019 was between 12 months and 24 months **and** who had two or fewer placement settings as 9/30/2019.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with LOS between 12 and 24 months			50.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS between 12 and 24 months	2,292	4,514	50.8%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS between 12 and 24 months	2,569	4,909	52.3%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS between 12 and 24 months	2,795	5,174	54.0%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS between 12 and 24 months	3,034	5,430	55.9%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS between 12 and 24 months	2,844	5,271	54.0%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS between 12 and 24 months	2,710	4,977	54.5%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS between 12 and 24 months	2,636	4,935	53.4%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS between 12 and 24 months	2,620	4,717	55.5%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS between 12 and 24 months	2,719	4,684	58.0%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS between 12 and 24 months	2,766	4,750	58.2%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS between 12 and 24 months	2,767	4,686	59.0%

4/1/2018 – 3/31/2019	All children served from 4/1/2018 - 3/31/2019 with LOS between 12 and 24 months	2,698	4,426	61.0%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 - 9/30/2019 with LOS between 12 and 24 months	2,719	4,309	63.1%
Target				68.0%

Section 2, Table 4.1b-1



Section 2, Graph 4.1b-1

4.1c: Placement Stability—Children in Care for 24 Months or More

Operational Question

Of all children served in foster care during the 12-month reporting period that were in care for at least 24 months, what percent had two or fewer placement settings to date?

Data Source and Definitions

Timeliness and Permanency of Reunification – AFCARS 19A and 19B

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 10/1/2018 through 9/30/2019 whose length of stay (LOS) as of 9/30/2019 was 24 months or longer.

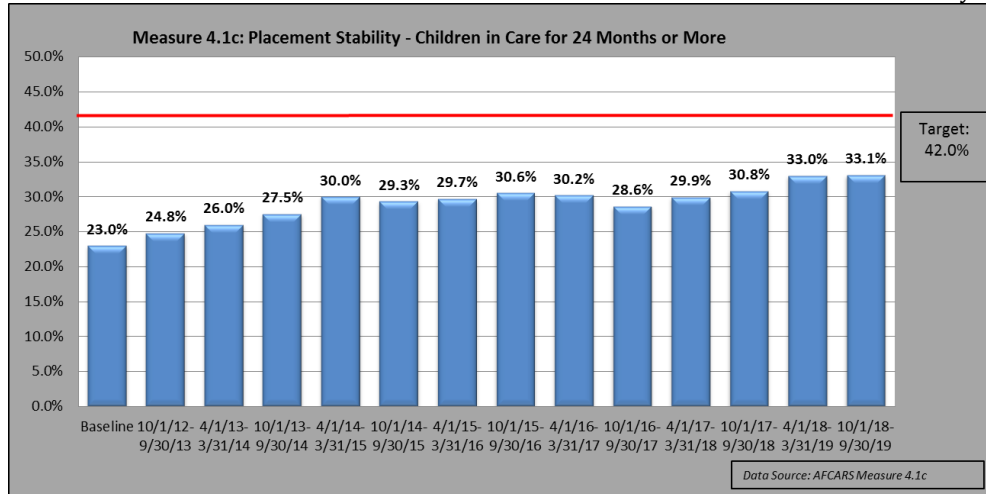
Numerator: All children served in foster care from 10/1/2018 through 9/30/2019 whose length of stay as of 9/30/2019 was 24 months or longer and who had two or fewer placement settings as of 9/30/2019.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with LOS 24 months or longer			23.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS 24 months or longer	1,002	4,035	24.8%

4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS 24 months or longer	1,112	4,277	26.0%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS 24 months or longer	1,303	4,731	27.5%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS 24 months or longer	1,576	5,260	30.0%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS 24 months or longer	1,632	5,572	29.3%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS 24 months or longer	1,688	5,677	29.7%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS 24 months or longer	1,676	5,486	30.6%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS 24 months or longer	1,524	5,051	30.2%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS 24 months or longer	1,324	4,630	28.6%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS 24 months or longer	1,236	4,129	29.9%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS 24 months or longer	1,207	3,913	30.8%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 - 3/31/2019 with LOS 24 months or longer	1,244	3,772	33.0%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 - 9/30/2019 with LOS 24 months or longer	1,213	3,669	33.1%
Target				42.0%

Section 2, Table 4.1c-1



Section 2, Graph 4.1c-1

4.2: Placement Stability—Placement Moves After 12 Months in Care

Operational Question

Of all children served in foster care for more than 12 months, what percent of children experienced two or fewer placement settings after their first 12 months in care?

Data Source and Definitions

Measure 4.2 looks at placement stability that occurs after the child's first 12 months in care. The placement that the child is placed in 12 months after their removal date counts as the first placement, and then the metric shows how many children had two or fewer placement settings after that time.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 10/1/2018 through 9/30/2019 whose current removal was prior to 9/30/2019 and remained in care at least 12 months.

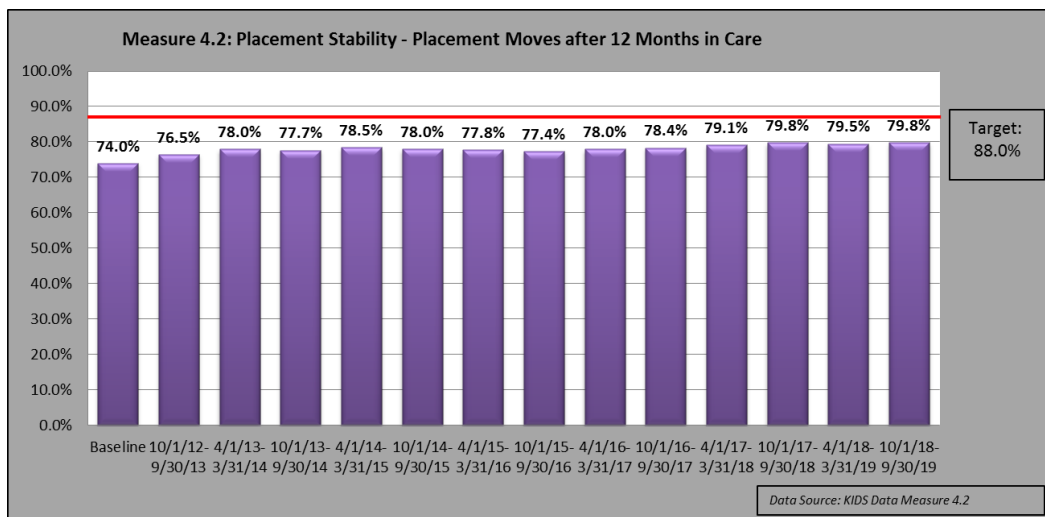
Numerator: All children served in foster care from 10/1/2018 through 9/30/2019 whose current removal was prior to 9/30/2019 and remained in care at least 12 months **and** had two or fewer placement settings.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with length of stay (LOS) at least 12 months			74.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS at least 12 months	6,404	8,374	76.5%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS at least 12 months	7,026	9,002	78.0%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS at least 12 months	7,590	9,763	77.7%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS at least 12 months	8,263	10,522	78.5%

10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS at least 12 months	8,334	10,691	78.0%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS at least 12 months	8,122	10,445	77.8%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS at least 12 months	7,871	10,172	77.4%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS at least 12 months	7,479	9,583	78.0%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS at least 12 months	7,112	9,071	78.4%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS at least 12 months	6,888	8,711	79.1%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS at least 12 months	6,659	8,349	79.8%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 - 3/31/2019 with LOS at least 12 months	6,360	7,996	79.5%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 - 9/30/2019 with LOS at least 12 months	6,172	7,737	79.8%
Target				88.0%

Section 2, Table 4.2-1



Section 2, Graph 4.2-1

First Placement Kinship			
Removal Month	Children Placed in Kinship as 1st Placement	Children Removed during Month and Entered in Countable Placement	% of Kinship as 1st Placement
Baseline: Jul - Dec 2016	878	2540	34.6%
Jan-17	122	399	30.6%
Feb-17	190	443	42.9%
Mar-17	206	517	39.8%
Apr-17	162	432	37.5%
May-17	151	397	38.0%
Jun-17	170	410	41.5%
Jan - Jun 2017	1001	2598	38.5%
Jul-17	176	398	44.2%
Aug-17	240	489	49.1%
Sep-17	158	373	42.4%
Oct-17	149	357	41.7%
Nov-17	136	344	39.5%
Dec-17	150	303	49.5%
Jul - Dec 2017	1009	2264	44.6%
Jan-18	188	402	46.8%
Feb-18	146	350	41.7%
Mar-18	147	312	47.1%
Apr-18	183	353	51.8%
May-18	197	389	50.6%
Jun-18	188	332	56.6%
Jan - Jun 2018	1049	2138	49.1%
Jul-18	163	344	47.4%
Aug-18	213	431	49.4%
Sep-18	157	379	41.4%
Oct-18	139	307	45.3%
Nov-18	118	299	39.5%
Dec-18	169	353	47.9%
Jul - Dec 2018	959	2113	45.4%
Jan-19	146	349	41.8%
Feb-19	146	338	43.2%
Mar-19	168	333	50.5%
Apr-19	163	352	46.3%
May-19	181	338	53.6%
Jun-19	170	335	50.7%
Jan - Jun 2019	974	2045	47.6%
Jul-19	126	331	38.1%
Aug-19	205	435	47.1%
Sep-19	152	363	41.9%
Oct-19	182	379	48.0%
Nov-19	126	296	42.6%
Dec-19	145	303	47.9%
Jul - Dec 2019	936	2107	44.4%

Data Source: Baseline-Y1844; Run Date: 7/19/2017. Y1867: Jan-Sept 2017; Run Date: 10/19/17, Oct 17-Mar 19; Run Date: 20th of each month for previous month data.

Section 2, Table 4.2-2

Placement Stability						
Placement Stability Efforts	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Resource Check-In Call	83.2%	89.4%	90.0%	83.3%	75.7%	84.3%
Initial Meeting	71.6%	80.6%	79.7%	74.3%	75.0%	74.8%
First Placement Kinship	38.1%	47.8%	41.9%	48.0%	42.6%	47.9%
Quarterly Visit	97.8%	96.7%	96.9%	96.8%	96.5%	96.2%
Subsequent Initial Meetings	30.3%	29.0%	33.8%	31.0%	28.3%	27.6%
<i>Data Source: Y1867; Run Date: 20th of each month for previous month's data. Y1840 monthly after 5th for Quarterly Visits. Y1827; Run Date: 10th of each month for previous month's data (subsequent IMs)</i>						

Section 2, Table 4.2-3

Commentary

During this reporting period, Child Welfare Services (CWS) improved in three of the four measures for placement stability. CWS saw a slight decrease of 0.3 percent in Measure 4.1a from 79.8 percent to 79.5 percent. Even with this slight decrease, performance is 9.5 percent above the baseline data. An increase occurred in Measure 4.1b from 61.0 percent to 63.1 percent, for a 2.1 percent increase from the last reporting period. This is the highest this measure has been and is a 13.1 percent improvement since the baseline was established. Measure 4.1b had six consecutive, positive trending reporting periods. Measure 4.1c increased by 0.1 percent, for an overall total of 33.1 percent, which is the fourth period of consecutive, positive trending. Measure 4.1c continues to be above the baseline by 10.1 percent. This is the highest overall percentage seen in Measure 4.1c since Pinnacle Plan reporting began. Measure 4.2 saw an increase of 0.3 percent making the overall performance 79.8 percent. The measure is 5.8 percent above the original baseline and matched the previously reported highest rate of placement stability for the period ending September 2018.

Placement Stability Efforts

Placement stability efforts are continually examined and explored to ensure a continuous quality improvement approach is taken to improve outcomes. Striving towards a proactive self-correcting system is vital to encourage forward thinking and continued improvement with placement stability for children. The process of gathering information to learn what is going well to improve outcomes and offer supports and resources to address areas needing improvement is carried out by analyzing both qualitative and quantitative data available on an ongoing occurrence.

Since the last reporting period, the Placement Stability team has continued to review Initial Meetings (IMs) to determine if documented IMs revealed to what extent an IM's true purpose actually occurred, as well as whether or not a Child and Resource Family Support Plan was created and saved in the KIDS case file. The information gathered from these reviews is used to identify areas continuing to need improvement and given to the Placement Stability regional leads to share with their leadership teams. In addition to the review information, emails continue to message leadership and CWS staff at all levels a reminder about the benefits of placement stability efforts for children, parents, and resource families; an IM's purpose; and creating Child and Resource Family Support Plans during IMs. Beginning in April 2019, the statewide lead began providing the regional leads information to share and disseminate during their leadership meetings in addition to the emails and flyers disseminated to all staff. The approved quality Child and Resource Family Support Plan example, created by the Placement Stability team, continues to be provided to staff monthly as a support/resource, as well as the link to the electronic form for convenience since May 2019. This is in addition to regional quantitative data provided to staff to seek out continuous opportunities for improvements both quantitatively and qualitatively.

As a result of ongoing monthly qualitative review of IMs, the discussion of how to improve IM quality and participation of children's parents at the meetings began among the Placement Stability workgroup. CWS 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 IMs. 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 IMs which would perhaps alleviate some stress upon all involved. The desired outcome is increased placement stability as a result of improved participation, IM quality, and support plans to better support placements. Therefore, in December 2019 the proposal to expand the timeframe for completion of an IM from 10-business days to 30-calendar days was agreed upon. The memo to finalize this change is underway.

The Placement Stability team understands and continues to discuss the importance of how placement stability connects to safety, permanency, and well-being for children in out-of-home (OOH) care. CWS is acutely aware when children are in a stable placement, they are more likely to be safe, have their well-being needs met, and move to permanency safely and timely. When children are in stable placements, CWS staff are better able to engage parents in services and visitations, which contribute to permanency. In addition, when children are stable in placements, resource parents are receiving the necessary support that assists with retention and recruitment.

Beginning in May 2019, KIDS staff began providing a count for documented subsequent IMs. The report runs monthly on the 10th and is focused on children in family-like settings. Currently there is an inability to associate an IM with a specific resource. The May baseline data revealed a 23.0 percent compliance rate statewide reaching its highest in September at 33.8 percent and not falling below the baseline since tracking began. The monthly messaging on the importance of subsequent meetings continues. The timeframe for subsequent IMs to be held will also be expanded to 30-calendar days.

Training

Since the last reporting period, the Resource Parent Check-In Call and IM video shooting was completed and edited. An organizational change/alignment of the University of Oklahoma (OU) director and production team caused some unanticipated barriers during the video creation; however, this is now considered a positive delay due to the upcoming timeframe change and facilitation for IMs. The Placement Stability lead has continued to keep the persons responsible for this work informed about changes and possible updates as to the status of the updated memo to announce the official change to IM completion timeframe. When editing is completed, the online training of all modules and videos will then go through beta testing. The exact time when the training will be available for staff through the Learning Management System (LMS) is contingent upon the amount of time editing and beta testing take.

CWS was provided with a draft outline comprised of six modules with five learning outcomes. Learning Outcomes:

- apply the kinship placement process for children in OOH care;
- support CW team to identify the best kinship placement for children;
- ongoing support to children and families;
- utilization of supporting documents and tools; and
- documentation requirements.

The Enhanced Efforts PowerPoint training used by the Placement Stability Leads is being updated and aligned with the online training that will roll out to staff upon total completion and approval.

One Move Report

CWS continues to utilize the Move Report to inform and guide the Placement Stability strategy. Discussion began in June 2019 on how this report could be utilized more effectively to identify trends for reported barriers to first place kinship when a child moves from any type of placement into a kinship placement. As a result, a list of reasons identified in past Move Reports was compiled and beginning in July 2019 these reasons were provided in a drop box list on the report for staff selection to report barriers. This will speed up data analysis to determine where the supports and resources are needed to increase first kinship placement for children. Since this is still a new reporting concept and

multiple barriers continue to be identified in addition to those on the dropdown list, barrier identification will continue to expand to decrease the selection of OTHER as a barrier thus improving data analysis.

The Placement Stability lead uses the report to review all subsequent IMs that occurred for the children who fell off this report and provides specific review notes back to the Placement Stability regional leads, which are then disseminated to their peers. This new practice began in May 2019 and will continue monthly to increase awareness of the purpose of initial and subsequent IMs. It is too early to determine the effectiveness of this new qualitative review feedback loop.

Also, in order to increase placement stability, the reasons why children are moving need to be known first and foremost. This information is available in the Move Report in the exit reason column. The Placement Stability lead suggested emphasizing this data more visually through a bar chart representing the top five reasons per month that children are moving from their first placement into another. This data analyzation is a new focus in addition to the barriers for first placement kinship and will be utilized in the upcoming months to identify strengths and areas needing improvement.

Kinship, Resource Parent Check-In Call, IM, and Resource Quarterly Visits

The emphasis on children placed initially in kinship continues to be a significant focus. The utilization of child safety meeting monthly data brings awareness of placement recommendations for child removal. This report provides the comparison percentages of recommendations for kinship, foster home, group home, shelter, residential treatment, and own home. Drawing attention to this data emphasizes the percentage of kinship placement versus all other placement types should be higher with the understanding that increasing the likelihood of a child placement with kin requires recommending it first. In addition, CWS continued to make efforts in completion of Resource Parent Check-In Calls, IMs, and Resource Quarterly Visits. CWS efforts related to these practices positively contributed to placement stability for children in OOH care.

CWS continues to learn and self-correct placement stability practices. CWS is focused and continues to coach staff on the importance of early family engagement and identification of services, resources, and supports. Moving forward, CWS will remain focused on current practices, with an emphasis on quality IMs, ensuring IMs occur in subsequent placements, the creation of Child and Resource Family Support Plans, identifying barriers to first placement kinship, analyzing the prominent reasons children are moving monthly, and finalization of the online training. CWS recognizes messaging about the IM's purpose and intent is still needed and will continue along with the importance of kinship placements. This also encompasses reiterating the importance of creating Child and Resource Family Support Plans at IMs to ensure services, resources, and supports for children and resource families are identified and provided to prevent further placement moves.

Conclusion

CWS has made significant progress in all Placement Stability metrics since the focus on this strategy began to minimize placement episodes for children. As of the last reporting period, Metrics 4.1b and 4.1c are at the highest rate since the baselines were established in 2013. 4.1a has repeated its highest rate since reporting and 4.2 remains above the baseline by 5.8 percent. Reducing trauma for children by securing kinship placements as a first placement is paramount for increased placement stability. The focus on this effort is reflected through data, which reveals an increase from the baseline of 34.6 percent in December 2016 to 44.4 percent as of December 2019, reaching its highest at 49.1 percent in June 2018. All metrics are well above the established baselines. CWS is continuously examining opportunities for improvements in the quality of work conducted to achieve the targeted goals in each metric.

5.1: Shelter Use—Children ages 0 to 1 year old

Operational Question

Of all children ages 0-1 year old with an overnight shelter stay from 1/1/2019 through 6/30/2019, how many nights were spent in the shelter?

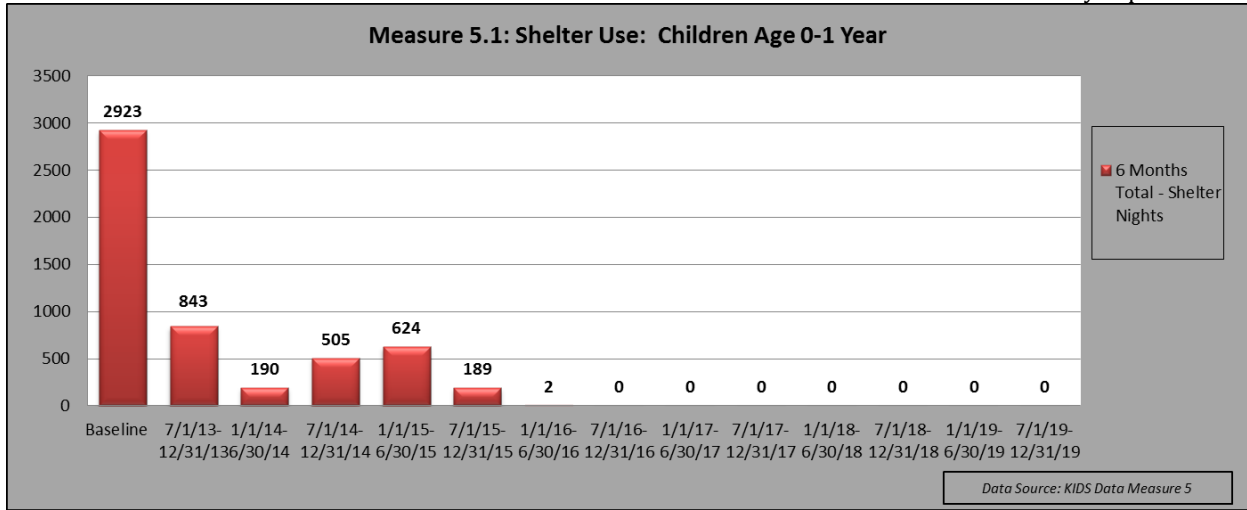
Data Source and Definitions

Data shown is the total number of nights children ages 0-1 year old spent in the shelter during the time period from 7/1/2019 through 12/31/2019. The baseline for this measure was 2,923 nights with a target of 0 nights by 12/31/2012. Automatic exceptions are made when the child is part of a sibling set of four or more or when a child is placed with a minor parent who is also in the Oklahoma Department of Human Services (OKDHS) custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in the shelter.

Trends

Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 0-1 year with an overnight shelter stay from 1/1/2012 – 6/30/2012	2,923 Nights
7/1/2013 – 12/31/2013	All children age 0-1 year with an overnight shelter stay from 7/1/2013 – 12/31/2013	843 Nights
1/1/2014 – 6/30/2014	All children age 0-1 year with an overnight shelter stay from 1/1/2014 – 6/30/2014	190 Nights
7/1/2014 – 12/31/2014	All children age 0-1 year with an overnight shelter stay from 7/1/2014 – 12/31/2014	505 Nights
1/1/2015 – 6/30/2015	All children age 0-1 year with an overnight shelter stay from 1/1/2015 – 6/30/2015	624 Nights
7/1/2015 – 12/31/2015	All children age 0-1 year with an overnight shelter stay from 7/1/2015 – 12/31/2015	189 Nights
1/1/2016 – 6/30/2016	All children age 0-1 year with an overnight shelter stay from 1/1/2016 – 6/30/2016	2 Nights
7/1/2016 – 12/31/2016	All children age 0-1 year with an overnight shelter stay from 7/1/2016 – 12/31/2016	0 Nights
1/1/2017 – 6/30/2017	All children age 0-1 year with an overnight shelter stay from 1/1/2017 – 6/30/2017	0 Nights
7/1/2017 – 12/31/2017	All children age 0-1 year with an overnight shelter stay from 7/1/2017 – 12/31/2017	0 Nights
1/1/2018 – 6/30/2018	All children age 0-1 year with an overnight shelter stay from 1/1/2018 – 6/30/2018	0 Nights
7/1/2018 – 12/31/2018	All children age 0-1 year with an overnight shelter stay from 7/1/2018 – 12/31/2018	0 Nights
1/1/2019 – 6/30/2019	All children age 0-1 year with an overnight shelter stay from 1/1/2019 – 6/30/2019	0 Nights
7/1/2019 – 12/31/2019	All children age 0-1 year with an overnight shelter stay from 7/1/2019 – 12/31/2019	0 Nights
Target		0 Nights

Section 2, Table 5.1-1



Section 2, Graph 5.1-1

Commentary

There were 0 children, age 0-1 year, who spent a night in the shelter from 7/1/2019 through 12/31/2019. During this time period, 2,140 children ages 0-1 year were in care and 100 percent of those children did not have a shelter stay. A child under the age of 2 years old has not been placed overnight in the shelter since January 2016.

5.2: Shelter Use—Children ages 2 to 5 years old

Operational Question

Of all children ages 2-5 years old with an overnight shelter stay from 7/1/2019 through 12/31/2019, how many nights were spent in the shelter?

Data Source and Definitions

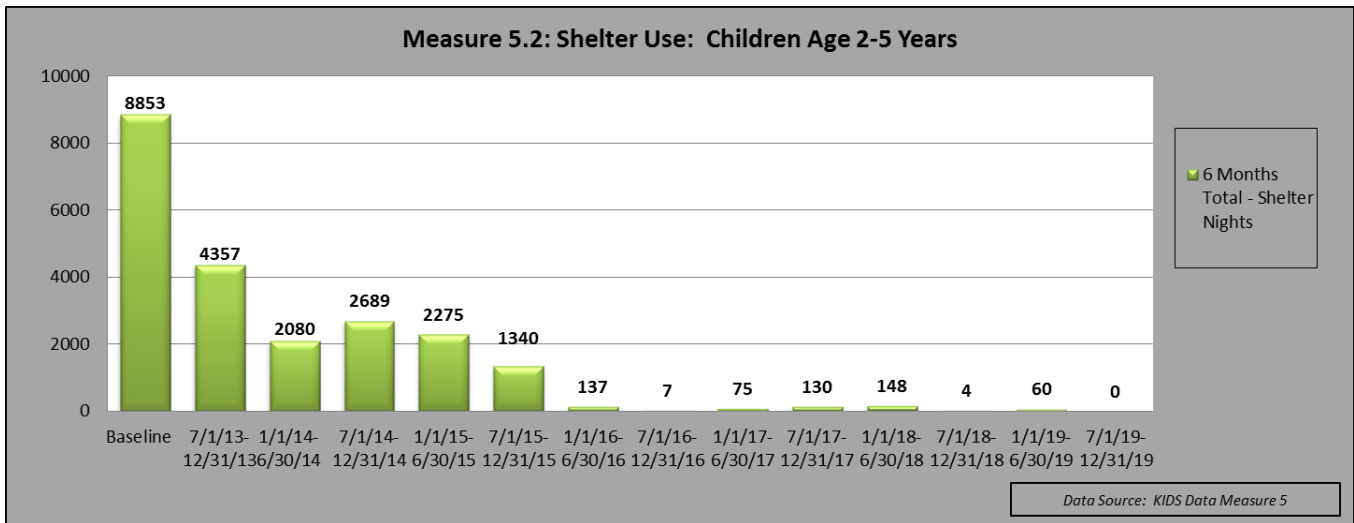
Data shown is the total number of nights children ages 2-5 years old spent in the shelter during the time period from 7/1/2019 through 12/31/2019. The baseline for this measure was 8,853 nights with a target of 0 nights by 6/30/2013. Automatic exceptions are made when the child is part of a sibling set of four or more or a child is placed with a minor parent who is also in OKDHS custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in the shelter.

Trends

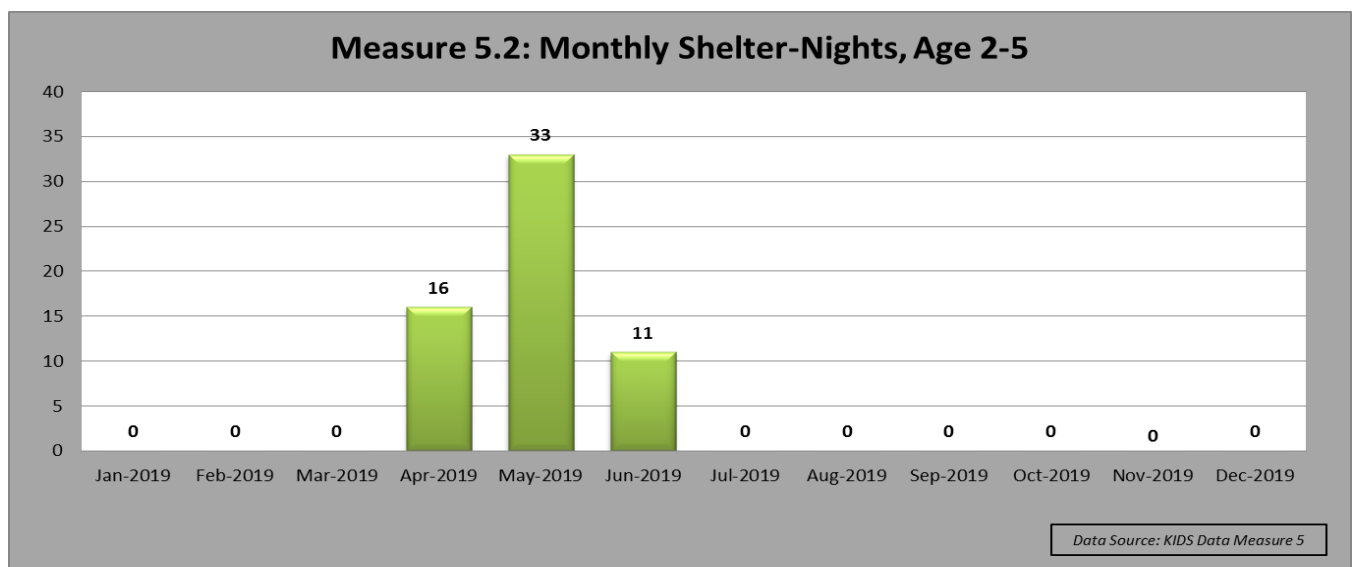
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 2-5 years with an overnight shelter stay from 1/1/2012 – 6/30/2012	8,853 Nights
7/1/2013 – 12/31/2013	All children age 2-5 years with an overnight shelter stay from 7/1/2013 – 12/31/2013	4,357 Nights
1/1/2014 – 6/30/2014	All children age 2-5 years with an overnight shelter stay from 1/1/2014 – 6/30/2014	2,080 Nights
7/1/2014 – 12/31/2014	All children age 2-5 years with an overnight shelter stay from 7/1/2014 – 12/31/2014	2,689 Nights
1/1/2015 – 6/30/2015	All children age 2-5 years with an overnight shelter stay from 1/1/2015 – 6/30/2015	2,275 Nights
7/1/2015 – 12/31/2015	All children age 2-5 years with an overnight shelter stay from 7/1/2015 – 12/31/2015	1,340 Nights
1/1/2016 – 6/30/2016	All children age 2-5 years with an overnight shelter stay from 1/1/2016 – 6/30/2016	137 Nights

7/1/2016 – 12/31/2016	All children age 2-5 years with an overnight shelter stay from 7/1/2016 – 12/31/2016	7 Nights
1/1/2017 – 6/30/2017	All children age 2-5 years with an overnight shelter stay from 1/1/2017 – 6/30/2017	75 Nights
7/1/2017 – 12/31/2017	All children age 2-5 years with an overnight shelter stay from 7/1/2017 – 12/31/2017	130 Nights
1/1/2018 – 6/30/2018	All children age 2-5 years with an overnight shelter stay from 1/1/2018 – 6/30/2018	148 Nights
7/1/2018 – 12/31/2018	All children age 2-5 years with an overnight shelter stay from 7/1/2018 – 12/31/2018	4 Nights
1/1/2019 – 6/30/2019	All children age 2-5 years with an overnight shelter stay from 1/1/2019 – 6/30/2019	60 Nights
7/1/2019 – 12/31/2019	All children age 2-5 years with an overnight shelter stay from 7/1/2019 – 12/31/2019	0 Nights
Target		0 Nights

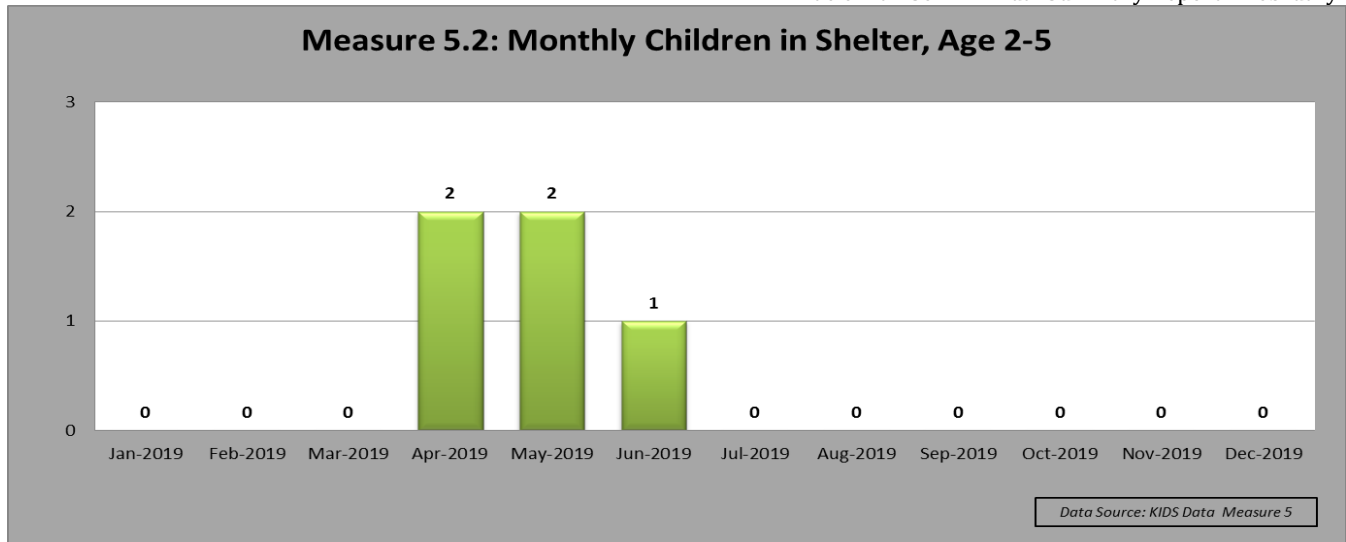
Section 2, Table 5.2-1



Section 2, Graph 5.2-1



Section 2, Graph 5.2-2



Section 2, Graph 5.2-3

Commentary

There were 0 children, age 2-5 years, who spent a night in the shelter from 7/1/2019 through 12/31/2019. During this time, 3,182 children ages 2-5 years were in care and 100 percent of those children did not have a shelter stay. This is the first reporting period meeting the six month target of 0 nights spent in the shelter for children age 2-5 years which is a 100 percent reduction over the baseline of 8,853 nights.

5.3: Shelter Use—Children ages 6 to 12 years old

Operational Question

Of all children ages 6-12 years old with an overnight shelter stay from 7/1/2019 through 12/31/2019, how many nights were spent in the shelter?

Data Source and Definitions

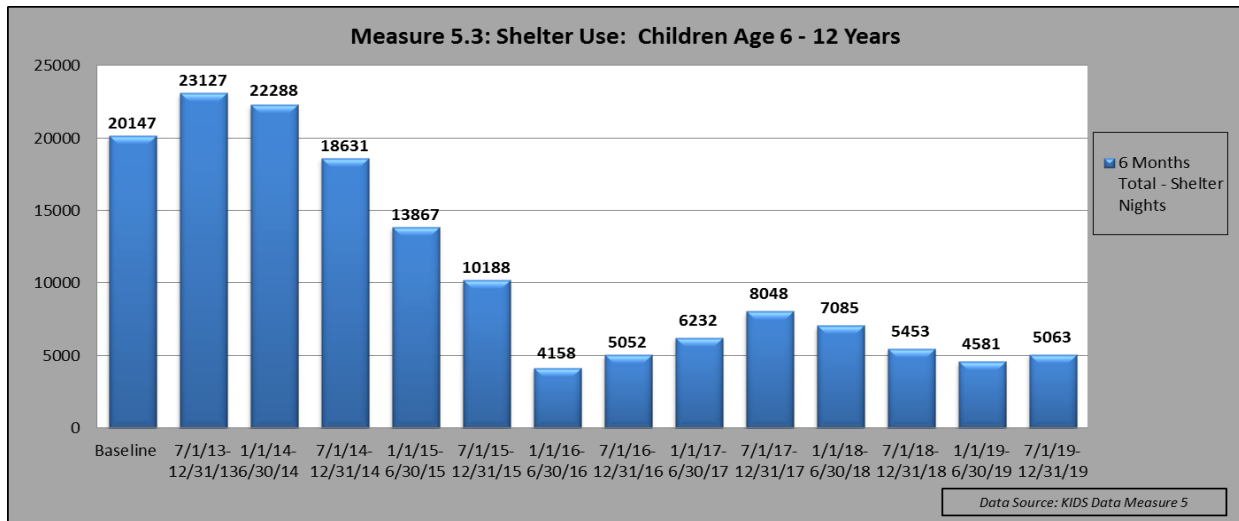
Data shown is the total number of nights children ages 6-12 years old spent in the shelter during the time period from 7/1/2019 through 12/31/2019. The baseline for this measure was 20,147 nights with an interim target of 10,000 nights by 12/31/2013. An automatic exception is made when the child is part of a sibling set of four or more. Note: Children who meet an automatic exception are still included in the count of total nights spent in the shelter.

Trends

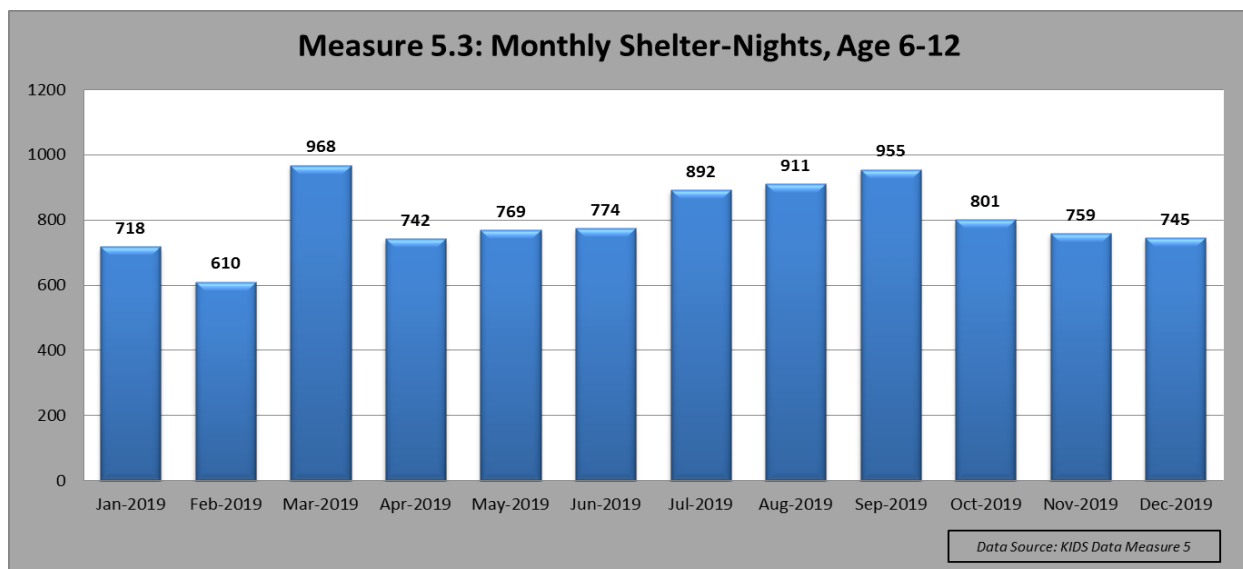
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 6-12 years with an overnight shelter stay from 1/1/2012 – 6/30/2012	20,147 Nights
7/1/2013 – 12/31/2013	All children age 6-12 years with an overnight shelter stay from 7/1/2013 – 12/31/2013	23,127 Nights
1/1/2014 – 6/30/2014	All children age 6-12 years with an overnight shelter stay from 1/1/2014 – 6/30/2014	22,288 Nights
7/1/2014 – 12/31/2014	All children age 6-12 years with an overnight shelter stay from 7/1/2014 – 12/31/2014	18,631 Nights
1/1/2015 – 6/30/2015	All children age 6-12 years with an overnight shelter stay from 1/1/2015 – 6/30/2015	13,867 Nights
7/1/2015 – 12/31/2015	All children age 6-12 years with an overnight shelter stay from 7/1/2015 – 12/31/2015	10,188 Nights
1/1/2016 – 6/30/2016	All children age 6-12 years with an overnight shelter stay from 1/1/2016 – 6/30/2016	4,158 Nights

7/1/2016 – 12/31/2016	All children age 6-12 years with an overnight shelter stay from 7/1/2016 – 12/31/2016	5,052 Nights
1/1/2017 – 6/30/2017	All children age 6-12 years with an overnight shelter stay from 1/1/2017 – 6/30/2017	6,232 Nights
7/1/2017 – 12/31/2017	All children age 6-12 years with an overnight shelter stay from 7/1/2017 – 12/31/2017	8,048 Nights
1/1/2018 – 6/30/2018	All children age 6-12 years with an overnight shelter stay from 1/1/2018 – 6/30/2018	7,085 Nights
7/1/2018 – 12/31/2018	All children age 6-12 years with an overnight shelter stay from 7/1/2018 – 12/31/2018	5,453 Nights
1/1/2019 – 6/30/2019	All children age 6-12 years with an overnight shelter stay from 1/1/2019 – 6/30/2019	4,581 Nights
7/1/2019 – 12/31/2019	All children age 6-12 years with an overnight shelter stay from 7/1/2019 – 12/31/2019	5,063 Nights
Target		0 Nights

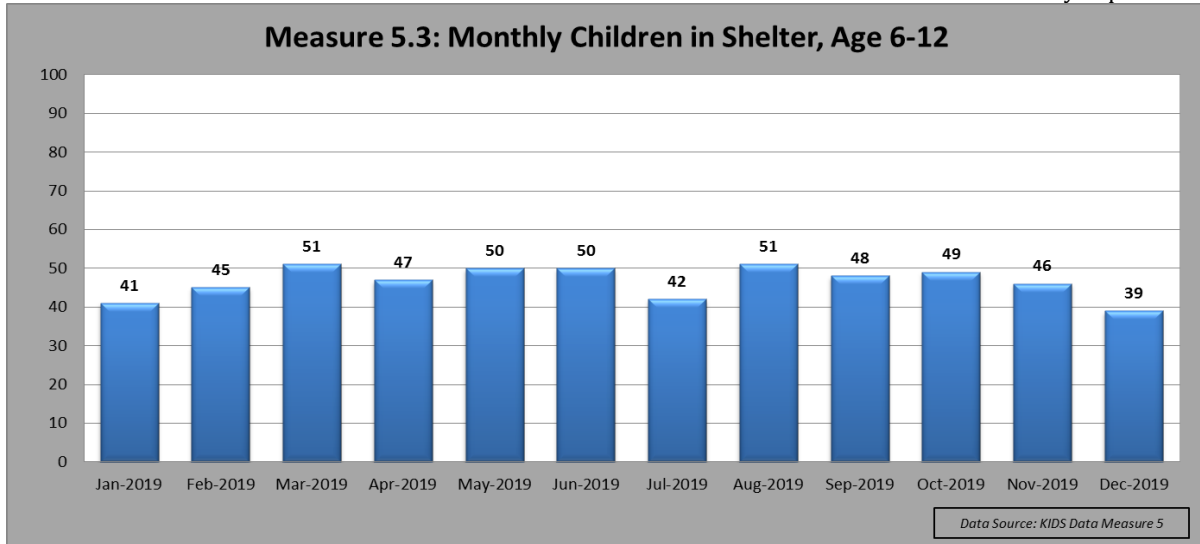
Section 2, Table 5.3-1



Section 2, Graph 5.3-1



Section 2, Graph 5.3-2



Section 2, Graph 5.3-3

Commentary

A total of 127 distinct children ages 6-12 years old spent a total of 5,063 nights in the shelter from 7/1/2019 through 12/31/2019. Section 2, Graph 5.3-3 identifies 275 children spending time in shelters from July through December 2019. In some cases, the child's shelter stay extended across multiple months, thus the child is included in the count for both months. During this time period, 3,259 children ages 6-12 years old were in care and 96.1 percent of those children did not have a shelter stay.

5.4: Shelter Use—Children ages 13 and older

Operational Question

Of all children ages 13 years or older with an overnight shelter stay from 7/1/2019 through 12/31/2019, how many nights were spent in the shelter?

Data Source and Definitions

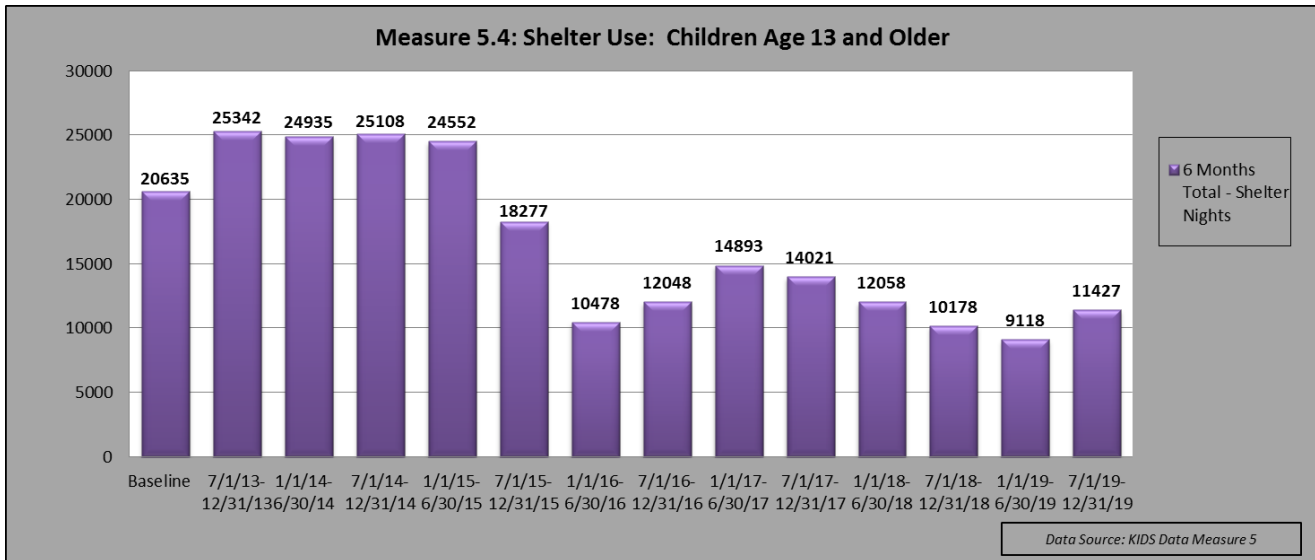
Data shown is the total number of nights children ages 13 years or older spent in the shelter during the time period from 7/1/2019 through 12/31/2019. The baseline for this measure is 20,635 nights with a target of 13,200. Of the children 13 years and older placed in a shelter during this period, the target is 80 percent of the children will meet the criteria of Pinnacle Plan Point 1.17. An automatic exception is made for children when the child is part of a sibling set of four or more. Note: Children who meet and automatic exception are still included in the count of total nights spent in the shelter.

Trends

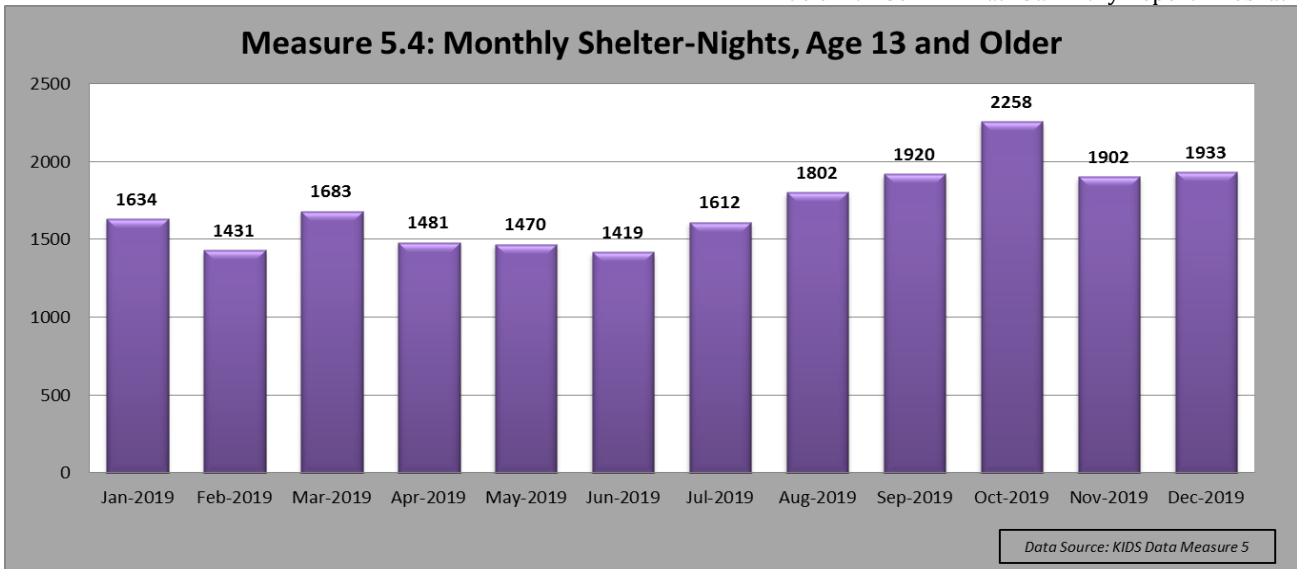
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 13 or older with an overnight shelter stay from 1/1/2012 – 6/30/2012	20,635 Nights
7/1/2013 – 12/31/2013	All children age 13 or older with an overnight shelter stay from 7/1/2013 – 12/31/2013	25,342 Nights
1/1/2014 – 6/30/2014	All children age 13 or older with an overnight shelter stay from 1/1/2014 – 6/30/2014	24,935 Nights
7/1/2014 – 12/31/2014	All children age 13 or older with an overnight shelter stay from 7/1/2014 – 12/31/2014	25,108 Nights
1/1/2015 – 6/30/2015	All children age 13 or older with an overnight shelter stay from 1/1/2015 – 6/30/2015	24,552 Nights

7/1/2015 – 12/31/2015	All children age 13 or older with an overnight shelter stay from 7/1/2015 – 12/31/2015	18,277 Nights
1/1/2016 – 6/30/2016	All children age 13 or older with an overnight shelter stay from 1/1/2016 – 6/30/2016	10,478 Nights
7/1/2016 – 12/31/2016	All children age 13 or older with an overnight shelter stay from 7/1/2016 – 12/31/2016	12,048 Nights
1/1/2017 – 6/30/2017	All children age 13 or older with an overnight shelter stay from 1/1/2017 – 6/30/2017	14,893 Nights
7/1/2017 – 12/31/2017	All children age 13 or older with an overnight shelter stay from 7/1/2017 – 12/31/2017	14,021 Nights
1/1/2018 – 6/30/2018	All children age 13 or older with an overnight shelter stay from 1/1/2018 – 6/30/2018	12,058 Nights
7/1/2018 – 12/31/2018	All children age 13 or older with an overnight shelter stay from 7/1/2018 – 12/31/2018	10,178 Nights
1/1/2019 – 6/30/2019	All children age 13 or older with an overnight shelter stay from 1/1/2019 – 6/30/2019	9,118 Nights
7/1/2019 – 12/31/2019	All children age 13 or older with an overnight shelter stay from 7/1/2019 – 12/31/2019	11,427 Nights
Target		8,850 Nights

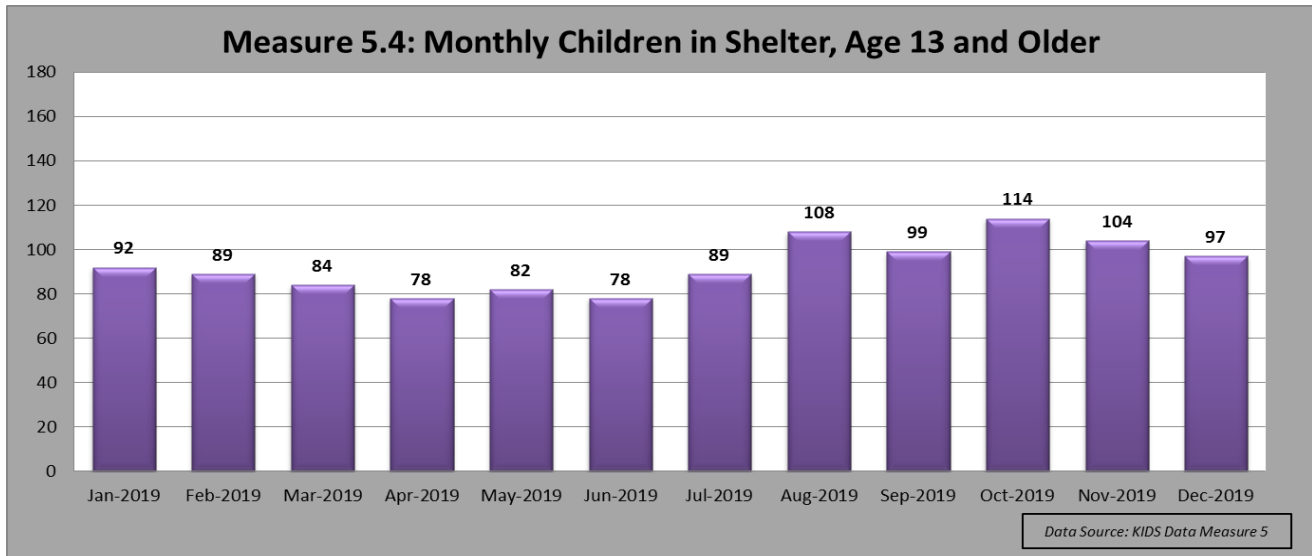
Section 2, Table 5.4-1



Section 2, Graph 5.4-1



Section 2, Graph 5.4-2

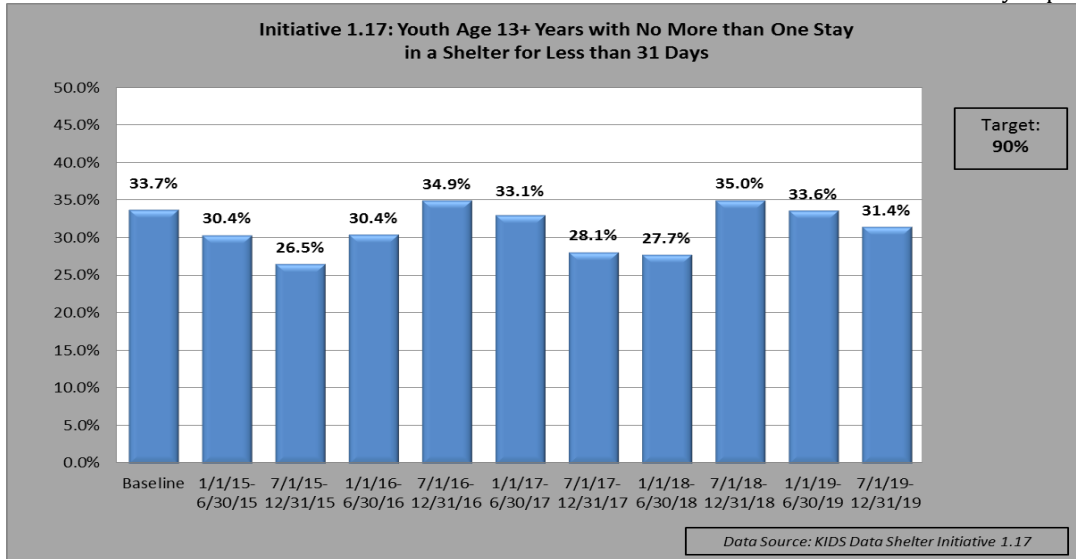


Section 2, Graph 5.4-3

Commentary

A total of 261 distinct children ages 13 years or older spent a total of 11,427 nights in shelter care from 7/1/2019 through 12/31/2019. Section 2, Graph 5.4-3 identifies 611 children spending time in shelters from July through December 2019. In some cases, the child's shelter stay extended across multiple months; thus, the child is included in the count for both months. During this time period, 1,562 children ages 13 years or older were in care and 83.3 percent of those children did not have a shelter stay.

Initiative 1.17: Youth 13 years and older not to 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.



Section 2, Graph 5.4-4

Commentary

For the six-month period ending 12/31/2019, 31.4 percent of youth age 13 and older experienced no more than one stay in the shelter lasting less than 31 days. Of the 261 youth age 13 and older who had a shelter stay during the reporting period, 82 youth had one shelter stay lasting less than 31 days. Of the remaining 179 youth age 13 and up who had a shelter stay: 85 youth, 32.57 percent, had one stay that lasted longer than 31 days; 23 youth, 8.81 percent, had two or more stays that lasted less than 31 days; and 71 youth, 27.20 percent, had two or more stays that lasted more than 31 days in the shelter.

Data

Child Welfare Services (CWS) has continued to be actively engaged in the efforts defined in the Enhanced Shelter Reduction Plan as well as other activities directed toward ensuring all children have access to safe, needs-based placements. Although CWS has not fully met the metrics identified for this strategy improvements continue. Shelter utilization for children ages 0-1 is completely eliminated and use for children ages 2-5 was completely eliminated for the first time in any reporting period since the Pinnacle Plan began. For children 6-12, the number of shelter nights for the past reporting period increased by 482 total shelter nights, but this is still less than the number of shelter nights, 390 fewer nights, for this cohort compared to the same reporting period in the previous year and well below the number of shelter nights, 2,985 fewer nights, for this cohort compared to the same reporting two years ago.

For youth 13 and older, the number of shelter nights, 2,209 nights, increased from the previous six-month reporting period. The number of children in this cohort also grew by 108 from the previous six-month reporting period. The increase in the number of children served and number of nights utilized for youth 13-17 further highlights the need to work with both shelter and community partners, as well as CWS field leadership to develop the appropriate capacity and continuum to eliminate the need for shelter care. For metric 1.17, youth over 13 years of age not to be placed in shelter care more than one time during a 12-month period and with a shelter stay lasting no more than 30 days, this reporting period continues to see a similar percent of youth who exit shelter care in less than 31 days and not return for at least 12 months. The CWS shelter team continues its focus on creating and supporting practices that keep diligent attention on placement planning for children who must be in shelter care as the placement of last resort.

Enhanced Shelter Reduction Plan Update

The Enhanced Shelter Reduction Plan was initiated across the state in March 2018. This plan with the support of CWS program staff and the region's leadership aligned practices across regions to ensure all children are having regular, meaningful staffing to identify appropriate placements. This plan requires the utilization of the uniform shelter staffing protocol and documentation guide. The regional shelter leads have a shelter staffing for all children every other week as

a minimum standard. In this reporting period, enhancements to the shelter reduction plan include:

- Created a guide for the shelter staffing leads to further streamline the regional efforts that occur prior to the elevated shelter staffing.
- Discontinued the quarterly peer review as part of a continuous quality improvement (CQI) process and shifted to more one-on-one support from the Specialized Placements and Partnerships Unit (SPPU) shelter program field representative (PFR) when new staff transition to the regional lead role.
- Started a process of building more strength-based narratives about youth when they are in shelter care and being staffed for foster family placements. The shelter reduction PFR and the regional shelter leads have been working with a Foster Care field manager to review some foster care requests across the state and provide feedback to the child's assigned child welfare (CW) specialist and Foster Care staff when appropriate.

Another piece of the Enhanced Shelter Reduction Plan is elevated staffing. Scheduled and facilitated by the shelter PFR, elevated staffing continues as a useful tool when children spend an extended time in shelter care. In most occurrences, children have extended shelter stays because they have unique needs that are not easily matched in a typical family setting and/or treatment program. The elevated shelter staffing's primary goal continues to be eliminating, when possible, all barriers to an appropriate, needs-based family placement. All regional leads continue to identify the elevated staffing process as necessary to eliminate shelter care, specifically because of the unique needs of youth.

The Enhanced Shelter Reduction Plan includes four CQI activities used for the past 15 months. Some of the identified activities are very informative while others were more time consuming and not as useful. Ongoing work needs to continue to consider changes to this part of the plan moving forward. Shelter program staff will continue providing updates in regional leadership meetings quarterly. The shelter program and regional shelter leads quarterly meeting is identified as necessary, but the depth of information addressed during these meetings will shift now that the regional leads are past the plan's implementation. The last quarterly shelter leads meeting in November 2019 highlighted:

- shared successes in moving youth out of shelter care;
- discussion of any gaps in the shelter staffing process;
- potentially making updates or modifications to the progressive shelter staffing tool; and
- how children in shelter care are messaged to both resource and community partners to present a strength-based picture of the child or youth.

A Foster Care and Adoptions (FC&A) field manager was added to the ongoing attendance list for this meeting to facilitate communication between field staff in Child Protective Services (CPS) and Permanency Planning (PP) and field staff in FC&A to identify more potential family-like settings for youth and children in shelter care, when appropriate. The first regional lead quarterly meeting for calendar year 2020 will focus on the efficacy of the progressive shelter staffing tool, further training on presenting strength-based views of children and youth in shelter care, and scheduling regional shelter trainings across the state. The final CQI activity is review of the shelter authorization form. While a shelter authorization form does not seem to have an impact in preventing youth and children from entering shelter care, it is important in highlighting opportunities for follow-up with potential placement options and identifying the best placement for the youth. Entering data from this form into the shelter survey database also helps identify trends and needs for youth entering shelter care. The Enhanced Shelter Reduction Plan has positive impacts and consideration will be given to make plan improvements to increase its effectiveness to meet the metrics for children in shelter care.

Direct Care Authorization and Other Supports Provided to Children in Youth Service Shelter Care

The contract with four Youth Service shelter providers is still available, but the need for using it has decreased. The goal for the direct care per diem was always intended for short-term support while CWS worked to put into place the best-fit service array for children who could not maintain safely with the typical shelter staffing ratios and services. During this reporting period, from June through December 2019, only one Youth Service Agency (YSA), utilized the direct care contract. The CWS team assigned to work with the OKDHS Developmental Disability Services (DDS) division expanded; the assigned CWS staff are instrumental in working quickly to offer support when a youth with known or suspected intellectual disability is served in shelter care. One-on-one training opportunities for shelter staff continue, when

appropriate, but the biggest support is the identification of necessary action steps to move children to a more needs-based placement quickly. When a child with intellectual disability and co-occurring behavioral health needs or physical care needs is in shelter placement, there is a more timely connection for support to the child and facility. Two DDS program staff now support shelters across the state, one primarily for the east side of the state and one primarily for the west side. The current CWS Nursing team is able to support Youth Service shelters when questions arise. Since the nurses are assigned regionally, the entire state is covered, allowing children to be placed in the shelter that keeps them closest to their community or can best meet their specific needs due to other dynamics. The shelter program has two PFR staff who regularly attend the Oklahoma Association of Youth Services Agencies (OAYS) meetings. The shelter directors can contact either their assigned liaison or the two shelter PFR staff for needed supports when caring for children in OKDHS custody.

Office of Juvenile Affairs (OJA)

Previous semi-annual reports provided updates regarding OJA entering into updated contracts with the YSA for shelter care. The new contracts are in place with 21 YSAs for shelter care and now include a tier system for rates based on a child's needs. The rates expected to be in effect beginning 1/1/2019; however, the rates did not begin until 1/1/2020. The shelter PFR's and shelter liaisons are available to gather additional information for any YSA shelter and/or OJA when determining the most appropriate tier level for a youth in OKDHS custody. Continued collaboration occurs between CWS and OJA. During May and June 2019, the shelter PFRs began working with four YSA directors from different regions and the OJA contract monitor to consider a new protocol to provide shelter directors improved contact with CWS shelter programs staff to discuss trends on needs and improvement areas. This group agreed that time set aside for the shelter directors to communicate collaboratively with their peers and the CWS Programs staff would be beneficial. The monthly support calls began July 2019 and ended in November 2019 when it was determined the designated liaisons and PFR staff were able to provide the necessary support along with the OAYS shelter meetings that now involve the shelter team. In August 2019, one of the SPPU shelter PFR's became a Managing Aggressive Behavior trainer available to support training efforts across the state for OAYS shelter providers. In September 2019, SPPU staff participated in the OAYS conference and the CWS Director was a guest speaker. Currently, three SPPU liaisons are assigned to the 21 youth shelters to support youth in shelter care, assigned CWS staff, and shelter providers.

Training

From January 2019 through August 2019, shelter training was provided statewide to CWS staff. The training's primary goals are:

- Provide clear guidance on the purpose and expectations for the shelter authorization form and progressive shelter staffing tool.
- Review the role of the CW worker and the shelter when a child is in shelter care.
- Detail definitions for other levels of care with program staff contact information.
- Answer questions related to shelter placements and gather ideas about how program staff could better support CWS field staff.

The training was first completed in December 2018 in Region 1 and was provided a total of 20 times in 17 county offices by the end of August 2019. A schedule is now in place for training across the state between four and eight times in each region over the next calendar year.

Conclusion

The CWS shelter program team, in collaboration with the CWS and OKDHS executive teams, continues to place focus on meeting the metrics for shelter care identified in the Pinnacle Plan. The priority of the CWS shelter team, CWS field staff, and leadership is secure and safe placements that best meet the needs of all children. Even with the slight increase in shelter numbers for older youth, overall numbers trended downward for the last three years and for the first time shelter stays for children 2-5 were completely eliminated. Continued focus will need to be on the best use of the new shelter authorization form for directing CWS staff in identifying a more appropriate placement prior to ever utilizing shelter care. Should shelter care become necessary, the Enhanced Shelter Reduction Plan provides technical assistance

to CWS staff to minimize the length of time a child spends in shelter care. The CWS shelter team now has a supervisor and three liaisons to cover the 21 YSA shelters which allows for more intentional visitation with shelter staff to better assess the safety of shelter practices, provide support in times of crisis, and be engaged with the child's CW specialist when a child has a need in shelter care. This Team is supported by two PFR's that work to support field staff at times of admission when a bed is needed, as well as safe, timely discharge when shelter care is used. CWS has made significant strides in shelter usage, but work to identify safe, needs-based placements for children continues as a priority. The CWS Shelter Team will continue to assess the interventions and supports available to CWS staff and shelters so that best outcomes can be achieved for children.

Ongoing efforts have continued to reduce the number of youth entering shelter care and the length of time in shelter care when utilized as a placement of last resort. CWS has made great progress in reducing shelter care for very young children. Beginning with a baseline number of 2,923 nights, CWS has maintained at zero nights since 7/1/2016 for children ages 0-1. For children ages 2-5, the baseline number of nights was 8,853. The number of nights for this population has been less than 150 nights the last seven reporting periods and achieved zero nights for this age group in the most recent reporting period. There continues to be challenges in reaching the baseline goal of zero nights for children 6-12. The highest number of nights recorded peaked at 23,127 nights; however, for the last eight reporting periods the highest number of nights for any one period has been 8,048 with the lowest number of nights being 4,158. For youth 13 and older, the numbers are similar with the highest number of nights at 25,342 and the lowest at 9,118. The number of youth over 13 who spent more than 30 days in shelter care or experienced more than one shelter stay during a 12-month period remains fairly consistent and work continues to address this issue. Through the Enhanced Shelter Reduction Plan that began in February 2018, work is being completed in a uniform way across the state to ensure that discharge planning efforts are consistent and ongoing to achieve the most appropriate placement for all youth who enter shelter care. CWS continues to support shelter reduction efforts by the work targeted specifically at the youth in shelter care and through work to develop more family and treatment placements for all youth.

6.2a: Permanency Within 12 Months of Removal

Operational Question

Of all children who entered foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within 12 months of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

Denominator: All children who entered foster care from 4/1/2018 through 9/30/2018.

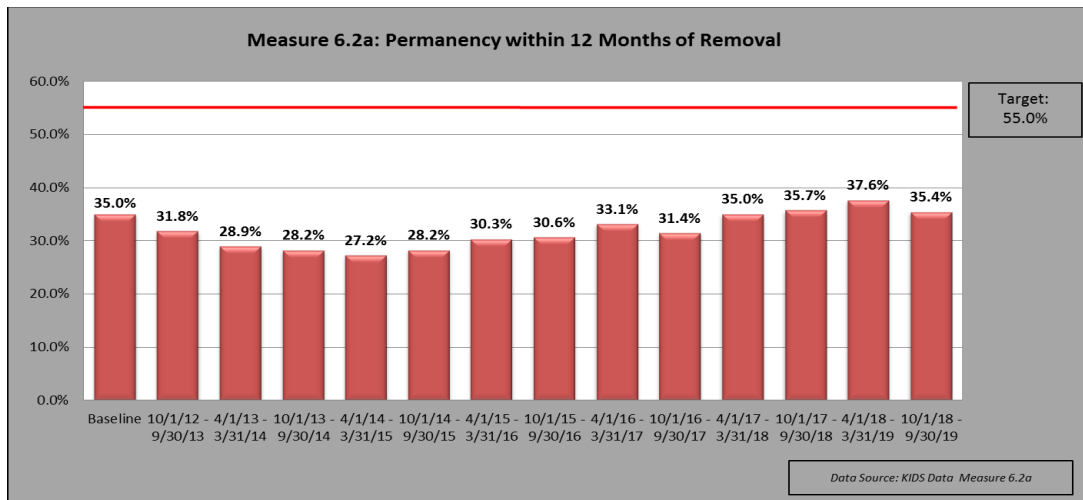
Numerator: The number of children who entered foster care from 4/1/2018 through 9/30/2018 and exited to a permanent setting within 12 months of removal.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2011 – 9/30/2011			35.0%
10/1/2012 – 9/30/2013	All admissions from 4/1/2012 – 9/30/2012	856	2,692	31.8%
4/1/2013 – 3/31/2014	All admissions from 10/1/2012 – 3/31/2013	782	2,707	28.9%
10/1/2013 – 9/30/2014	All admissions from 4/1/2013 – 9/30/2013	818	2,901	28.2%

4/1/2014 – 3/31/2015	All admissions from 10/1/2013 – 3/31/2014	748	2,749	27.2%
10/1/2014 – 9/30/2015	All admissions from 4/1/2014 – 9/30/2014	764	2,705	28.2%
4/1/2015 – 3/31/2016	All admissions from 10/1/2014 – 3/31/2015	714	2,359	30.3%
10/1/2015 – 9/30/2016	All admissions from 4/1/2015 – 9/30/2015	840	2,741	30.6%
4/1/2016 – 3/31/2017	All admissions from 10/1/2015 – 3/31/2016	774	2,340	33.1%
10/1/2016 – 9/30/2017	All admissions from 4/1/2016 – 9/30/2016	788	2,512	31.4%
4/1/2017 – 3/31/2018	All admissions from 10/1/2016 – 3/31/2017	832	2,375	35.0%
10/1/2017 – 9/30/2018	All admissions from 4/1/2017 – 9/30/2017	847	2,372	35.7%
4/1/2018 – 3/31/2019	All admissions from 10/1/2017 – 3/31/2018	792	2,105	37.6%
10/1/2018 – 9/30/2019	All admissions from 4/1/2018 – 9/30/2018	795	2,247	35.4%
Target				55.0%

Section 2, Table 6.2a-1



Section 2, Graph 6.2a-1

6.2b: Permanency Within 2 Years of Removal

Operational Question

Of all children who entered their 12th month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within two years of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively.

Description of Denominator and Numerator for this reporting period

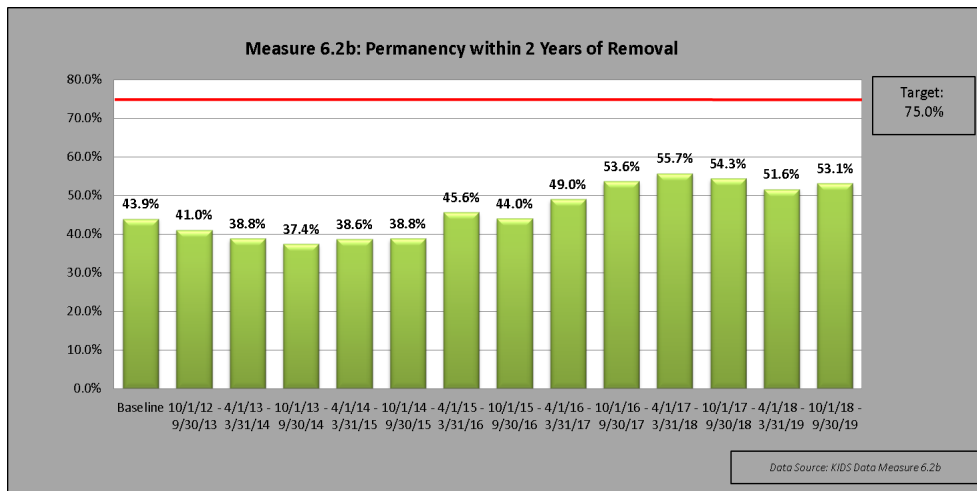
Denominator: All children who entered foster care from 4/1/2017 through 9/30/2017.

Numerator: The number of children, who entered foster care from 4/1/2017 through 9/30/2017, were removed at least 12 months, and exited to a permanent setting within 24 months of removal.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2010 – 9/30/2010			43.9%
10/1/2012 – 9/30/2013	All admissions from 4/1/2011 – 9/30/2011	667	1,626	41.0%
4/1/2013 – 3/31/2014	All admissions from 10/1/2011 – 3/31/2012	577	1,487	38.8%
10/1/2013 – 9/30/2014	All admissions from 4/1/2012 – 9/30/2012	669	1,787	37.4%
4/1/2014 – 3/31/2015	All admissions from 10/1/2012 – 3/31/2013	713	1,846	38.6%
10/1/2014 – 9/30/2015	All admissions from 4/1/2013 – 9/30/2013	780	2,008	38.8%
4/1/2015 – 3/31/2016	All admissions from 10/1/2013 – 3/31/2014	886	1,944	45.6%
10/1/2015 – 9/30/2016	All admissions from 4/1/2014 – 9/30/2014	821	1,865	44.0%
4/1/2016 – 3/31/2017	All admissions from 10/1/2014 – 3/31/2015	769	1,570	49.0%
10/1/2016 – 9/30/2017	All admissions from 4/1/2015 – 9/30/2015	961	1,793	53.6%
4/1/2017 – 3/31/2018	All admissions from 10/1/2015 – 3/31/2016	831	1,493	55.7%
10/1/2017 – 9/30/2018	All admissions from 4/1/2016 – 9/30/2016	891	1,640	54.3%
4/1/2018 – 3/31/2019	All admissions from 10/1/2016 – 3/31/2017	776	1,504	51.6%
10/1/2018 – 9/30/2019	All admissions from 4/1/2017 – 9/30/2017	781	1,472	53.1%
Target				75.0%

Section 2, Table 6.2b-1



Section 2, Graph 6.2b-1

6.2c: Permanency Within 3 Years of Removal

Operational Question

Of all children who entered their 24th month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within three years of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

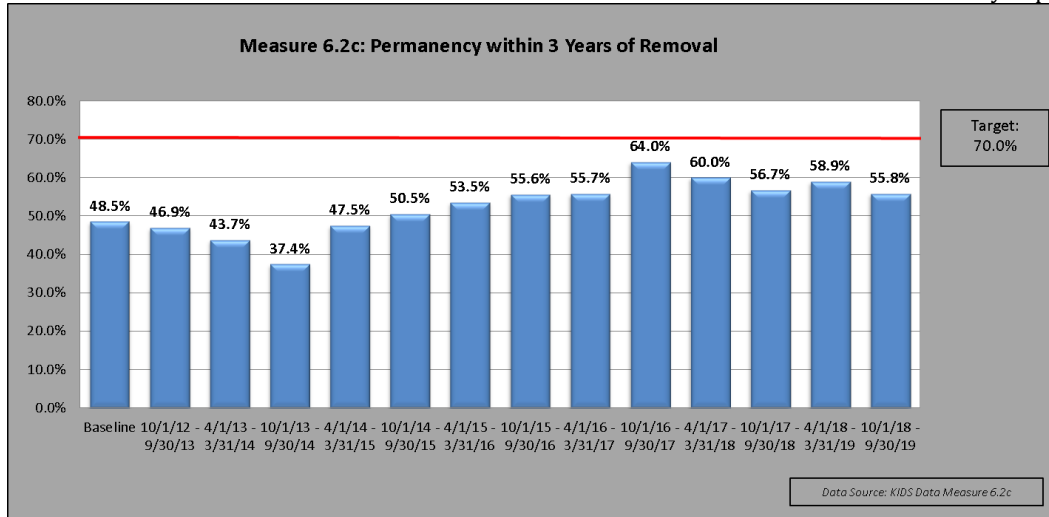
Denominator: All children who entered foster care from 4/1/2016 through 9/30/2016.

Numerator: The number of children, who entered foster care from 4/1/2016 through 9/30/2016, were removed at least 24 months, and exited to a permanent setting within 36 months of removal.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2009 – 9/30/2009			48.5%
10/1/2012 – 9/30/2013	All admissions from 4/1/2010 – 9/30/2010	350	746	46.9%
4/1/2013 – 3/31/2014	All admissions from 10/1/2010 – 3/31/2011	286	654	43.7%
10/1/2013 – 9/30/2014	All admissions from 4/1/2011 – 9/30/2011	346	924	37.4%
4/1/2014 – 3/31/2015	All admissions from 10/1/2011 – 3/31/2012	414	872	47.5%
10/1/2014 – 9/30/2015	All admissions from 4/1/2012 – 9/30/2012	552	1,094	50.5%
4/1/2015 – 3/31/2016	All admissions from 10/1/2012 – 3/31/2013	586	1,095	53.5%
10/1/2015 – 9/30/2016	All admissions from 4/1/2013 – 9/30/2013	653	1,174	55.6%
4/1/2016 – 3/31/2017	All admissions from 10/1/2013 – 3/31/2014	558	1,002	55.7%
10/1/2016 – 9/30/2017	All admissions from 4/1/2014 – 9/30/2014	633	989	64.0%
4/1/2017 – 3/31/2018	All admissions from 10/1/2014 – 3/31/2015	445	742	60.0%
10/1/2017 – 9/30/2018	All admissions from 4/1/2015 – 9/30/2015	443	781	56.7%
4/1/2018 – 3/31/2019	All admissions from 10/1/2015 – 3/31/2016	378	642	58.9%
10/1/2018 – 9/30/2019	All admissions from 4/1/2016 – 9/30/2016	405	726	55.8%
Target				70.0%

Section 2, Table 6.2c-1



Section 2, Graph 6.2c-1

6.2d: Permanency Within 4 Years of Removal

Operational Question

Of all children who entered their 36th month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within 48 months of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

Denominator: All children who entered foster care from 4/1/2015 through 9/30/2015.

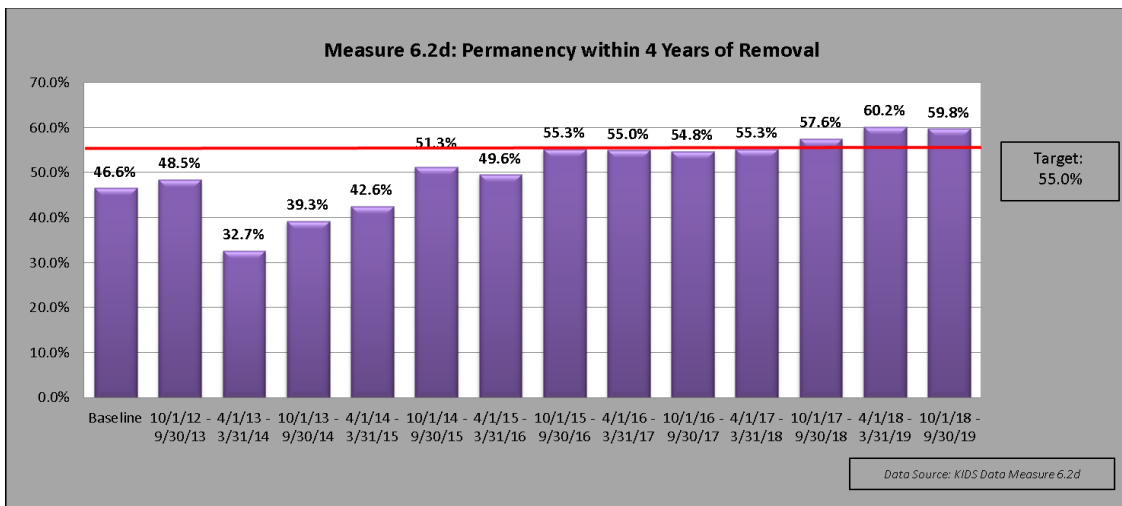
Numerator: The number of children, who entered foster care through 4/1/2015 through 9/30/2015, were removed at least 36 months, and exited to a permanent setting within 48 months of removal.

Trends

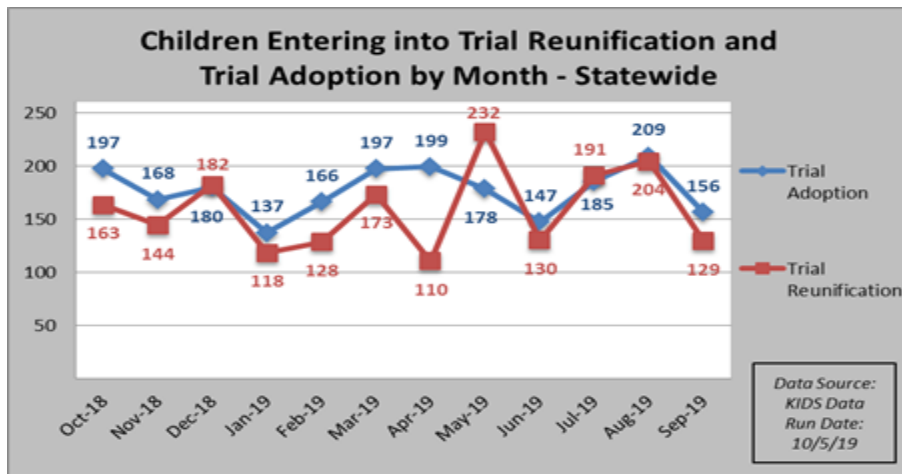
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2008 – 9/30/2008			46.6%
10/1/2012 – 9/30/2013	All admissions from 4/1/2009 – 9/30/2009	128	264	48.5%
4/1/2013 – 3/31/2014	All admissions from 10/1/2009 – 3/31/2010	91	278	32.7%
10/1/2013 – 9/30/2014	All admissions from 4/1/2010 – 9/30/2010	141	359	39.3%
4/1/2014 – 3/31/2015	All admissions from 10/1/2010 – 3/31/2011	146	343	42.6%
10/1/2014 – 9/30/2015	All admissions from 4/1/2011 – 9/30/2011	285	556	51.3%
4/1/2015 – 3/31/2016	All admissions from 10/1/2011 – 3/31/2012	206	415	49.6%
10/1/2015 – 9/30/2016	All admissions from 4/1/2012 – 9/30/2012	278	503	55.3%

4/1/2016 – 3/31/2017	All admissions from 10/1/2012 – 3/31/2013	252	458	55.0%
10/1/2016 – 9/30/2017	All admissions from 4/1/2013 – 9/30/2013	264	482	54.8%
4/1/2017 – 3/31/2018	All admissions from 10/1/2013 – 3/31/2014	228	412	55.3%
10/1/2017 – 9/30/2018	All admissions from 4/1/2014 – 9/30/2014	190	330	57.6%
4/1/2018 – 3/31/2019	All admissions from 10/1/2014 – 3/31/2015	168	279	60.2%
10/1/2018 – 9/30/2019	All admissions from 4/1/2015 – 9/30/2015	192	321	59.8%
Target				55.0%

Section 2, Table 6.2d-1



Section 2, Graph 6.2d-1



Section 2, Graph 6.2d-2

Section 2, Graph 6.2d-2 is an unduplicated count of children who entered Trial Adoption or Trial Reunification for each month during the last 12 months ending September 2019. This is not a summary count of all children placed in Trial Adoption or Trial Reunification during the month. Although not a Pinnacle Plan measure, Child Welfare Services (CWS) tracks performance in these two areas, as it is reflective of real time progress on moving children to permanency.

Permanency Safety Consultations of Children in Care on 9/30/19 with Goal of Return to Own Home	
Children in Care 90+ Days with Goal of Return to Own Home	3,078
Children with Permanency Safety Consultation	2,958
% with Permanency Safety Consultation	96.1%
<i>Data Source: KIDS Data Y1104; Run Date: 10/1/19</i>	
<i>*Data only includes children that have been in care at least 90 days</i>	

Section 2, Table 6.2d-2

Permanency Safety Consultations for Children with a Case Plan Goal of Return to Own Home Apr 2019 - Sep 2019				
Month of PSC	# of PSC	# of Children with PSC	PSC Recommendation Safe	PSC Recommendation Unsafe
Apr-19	412	784	223	561
May-19	412	741	225	516
Jun-19	470	841	206	635
Jul-19	368	729	190	539
Aug-19	409	736	191	545
Sep-19	386	721	165	556
Quarterly Total	2457	4552	1200	3352
<i>Data Source: Y1838- Permanency Safety Consultation; Run Date: 5/10/19, 6/11/19, 7/11/19, 8/13/19, 9/13/19, & 10/7/19.</i>				
<i>**Children in Trial Reunification are excluded from the population.</i>				

Section 2, Table 6.2d-3

	Number of Family Team Meetings (FTM) Held	Unique Count of Children Included in FTM's	Total Children Served in Care	% of Children with FTM
10/1/18-9/30/19	6097	7073	13082	54.07%
<i>Data Source: KIDS Data- FTM Types Included, FTM FTM- Alt. Perm Plan, FTM- Concurrent Planning, FTM- ISP Development, FTM- Safety Planning, FTM- 6 Month, FTM- Reasonable Efforts NR Court Finding, FTM- Placement Stability, and FTM- Progress to Permanency.</i>				

Section 2, Table 6.2d-4

Commentary

During this review period, CWS improved in one of the four measures. Measure 6.2a had a decline by 2.2 percent. A total of 795 children, 35.4 percent, achieved permanency within the first 12 months in care. The outcome remains above the original baseline of 35.0 percent. The population of children in 6.2a is always higher in the review period for removals in April through September as these months have the typical peak removal months in them. CWS has observed that on average the Oklahoma Department of Human Services (OKDHS) has a capacity to exit approximately 800 children in this period of time. Thus, with the higher population in this period under review, the performance outcome tends to decline. Performance Measure 6.2b increased by 1.5 percent from the last reporting period. Performance in Measure 6.2c decreased by 3.1 percent but remains above the original baseline by 7.3 percent. Measure 6.2d had a slight decrease of 0.4 percent. The performance remains above the target for the fourth consecutive reporting period.

Of the 4,766 children included in all of the 6.2 measures, 2,173 of the children achieved timely permanency. This is an additional 59 children who achieved permanency over the last reporting period. An additional 533 children achieved permanency after the timeliness target dates. An additional 97 children exited to non-permanent exits. This left 1,963 children remaining in care of the original population of 4,766 that did not achieve permanency as of 12/10/2019. Of those 1,963 children, 153 children were placed in trial reunification and 143 children were in trial adoption for a total of 296 children close to achieving permanency.

As of 9/30/2019, 2,958 children had a Permanency Safety Consultation (PSC) completed out of 3,078 children who were eligible with the goal of return to own home. Fifty-seven children were excluded from the population without a PSC as they were currently in trial reunification. For the next reporting period, of the 120 children without a PSC, 21 had a

documented PSC in November 2019. During the review period of April 2019 to September 2019, a total of 2,457 PSCs were completed and those PSCs included 4,552 children. This number only includes children with a case plan goal of return to own home.

Permanency Safety Consultations

PSCs continue as a primary strategy to impact outcomes in Pinnacle Plan Measures 6.2a, b, c, and d. The initial PSC is completed for a child in out-of-home (OOH) care with a case plan goal of reunification 90-calendar days following removal. Subsequent PSCs are still held every 90 days thereafter for each child in OOH care until the child achieves permanency through reunification or the case plan goal changes from reunification. Specific target dates to complete a PSC ensure that cases have regular ongoing safety discussions throughout the critical first 12 months of removal and thereafter to expedite safe, timely permanency.

The PSC Coordinator focused site visits on Region 3 for the months of April, May, and June since Region 3 was the second region to receive the Supervisory Framework Trainings as part of Oklahoma's Program Improvement Plan (PIP). The site visits' primary focus remained the same, which was to help guide group conversation, as needed, when discussing current safety threats, barriers to permanency, and exploring and identifying action steps for the specialist to complete in working toward a child's permanency. Following the PSCs, team debriefings continued to be conducted, which included the PSC Coordinator providing feedback to the group on observable practice strengths, as well as practice areas needing improvement. For Region 3, two Quality Assurance (QA) staff members also participated in PSCs regularly and provided feedback as well during team debriefings. The Supervisory Framework was addressed during the debriefings with Region 3. Supervisors and district directors were asked to provide feedback on how implementation was progressing. The group processed any feedback that was provided by the district leadership team while the PSC Coordinator and QA staff assisted in talking through any identified barriers to implementation in an effort to ensure each region's fidelity to Supervisory Framework. Information or feedback gathered from the group discussions surrounding the Supervisory Framework are still given to the PIP Coordinator. The PIP Coordinator utilizes that information to address any issues or questions raised in leadership settings brought forward in the debriefings, which in turn continues to further support PIP implementation. The Supervisory Framework feedback gathered from staff also assists the PIP Coordinator in determining which discussion topics to address with the supervisory teams regional transfer of learning (TOL). Feedback gathered from the PSC group debriefings, as well as TOLs has positively impacted changes within the Supervisory Framework.

The PSC Fidelity Review tool remains a critical piece in the debriefings that follow the PSCs. The tool assists the reviewer in ensuring the group is accurately and consistently following the PSC process in every district for optimum effectiveness. The Review tool is also used to guide the conversation when debriefing the supervisory team and district director to highlight practice areas that are strengths, as well as improvement practices to continue to assess and develop. The PSC coordinator has observed that districts which follow the outlined PSC process and discussion guidance, have more in-depth conversations surrounding safety that positively impact case planning for permanency. To sustain a feedback loop for providing fidelity review outcomes to regional directors, the reviews are now logged in the online survey system Qualtrics. The PSC survey was completed in May 2019. After testing by the PSC Coordinator and other PSC reviewers, edits were made and the system re-launched in August 2019. The re-launch's purpose was to add a feedback loop section where the reviewer could add debriefing notes that included practice observations. This feedback is now readily available to CWS leadership. Additionally, Qualtrics has the capability to allow the user to filter down to districts to see the overall percentage of "yes" versus "no" for Fidelity Review questions. CWS leadership can also review the summaries of debriefing conversations that appear in paragraph form. This feedback loop, which is an online link, will be sent to leadership monthly by the Permanency Planning program supervisor/PSC coordinator or assigned QA staff for review. QA staff continues assisting with fidelity reviews each month as they complete site visits for PSCs. Ongoing discussions occur between the PSC coordinator and QA staff about the practices observed during PSCs, feedback given, and any quality improvements that need to be made or addressed regarding Qualtrics, the Review tool, or the overall PSC process to ensure sustainability.

The PSC online training was officially launched and opened for staff for completion on 6/1/2019. Permanency Planning (PP) staff had 90-calendar days to complete the online training. At the end of the 90 days, roughly 75 percent of staff completed it timely. Some of those on the list who did not complete the training provided to PP programs included staff no longer employed by the agency, on extended medical leave, or no longer in PP. The PSC online training remains in the Learning Management System (LMS) for staff to access should they want to use it as a resource. The PSC online training was also compiled into a Word document and can be used as an additional resource for staff. The online training closely follows the materials outlined in the PSC Guidebook, which is still disseminated to staff in child welfare (CW) trainings and upon request. New specialists will also be required to complete the PSC online training as part of their Level 1 trainings. The PSCs continue to be included in the PP Level 1 training for new CW specialists and the PSC Guidebook is now disseminated to those who attend this introductory level training.

Additional support is still given to district directors through PSC reports. The PSC Coordinator pulls and filters this monthly report to identify which children are due for a PSC for the upcoming month, as well as which children are overdue for a PSC. This report received positive feedback from districts and assists the districts in keeping current on their required PSCs. The report also identifies children found "safe" at their most recent PSC 90+ days ago and still not in trial reunification. QA staff now helps filter the report to their specific region and send to their regional leadership teams. A heightened awareness exists for the children who had a safe recommendation 90+ calendar days ago and are still not in trial reunification. District directors are asked to review these children to identify what barriers to permanency exist and what can be done to move forward. A high correlation exists between the children found safe 90+ days ago and the overdue cases.

Most of the children recommended as safe at 90+ days are also due for a PSC. Guidance was given to district directors through the monthly emailed reports that these children need another PSC to determine if they are still recommended as safe. The PSC Coordinator also filters the report to identify children who were removed and do not have an identified case plan goal yet due to the recent removal. By doing so, districts are aware of children who might have an upcoming initial 90-calendar day PSC, but would otherwise be missed because a case plan goal is not entered. This additional filtered report reduces the number of overdue PSCs. The PSC Coordinator, Permanency for Teens Coordinator, and regional permanency leads continue monthly phone calls and quarterly face-to-face meetings to support each other, staff, and the work towards best permanency practices. The Permanency leads met with the Executive Team at the end of September 2019 and are scheduled to meet again in January 2020. QA staff continues to participate in the monthly calls and attend the quarterly meetings to further support their involvement with all permanency efforts.

Targeted Permanency Efforts

Ongoing work continues in the following targeted districts to increase reunification within 12 months:

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

The targeted districts remain focused on increasing permanency for children through quality contact with parents, as well as quality visitation between the child and parent. Each district continues to follow the plans that were created in October 2018 when targeted efforts first began. Assigned QA staff are instrumental in supporting the districts in monitoring district plan implementations. Data pulled in September 2019 was analyzed to determine if the targeted permanency plans have been successful so far. Preliminary analysis indicates that most districts saw an increase in reunification within 12 months; however, some variances need to be taken into consideration. The baseline data utilized to select the targeted districts was from State Fiscal Year (SFY) 18. While the district plans were created in October 2018, staff training was completed before implementation; therefore, all efforts began in December 2018. Due to staff resources, some districts had more support offered by program staff than other districts, which should also be taken into account when reviewing the December cohort of children who entered into trial reunification within 12

months. Region 5 also had a structure shift and supervisory units that moved locations which made it difficult to track their outcomes compared to the office/location they started at for the SFY 18 baseline data. Canadian County in Region 1, while not showing an improvement in reunification within 12 months for the December cohort of children in the September 2019 data analysis, increased by 17.4 percent in the Court Improvement Project (CIP) cohort from October 2017 – March 2018. When debriefing with the district directors regarding the CIP outcomes, Canadian County attributed their success to being a targeted district in addition to their court improvement efforts. This strong correlation between targeted permanency efforts and court improvement efforts prompted leadership to begin discussions related to a heightened focus on parent engagement in conjunction with strengthening court partnerships.

The CWS leadership team was present at the September 2019 Permanency leads quarterly meeting. The targeted permanency district preliminary data analysis was presented to the team to determine if the identified districts remain the most appropriate based on performance outcomes thus far. During the meeting, the team decided that to impact timely permanency for all children, enhanced efforts focused on contact with parents and parent/child visitation should not be limited to certain districts, but rather a statewide effort. Timely permanency directly affects the reduction of time in custody thus impacting the child's potential exposure to maltreatment in care, placement stability, performance in school and overall well-being. CWS is committed to continued progress and ensuring concerted efforts are implemented to increase parent engagement, as that alone can impact the success for other strategies. Through follow-up discussions with the permanency leads and CWS leadership, the following components and strategies were identified as key efforts that will enhance parent engagement and increase safe and timely permanency for Oklahoma children: parent/worker contacts, parent advocacy support, guardianship expansion, and court relationship improvement efforts. In October 2019 at the Quarterly Leadership meeting, these four strategies were outlined and presented to regional directors, district directors, and program staff. An emphasis on shifting agency culture to be more parent-focused was also discussed. The four strategies were compiled into a document, *Parent Engagement Continuum*, and will be discussed further at the Permanency leads meeting in January 2020. The strategies include measurable activities that have target dates for implementation. While target dates were listed, some activities may take more time due to available resources but will remain a priority and agency focus.

Parent Engagement

In October 2019, four areas were identified by CWS leadership to enhance parent engagement and therefore increase timely permanency. The focus areas include:

- Worker/Parent Contacts;
- Parent Advocacy Support;
- Guardianship Expansion; and
- Court Relationships.

Each area is expected to outline specific activities to be completed by a target implementation date. Efforts made in the areas of Worker/Parent Contacts and Guardianships are described in this section. Specific activities and target dates for the focus areas of Parent Advocacy Support and Court Relationships are under development at this time.

Worker/Parent Contacts

The Worker/Parent contact report is pulled twice a month and sent to staff. The first report was sent out in October 2019 detailing the number of completed worker/parent contacts documented to date for the month of October. Another report was pulled and sent out after the final run date showing a total of completed worker/parent contacts for October. The report tracks two different percentages, percent of parents visited and percent of cases with all parents listed in the case receiving a worker visit that month. Awareness surrounding the importance of parent engagement, as well as the functions of the worker/parent contact report began in September 2019 at the Region 3 Supervisor Quarterly meeting. Regions 1 and 5 also had information presented in November and December at their Supervisor Quarterly meetings. From September to December, the percentages for both parents visited and cases with all parents visited increased 4 to 5 percent. Positive recognition of regions or districts with higher worker/parent monthly contact percentages will also be included in the staff communication emails. Analysis to identify any correlations between

timely permanency and worker/parent monthly contacts by region will also be conducted. The contact report was recently updated in December to capture attempted worker/parent visits to capture efforts to visit the parent assigned to a caseload that either cannot be located or the parent refuses to meet with the specialist. Parents who are incarcerated or live out-of-state are also captured in the report as a completed worker visit even if only able to speak on the telephone with their assigned specialist.

In addition to the enhanced focus on completion of worker/parents visits, the overall quality of the visit or conversation with the parent is evaluated through other efforts such as the Supervisory Framework. The monthly case staffing guide is one of three tools provided to supervisors to better support their specialists through intentional supervision. Contact with the parent can be captured and explored during the case staffing with a specialist to ensure thorough conversations are occurring to continuously engage the parent and assess safety for the child returning home. The quality of worker/parent contacts can also be explored during PSCs as one of the discussion sections outlined on the form is person responsible for the child (PRFC) progress. The section's guidance includes engagement with the parents to assess if behavioral changes occurred through monthly contact. Parent engagement through frequent and intentional parent/child visitation was also identified as an area of focus. The current form for standard visitation plans, which staff uses when setting visits for families, is being updated to be more intentional and user-friendly with the hope of engaging parents and families in the visitation process. Additionally, PP programs presented at the New Judges Orientation in July 2019 and the Judicial Conference in October 2019. The presentations focused on best practices in PP such as the importance of parent/child visitation, which further supports parent engagement for timely permanency. PP program staff met with Design Services in November 2019 to draft a marketing tool with an emphasis on parent engagement. The tool will be provided to county offices across the state to display for staff visual awareness.

PP programs also began collaboration with the OK Messages project in November 2019. OK Messages mission is to improve a child's life through shared reading with an incarcerated parents. The project records the incarcerated parent reading a storybook of his/her choosing to the child. The video is then mailed to the child along with the book so the child can watch the video and read along with the parent. The University of Oklahoma completed a study on OK Messages and the effects on children who received books through the project. The study found that after receiving the videos from parents, children had higher percentages of reducing anxiety, boosting self-esteem, and improving reading skills and overall school performance. While the population of children in OKDHS custody with an incarcerated parent is relatively low, this intentional effort to increase engagement with incarcerated parents and promote the bond between a child and parent is an additional step in becoming a more parent-focused agency. A meeting between OK Messages and PP programs is to be scheduled in January 2020 to create a referral process to OK Messages for incarcerated parents with a child in OKDHS custody. Finally, the PP Programs Team will send a monthly email to all staff to positively recognize them for their diligent efforts to achieve timely permanency for children. The email will include details outlining how the assigned district staff engaged the parent(s) in order to reunify the child(ren) within 12 months.

Beginning on 1/27/2020, the Region 3 judicial system will implement a Parent Orientation Program. This Program will be voluntary for parents who had their children recently removed and are in the beginning stages of the court hearing process. The orientation will be conducted by designated case managers for Region 3 judges and the purpose is to demystify the court process for parents. Parent Partners will be present, as well as a Family Treatment Court coordinator, to talk about services that can be provided to the parents. The case managers are to lead the conversation to include the court process, who the main court participants are, timelines for court hearings, and any other pertinent information that would be beneficial for a parent to know. The case managers are also available to assist parents in completing their pauper's affidavit for the upcoming court hearing, as well as a kinship form when needed. An invitation is given to the parents at the initial Show Cause hearing. When the parent fails to appear at that hearing, CW staff assists in giving the invitation to the parents, as soon as possible. Parents who attend the orientation also receive a binder that includes detailed information and is also a tool to assist them in keeping all court documents, phone numbers, and service provider information easily accessible and organized.

Guardianship Expansion

Following recent discussions with leadership regarding heightened efforts to increase permanency exits, the use of guardianships will become a larger focus. Similar to the process of pulling future cohorts of children in Pinnacle Plan Measure 6.4, Core Strategy Permanency for Older Legally-Free Youth, data is now supplied for the 6.2 strategy that includes a six-month list of children who could impact each of the four 6.2 measures - a, b, c, and d for the next reporting period. This will allow strategy leads to gain a better understanding of how to impact the measures by strategic efforts and cross collaboration. A conference call was held in September 2019 with the Adoption Timeliness Accountability Team (ATAT) leads and the Adoption Transition Unit (ATU) to further explore the list of children included in the upcoming list of children who needed to achieve permanency by September 2019 for inclusion in the reporting period. One noticeable trend was the number of children with a case plan goal of adoption, the majority of whom were identified as Quad 3, and as such are not legally-free, but in an identified adoptive home. The children with a case plan goal of adoption are not eligible for a PSC or backlog call nor are these children included in ATAT or ATU efforts. Communication with Adoptions field managers is exploring what type of staffing is currently conducted for Quad 3 children to help expedite them to permanency. The guardianship leads were also provided the same list of Quad 3 children to facilitate guardianship conversations with district leadership within their regions. Guardianships are also discussed during routine PSCs as well as monthly Permanency backlog calls that staff children in care for 24+ months with a case plan goal of return to own home who are not currently in trial reunification.

Within the back-to-basics training of the Supervisory Framework, staff continues training on efforts to increase the use of guardianship to achieve timely permanency. Training on key principles related to achieving timely permanency and on expanding the use of guardianships as an exit type was conducted at the New Judges Orientation in June 2019, as well as the annual Judicial Conference in October 2019. The training detailed guardianship as a viable option for increasing timely permanency when a child is placed in a relative kinship home or a non-relative placement if it is in the child's best interest and funding is available. Training was conducted with the tribal partners in March 2019 to help tribal specialists utilize IV-E funded guardianships for tribal children in both OKDHS custody and/or tribal custody to increase timely permanency. The Guardianship Liaison also attends Family Meetings as requested by telephone or in-person to assist CW staff identify when a guardianship could be a permanency option for the child in question. Calls with the guardianship leads were held in April, June, September, and December 2019 to discuss changes and any updates to the current guardianship process and protocols. The calls, facilitated by the Guardianship Liaison, also focused on how effective guardianships can impact timely permanency and gathered feedback as to what trends were identified for utilizing guardianships as an exit to permanency. The Guardianship Liaison responsible for approvals continues to pull reports to identify a specific set of children that might be appropriate for consideration by staff for guardianship as a permanency option, based on their age, length of time in OOH care, and placement type, such as kinship, and shares these reports with the guardianship leads. Additionally, the guardianship log, which tracks all submitted guardianship requests was updated to better monitor targeted efforts for guardianship expansion. A meeting was held in December 2019 with both Temporary Assistance for Needy Families (TANF) and Title IV-E program staff to discuss funding for guardianships to ensure all guardianships meet federal and state requirements for each funding source. An email was sent to all CW staff in October 2019 that included specific criteria and highlighted benefits for the different types of funding sources for guardianships, as well as the process of requesting a funded guardianship. This effort was to encourage staff to consider a guardianship rather than termination of parental rights. The response from CW staff was positive as the number of guardianship requests increased dramatically since the informational email went out. In addition to ongoing communication with staff regarding the use of guardianships, an existing pamphlet will be updated to clearly outline the different funding amounts and benefits between guardianship and adoption. Staff will be able to readily access the pamphlet when discussing permanency options with families.

Permanency Support Calls

Support calls were implemented in January 2018 and are an ongoing effort to increase oversight of permanency cases for children in OOH care for 24+ months with a case plan goal of reunification, and not in trial reunification. QA staff primarily began facilitating the calls in the last reporting period, while one PP staff member helps facilitate calls for Region 2. Each call's primary goal remains identifying barriers that prevent the children in the case from returning home

and then creating action steps with the specialist and supervisor to complete prior to the next month's call. A summary of the call's conversation is still logged on a spreadsheet and sent to district and regional directors monthly for follow-up so permanency practices and outcomes continue to be shared and can be used as a learning tool for improvement. The spreadsheet also highlights the barriers in achieving permanency, as well as other information related to timely permanency, such as concurrent case plans and date of last PSC, including the last safety recommendation. The majority of the cases that continue to require a call based on the criteria are for children who are in higher levels of care, on a subsequent removal, or have parents who are close to reunification. Several cases are at a standstill due to external barriers and for these cases, the facilitator of the calls gets an update from the specialist by email. The most common identified barrier is the legal system, such as court partners not identifying safety in the same manner as CWS. This is another example of why enhancing court relationships will remain a primary focus for OKDHS. Additionally, feedback gathered from QA is that many specialists and supervisors who call in appreciate the additional support; however, they feel like the calls can be redundant due to ongoing PSCs. Both PSCs and backlog calls focus on reunification cases and explore action steps to complete to achieve permanency for the children. Enhancements to the backlog call process in the future will include more targeted time frames for calls to build upon or follow PSCs.

Supervisory Framework

The Safety through Supervision Framework continues to be implemented as part of the PIP transformation zones. Initially, transformation zones undergo 90-calendar days of training. Supervisors are then provided an additional 90 days of support through TOL. Below is an update to the statewide roll out of the Supervision Framework.

- Zone 1: Region 1 – Completed trainings November 2018. Completed TOL March 2019.
- Zone 2: Region 3 – Completed trainings April 2019. Completed TOL July 2019.
- Zone 3: Region 5 – Completed trainings July 2019. Completed TOL November 2019.
- Zone 4: Region 2 – Completed trainings November 2019. Began TOL January 2020, will complete in March 2020.
- Zone 5: Region 4 – Began trainings January 2020. TOL will be completed by May 2020.

TOL was developed as a key activity within the PIP to support supervisor consultation. The curriculum focuses on understanding Child and Family Services Reviews (CFSR) and how quality supervision and casework impact outcomes. The curriculum challenges supervisors to examine the "why" behind strategies or other daily work activities to better support specialists in assessing and meeting the needs of families navigating the CW system. The curriculum focuses on challenging compliance practice/thinking versus qualitative process/positive outcomes thinking. When supervisors understand why safety-related practices are required, then supervisors have a clearer understanding of responsibilities and desired outcomes to improve outcomes of children and families in Oklahoma. The curriculum outlines PIP strategies and supervisor responsibility to ensure quality implementation. Discussion surrounding application of the strategies and activities within daily supervision is completed through experiential learning activities. Also part of the training curriculum is evaluation of maltreatment in care, placement stability, and timely permanency strategies and how each CW program has responsibilities within each strategy. A detailed examination of regional plans is also reviewed for greater understanding of how practice, and internal/external barriers impact outcomes. Experiential activities include analyzing practice profiles to identify concerning practice and barriers to achieving positive outcomes. The practice profiles are de-identified completed CFSR case reviews. Supervisors utilize the measurement checklist to analyze practice that effected safety, permanency, and well-being outcomes. Thoughtful conversation occurs surrounding positive practice and practice identified for improvement. During the activity, supervisors are able to learn how to use measurement outcomes as the foundation of improving practice and outcomes. Coaching and mentoring is offered through one-on-one feedback with supervisors surrounding the Safety through Supervision Framework strategies. The PIP lead and QA staff review documentation and outcomes from completed supervision strategies and provide feedback and additional support as needed. The last experiential activity utilizes current data to impact supervision and outcomes. In small groups within each district, the group evaluates available data to help support supervision and outcomes.

In addition to the feedback received from supervisors during TOL, a survey was developed to evaluate staff perspective of the Safety through Supervision Framework. In February 2020, the survey will be distributed to all staff who have

received the training. This information will help Programs and CQI staff evaluate deficiencies and strengths in practice and provide support, when necessary.

Regions 1, 3, 5, and 4 have all developed a Regional PIP Charter to provide accountability to implementation and sustainability of PIP and Safety through Supervision Framework activities. Recently, the CFSR team provided regional practice profiles that identify specific practice in regions which resulted in poor outcomes during AFCARS period 18B. Regions are currently analyzing the quantitative and qualitative data to further develop regional charters to ensure that practice deficiencies are addressed through strategies outlined within the PIP, Core Strategies, and the Safety through Supervision Framework.

The PIP annual stakeholder meeting occurred in August with judges and attorneys who participated in the CIP; supervisors and specialists from all programs; PIP strategy leads; biological parents; resource parents, kinship and traditional; and youth. Supervisors and specialists from Regions 1, 3, and 5 were invited and reported that when engaged in the supervision strategies, supervisors have more confidence in their workers' decision-making and specialists feel more supported by their supervisors.

Court Improvement Project (CIP)

Final analysis from the CIP joint project was completed in September. The three jurisdictions that participated in the project were Adair, Pottawatomie, and Canadian Counties. All three jurisdictions improved targeted permanency outcomes of reunification within 12 months. The three counties also showed higher rates of permanency within 12 months compared to the statewide data. In-depth analysis concerning determining the impact of subgroups, such as sibling groups, children placed in kinship, children who were stable in placement, or age demographics, etc. was completed and a report developed with plans to utilize the report for enhanced permanency strategy work. The lessons learned through the joint project were shared with leadership and CIP with the hope of replicating the project within targeted permanency sites to enhance relationships with the deprived court system. The project's outcomes were presented at the CIP Statewide Judicial Conference in October 2019.

The Judicial Dashboards, an internal and external WebFOCUS data report, were created and provided to the districts that participated in the joint project. The judicial dashboards provide data on time to adjudication, first placement hearing, time to permanency exit, and termination of parental rights. Judicial Dashboards can provide performance data for each jurisdiction. OKDHS worked with an external consultant, who was previously a deprived judge in Oklahoma, to modify and adjust the dashboards to be user-friendly to court officials. The Judicial Dashboards also presented during the CIP Statewide Judicial Conference go live in January 2020.

The court expectation training will be provided to supervisors, district directors, and field managers from March – May 2020. Key training components include relationship building with courts by utilizing data within the Judicial Dashboard and leadership's roles and responsibilities when adverse rulings are made. The training will include specific information as to court performance, court report language, and court engagement. The state permanency and CIP leads continue to meet quarterly with the CIP multi-disciplinary team to build relationships, team with external partners on ways to improve systemic barriers to permanency, and obtain feedback on the Judicial Dashboards.

Family Meetings (FMs)

FMs continue to be required for each family a minimum of once every six months. Additional meeting triggers include changes in family composition, changes in case plan goals, and reunification planning. During the current reporting period, 6,097 FMs that included 7,073 children were conducted. Data was requested to determine if any correlation between frequency of FMs and timely permanency exists. Region 4 developed and implemented a FM Continuum protocol in September 2019 which is being piloted in two districts. The enhanced protocol's goal is to improve outcomes for children and families, such as placement stability, reunification rates, and timely permanency through the valuable opportunity of family engagement that a FM provides. The piloted FMs are strength-based and safety-focused and the protocol includes additional meetings to be completed in addition to the required six-month intervals. For this

pilot, FMs also include, Child Safety Meetings, Child Placement Meetings, Initial/Case Transfer, or any other FM as requested by staff or the family. The pilot also requires the same staff member facilitate each meeting to have conversations during the meeting that are more informational as the staff member is familiar with the case and family dynamics.

In addition to Core Strategies, CWS implemented other efforts that also support timely permanency, such as Actively Seeking Kinnections (ASK) through Oklahoma's PIP. ASK is a diligent search effort that emphasizes the importance of seeking connections for children and families throughout the case's entirety. A stronger support system for the family means increased chances of kinship placements; thus, impacting placement stability and increasing parent engagement, both of which can impact timely permanency. The ASK lead, who is part of the Permanency team, sends regular communication emails to all staff outlining the importance of continuously seeking family and connections. Data is also shared highlighting the number of kinship placements by region as well as the number of siblings placed together.

The Child Protective Services (CPS) Safety Guidebook is also being updated to include safety guidance for all programs, such as PP, Foster Care and Adoptions, and Family-Centered Services. The document will serve as a resource all staff may access for assistance in assessing safety from beginning to end of CWS' involvement with the child and family for all program areas. The updated guidebook will also emphasize to staff that safety is assessed in the same way for each program.

In November 2019, changes were made to contacts screens in KIDS. The specialist can now document a parent or child contact under key questions to mimic the Assessment of Child Safety (AOCS). The four key questions include child functioning, discipline, parenting, and adult functioning. A permanency tab was also added to both the parent and child contacts which specifically focus on case progress and parent/child visitation. A safety tab is still included for a child documented contact. The ongoing AOCS is scheduled to be released in KIDS in February 2020. Once an AOCS is created by a PP specialist in KIDS, the specialist will be allowed to build upon any existing AOCS to continuously assess safety at specific intervals during the permanency case, such as changes in visitation, reunification, or case closure.

Collaboration between the Post Adjudication Review Board (PARB) through the Oklahoma Commission on Children and Youth (OCCY) and OKDHS recently began. Data including timely permanency was provided to the PARB program manager in an effort to bring awareness to district courts regarding permanency rates. The PARB program manager also attended the Level 1 introductory training for CW 1006 in December. If possible, other PARB/OCCY staff or PARB volunteers could attend the future training to be well-informed of CW best practices that can be used when making recommendations to Judges for selected PARB cases.

Since reform began, each measure within 6.2 has had more positive trending reporting periods than negative and all are above the September 2012 baseline data. Permanency within four years of removal, 6.2d, remained above the target percentage for the last four reporting periods. Permanency within 12, 24, and 36 months of removal have all ebbed and flowed over the reporting periods from 2013 – 2019, but with more positive trending occurring within the last couple of years. Sustainable permanency efforts were implemented in each region and continue to be evaluated to ensure CWS remains a self-correcting system and that the strategies meet the needs of children and families.

6.3: Re-entry Within 12 Months of Exit

Operational Question

Of all children discharged from foster care in the 12-month period prior to the reporting period, what percentage re-entered care within 12 months of discharge?

Data Source and Definitions

Re-entry within 12 months measures all children discharged to permanency, not including adoption, from foster care in the 12-month period prior to the reporting period and the percentage of children who re-enter foster care during the 12

months following discharge. This is the same as the Federal Metric and this data is pulled from Adoption and Foster Care Analysis Reporting System (AFCARS) data.

Description of Denominator and Numerator for this reporting period

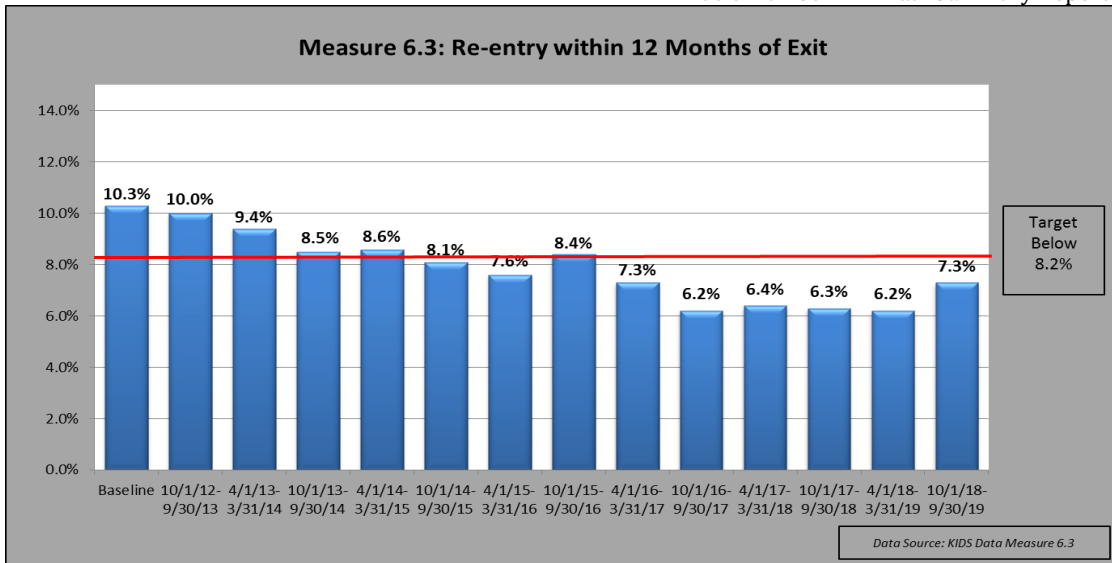
Denominator: All children who exited foster care from 10/1/2017 through 9/30/2018.

Numerator: All children who exited foster care from 10/1/2017 through 9/30/2018 and re-entered care within one year of exit.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All exits from 10/1/2010 - 9/30/2011			10.3%
10/1/2012 – 9/30/2013	All exits from 10/1/2011 - 9/30/2012	234	2,334	10.0%
4/1/2013 – 3/31/2014	All exits from 4/1/2012 - 3/31/2013	223	2,375	9.4%
10/1/2013 – 9/30/2014	All exits from 10/1/2012 - 9/30/2013	225	2,638	8.5%
4/1/2014 – 3/31/2015	All exits from 4/1/2013 - 3/31/2014	230	2,682	8.6%
10/1/2014 – 9/30/2015	All exits from 10/1/2013 - 9/30/2014	223	2,756	8.1%
4/1/2015 – 3/31/2016	All exits from 4/1/2014 - 3/31/2015	218	2,869	7.6%
10/1/2015 – 9/30/2016	All exits from 10/1/2014 - 9/30/2015	238	2,822	8.4%
4/1/2016 – 3/31/2017	All exits from 4/1/2015 - 3/31/2016	207	2,828	7.3%
10/1/2016 – 9/30/2017	All exits from 10/1/2015 - 9/30/2016	187	3,004	6.2%
4/1/2017 – 3/31/2018	All exits from 4/1/2016 - 3/31/2017	185	2,879	6.4%
10/1/2017 – 9/30/2018	All exits from 10/1/2016 - 9/30/2017	165	2,622	6.3%
4/1/2018 – 3/31/2019	All exits from 4/1/2017 - 3/31/2018	155	2,482	6.2%
10/1/2018 – 9/30/2019	All exits from 10/1/2017 - 9/30/2018	181	2,486	7.3%
Target				8.2%

Section 2, Table 6.3-1



Section 2, Graph 6.3-1

Commentary

The number of children re-entering out-of-home care within a 12-month period is now at 7.3 percent, which remains below the set target of 8.2 percent. The measure remains 3.0 percent lower than the original baseline and exceeds the target by 0.9 percent.

Permanency Safety Consultations (PSCs) continue to be the primary strategy implemented to maintain reduced re-entry rates. PSCs with a safe recommendation still include the completion and documentation of an assessment of child safety prior to reunification as an action step. Additional follow-up activities are developed and identified with the district director and PSC team to support safe family reunification, as needed. Services such as Comprehensive Home-Based Services, Intercept, and Systems of Care continue to be utilized to support families during trial reunification.

Permanency Backlog Calls also continue as an effort to ensure appropriate services are referred to meet the family's needs prior to reunification occurring. This is an additional coaching strategy that instills the importance of making sure child welfare staff appropriately and accurately assessed the family and are aware of what services need to be put in place for successful reunification and thereafter following case closure. The backlog calls can expand upon action steps identified in PSCs prior to the call. With the Program Improvement Plan implementation, the Safety through Supervision Framework is another supportive strategy identifying appropriate needs and services for families through intentional case staffings between the supervisor and specialist. Additionally, the enhanced parent engagement efforts will encourage staff to be more intentional and frequent in contacts with parents, thus allowing the specialist more opportunities to ensure the parents have the appropriate services their family needs to prevent re-entry. Child Welfare Services will continue to monitor this measure and engage in ongoing activities to ensure children remain safely in their homes post-reunification.

The baseline data ending September 2012 showed 10.3 percent of exits re-entered care within 12 months of exiting for the population of children from 10/1/2010 – 9/30/2011. Due to the ongoing efforts to improve outcomes in multiple strategies, including safety decision-making and best practices, the most recent reporting period ending in September 2019 shows that 7.3 percent of exits re-entered care within 12 months. Measure 6.3 has remained below the target for the last six reporting periods.

6.4: Permanency for Legally-Free Teens

Operational Question

Of all legally-free foster youth who turned age 16 in the period 24 to 36 months prior to the report date, what percent exited to permanency by age 18?

Data Source and Definitions

Among legally-free foster youth who turned 16 in the period 24 to 36 months prior to the report date, Measure 6.4 reports the percent that exited to permanency by age 18. An "Exit to Permanency" includes all youth with an exit reason of adoption, guardianship, custody to relative, or reunification. "Legally free" means a parental rights termination date is reported to Adoption and Foster Care Analysis Reporting System (AFCARS) for both mother and father.

Description of Denominator and Numerator for this reporting period

Denominator: All children in care who turned 16 from 10/1/2016 through 9/30/2017 and were legally free at the time they turned 16.

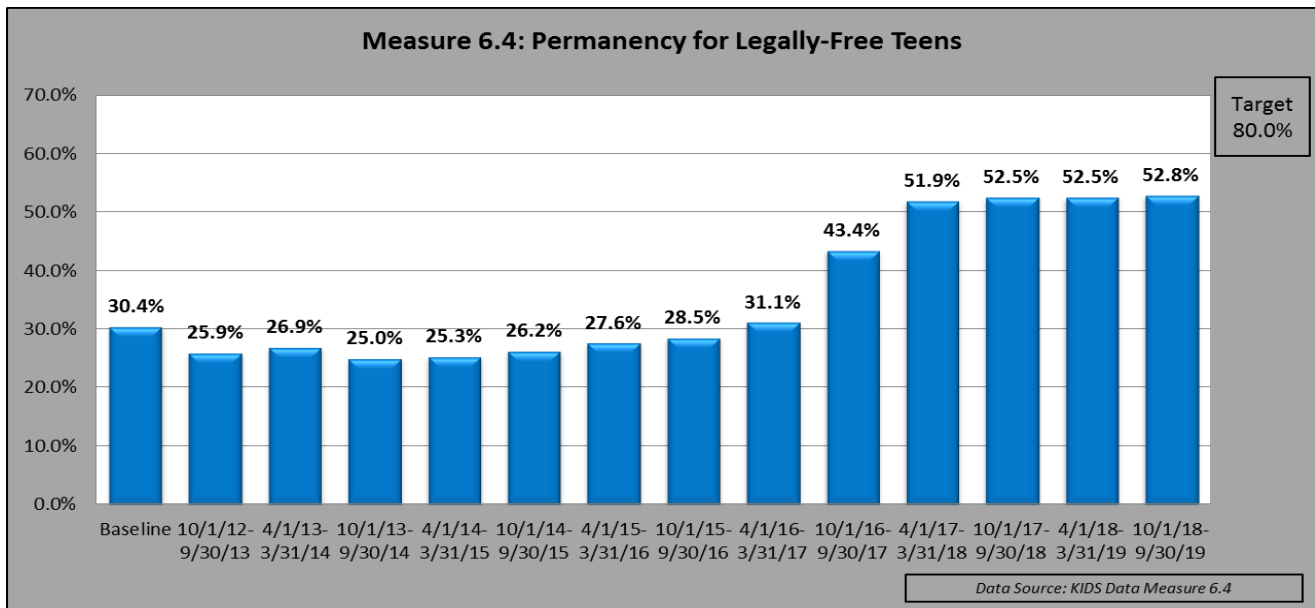
Numerator: The number of children, who turned 16 from 10/1/2016 through 9/30/2017, were legally free at the time they turned 16, and reached permanency prior to their 18th birthday.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children in care who turned 16 from 10/1/2009 - 9/30/2010 and were legally free at the time they turned 16.			30.4%
10/1/2012 – 9/30/2013	All children in care who turned 16 from 10/1/2010 - 9/30/2011 and were legally free at the time they turned 16.	44	170	25.9%
4/1/2013 – 3/31/2014	All children in care who turned 16 from 4/1/2011 - 3/31/2012 and were legally free at the time they turned 16.	36	134	26.9%
10/1/2013 – 9/30/2014	All children in care who turned 16 from 10/1/2011 - 9/30/2012 and were legally free at the time they turned 16.	37	148	25.0%
4/1/2014 – 3/31/2015	All children in care who turned 16 from 4/1/2012 - 3/31/2013 and were legally free at the time they turned 16.	37	146	25.3%
10/1/2014 – 9/30/2015	All children in care who turned 16 from 10/1/2012 - 9/30/2013 and were legally free at the time they turned 16.	33	126	26.2%
4/1/2015 – 3/31/2016	All children in care who turned 16 from 4/1/2013 - 3/31/2014 and were legally free at the time they turned 16.	29	105	27.6%
10/1/2015 – 9/30/2016	All children in care who turned 16 from 10/1/2013 - 9/30/2014 and were legally free at the time they turned 16.	35	123	28.5%
4/1/2016 – 3/31/2017	All children in care who turned 16 from 4/1/2014 - 3/31/2015 and were legally free at the time they turned 16.	41	132	31.1%
10/1/2016 – 9/30/2017	All children in care who turned 16 from 10/1/2014 - 9/30/2015 and were legally free at the time they turned 16.	59	136	43.4%

4/1/2017 – 3/31/2018	All children in care who turned 16 from 4/1/2015 - 3/31/2016 and were legally free at the time they turned 16.	84	162	51.9%
10/1/2017 – 9/30/2018	All children in care who turned 16 from 10/1/2015 - 9/30/2016 and were legally free at the time they turned 16.	73	139	52.5%
4/1/2018 – 3/31/2019	All children in care who turned 16 from 4/1/2016 - 3/31/2017 and were legally free at the time they turned 16.	64	122	52.5%
10/1/2018 – 9/30/2019	All children in care who turned 16 from 10/1/2016 - 9/30/2017 and were legally free at the time they turned 16.	66	125	52.8%
Target				80.0%

Section 2, Table 6.4-1



Section 2, Graph 6.4-1

Pinnacle Plan Measure 6.4 - Number and Percent of Children who Turned 16 while in Foster Care and Legally-Free											
Exit Reason	REGION 1		REGION 2		REGION 3		REGION 4		REGION 5		TOTAL
ADOPTION	15		32		22		18		25		112
REUNIFICATION	0	34.5%	1	48.1%	0	33.8%	1	50.0%	1	32.6%	3
GUARDIANSHIP	5		4		4		6		3		22
CHILD AGED OUT / OTHER	7		8		16		4		22		57
OTHER EXITS	1	13.8%	2	13.0%	0	20.8%	0	8.0%	0	24.7%	3
Still in Care	30	51.7%	30	39.0%	35	45.5%	21	42.0%	38	42.7%	154
TOTAL	58		77		77		50		89		351

Data Source: Totals include Measure 6.4 for reporting periods ending 9/30/19, 3/31/20, 9/30/20, 3/21/21 and 9/30/21. Run Date: 10/5/19

Section 2, Table 6.4-2

Commentary

From 10/1/2016 through 9/30/2017, a total of 125 legally-free youth turned 16 years of age. Of these youth, 66 or 52.8 percent achieved permanency and 59 or 47.2 percent exited care prior to reaching permanency.

Achieved Permanency:

- 50 youth were adopted (40.0%);
- 13 youth were placed in guardianship or custody to relative (10.4%); and

- 3 youth exited to reunification (2.4%).

Exited Care Prior to Reaching Permanency:

- 56 youth exited care through emancipation/aging out (44.8%); and
- 3 youth exited for other reasons (2.4%).

During this review period, Child Welfare Services (CWS) showed an improvement by 0.3 percent for an overall performance of 52.8 percent. This is an increase since the baseline period of 22.4 percent. The performance is the highest of all reporting periods. Statewide efforts continue in regards to Core Strategy 6.4 and increasing the number of legally-free youth 16 through 17 years of age exiting care to permanency before their 18th birthday. The statewide efforts continue to include mandatory staffing of each youth over the age of 13 by the district director before the young person officially comes into custody. Additionally, multi-level staffing's continue to include the district director's presence for legally-free teens starting at ages 15 and to continue on at 15.5, 16, 16.5, 17, 17.3, 17.6, and 17.9 to ensure continued efforts and progress are made with an eye towards legal permanency. The Permanency for Teens Coordinator (PTC) now provides the district directors with the names of youth that are required to have a multi-level staffing each month. This practice began in June 2019 and will be submitted to the district director by the first of each month going forward. All tracking tools for this strategy remain the same.

Permanency Expeditors (PEs) continue to be assigned as secondary child welfare (CW) specialists to all youth ages 16-17, with the case plan goal of planned alternative permanent placement (PAPP) and occasionally guardianship, located in Regions 1, 3, and 5. The PE position in Region 2 was vacant and a decision was made not to fill it due to: the small number of youth in that region assigned PAPP as a goal; the upcoming collaboration with the Dave Thomas Foundation for Adoption; and implementation of the organization's evidence-based adoption model known as Wendy's Wonderful Kids (WWK) within the Adoption Transition Unit (ATU). The WWK model includes working with youth with PAPP as the goal, in addition to addressing the young people with adoption as the goal. The PE's duties remain the same and continues to: facilitate monthly conference calls to assign action steps and facilitate progress towards a youth's permanency plan; visit their assigned youth bi-monthly; and attend family meetings before the case plan goal of PAPP can be assigned to a youth. The PE also continues to participate in case transfer calls with the CW specialist from the ATU when an ATU specialist was previously assigned to youth whose case plan goal was changed from adoption to PAPP. These instances occur infrequently, as policy is in place to reduce the use of the case plan goal of PAPP. The PTC is presently assisting Region 2 with the mandatory family meeting required when staff want to change the case plan goal to PAPP. The PE also assists with documentation of 6.4 efforts and works with identified youth with a case plan goal of guardianship, as deemed appropriate, and when workload permits. Eventually the youth with the case plan goal of PAPP will shift in assignment from PE to ATU staff; however, CWS recognizes the value of the contribution that the PEs have made in reducing the use of PAPP, as well as the importance of legal permanency messaging within CWS.

PEs continue to track and report their efforts with the Monthly Permanency Expediter Report and Master PE Tracking Tool. The supervision and training of the PEs remains unchanged. They are supervised by the Permanency lead in each region, but receive training and support from the PTC. Additionally, PEs are up-to-date on all Oklahoma Successful Adulthood (OKSA) programming to ensure they are knowledgeable about all transitioning supports and services for young people that do not achieve legal permanency and subsequently transition out of custody at age 18. Two of the PEs participated in a three-day Youth Thrive Training of the Trainer to prepare to lead future Permanency for Teens trainings around the state. During this period, the Permanency for Teens Professional Development Trainings (PDT) occurred on:

- Region 1 – 7/30/2019 and 7/31/2019;
- Region 2 – 7/16/2019, 7/17/2019, and 8/13/2019;
- Region 3 – 7/8/2019 and 7/10/2019;
- Region 4 – 5/30/2019 and 8/14/2019; and
- Region 5 – 5/30/2019 and 5/31/2019.

The trainings were well attended and included resources to assist attendees in: engagement skills; how to move a case with an eye toward permanency tailored to teens; and tools that can be utilized when having permanency conversations with prospective adoptive individuals and families or those interested in guardianship. Additionally, the OKSA program revised the two-day OKSA level training to include modules based on Permanency for Teens PDT and is currently evaluating the frequency in which this training will be offered throughout the year. The work by the PEs continues to be monitored through the Program Improvement Plan (PIP). A feedback loop is in place to obtain feedback from youth in and out-of-care to guide the work done by the PEs.

The Oklahoma Department of Human Services (OKDHS) is focused on legally-free teens as one of the three True North goals for CWS. The goal is to: Aggressively pursue the belief that every child and youth deserves a family and the supports they need to grow and develop into healthy adults. Furthermore, OKDHS is including this population on the new Innovation platform that seeks to provide opportunities for the public to assist with barriers in government, such as the ability to open a bank account, purchasing affordable car insurance, housing and rental opportunities, and mentorship and apprenticeships. This platform provides opportunities to fill in the gaps for those young people that do not achieve legal permanency.

Moving forward, the finalized Child and Family Services Plan (CFSP) for 2020 through 2024 outlines the OKSA program's future efforts to include providing more opportunities for teens in care to develop permanent connections and increasing the percentage of teens achieving legal and relational permanency. Initial input in November 2018 from community stakeholders led to development of the goals and strategies. Input was also gathered at the OKSA County Coordinators annual conference in October 2019. A follow-up stakeholder meeting will be held on 1/23/2020.

Goal: A significant number of young people will leave care with supportive, healthy, permanent connections.

- Objective 1.1: Increase the percentage of youth who achieve legal permanency.
 - Strategy 1.1.a: Increase accessibility to pre- and post-adoption resources.
 - Strategy 1.1.b: Explore changes to state legislation to include Chafee services for youth who are reunified.
 - Strategy 1.1.c: Support recruitment and retention to increase placement options affirming of teens and their needs.
 - Strategy 1.1.d: Support child welfare field staff through educational resources and trainings surrounding the importance of legal permanency for teens.
- Objective 1.2: Increase the number of support and resource opportunities for youth who achieve relational permanency.
 - Strategy 1.2.a: Explore the potential creation of a resource guide to connect young people with community partners and organizations surrounding the interest and needs of the young person and create opportunities for community engagement.
 - Strategy 1.2.b: Increase opportunities for young people to support one another through peer-to-peer support groups and/or events.
 - Strategy 1.2.c: Support recruitment and retention of placement options for teens to increase placement options affirming of teens and their needs.

The inclusion of supports and messaging surrounding the importance of legal permanency for teens within the OKSA program will continue. In September 2019, OKSA contractor the National Resource Center for Youth Services (NRCYS) added additional in-service training opportunities through its collaborative training calendar by applying concepts and skills from all NRCYS programs, including training and support of resource parents, successful adulthood services, and trauma-focused interventions and environments. This additional avenue provides both live and webinar formatted training opportunities for resource parents and others serving children and families in the CW system. The trainings available will include, but are not limited to "The Adolescent Brain" and "How to Assist Young People in Finding Permanent Connections." OKSA staff and Oklahoma Foster Youth Alumni (OKFYA) members continue to participate in panels for recruitment and retention events, such as foster parent support groups, educational workshops, and recruitment events targeting foster and adoptive homes in hopes of securing more foster homes willing to accept teens

into their home. More accepting resource homes could secure relational permanency and improve the legal permanency rate for teens in care as a result.

Youth missing from care (AWOL), youth that have Office of Juvenile Affairs involvement, or need specialized placements continue to impact permanency rates for legally-free teens. A team approach with the assignment of PEs, as well as the collaboration of behavioral health specialists will work to support the continued efforts to increase the legal permanency rates of legally-free 16 and 17 year olds before they age out of care.

Conclusion

Since Pinnacle Plan implementation began, OKDHS has changed the agency's culture by using an integrated approach at all levels of CWS regarding permanency for legally-free teens. The baseline data ending September 2013 showed only 25.9 percent of legally-free teens exiting care by achieving legal permanency. This same population of youth reached 52.8 percent for the recent period ending December 2019. CWS achieved significant improvement in metrics and overall practice change by providing education and support to field, program, and leadership staff, as well as community partners and placement providers. Additionally, by integrating legal permanency into the OKSA program and implementing a feedback loop and accountability process, CWS made adjustments to the interventions, when needed, to make continued progress and ensure sustainability.

6.5: Rate of Adoption for Legally-Free Children

Operational Question

Of all children who became legally free for adoption in the 12-month period prior to the year of the reporting period, what percentage were discharged from foster care to a finalized adoption within 12 months of becoming legally free?

Data Source and Definitions

All children who became legally free for adoption in the 12-month period prior to the year of the reporting period with the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free are reported in Measure 6.5. "Legally Free" means there is a parental rights termination date reported to Adoption and Foster Care Analysis Reporting System (AFCARS) for both mother and father. This measure is federal metric C 2.5.

Description of Denominator and Numerator for this reporting period

Denominator: All children who became legally free for adoption from 10/1/2017 through 9/30/2018.

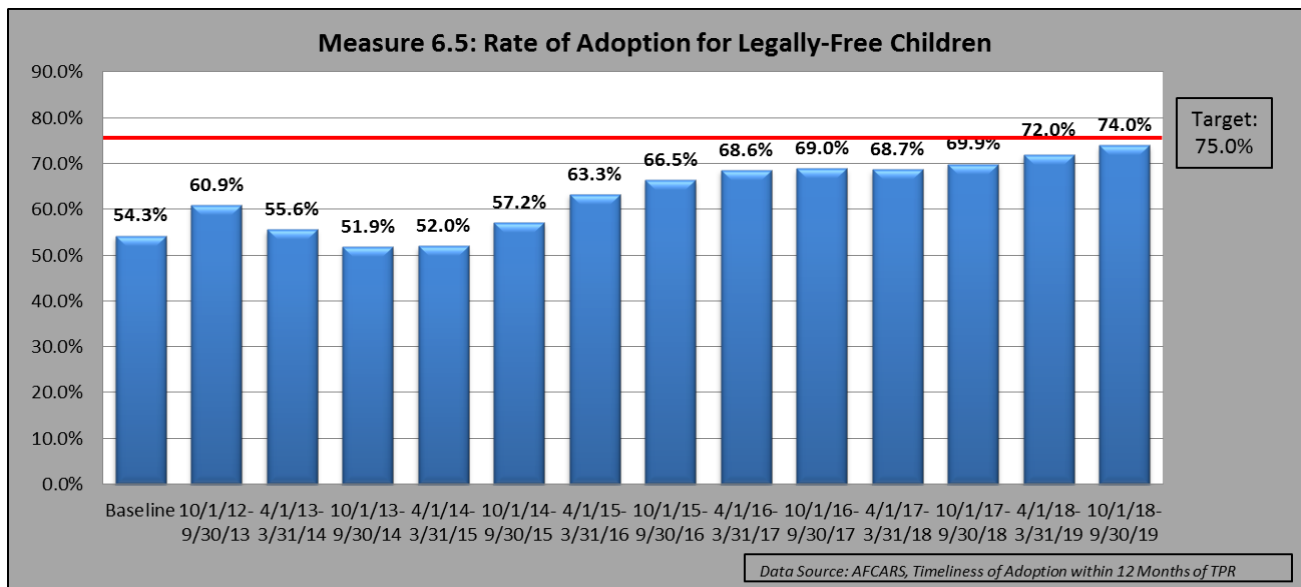
Numerator: The number of children who became legally free for adoption from 10/1/2017 through 9/30/2018 **and** were discharged from care to a finalized adoption in less than 12 months from the date they became legally free.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children who became legally free from 10/1/2010 - 9/30/2011			54.3%
10/1/2012 – 9/30/2013	All children who became legally free from 10/1/2011 - 9/30/2012	898	1,474	60.9%
4/1/2013 – 3/31/2014	All children who became legally free from 4/1/2012 - 3/31/2013	857	1,540	55.6%
10/1/2013 – 9/30/2014	All children who became legally free from 10/1/2012 - 9/30/2013	839	1,618	51.9%
4/1/2014 – 3/31/2015	All children who became legally free from 4/1/2013 - 3/31/2014	935	1,797	52.0%
10/1/2014 – 9/30/2015	All children who became legally free from 10/1/2013 - 9/30/2014	1,200	2,099	57.2%

4/1/2015 – 3/31/2016	All children who became legally free from 4/1/2014 - 3/31/2015	1,459	2,304	63.3%
10/1/2015 – 9/30/2016	All children who became legally free from 10/1/2014 - 9/30/2015	1,567	2,355	66.5%
4/1/2016 – 3/31/2017	All children who became legally free from 4/1/2015 - 3/31/2016	1,754	2,558	68.6%
10/1/2016 – 9/30/2017	All children who became legally free from 10/1/2015 - 9/30/2016	1,886	2,734	69.0%
4/1/2017 – 3/31/2018	All children who became legally free from 4/1/2016 - 3/31/2017	1,770	2,577	68.7%
10/1/2017 – 9/30/2018	All children who became legally free from 10/1/2016 - 9/30/2017	1,674	2,395	69.9%
4/1/2018 – 3/31/2019	All children who became legally free from 4/1/2017 - 3/31/2018	1,669	2,319	72.0%
10/1/2018 – 9/30/2019	All children who became legally free from 10/1/2017 - 9/30/2018	1,634	2,208	74.0%
Target				75.0%

Section 2, Table 6.5-1



Section 2, Graph 6.5-1

Commentary

During this review period, Child Welfare Services (CWS) showed an increase of 2.0 percent, or 74.0 percent. This measure is the highest of all reporting periods. Though just slightly below the target, overall improvement is 19.7 percent since setting the baseline.

Each region continues to hold monthly adoption timeliness conference calls. On these calls, the regional teams continue to staff the same three cohorts of children, minus Region 3 who continues to staff all Quad 1 children.

- children who are Quad 1 for over 60-calendar days;
- children authorized over 14-calendar days and not in Trial Adoption; and
- children in Trial Adoption over 30-calendar days without finalizing.

Several strengths were identified during this reporting period. The Adoption Timeliness Accountability Team (ATAT) leads keep the conversations focused generating a higher level of expectations and accountability. The action steps set

during the calls are concrete with reasonable due dates. While the ATAT leads are making higher demands of the CW field staff, the ATAT leads ask for all team members to commit and help reach the due dates/goals for each child. Many times during the calls, barriers were resolved and CW staff are moving children onto finalization. On the calls, the team continues to work towards focusing on all finalization requirements, including any possible barriers that could arise before a finalization date is set. The ATAT leads are meeting early in January to discuss how the calls are going, any new ideas, and the new screens in KIDS that will be added this year. In late January, the ATAT leads and the Foster Care and Adoptions field managers will have their first meeting of the year to discuss ATAT as well. The field managers are very active on the monthly calls assisting each child in reaching permanency.

In each of the regions for the monthly ATAT conferences the following staff participate: regional deputy director, when available; program analyst; field managers; district director, when the barrier is a Permanency Planning staff issue; all Resource/Adoptions supervisors; and the Interstate Compact on the Placement of Children administrator, when available. Several positive things happened throughout the state during this reporting period. Common barriers for cases where staff are waiting for documentation from various sources greatly decreased. This is a direct correlation to the hard work by field managers and Resource specialist staff in reducing the number of overdue reassessments and annual updates. When the annual updates/reassessments project began in January 2019, Foster Care and Adoptions had 273 reassessments overdue 30 days or more. At the end of December 2019, only 100 annual updates/reassessments were over 30 days past their due date for CWS foster and adoptive homes.

In September, one county had an adoption finalization day where five families and 11 children reached permanency through adoption. On this day, the judge provided refreshments for the families. In November, the same county had another adoption finalization day where 21 families adopted 37 children. The community contributed a lot of help to the events. A church provided the facility and paid for balloons. The judge provided breakfast and lunch for all Oklahoma Department of Human Services (OKDHS) staff, judges, and attorneys attending the Adoption Day. The funding was provided by a community partner. Several different community resources also helped by providing the cupcakes, cake, and funding for gifts for each of the adoptive families. Two photographers took professional photos to give to the families.

Resource and Adoption specialists continue to build relationships with the different Tribal partners. They are working on best practice and keeping Tribal partners informed of where the case is at in the adoption process. The hope is a more open relationship between the partners will slowly dissolve the paperwork barrier of needed signatures with the Tribal partners.

The number of Quad 1 children adopted between 7/1/2019 and 12/31/2019 are as follows:

- Region 1 – 153
- Region 2 – 209
- Region 3 – 185
- Region 4 – 219
- Region 5 – 221

In November, a letter was sent to foster and adoptive families explaining the availability of OKDHS attorneys to finalize adoptions for children in custody. OKDHS identified a number of attorneys dedicated to handling the adoption process on the family's behalf free of charge. The OKDHS Adoption Program is focused solely on creating permanency for children in care through the gift of adoption. The attorneys on this team are focused exclusively on adoptions.

KIDS will be releasing an update where Quad 1 barriers can be documented in the system and generated into a report. This report will help detect trends seen in the different barriers reported for finalization. These trends will be more easily tracked across the state. From the report, CWS will be able to spot areas of need to continue growth in adoption timeliness for the children in care awaiting permanency through adoption.

Conclusion

Adoption timeliness has greatly improved since the beginning of the reform. In June 2013, the baseline was 54.3 percent. As of December 2019, CWS is at 74 percent. Through the years, CWS increased the number of Adoptions specialists in order to reach timely permanency for children, as well as meet workload standards. CWS also created regional ATAT teams which model the Rapid Permanency Review process of the Casey Foundation. The ATAT teams helped resolve barriers and hold specialists accountable to timeliness. CWS continues to evaluate and improve the process to positively impact the metric.

6.1: Rate of Permanency for Legally-Free Children with No Adoptive Placement

Operational Question

Of children who were legally free but not living in an adoptive placement as of January 10, 2014, what number of children exited care to a permanent placement?

Data Source and Definitions

All children who were legally free for adoption as of 1/10/2014 and did not have an identified adoptive family with the percentage who have since achieved permanency, either through adoption, guardianship, or reunification, are reported in Measure 6.1. The target for this measure is that 90.0 percent of the children age 0-12 years, and 80.0 percent of the children age 13+ years will achieve permanency. "Legally free" means there is a parental rights termination date reported to Adoption and Foster Care Analysis Reporting System (AFCARS) for both mother and father or for one parent when the child was previously adopted by a single parent. In the KIDS system, these children are classified as "Quad 2" children, indicating that these children are legally free and have no identified adoptive placement.

Description of Denominator and Numerator for this reporting period

Denominator: All Quad 2 children with a case plan goal of adoption as of 1/10/2014.

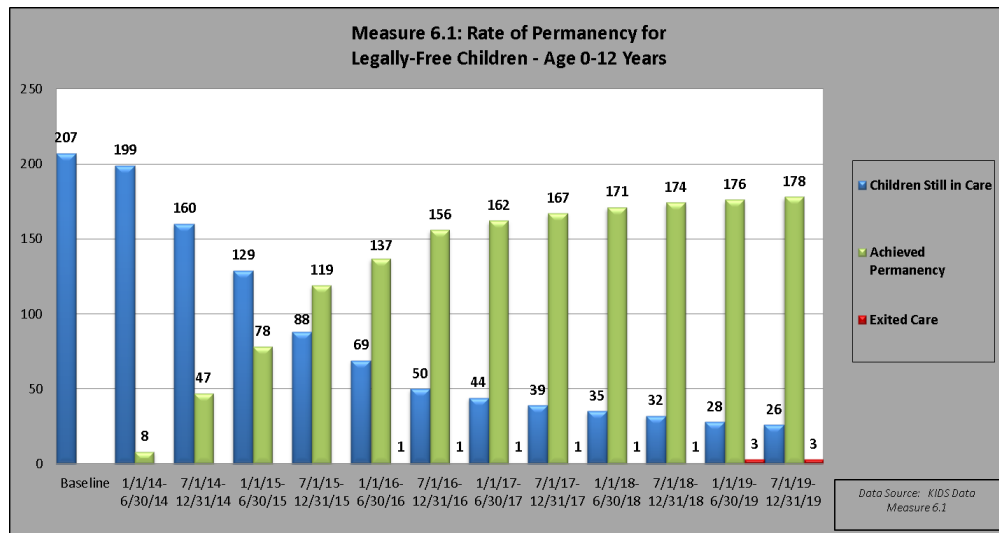
Numerator: The number of Quad 2 children with a case plan goal of adoption who achieved permanency.

Trends

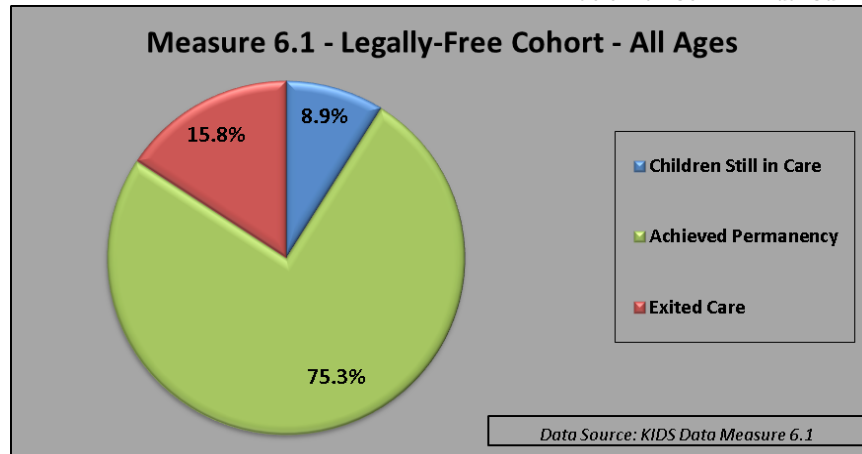
Reporting Period	Population	Numerator	Denominator	Result
Cohort Baseline 1/10/2014				292 Children
1/10/2014 – 6/30/2014	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	8	207	3.9%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	1	85	1.2%
7/01/2014 – 12/31/2014	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	47	207	22.7%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	8	85	9.4%
1/01/2015 – 6/30/2015	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	78	207	37.7%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	17	85	20.0%
7/01/2015 – 12/31/2015	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	119	207	57.5%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	23	85	27.1%
1/01/2016 – 6/30/2016	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	137	207	66.2%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	32	85	37.6%

7/01/2016 – 12/31/2016	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	156	207	75.4%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	34	85	40.0%
1/01/2017 – 6/30/2017	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	162	207	78.3%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	37	85	43.5%
7/01/2017 – 12/31/2017	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	167	207	80.7%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	39	85	45.9%
1/01/2018 – 6/30/2018	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	171	207	82.6%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	39	85	45.9%
7/01/2018 – 12/31/2018	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	174	207	84.1%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	42	85	49.4%
1/01/2018 – 6/30/2019	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	176	207	85.0%
7/01/2019 – 12/31/2019	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	178	207	86.0%
Target		90.0% (Age 0-12)		80.0% (Age 13+)

Section 2, Table 6.1-1



Section 2, Graph 6.1-1



Section 2, Chart 6.1-1

Commentary

Of the 292 children in the original cohort from 1/10/2014, a total of 220 children or 75.3 percent achieved permanency, 46 children or 15.8 percent left care to non-permanent exits, and 26 children or 8.9 percent remain in care.

As of 12/31/2019, for the cohort of 207 children, age 0-12 who were legally-free without an identified placement, 178 or 86.0 percent reached permanency. Of the remaining 26 children age 0-12 in care, they have the following case plan goals: 22 children – adoption, one child – guardianship, and three children – planned alternative placement.

During previous reporting periods, the Adoption Transition Unit (ATU) entered into preliminary discussions with Wendy's Wonderful Kids (WWK) and The Dave Thomas Foundation for Adoption (DTFA) about bringing the evidence-based WWK model to Oklahoma. This model is reportedly 1.7 times more effective than other models at achieving adoption permanency. For this reporting period, ATU implemented the WWK program model for use with all Quad 2 children, effective 9/1/2019. As of 12/31/2019, 537 children were in the WWK database to begin work with the model.

Ongoing Permanency Efforts

ATU engages in a variety of permanency efforts individualized for each youth, but primarily follows the WWK model. Permanency efforts undertaken within this model include diligent search and case record review, network building, child-specific recruitment planning, building a strong relationship with the child, and assessment of adoption readiness for both the child and any identified families. Direct practice work with youth includes helping youth understand the importance of permanency; the long-term impact permanency will have on their life; and how to live within a family unit through use of the new ATU booklet and WWK tools, as well as permanent connections group meetings. Ongoing efforts discussed previously and implemented during this reporting period:

- ATU dashboard in KIDS and ongoing development of reports as needed;
- implementation of WWK;
- transition from child presentations to family presentations at statewide staffings (SWS);
- decision and messaging to repurpose adoption events in 2020; and
- transitioning from Adoption Efforts Staffings to Quad 2 Adoption Timeliness Accountability Team (ATAT) staffings.

This is the first reporting period where only families were presented at the monthly statewide family staffings (SFS). A slight increase in percentages of children authorized with a SWS source was noted when compared to the same time period in 2018, where only children were presented. Transitioning to this process is in alignment with the Resource Family Model adopted by Foster Care & Adoptions (FC&A) in May 2019.

ATU continues its partnerships with the Oklahoma Successful Adulthood (OKSA) and Permanency Planning (PP) programs to increase the likelihood of permanency for children and youth in care. Enhanced partnerships between ATU,

FC&A, Recruitment staff, and PP at all levels, as well as with community partnerships, resulted in a significant number of inquiries on youth publically featured on partner sites. As part of the WWK model and ATU work, specialists will continue partnering with Resource staff on discussions with kinship and other resource parents of Quad 2 children and youth about barriers to providing permanency. These intentional and customized team conversations with relatives and kinship families are to barrier bust any hesitancies articulated by families and explore other family who may provide legal permanency. Continuing ATU and other partners efforts to further identify important people in the youth's life will be incorporated into new programmatic processes in development to increase permanency possibilities for Quad 2 children and youth.

During this reporting period, ATU lead specialists finalized production of *Let's Talk! My Path to My Future* to better reach and engage with older youth in care. This booklet was distributed to staff in various offices across the state.

In October 2019, a Quad 2 ATAT process started for the children left on the Quad 2 baseline cohort. Conference calls were set up for half of the baseline cohort to be reviewed in October 2019 and the other half in November 2019. During the first round of calls, ATU workers and supervisors, along with the ATU program field representative (PFR), were on the call to discuss plans and action steps for the children, in order to identify any barriers to moving forward with adoptions or developing plans and brainstorming ideas. A summary of the call and follow-up steps was prepared and sent to the team. The Quad 2 ATAT calls for each child take place every other month. The children staffed in October 2019 were staffed again in December 2019 and those staffed in November 2019 will be reviewed again in January 2020.

In December 2019, the calls were expanded to include PP specialists, supervisors, and district directors, as well as staff from the CWS Development Disabilities Services (DDS) team, with the same process of developing action steps and sending those out to all staff involved for follow-up. While the children are reviewed every other month, ATU supervisors submit a monthly report giving updates on the children left in the baseline cohort. The ATU PFR takes this information and combines it with the Quad 2 ATAT information to update and review any progress to removing any barriers. This ensures that these children and the efforts are reviewed monthly.

Another function of these calls is to help track the WWK work and progress on these children. The PFR ensures that WWK efforts on these children are a priority by following up on established target dates and due dates. Since the calls' start, two children exited from care, one adoption finalization and one guardianship. Progress is made through the ongoing follow-up on action steps and assigned tasks for other children to eliminate barriers. This progress is also assisted and supported by participants from other programs.

While ATU is working within the WWK model, generalized recruitment efforts will be scaled back. During this reporting period:

- Oklahoma Heart Gallery activity: One photo and video production event was held, September 2019, photographing and videoing 22 children and youth.
- Oklahoma Heart Gallery/online presence: As of 12/31/2019, 385 children total were on the website. Of those children, 115 are available, 94 are unavailable for various reasons, 70 are listed as Pending Placement, and 106 are listed as Family Found.
- AdoptUSKids.org: 44 additional children were registered.
- AdoptEx.org: 26 additional children were registered.
- Media features: Three news stations featured waiting children.
 1. KFOR, an Oklahoma City station, featured A Place to Call Home where 27 videos were completed, including three sibling groups.
 2. KTUL, a Tulsa station, featured Waiting Child where six video features of seven children aired.
 3. KSWO, a Lawton station, featured A Child Who Hopes where five videos were produced and featured.

From July 2019 through December 2019, the Foster Care and Adoption Support Center received 4,768 inquiries. The numbers for Inquiry Channel, Specified Interest, and Referral Source are represented in Section 2, Table 6.1-2. Referral Source was specified on 3,362 inquiries or 70.51 percent.

Inquiry Channel			Referral Source		
Internet	3273	68.65%	Facebook	750	22.31%
Direct Phone	915	19.19%	Internet	676	20.11%
Hotline	432	9.06%	Other	416	12.37%
AdoptUSKids	84	1.76%	Friend	295	8.77%
Email	44	0.92%	Foster Parent	243	7.23%
Other	10	0.21%	TV	182	5.41%
Recruitment Event	10	0.21%	Adoptive Parent	146	4.34%
			Faith Based	129	3.84%
			AdoptUSKids	110	3.27%
			Life Church	104	3.09%
			Relative	97	2.89%
			OKDHS Employee/Website	95	2.83%
			OK Fosters Website	39	1.16%
			Newspaper	27	0.80%
			Informational Meeting	18	0.54%
			Private Recruiter	12	0.36%
			One Church	8	0.24%
			Radio	5	0.15%
			DHS Recruiter	5	0.15%
			Waiting Hearts	3	0.09%
			ICPC	2	0.06%
			Total	3362	100.00%
Specified Interest					
Adoption	2694	56.50%			
Resource Parent	1289	27.03%			
Fostering	674	14.14%			
Other	73	1.53%			
DDS	16	0.34%			
Kinship	14	0.29%			
OK Fosters	6	0.13%			
Respite	2	0.04%			
Kinship Adoption	0	0.00%			

Section 2, Table 6.1-2

Data Source: Foster Care and Adoption Support Center
 *Totals may not add up exactly due to rounding

Personnel

During this reporting period, six ATU staff left the program, including four child welfare (CW) specialist II's, one CW specialist III, and one CW specialist IV. ATU hired seven total staff, including four CW specialist II's, one CW specialist III, one CW specialist IV, and one PFR. ATU currently has three CW specialist I and II vacancies and one CW specialist III vacancy, with a total staff capacity of eight CW specialist IV's, six CW specialist III's, and 39 full-time CW specialist I and II's. ATU also has administrative staff consisting of one administrative assistant II, one part-time staff serving as statewide internet liaison, and one part-time staff in the role of statewide staffing coordinator, for a total of 59 staff.

ATU has six full-time CW specialist IV supervisor positions, with one supervisor on temporary detail to another team during the last two months of the year. This supervisor's staff were reassigned to other teams. Therefore, at this time, ATU has six active supervisor teams, each with five to eight staff. ATU continues to have fewer CW specialist III staff than teams, and continues to use the shared responsibility approach, as well as extending offers of additional duties to select CW specialist II staff who want to build leadership capacity. ATU will be gaining CW specialist III positions through attrition from other FC&A teams. ATU currently has zero staff on graduated caseloads, and all staff are at or below the required workload standard of 16 children assigned.

ATU staff participated in two full-day quarterly staff development meetings. The focus for the September 2019 meeting was an overview of the newly implemented WWK model, where each supervisory team presented a component of the model. The December 2019 meeting included a presentation of a training webinar and follow-up discussion on helping

children recover from adoption disruptions, and end-of-year teambuilding activities. As part of the onboarding process and to aid with retention, all new ATU staff, whether or not new to the agency, are required to complete National Training Institute's Adoption Competency and Mental Health training through the Center of Adoption Services and Education, as well as attend a two-day WWK classroom training.

Support

Behavioral health consultants (BHCs) are involved with all disclosures on Quad 2 children and youth to assist with developing the transition plan and the adoption post-placement service plan for a family, as well as providing ongoing support, consultation, and referral for services for the child/youth or family. The BHCs assisted with 33 Quad 2 Adoption Disclosures from July to December 2019. Additionally, DTFA staff are a constant, daily support of ATU staff in maintaining fidelity to the WWK model. Oklahoma's grant manager has direct contact with ATU specialists, supervisors, program staff, and administrator on a regular basis.

Conclusion

The Pinnacle Plan created and built the statewide Adoption Transition team. When Foster Care and Adoptions merged in late 2016, ATU workload compliance was minimal; only three staff met standards. As ATU added and developed staff, the unit experienced the programmatic variabilities that are characteristic of a new team. Increased staff numbers allowed a more equitable distribution of ATU workloads, which in turn allowed for more consistency of assignments and improved relationships with youth. Over three years, the continuing evolution of Adoption Transition resulted in an overhauled program that maintains fidelity to the evidence-based Wendy's Wonderful Kids model, relies on data as a measure of programmatic health, and course-corrects to meet the permanency needs of children and youth. To-date, ATU takes a child-focused approach to advocacy and determining a customized permanency plan for each youth.

6.6: Trial Adoption Disruptions

Operational Question

Of all children who entered trial adoptive placements during the previous 12-month period, what percent of adoptions did not disrupt over a 12-month period?

Data Source and Definitions

A trial adoption (TA) placement is defined as the time between when a child is placed into an adoptive placement until the adoption is legally finalized. A trial adoption disruption is defined as the interruption of an adoption after the child's placement and before the adoption finalization.

Description of Denominator and Numerator for this reporting period

Denominator: Number of children that entered trial adoption from 10/1/2017 through 9/30/2018.

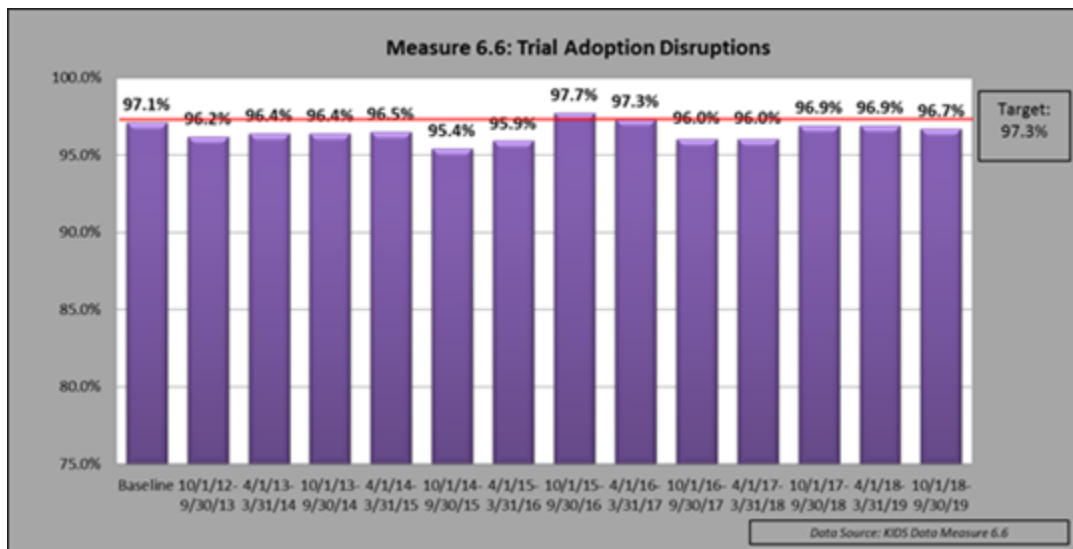
Numerator: Number of children that entered trial adoption from 10/1/2017 through 9/30/2018 **and** the trial adoption did not disrupt within 12 months.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children who entered TA from 10/1/2010 – 9/30/2011			97.1%
10/1/2012 – 9/30/2013	All children who entered TA from 10/1/2011 – 9/30/2012	1,433	1,489	96.2%
4/1/2013 – 3/31/2014	All children who entered TA from 4/1/2012 – 3/31/2013	1,366	1,417	96.4%
10/1/2013 – 9/30/2014	All children who entered TA from 10/1/2012 – 9/30/2013	1,195	1,239	96.4%
4/1/2014 – 3/31/2015	All children who entered TA from 4/1/2013 – 3/31/2014	1,252	1,297	96.5%

10/1/2014 – 9/30/2015	All children who entered TA from 10/1/2013 – 9/30/2014	1,477	1,549	95.4%
4/1/2015 – 3/31/2016	All children who entered TA from 4/1/2014 – 3/31/2015	1,938	2,020	95.9%
10/1/2015 – 9/30/2016	All children who entered TA from 10/1/2014 – 9/30/2015	2,138	2,189	97.7%
4/1/2016 – 3/31/2017	All children who entered TA from 4/1/2015 – 3/31/2016	2,337	2,403	97.3%
10/1/2016 – 9/30/2017	All children who entered TA from 10/1/2015 – 9/30/2016	2,413	2,513	96.0%
4/1/2017 – 3/31/2018	All children who entered TA from 4/1/2016 – 3/31/2017	2,511	2,615	96.0%
10/1/2017 – 9/30/2018	All children who entered TA from 10/1/2016 – 9/30/2017	2,437	2,516	96.9%
4/1/2018 – 3/31/2019	All children who entered TA from 4/1/2017 – 3/31/2018	2,206	2,276	96.9%
10/1/2018 – 9/30/2019	All children who entered TA from 10/1/2017 – 9/30/2018	2,162	2,235	96.7%
Target				97.3%

Section 2, Table 6.6-1



Section 2, Graph 6.6-1

Commentary

Child Welfare Services (CWS) slightly declined by 0.2 percent for this reporting period with 2,235 children entered into TA and 2,162 or 96.7 percent not disrupting while in TA placement.

Table 6.6-2 shows the breakdown of Identified Placement and Non-Identified Placement children with a disruption during this reporting period.

Trial Adoption Disruptions						
Relationship of Adopting Placement	# of Disrupted Cases	Total Cases	% Disrupted	# of Kids Disrupted	Total Kids	% Disrupted
ID Placement	29	1348	2.2%	33	2103	1.6%
Non- ID Placement	31	102	30.4%	40	132	30.3%
Total	60	1450	4.1%	73	2235	3.3%
<i>Data Source: Measure 6.6; Run Date: 12/13/19</i>						
<i>ID Placement includes relationships of Non-Relative Foster Parent, Relative Foster Parent, and Relative Not Receiving Foster Care Payment. Non ID Placement is Other Non- Relative (highlighted pink on report detail)</i>						
<i>*There are 4 families counted in both Relationships for case types as they had children from ID and Non-ID adoptions.</i>						

Section 2, Table 6.6-2

Of children placed with an Identified Adoptive Placement, 33 of the 2,103 children experienced a TA disruption and 40 of the 132 children placed with a Non-Identified Adoptive Home experienced a disruption. Although CWS expects the disruption rate to be higher for children placed in a Non-Identified Placement because many of these children are older with increased special needs and placed with families where there was no previous relationship, CWS continues to look for ways to better support these placements.

The behavioral health consultants (BHCs) and the Post-Adoptions field service workers continue to join adoption disclosures for Quad 2 children. Post-Adoptions was able to meet the demands of attending adoption disclosures when requested. For this reporting period, Post-Adoptions attended 44 disclosures. The BHC program manager stated the BHC team does not have issues meeting the requirements requested from CWS. The BHCs attended 33 disclosures from July to December 2019.

Several of the CWS staff and the BHC lead are meeting in January to develop a detailed tracking plan for the adoption disclosure attendance. During this meeting, the role and expectations of the BHC will begin to be more clearly defined. The team will develop new staff protocols for this new plan so CWS will be able to track the disclosures the BHC attends and the disclosure's outcomes and potential adoptive placement.

Oklahoma will launch the National Training and Development Curriculum (NTDC) for foster and adoptive parents in April 2020 with Spaulding. At the end of January, Spaulding and their trainers will come to Oklahoma for a week to partner with the University of Oklahoma (OU) National Resource Center for Youth Services (NRCYS) to train Oklahoma on the curriculum. All eight pilot sites across the United States are introducing their state to the newly developed curriculum in 2020. The training's focus is trauma. The "right time" training can be accessed by foster and adoptive parents anytime and viewed either on a computer or a smartphone/tablet. The topics are related to situations or issues a family may see during placement. Oklahoma is excited for the opportunity to compare this new NTDC training to the current Guiding Principles Training in place. Oklahoma hopes to see positive trends in placement stability and adoption disruptions.

The Adoptions Transition Unit (ATU) began the Wendy's Wonderful Kids (WWK) model 9/1/2019. CWS leadership participated in half-day training in August to learn about the evidence-based WWK model and the statistics behind the model. ATU participated in multiple days of training where the WWK and Dave Thomas Foundation trainers went in-depth on the model's requirements and different components. ATU made a few changes in their efforts prior to starting the WWK model. Since the majority of adoption disruptions are due to the family's request to end the placement, the WWK model hopefully helps to create better placement choices where connections already exist. The WWK model is focused on case mining, relationship building with the child and the child's important people, the child's professional team members, actively seeking connections, and a permanency option through intentional interviews. The WWK model and the Resource Family Model will work side-by-side in assisting staff to recruit families for the children currently in care.

During this reporting period, reverse statewide staffing began. Resource specialists now staff their available adoptive families instead of ATU staffing Quad 2 children. Resource specialists are able to staff more families and ATU can listen on behalf of every child. This change to staffing allows for the possibility to make better matches based on each child's needs and the family's willingness to take certain behaviors and medical conditions.

After disclosure, when a Non-Identified Adoptive family decides to move forward with meeting the Quad 2 child, the family's Resource specialist introduces the family to two different trauma-based webinar trainings to complete. The webinars developed with the NRCYS assistance are "The Impact of Trauma on Healthy Growth and Development" by Dr. Barbara Sorrels and "Trauma-informed Caregiver Responses to Children's Problematic Behaviors" by Sara Coffey D.O. With NRCYS help, guided questions were developed for Resource specialists to review with the families. From each family's response, the Resource specialist is able to ensure the correct resources are in place prior to trial adoptive placement. CWS is working hard to ensure staff are well informed about trauma and adoption competency. All Foster Care and Adoptions (FC&A) field staff are to have completed watching the webinars by the end of March 2020.

The preliminary analytical data collected from the adoption disruption research completed through the partnership with the OU School of Social Work indicates that disruptions happen most frequently between months three and four. An increase in disruptions also happens during the adolescent years ages 8-12. A child's brain experiences a growth spurt around eight years of age. During this time frame, past trauma can surface for the child, including trauma experienced as an infant, and new behaviors/issues may be seen. Another major change for a child begins at approximately age 12 when puberty starts. Puberty can start in children as young as ages 9-10. The research is not yet complete. When it is finalized, CWS will develop a plan to disseminate the information to field staff. Child welfare (CW) specialists will be able to use this information in watching for these indicators. Early detection and prevention by the CW specialist will hopefully help families and children connect and work through the changes experienced by all parties involved.

Post-Adoptions Services continually seeks opportunities to support, educate, and engage with adoptive families. One great success is the development of the Post-Adoptions Newsletter circulated quarterly to adoptive families through email and social media. Post-Adoptions established a line of communication between the Oklahoma Foster/Adoptive Coalition and participates in their annual resource fair and is available to assist the Coalition when families have questions, or are in crisis. Participating in these activities builds relationships with families and offers tangible support when families are in need. Post-Adoptions is working on a quarterly adoptive parent training to be available in the near future. Families expressed previously that training was a great opportunity to collaborate with other families, obtain education for empowerment, and an open forum to express needs and concerns.

Conclusion

In June 2013, the baseline for adoption disruptions was 97.1 percent. While over the years the percentage of adoption disruptions fluctuated, efforts put in place by CWS increased the stability of many placements. Through the years, the number of children with the goal of adoption and entering into trial adoption increased dramatically as well. CWS is working diligently to initiate services in the community and utilize the BHCs to explain diagnoses and find quality services in the area. The Mobile Crisis system is a statewide resource to assist families in need 24-hours a day, seven-days a week. CWS improved adoption competency training for staff through the National Training Institute. CWS also worked to find families for children who are legally-free but not in an identified home through the WWK evidence-based model. CWS expects to see positive trending in minimizing adoption disruptions through the WWK model, finding the best placement for children, and promptly initiating services in the home at trial adoption placement.

6.7: Adoption Dissolutions

Operational Question

Of all children whose adoptions were finalized over a 24-month period, what percentage of those children did not experience dissolution within 24 months of finalization?

Data Source and Definitions

A finalized adoption is defined as the legal consummation of an adoption. Adoption dissolution is defined as the act of ending an adoption by a court order terminating the legal relationship between the child and the adoptive parent. This term applies only after finalization of the adoption.

Description of Denominator and Numerator for this reporting period

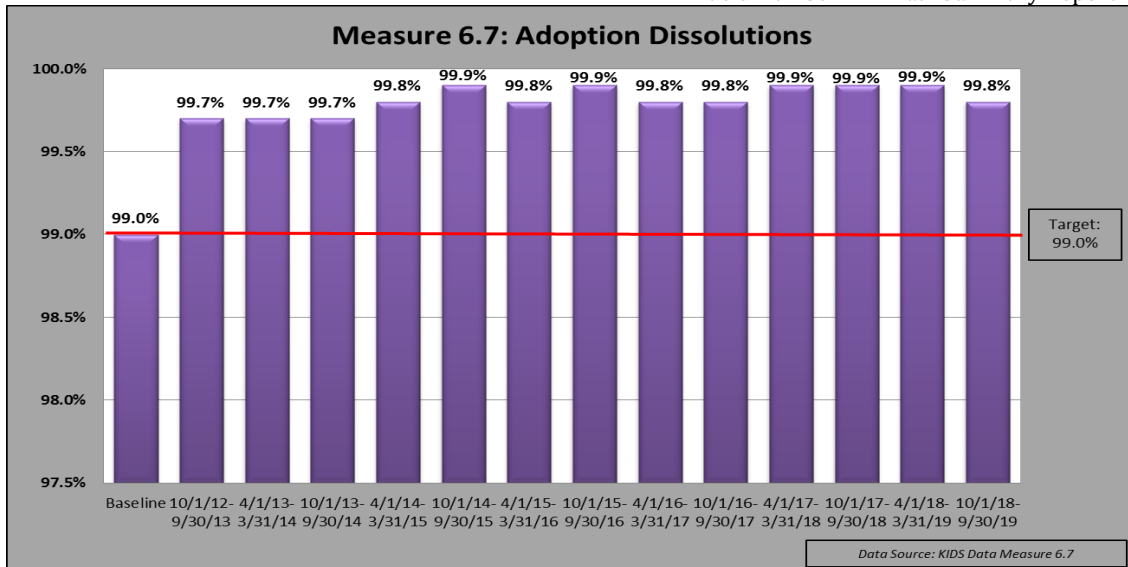
Denominator: All children who had a legalized adoption during the 24 months ending 9/30/2017.

Numerator: All children who had a legalized adoption during the 24 months ending 9/30/2017 that did not dissolve in less than 24 months.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children with a legalized adoption from 10/1/2008 - 9/30/2010			99.0%
10/1/2012 – 9/30/2013	All children with a legalized adoption from 10/1/2009 - 9/30/2011	2,969	2,979	99.7%
4/1/2013 – 3/31/2014	All children with a legalized adoption from 4/1/2010 - 3/31/2012	3,055	3,063	99.7%
10/1/2013 – 9/30/2014	All children with a legalized adoption from 10/1/2010 - 9/30/2012	2,856	2,865	99.7%
4/1/2014 – 3/31/2015	All children with a legalized adoption from 4/1/2011 - 3/31/2013	2,945	2,950	99.8%
10/1/2014 – 9/30/2015	All children with a legalized adoption from 10/1/2011 - 9/30/2013	2,846	2,849	99.9%
4/1/2015 – 3/31/2016	All children with a legalized adoption from 4/1/2012 - 3/31/2014	2,697	2,702	99.8%
10/1/2015 – 9/30/2016	All children with a legalized adoption from 10/1/2012 - 9/30/2014	2,737	2,741	99.9%
4/1/2016 – 3/31/2017	All children with a legalized adoption from 4/1/2013 - 3/31/2015	3,086	3,093	99.8%
10/1/2016 – 9/30/2017	All children with a legalized adoption from 10/1/2013 - 9/30/2015	3,647	3,655	99.8%
4/1/2017 – 3/31/2018	All children with a legalized adoption from 4/1/2014 - 3/31/2016	4,312	4,317	99.9%
10/1/2017 – 9/30/2018	All children with a legalized adoption from 10/1/2014 - 9/30/2016	4,721	4,727	99.9%
4/1/2018 – 3/31/2019	All children with a legalized adoption from 4/1/2015 - 3/31/2017	5,035	5,041	99.9%
10/1/2018 – 9/30/2019	All children with a legalized adoption from 10/1/2015 - 9/30/2017	5,109	5,119	99.8%
Target				99.0%

Section 2, Table 6.7-1



Section 2, Graph 6.7-1

Commentary

Child Welfare Services (CWS) continued to exceed the goal of a 99.0 percent success rate for adoption stability with less than 0.2 percent in dissolutions. There were 5,119 children with a legalized adoption during the 24 months ending 9/30/2017 and 5,109 or 99.8 percent of those adoptions did not dissolve within 24 months. During this reporting period, an additional 78 children finalized adoptions compared to the prior reporting period and 10 children disrupted from seven separate adoption finalization cases.

From July 2019 through December 2019, Post-Adoptions Services actively supported and engaged in 95 cases. Post-Adoptions works in tandem with many external entities to help identify and seek resolutions for the adoptive families served. The collaborative efforts with the behavioral health consultants (BHCs), Oklahoma Health Care Authority (OHCA); Behavioral Health Unit, and the current and previous service providers for the child work with the family to identify and assess needs. The Post-Adoptions field service workers (FSW) continue to participate in disclosures, family meetings, and case staffings, as well as attend juvenile court hearings, when requested. The FSW assists the family's primary assigned Post-Adoptions specialist through the crisis cases, unless the case becomes critical, then the case is assigned directly to a FSW. With limited staff, Post-Adoptions works together at all levels to serve adoptive families and seeks opportunities to support, educate, and engage with adoptive families. The Post-Adoptions Newsletter is circulated quarterly to adoptive families by email and social media. Communication between Post-Adoptions and the Oklahoma Foster/Adoptive Coalition include participation in their annual resource fair and other activities. Inclusion in these activities builds relationships with families and offers tangible support when families are in need. Post-Adoptions is working towards offering quarterly adoptive parent training in the near future. Families indicated that training was a great opportunity to collaborate with other families, obtain education for empowerment, and discuss needs and concerns.

Conclusion

CWS continues to exceed the adoption dissolutions target. When reform started, the baseline was 99 percent and CWS is currently at 99.9 percent. Post-Adoptions continues to seek ways to support families and over the years has implemented several new efforts. Post-Adoptions created field service workers that meet the family prior to finalization to assist in the transition after finalization. A Post-Adoption Statewide Services Guide was created to support families in locating needed services. A quarterly newsletter to adoptive families provides updates on any new information and promotes services available to families. Post-Adoptions collaborates with the BHCs and OHCA to assist families in finding the best resources and supporting families so they do not feel alone.

SECTION 3. Capacity Indicators

2.1: New Family Foster Care Homes

Operational Question

How many new foster homes, including Foster Family Homes and Supported Foster Homes were opened during State Fiscal Year (SFY) 20?

Data Source and Definitions

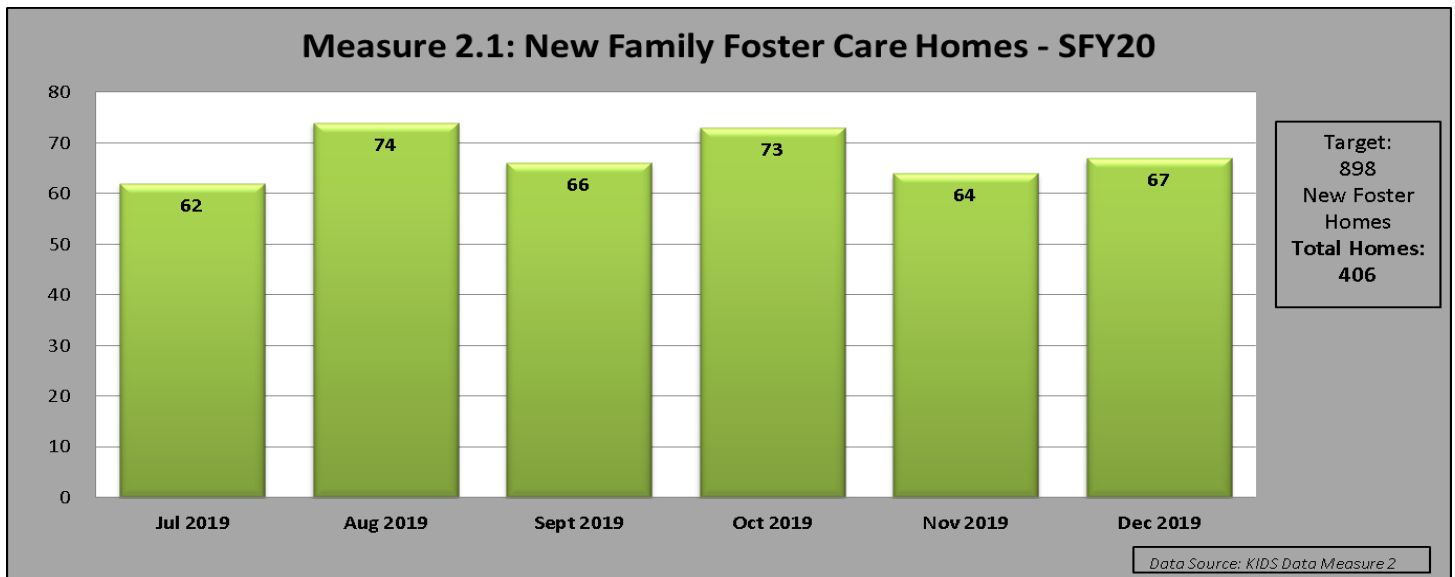
Total count of new foster homes includes all Foster Family Homes and Supported Foster Homes by the month that the family assessment was approved using the agreed upon criteria. As of 7/1/2014, this measure does not include Kinship, Contracted Foster Care (CFC) Homes, Emergency Foster Care (EFC), Shelter Host Homes (SHH), Adoptive, or Tribal Foster Homes.

Trends

Reporting Period	Population	Result	
SFY 20 Baseline		2016 Foster Homes open as of 7/1/2019	
7/1/2013 – 12/31/2013	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the first half of SFY 14	346 Homes	763 Total Homes opened in SFY 14
1/1/2014 – 6/30/2014	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the second half of SFY 14	417 Homes	
7/1/2014 – 12/31/2014	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 15	409 Homes	780 Total Homes opened in SFY 15
1/1/2015 – 6/30/2015	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 15	371 Homes	
7/1/2015 – 12/31/2015	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 16	387 Homes	1,080 Total Homes opened in SFY 16
1/1/2016 – 6/30/2016	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 16	693 Homes	
7/1/2016 – 12/31/2016	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 17	431 Homes	884 Total Homes opened in SFY 17
1/1/2017 – 6/30/2017	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 17	453 Homes	
7/1/2017 – 12/31/2017	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 18	365 Homes	728 Total Homes opened in SFY 18
1/1/2018 – 6/30/2018	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 18	363 Homes	

7/1/2018 – 12/31/2018	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 19	366 Homes	810 Total Homes opened in SFY 19
1/1/2019 – 6/30/2019	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 19	444 Homes	
7/1/2019 – 12/31/2019	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 20	406 Homes	406 Total Homes opened in SFY 20
Target		898 New Foster Homes opened by 6/30/2020	

Section 3, Table 2.1-1



Section 3, Graph 2.1-1

Commentary

As of 12/31/2019, Child Welfare Services (CWS) opened 406 foster family homes and supported foster homes that were counted as new according to Pinnacle Plan criteria. The target for new homes by the end of SFY 20 is 898 homes. CWS achieved 45.2 percent of the SFY 20 target for new homes in the first half of the state fiscal year. 2,016 homes were open as of 7/1/2019. During the first half of SFY 20, 464 homes were opened and 474 homes were closed, leaving 2,006 homes open as of 12/31/2019 for a net loss of 10 homes. Net gain only counts unique homes even though a resource family may provide more than one type of foster care. This measure also excludes any out-of-state foster homes or homes open to provide respite-only care. Homes that move out-of-state are included through the end of the current SFY, but will be excluded for the starting baseline for the next SFY.

Recruitment and Retention

The organizational structure remains the same with one Foster Care and Adoptions (FC&A) Recruitment field administrator providing leadership for all 10 Recruitment units throughout the state. The Recruitment administrator in place since August 2018 was promoted to deputy director of FC&A Programs in September 2019. During the interim, a successful plan to ensure adequate supervision and oversight was implemented. The vacant administrator position was filled in November 2019. A program field representative (PFR) from the FC&A Programs staff was assigned as the point-of-contact among the program team for recruitment activities and support for Recruitment field staff. The PFR will work with both the FC&A Recruitment field administrator and the Resource Family Partner (RFP) field administrator to develop more collaborative efforts between CWS, RFP, and therapeutic foster care (TFC) agency recruitment staff

throughout the upcoming fiscal year. The designated recruitment PFR will review data to analyze trends in recruitment as well.

Oklahoma Department of Human Services (OKDHS) senior leadership decided in September 2019 that FC&A Recruitment will continue with the Oklahoma Fosters brand, logos, and messaging; however, the positions were absorbed into other areas of the agency. The recruitment coordination efforts were distributed to the PFR designated as a point person for recruitment activities and support.

Each CWS Recruitment unit prepared a SFY 20 recruitment plan that is updated quarterly with the last update occurring in January 2020. In the updates, Recruitment supervisors and staff provide information on each completed activity and outcomes. Each unit carries out both recruitment and retention activities in their respective regions. In December 2019, Recruitment staff across the state received training focused on recruitment of families for children with higher-level needs. The training was provided by Denise Goodman and Michael Sanders, national trainers and experts on youth issues.

Staff continue using current foster families to help with recruitment efforts in multiple ways, including speaking engagements on the radio, presentations for groups and churches, and sharing fostering journeys at large-scale events. FC&A recognizes current foster parents are excellent recruitment partners because they can speak from their own fostering experience.

As of 12/31/2019, CWS Recruitment units opened 215 new foster homes, accounting for 45.2 percent of the CWS goal of 475 homes. FC&A leadership continuously monitors the progress of opening new homes along with the recruitment and retention activities throughout the state. The overall CWS recruitment goal was separated into smaller, regional goals. Regions 1, 2, and 4 are currently on track to meet or exceed their respective regional goals; however, Regions 3 and 5 continued to struggle to meet their targets. Multiple factors contributed to this problem with the main factor being staff turnover. Currently, Region 3 Recruitment has a supervisor and five specialists, with one vacancy. The two Recruitment units of Region 5 currently have a supervisor and seven specialists. A supervisor position and a specialist position are in the process of being filled. FC&A leadership will continue to work closely with Regions 3 and 5 on furthering regional recruitment efforts and progress.

Feedback from Recruitment field staff regarding the Resource Family Model has been positive since implementation in May 2019. Recruitment staff report they enjoy using the talking points to discuss both the need for more foster homes within OKDHS and the needs of the children in care. Staff consistently found families to be more understanding when they know the ages and needs of children in care. Multiple anecdotal reports are told of families, initially wanting to adopt, deciding to foster after hearing the agency's goals and the greater need for foster homes.

Statewide, performance-based contracts for any agency interested in recruitment, approval, and support of foster families increased from 13 to 14 in October 2019. Choices for Life signed a new RFP contract, starting 10/1/2019. The agencies are monitored by the RFP field administrator. Choices for Life, Homebased Services & Resources, Oklahoma Families First, and Eckerd also hold TFC/Intensive Treatment Family Care (ITFC) contracts with CWS. A meeting with the directors of the OKDHS partners occurred in August 2019. At this meeting, SFY 20 foster home recruitment goals were openly discussed. With the overall RFP recruitment goal of 423, all parties worked as a team to come up with appropriate goals for each agency.

Agency partners reported continued staff turnover as the main factor that contributed in their low number of recruited homes for SFY 19. Agencies shared ways they recruit by utilizing all staff as opposed to only one main recruiter. Partners seemed to welcome the different ideas shared. With the knowledge that staff turnover hinders recruitment efforts, partners were asked to think about a back-up plan if turnover were to become an issue this fiscal year. The agencies were not asked to provide a written plan, but were encouraged to develop and implement the plan internally. One agency reported successfully implementing their back-up plan twice due to recruitment staff on extended leave.

With the exception of the agency that signed a new RFP contract in October 2019, all other SFY 20 recruitment plans for agency partners were completed by October 2019. All first quarter updates were received by November 2019. Second quarter updates are in progress and due in January 2020.

At the end of December 2019, preliminary data indicates the RFPs have a total of 192 new homes, which is 45.4 percent of the SFY 20 goal. Seven agencies recruited at least 45 percent of their goal while seven agencies are below 40 percent. For the agencies below 40 percent, the RFP field administrator and/or PFR conducted meetings with three RFPs at which recruitment efforts were discussed. Face-to-face meetings to discuss recruitment are scheduled for January 2020 with the four other agencies. Two of the agencies that are below 40 percent created and implemented a recruitment action plan in December 2019 to increase their number of new foster homes. The action plans consisted of detailed information concerning current barriers to their recruitment strategies and specific actions they need take to overcome those barriers. One of the agencies that implemented an action plan has already seen positive results as multiple new homes were opened in December.

Follow-up contact continues with supported foster parent applicants in the approval process for over 90-calendar days. From July through December 2019, 102 families were surveyed and 59 families reported they chose to move slowly due to medical issues, vacations, schedules, pregnancy, family dynamic changes, and wanting to be on hold for family issues. Eleven families reported no barriers or personal decisions were hindering them as they were in the final approval process. For the remaining 32 families, the most common barriers were agency contacts, out-of-state background checks, and issues with the training website system, Learning Management System (LMS). Most concerns reported were already addressed by the individual agencies; however, when a concern was not addressed it was reported to the agency to seek a solution. In regards to the LMS website, an upgrade was required that resolved the delay for foster families signing onto the system. Additionally, several meetings were held with all stakeholders to debrief the LMS upgrade and then two work flow meetings were held to follow-up on the upgrade in October and November 2019. During these meetings, discussion took place regarding bugs encountered in the system upgrade, fixes put in place to correct the errors, and then feedback gathered to maintain a smooth process for foster parents.

CWS Recruitment units continue to partner with RFP agencies, TFC recruitment, and Developmental Disabilities Services (DDS) recruitment for events when possible. Regional Recruitment units are setting up ongoing collaboration meetings with agencies in their areas, with Regions 1 and 4 already having successful meetings in place. CWS plans to implement quarterly meetings with all Recruitment staff, both internal and external, to further explore regional collaborative efforts, brainstorm ideas for recruitment and retention, and develop stronger relationships between Recruitment staff.

Recruitment units across the state continue to engage in retention activities. Recruitment staff routinely participate in FC&A support group meetings, and were successful in establishing several additional monthly support groups in the past six months. Recruitment staff work with local businesses to increase the number of community supports for families, offering assistance or discounted goods and services. In December 2019, members of regional Recruitment units participated in Christmas events centered on activities for current foster families and children in care. Additional "Mother's Day Out" type events were created to provide foster families with child care opportunities so they could complete daily tasks or have an evening out. Recruiters across the state also continue to follow-up with newly approved families 90 days post-approval to identify potential problems or issues the family may have encountered and provide additional supports.

Communication and Supports

A workgroup of Placement Line staff and CWS field staff continued work on the development of the Actovos program needs for CWS and RFP agency access. Actovos launched beta testing in Canadian County on 11/4/2019 as planned. Initially, the response from families who received a text message was very low. To determine why the response rate was low, CWS conducted a phone survey with several of the foster homes that received a text message about child placement. The survey provided information that foster families were confused by the text message's language so it was reworded to be clearer. Following the language changes, responses from foster families increased. During the beta

test, several other issues within the Actovos system were identified. The workgroup continues its work with Actovos programmers to resolve those issues. When the issues are fully resolved, the workgroup will implement Phase 2 of the pilot in the western half of Region 1.

CWS resumed work with the OK Benefits team on the foster parents' portal that would give access to information about children placed in their home and upload documents directly to their foster care specialist. The project was put on hold as the new OKDHS director requested an assessment of the work by an outside consultant. Based on the consultant's findings, the portal project is currently undergoing significant changes to align with the director's vision for OKDHS and client accessibility.

The CWS Community Partnerships team continues collaboration with the faith-based community through the CarePortal in partnership with the non-profit 111Project in 18 counties statewide. From 7/1/2019 to 12/31/2019, 1,128 children benefited from requests/needs that were met by churches. The estimated dollar value of these requests was \$97,211. Payne, Garfield, and Canadian counties were added during this time period.

To-date, the CarePortal partnership has allowed 248 churches statewide, including Sunday school classes, Life groups, and other church groups to serve a total of 7,192 children since 2016. In the last quarter, three new counties were opened and a full staff retraining in Oklahoma County was scheduled. A statewide strategic plan was created and adopted that outlines the goal to double the number of open counties by the end of 2020. Through the Community Partnerships team, training and technical assistance is available to all OKDHS staff internally as CWS continually strengthens the program and helps it have a widespread impact on the children and families served.

The University of Oklahoma (OU) National Resource Center for Youth Services (NRCYS) supports and coordinates 24 Network Support Groups, serving 32 counties, in the five regions of the state. Network Support Groups are active and supporting resource families in the following counties: Adair, Bryan, Atoka, Coal, Carter, Love, Cherokee, Comanche, Garvin, McLain, Grady, Hughes, Seminole, Johnston, Marshall, Kay, Lincoln, Logan, Kingfisher, Murray, Oklahoma, Osage, Pawnee, Payne, Noble, Pittsburg, Pottawatomie, Sequoyah, Stephens, Jefferson, Wagoner, and two in Tulsa County. The Comanche County Network Support Group is operating through a partnership among NRCYS, CWS, and One Church One Child. Development of additional Support Groups begins in January 2020 in Muskogee and Rogers counties. A partnership of NRCYS, CWS, and One Church One Child is being explored in the development of the Muskogee County group. All groups are open to CWS, contract, and tribal families serving children in OKDHS custody.

Network Support Groups, and the families that attend, benefit from a strong partnership between local CWS staff and assigned NRCYS staff. Resource families play a critical role in the development and maintenance of each Network Support Group. Their input is sought in every area of planning, including day of the week for the meeting, time of day, and topics presented. All Network Support Groups provide child care and a light meal. In many counties, community partners are providing these resources and in others, CWS staff assumed responsibility for the light meal and/or for providing the child care. All Network Support Groups meet at sites provided free of charge within the community. The Network Support Group design includes a resource parent facilitator for each group. While most groups operate under this framework, a few decided to have FC&A staff facilitate.

Training is provided at Network Support Group meetings during at least eight of the 10 required meetings each year. Network Support Groups emphasize problem solving within a team framework, and provide information to all groups and families on navigating the child welfare (CW) system and training on topics relevant to caring for children placed in their homes. Training topics are determined through input from the resource parents in attendance, who complete a survey at each meeting's conclusion that evaluates the meeting and provides input for future meetings.

Tulsa County's Recruitment units, in collaboration with NRCYS, implemented a Family Support Network Group to target foster families who are new and open a year or less. This group's first meeting was 2/11/2019 and since then the type of families in attendance has diversified to include seasoned resource parents as well. Consequently, the Network Support

Group now represents a cross section of resource families in Tulsa County. This diverse membership provides opportunities for newly-approved families to meet families who have successfully dealt with the challenges and rewards of providing care to children in the CW system. Naturally this interaction provides an avenue for mentoring and additional support. Average attendance at these meetings has been 13 parents. Tulsa County Recruitment staff attend and provide support at each meeting.

During the reporting period, 1,638 adults attended a total of 81 Network Support Group meetings statewide. The average attendance at each meeting was 21 adults. Of those families attending who chose to share their family type, data indicates that 324 kinship parents, 373 foster parents, and 41 adoptive parents were in attendance. Additional support groups, provided by a variety of community partners, are present in local communities statewide and are often attended by FC&A staff to support the families.

Potential resource families continue to utilize online training to complete their pre-service training requirements. From July through December 2019, 721 prospective resource parents enrolled in online training, 560 individuals completed the training, 226 withdrew, and 136 individuals are still in the completion process. The number of completions, withdrawals, and pending completions exceeds the number of enrollees due to carryover from earlier reporting periods. Feedback continues to be positive and families report that the training is interactive and useful.

Oklahoma, a pilot site for the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents, is currently in grant year two, which includes curriculum development with a plan to pilot the training in the spring of 2020. The two implementation and evaluation leads came to Oklahoma in August to meet with the state Infusion Team and a group of stakeholders. The state Infusion Team met to determine the best approach when piloting the new curriculum in Oklahoma. The state Infusion Team is made up of OKDHS and RFP employees, NRCYS, and foster parents. The stakeholder meeting brought people together who could support the pilot and are knowledgeable about NTDC. The state champions currently have monthly conference calls with the implementation and evaluation leads to work on plans for roll out, including Training of Trainers that occurred in January 2020. Training is expected to begin in the identified pilot counties on 4/1/2020.

Exit surveys with foster families that requested home closure continue to be facilitated by the Foster Care and Adoption Support Center (FCASC). Foster parents who choose to close their resource due to medical reasons or moving out-of-state or the country were not contacted. Exit surveys were completed by 71 of 192 foster parents (36.98%) whose homes closed between the months of July 2019 and November 2019. In addition to the 71 surveys received, 9 partial surveys were received but not completed past the 90 percent mark, which excluded them from being included in the analysis. Due to the fact that homes are called in the month following closure, exit surveys for resource parents who closed in December 2019 will be included in the next reporting period.

Information Obtained from the Surveys

- 72 percent reported a desire to focus on his or her own family as part of the decision to no longer foster.
- 39 percent experienced issues with his or her agency or OKDHS that influenced the desire to no longer foster.
- 72 percent stated they would consider fostering after time has passed.
- 41 percent would consider fostering in the future if changes were made to the CW system.
- 72 percent would recommend or consider recommending fostering/adopting with OKDHS or an RFP.

Positive Aspects of Being a Foster Parent

- 87 percent reported positively impacting children's lives.
- 65 percent identified giving back to those in need.
- 46 percent experienced support from their family, friends, and community.
- 44 percent had a good experience with OKDHS or their agency.
- 39 percent said supporting a biological family through reunification.

Challenging Aspects of Being a Foster Parent

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

Ways to Enhance the Experience as a Foster Parent

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

In addition to the six main questions, this survey invites foster parents to provide any additional feedback or comments. Participants are also given the opportunity to request contact from OKDHS to discuss more about his or her experience as a foster parent. A representative of the FC&A program attempts to contact each participant who requests it. This is an additional effort to provide foster parents with an outlet for intentional conversation about his or her experience. The exit survey reports are no longer provided to CWS leadership on a quarterly basis due to the low number of responses received per quarter. Quarterly data limits the sample size and validity of trend analysis. In the future, the exit survey report will be provided to CWS leadership every six months.

During this reporting period, planning began on the annual foster parent survey as an additional proactive measure to inform retention-related policies and practices. Through collaboration with OU, a periodic survey may provide a larger sample size and greater validity than the current exit surveys. Additional benefits would be:

- identifying statistically significant variables in the satisfaction of existing foster families;
- making recommendations to improve satisfaction; and
- measuring the impact of changes in policy or practice on foster family retention.

Annual data, reporting, and trend analysis would also allow for a longitudinal evaluation of foster parent satisfaction. Members of FC&A program team continue their work with OU to develop annual survey questions and a timeline for implementation. FC&A leadership will have further discussions regarding discontinuing exit surveys as the annual surveys are implemented. CWS anticipates the annual survey will provide quality information from a larger population of current foster parents.

As an additional effort to retain quality foster families, FC&A supervisors or field managers call any resource home in good standing that requested home closure. This call identifies whether barriers to their continued foster care participation could be resolved and offers thanks for their service as foster parents. CWS continues to use both the YI023 – Open Resource report and the YI035 – Closed Resource report to monitor retention contacts. For the months of July through December 2019, per the YI023 – Open Resource report, nine homes received retention contacts and remained open. Per the YI035 – Closed Resource report, 32 homes received a retention contact and eventually closed. The calls are not yet fully embedded into practice, which resulted in a minimal total number of retention calls for this time period. FC&A leadership is currently evaluating retention call effectiveness to determine if and/or how this activity should be re-messaged to staff.

Conclusion

In SFY 14, 763 new foster homes were open and the number rose steadily to peak at 1,080 in SFY 16. At the same time, the number of children in OKDHS out-of-home care continued to decrease resulting in needing fewer homes to be opened. CWS and RFPs are currently on track to recruit well over 800 new homes in SFY 20. Clearly, Pinnacle Plan measures and the Core Strategies that were implemented to recruit new foster parents for children in care were successful. CWS also put efforts in place to better support and retain foster parents, such as building strong collaborations with the RFP agencies, community partners, and increasing the number of quality foster parent support groups statewide. CWS streamlined both processes and forms to move families more quickly through the approval process, developed online training to assist in timely completion, and revised policies to allow for less burdensome yearly reviews. Additionally, more flexibility exists for using informal care, which includes the implementation of reasonable and prudent parenting standards. CWS made significant efforts to improve the foster parenting experience, which is revealed in exit survey results that say the majority of foster parents would recommend fostering to someone they know, as well as the net gain of 47 homes that CWS had for SFY 19. Through these many collaborative efforts, recruitment and retention of foster homes is on a more positive track since reform began.

2.3: New Therapeutic Foster Care Homes

Operational Question

How many new Therapeutic Foster Care (TFC) homes were opened in State Fiscal Year (SFY) 20?

Data Source and Definitions

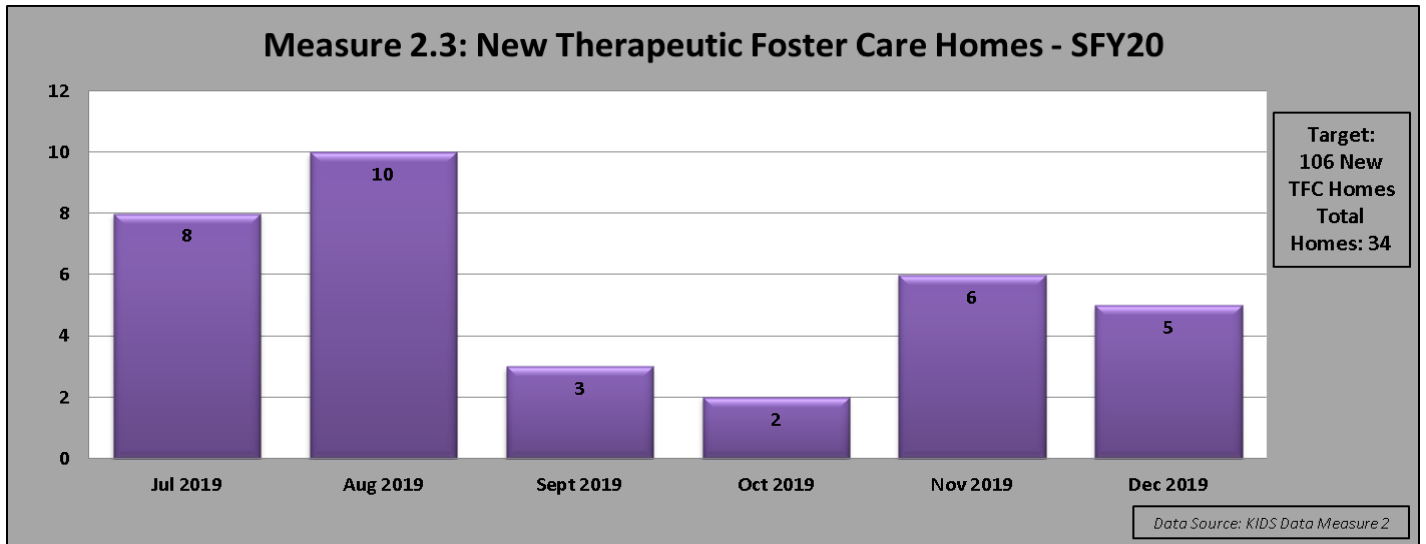
Total count of new TFC homes includes all new TFC homes by month that were opened using the agreed upon criteria.

Trends

Reporting Period	Population	Result	
SFY 20 Baseline		97 TFC homes open as of 7/1/2019	
7/1/2013 – 12/31/2013	All new TFC homes opened in the first half of SFY 14	55 TFC Homes	107 Total TFC Homes opened in SFY 14
1/1/2014 – 6/30/2014	All new TFC homes opened in the second half of SFY 14	52 TFC Homes	
7/1/2014 – 12/31/2014	All new TFC homes opened in the first half of SFY 15	66 TFC Homes	137 Total TFC Homes opened in SFY 15
1/1/2015 – 6/30/2015	All new TFC homes opened in the second half of SFY 15	71 TFC Homes	
7/1/2015 – 12/31/2015	All new TFC homes opened in the first half of SFY 16	43 TFC Homes	105 Total TFC Homes opened in SFY 16
1/1/2016 – 6/30/2016	All new TFC homes opened in the second half of SFY 16	62 TFC Homes	
7/1/2016 – 12/31/2016	All new TFC homes opened in the first half of SFY 17	36 TFC Homes	59 Total TFC Homes opened in SFY 17
1/1/2017 – 6/30/2017	All new TFC homes opened in the second half of SFY 17	23 TFC Homes	
7/1/2017 – 12/31/2017	All new TFC homes opened in the first half of SFY 18	17 TFC Homes	36 Total TFC Homes opened in SFY 18
1/1/2018 – 6/30/2018	All new TFC homes opened in the second half of SFY 18	19 TFC Homes	
7/1/2018 – 12/31/2018	All new TFC homes opened in the first half of SFY 19	7 TFC Homes	16 Total TFC Homes opened in SFY 19
1/1/2019 – 6/30/2019	All new TFC homes opened in the second half of SFY 19	9 TFC Homes	

7/1/2019 – 12/31/2019	All new TFC homes opened in the first half of SFY 20	34 TFC Homes	34 Total TFC Homes opened in SFY 20
Target		106 New TFC homes opened by 6/30/2020	

Section 3, Table 2.3-1



Section 3, Graph 2.3-1

Commentary

As of 12/31/2019, Child Welfare Services (CWS) opened 34 TFC homes that were counted as new according to the Pinnacle Plan criteria. Of these 34 therapeutic homes, 10 homes were opened as TFC and 24 homes opened as Intensive Treatment Family Care (ITFC). The target for new homes by the end of SFY 20 is 106 homes. CWS achieved 32.1 percent of the SFY 20 target for new homes in the first half of the SFY. As of 7/1/2019, 97 TFC homes were open statewide. During the first half of SFY 20, 28 TFC homes opened and 18 TFC homes closed, leaving 107 homes open as of 12/31/2019, for a net gain of 10 homes.

As part of building a more robust continuum of care, the TFC Program team continues on the path of innovation, developing creative and innovative ideas to ensure the behavioral health needs of custody children are met. One step in that direction was to move the TFC program team under the deputy director for Foster Care and Adoptions Programs to streamline the family-based placement process. CWS also created a position directly responsible for leading and managing the development of the continuum of care.

In order to better understand the placement needs of children in care, CWS began the process of assessing a sample of children, either placed or awaiting placement in TFC or higher levels of care. This led to ongoing efforts to fully understand the needed placement array with a plan for completion of the needs analysis in February 2020. Concurrently, CWS is working on development of the Child and Adolescent Needs and Strengths (CANS) tool to better assess individual needs of children in care in Oklahoma.

While overall placement needs of the agency are being assessed, CWS also began a Multidisciplinary Team (MDT) staffing process for children currently in care either needing to step down from higher levels of care, or those on waiting lists for higher levels of care.

Recruitment continues to be a main focus area in which CWS provides increased supports to the TFC agency partners. Regarding children's behavioral health needs, CWS began to explore additional efforts to partner with the Oklahoma Health Care Authority (OHCA) to ensure children receive needed therapeutic services.

In December 2019, CWS began developing and piloting, the Enhanced Foster Care program providing for families caring for children with higher level needs, supports and services similar to those provided by TFC agencies. Development of this program included collaboration and partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), to ensure families and children were receiving the needed mental health services immediately upon placement.

CWS has requested and received approval for a technical assistance agreement with the Annie E. Casey Foundation specifically for help around development of a placement continuum as well as additional supports for the child welfare program.

Needs Assessment

In an effort to better understand the needs of children in care, improve connection to services and inform the development of an improved continuum of care, CWS completed a needs assessment in November 2019 on a sample of children currently in the custody of the Oklahoma Department of Human Services (OKDHS). CWS intends to utilize information obtained through this assessment to address both system changes for the full population of children and youth in OKDHS custody and better meet the individual needs of the children and youth included in the sample population.

The population assessed included children and youth who a request for TFC services was denied from 6/1/2019 to 6/30/2019, on the wait list for TFC services as of 8/29/2019, under the age of 13 in a group home as of 8/29/2019, and under the age of 13 on a waitlist for group home services as of 8/29/2019. This population was specifically chosen because of their complex needs and a suspicion that these children and youth may be underserved.

Following completion of the needs assessment, CWS leadership held a three-day meeting facilitated by Casey Family Programs with the attendance of the Annie E. Casey team and leadership teams of three sister agencies, OHCA, ODMHSAS, and the Office of Juvenile Affairs (OJA) to identify ways to better collaborate on meeting the needs of children served by all of these state agencies. The meeting resulted in ongoing collaboration and enhancements in how children are being served in Oklahoma.

CWS recognized a need to further understand the needs of children in care and began taking a deeper dive into the data to further develop the overall needs analysis regarding placement for children with higher level needs. This analysis is scheduled to be completed in late February 2020 and will more fully identify the placement array needed to serve children in out-of-home care in Oklahoma.

CANS

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed to support decision-making, including level of care and service planning. CWS has put a team of clinicians, field staff, and program staff together to work with the CANS development team to determine how best to use the tool in conjunction with the behavioral health screener for children being served. Among other things, CWS plans to utilize the CANS to assist staff in determining the needed level of placement specific to Oklahoma's placement array.

MDT Staffings

In December 2019, CWS began implementation of an MDT staffing process. This was developed to thoughtfully plan for the needs of children and youth needing higher levels of care. The MDT is composed of representatives from TFC and Resource Family Partner (RFP) agencies, ODMHSAS, OHCA, Tribes, Actively Seeking Kinnections (ASK) representatives, Adoption Transition Unit (ATU), Child Welfare Clinical Team, and other valuable community partners. The child's assigned specialist, supervisor, and district director are required attendees to ensure quality information is presented on the child. The staffing aims to gather information about the child's history, functioning, and identified needs to assist the team in developing plans to better support the child with the appropriate services, including successful discharge

planning from higher levels when indicated. The goal of the meeting is to develop clear action steps to further support meeting the needs of the child, while focusing on the permanency goal.

Recruitment Efforts

Recruitment of TFC and ITFC homes continues to be a CWS priority. To better understand the barriers to recruitment, CWS leadership began meeting face-to-face on a monthly basis with the TFC partner agencies in June 2019, including participation of OHCA beginning in October 2019. Through these meetings it was determined the rate provided to the agencies and families needed to be increased and child care needed to be provided by OKDHS for children placed in TFC when appropriate. In September 2019, OKDHS was able to approve paid child care for children placed in TFC homes based on the needs of the individual child and or family. OKDHS was also able through work with OHCA, to get a rate increase in place that became effective in October 2019. The agencies felt this would allow them to hire additional staff and/or have the funds to do additional recruitment activities. Part of the rate increase was passed along to the families to assist with the additional costs of providing for children with higher level needs.

Enhancements to the approval process have also been discussed through these monthly meetings as well as in on-going meetings between CWS and the OHCA team. The interpretation of whether a child will meet medical necessity criteria for TFC placement based on IQ was clarified. This is a child specific determination factoring in several issues, including the child's ability to benefit from the services provided by the specific agency rather than an automatic denial as was previously understood.

Through review of denials, it was determined that often children were denied due to a lack of information provided to OHCA. CWS and OHCA agreed to a reconsideration process for children denied for TFC placement. This process allows the program staff or the child's specialist to provide to OHCA any additional information obtained to assist in the determining whether the child meets the medical necessity criteria. All denials are now reviewed by the TFC program staff. If it is determined a reconsideration request should be made, the child's specialist or the program staff may initiate that process with OHCA. TFC program staff are tracking the reconsiderations and including those in the reporting information to the Co-Neutrals on a monthly basis with the approval and denial statistics.

In addition to the reconsideration process being developed, OKDHS and OHCA have partnered to work on the language in the medical necessity criteria for submission to the Centers for Medicaid and Medicare Services (CMS). This submission, if approved, allows the child the ability to remain in a current level of care to keep the child from regressing or to sustain the gains made from a higher level of care in the absence of moderate or severe behavioral symptoms. Additional revisions of the Medicaid rules are underway and will be submitted to CMS at the appropriate time.

Continued conversations are occurring with current RFP providers and other community providers regarding offers of a TFC contract. There has been an expressed interest from a few agencies with further exploration occurring. A TFC contract was offered to a current RFP agency, TFI, who in previous years had a TFC program. TFI recently had a management change and decided to re-engage to provide therapeutic foster care. They are currently working on recruiting TFC families as well as evaluating any traditional homes that could step up to TFC while awaiting their OHCA contract. Two additional agencies who previously provided TFC services have indicated interest in re-engaging with CWS to provide TFC and those conversations are continuing.

Along with recruitment of additional partners to provide TFC services, in October 2019, TFC Program staff sent a letter to current traditional foster families regarding the TFC/ITFC program, to inform current families of the need for therapeutic level homes and the process for a home to step up to be a TFC or ITFC home if interested. CWS Resource staff used their October 2019 monthly contact to discuss the TFC/ITFC program with current foster families. The letter and monthly contact resulted in five families expressing interest in providing a higher-level care. Feedback from these conversations indicated additional families were interested, but did not want to transfer to other agencies.

Pipeline calls for new homes are conducted bi-weekly, led by a TFC program field representative (PFR) and held with each agency individually. During these calls, barriers to approval are discussed and the TFC PFR helps provide technical assistance as needed. In addition, TFC Program staff helps agencies with references, training, copying files, or other tasks needed to assist a family in the process. Individual logs are subsequently sent to each agency to review and make any changes. For tracking purposes, pre-resources are now created for homes in the approval process with a received application. Currently 21 TFC homes and 4 ITFC homes are in the process. TFC Program staff are trained as trainers for Pressley Ridge to prevent training from being a barrier to certification of new homes. Three new TFC Programs staff were trained in October 2019 and pre-service training can now be facilitated by CWS staff as needed.

Foster Care and Adoptions (FC&A) staff are actively recruiting for TFC/ITFC homes both through review of current homes providing traditional foster care services and through recruitment efforts by the entire Foster Care and Adoption recruitment team. In November 2019, CWS Recruitment staff held a joint meeting with TFC agency recruiters and directors to discuss recruitment strategies and partnerships moving forward. In December 2019, CWS Recruitment staff, along with agency partners, received training from Annie E. Casey focused on recruiting families for higher levels of care.

Currently multiple recruitment efforts are ongoing that incorporate TFC/ITFC recruitment. One of those efforts was a four-week radio advertisement with Perry Broadcasting (KJMM) which generated approximately seven inquiries for TFC directly. The phone number for the Foster Care and Adoption Support Center was also provided on these advertisements; however, any calls through the Support Center were not tracked for this specific recruitment effort. TFC recruitment advertisements consisted of:

- 100 15-second commercials;
- 100 30-second commercials;
- 3 Facebook and Instagram branded content posts;
- 300 x 300 banner link on the KJMM website; and
- community awareness live interview with the Region 5 recruiter.

When a new foster home inquiry is received, a list of TFC agency websites/contact information is provided for reviewing and choosing an agency.

In December 2019, the Oklahoma Nurse Association published an article written by TFC Programs that will continue into the next year. The December 2019 advertisement resulted in three inquiries. One interested foster parent applicant is currently engaged in the certification process.

TFC Brochure with Perforated Card and ***TFC Brochure*** were updated in January 2020 to reflect the new daily rate and all CWS recruiters and TFC agency staff were provided copies of updated brochures. TFC Program staff created and provided updated ***Foster Care Comparison Charts***, ***TFC Highlights***, ***ITFC Highlights***, and ***TFC-ITFC Talking Points***. TFC staff and one TFC agency partner collaborated with CWS Recruitment staff and participated in the Region 2 recruitment and adoption event in December 2019. TFC Program staff also presented information on TFC/ITFC at the event, which engaged one family in the initial process. In the fall of 2019, TFC Program staff worked recruitment booths at the Cleveland County Fair, Oklahoma State Fair, and the Tulsa State Fair. Multiple inquiries were received through these events; however, most were interested and referred to traditional Foster Care or Adoption staff.

Quality Services within the TFC Program

As previously reported many changes were made to the TFC Program. Almost one year ago, the initial implementation of the Pressley Ridge training began. Overall, the input and feedback from agencies and foster parents was very positive. The treatment team meeting guides were also implemented just over a year ago. The general feedback from agency partners was positive as they report the meetings are now more intentional, productive, and informational about the child's permanency plan. Recruitment remains a primary focus for the TFC and ITFC Program and CWS enhanced those efforts by involving the FC&A recruiters in this effort. Furthermore, to better serve the children on the

TFC/ITFC waitlist and ensure vacancies are utilized appropriately, the TFC Program has enhanced the process for waitlist calls with the TFC partner agencies.

Treatment Team Meetings

When TFC discovered the lack of consistency among providers regarding the manner in which treatment team meetings were conducted, additional processes were implemented. These processes put into place were to ensure all agencies were conducting meetings in the same fashion, covering the same information, and as consistent as possible in their practice. First, TFC Program staff created an email template for treatment team meeting notifications that each agency provided to the child's team with no less than a two-week notice. All parties are expected to meet face-to-face and in a confidential location. Second, the TFC Program team, with input from the providers and the Oklahoma Health Care Authority (OHCA), created a treatment team meeting guide that outlined the areas for discussion focusing not only on the child's behavioral needs, but also ensuring case plan goals and barriers were discussed as well. The feedback from agency partners was positive as they report more focused and intentional meetings, as well as obtaining current and accurate case plan information for their child in care. When available, TFC Programs staff attend the treatment team meetings and review the guides when received. Upon completion of the treatment team meeting, the agencies are forwarding the completed, signed guide to the TFC Program. TFC Program staff review the guides and ask questions or provide feedback as appropriate, then save the guide into the child's case in the KIDS File Cabinet.

TFC Waiting List

The waiting list continues to be reviewed daily by TFC Program staff. The waiting list is also sent to TFC agency partners weekly by email. Daily communication with TFC agency providers continues about the waiting list and the need for placement. Previously, bi-weekly waiting list calls were conducted by conference call with all agencies present. Recently, a change was made to improve this process. The waiting list calls are conducted with each agency individually to further the discussion on the individual vacancies and provide a better resource home match for children on the TFC waiting list. Each TFC agency's CWS liaison holds a waiting list call bi-weekly to discuss the agency's vacancies.

Behavioral Health Consultants (BHCs)

TFC Program staff consistently provided the names of children denied TFC to the BHCs with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for follow-up to help ensure adequate behavioral health services were identified for the child. Recently, in partnership with the ODMHSAS, CWS implemented a similar protocol to include children denied for ITFC, as well as those children approved for TFC and ITFC, for which placement was not identified. Essentially, TFC and ITFC approved children are on the waiting list and monitored daily for placement. This consultation ensures services can be implemented to meet the child's behavioral health needs regardless of placement type while waiting for a TFC placement. For those children approved with a pending TFC placement, the TFC Program team does not request a consultation from the BHC team. All other children approved and currently on the waiting list without a pending placement are forwarded to the BHC for consultation. The child's CW specialist and BHC discuss the case and child's behaviors and needs, and then the BHC makes service recommendations for them. TFC programs staff monitor the communication with BHC and the child's child welfare (CW) specialist. Approvals and denials for TFC applications are displayed in Section 3, Table 2.3-2.

TFC Applications	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019
Approvals	36	26	29	37	28	30
Denials	23	26	21	7	11	17
Total	59	52	50	44	39	47

Section 3, Table 2.3-2

ITFC Program Development

Five children were initially entered into the ITFC program in June 2019. In December 2019, the first child successfully completed and stepped down from ITFC. This child was denied TFC since he did not meet the medical necessity criteria.

However, this child was able to step down to traditional level care and maintain placement in the same resource home through the Enhanced FC program. The child made tremendous progress in ITFC and CWS wanted to ensure the child was able to remain in the current placement. Currently, 19 children are placed in ITFC; with a plan for a step-down to occur for some of these children at the beginning of 2020. At that time there were 16 children on the ITFC waiting list, two with pending ITFC placements. These children are regularly staffed for placement during the waiting list calls. In addition, constant email communication occurs with the agencies regarding children on the waiting list and the need for placement. TFC Program staff maintain frequent communication with the BHCs to ensure follow-up is occurring with the child's specialist to determine appropriate services to best meet the child's needs.

Enhanced Foster Care (EFC)

Because of the continued need for additional foster families willing to serve children with higher level needs, CWS began development of an EFC program. This program will allow CWS to serve children with complex needs in family-based settings by providing an increased rate of payment and comprehensive evidence-based treatment to the child and family. The program is intended to provide services and supports much like those provided to TFC families, while allowing a child to remain with or be placed with kin or in a traditional foster home.

CWS collaborated with ODMHSAS to identify needed therapeutic services and supports for children placed in the EFC program. This included working with community based providers located where the child is residing so the child and family could receive the needed services to support the placement. ODMHSAS also developed a new care manager position to oversee this program, including coordination of initial intakes and follow-up to ensure children and families are receiving the agreed upon services and supports.

Once a plan was established with the community providers, CWS identified a group of children based on the needs assessment that was completed in November 2019. The first group to implement the pilot included those children on the TFC waiting list who were currently placed in a kinship, traditional or supported foster home. Seven children were identified that met this criteria. Once identified, these children were reviewed to determine if placement in EFC was appropriate based on the child's needs and family's ability and willingness. The assigned CW specialist, as well as the Resource specialist, were contacted to determine if the home was appropriate to continue the child's placement in the home with enhanced services and supports being provided. When the child's CW and Resource specialists agreed that EFC was appropriate, the family was contacted and EFC was discussed.

When the family agreed, CWS program staff notified the care manager for ODMHSAS who then coordinated an intake assessment with a provider in the family's area. Once the foster family agreed to participate in the EFC program, a supplemental rate of \$400 was added to their monthly foster care reimbursement. In December 2019, seven children were identified and efforts began to provide the additional services and supports to those children and families. The EFC program is in the preliminary development stages, with an additional group of children being identified who could benefit from this level of services and supports.

CWS has also requested the Resource staff for both CWS and RFP agencies identify a small number of families by the end of February 2020 who have demonstrated the ability to meet the higher level of needs of children in care to discuss willingness to provide EFC level of services, in order to expand the program. CWS will continue efforts in collaboration with ODMHSAS as well as OHCA to develop this program more fully.

Conclusion

The TFC program has experienced challenges since the reform began; however, several positive changes impacted the program during this reporting period. In recent months, the TFC Program was moved under the Foster Care and Adoption deputy director in the CWS organizational structure, allowing for streamlining of strategies across family-based placements. OKDHS has placed a focus on building stronger collaborative relationships with partner agencies including TFC provider agencies, OHCA, and ODMHSAS. This is evident through recent partnership efforts, including

- monthly joint meetings with OKDHS, TFC agency providers and OHCA,

- collaboration on medical necessity criteria "sounds like" decisions for TFC,
- formalizing a reconsideration process for denial of TFC placement,
- ongoing development of the ITFC program in conjunction with OHCA,
- rate increases for TFC,
- paid child care for children placed in TFC homes, and
- conversations focused on quality reviews between OHCA and TFC agency providers.

Process changes to the TFC Program focused on resource home recruitment and assistance delivered to the TFC agency providers. Creation of internal CWS recruiters specific for TFC and later requiring CWS FC&A recruiters to seek both TFC and ITFC families yielded continued practice enhancement. CWS also focused on practice improvements to include the: uniform treatment team meeting guides to ensure consistency; Presley Ridge training model for pre-service training; requirement for TFC agency providers to follow CWS policy for foster care development and certification of homes; and creation of the ITFC program. To ensure children have their behavioral health needs met when on the TFC waitlist or denied for TFC, CWS involves the BHCs to ensure appropriate services are provided. Most recently, CWS implemented the Enhanced FC program designed to identify and fill gaps in services to better serve the children who qualify for TFC but are on the waitlist. While progress in this area is not evidenced in the data, it is imperative to evaluate the progress made to practice in recent months and the continuing efforts made to ensure all children have the appropriate services to meet their level of need.

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

The following examples provide evidence of these changes. The first involves a child who was stepping down from ITFC who no longer met criteria for TFC, but was able to remain in the same family home through the supports of the EFC program. The second involves a child who had been in a group home placement for a long period of time, due to a combination of behavioral health and medical issues, who met criteria for ITFC however was able to be placed in a TFC home with additional supports. In this instance the family did not meet the criteria to be an ITFC home as both parents worked out of the home. For this particular child, behaviors at school were significant issues, but both foster parents worked at the school which made for a perfect solution to help him in managing his behaviors. Without the ability to customize services and supports for each individual child, we would not see this type of success for children in out-of-home care.

Ongoing efforts in this direction will yield a system better able to meet the needs of all children; those currently in out-of-home care, those who will be reunified or adopted, and ultimately those who are able to remain safely in their own homes.

7.1: Worker Caseloads

Operational Question

What percentage of all child welfare (CW) workers meet caseload standards, are close to meeting workload standards, or are over workload standards?

Data Source and Definitions

Utilizing the standards set forth in the Pinnacle Plan, each individual type of case is assigned a weight and then the weights are added up in order to determine a worker's caseload. The consolidated workload tracking process allows Oklahoma to factor in the worker's "Workload Capacity." The chart below represents the consolidated workload tracking process. A snapshot is taken every morning at 12:00 am of the workload of all CW workers. The entire workload of workers with a qualifying case assignment of Child Protective Services (CPS), Permanency Planning (PP), Family-Centered Services (FCS), Adoption, and Foster Care are calculated and compared against the caseload standards. The workload is classified as meeting standards if it is 100 percent at or below a caseload. When the workload is over 100 percent but less than 120 percent of a caseload, it is considered to be "over but close"; otherwise, the workload is considered to be over the standard. The measure tracks each worker each day to determine if they meet the standard, and this is called a "worker day." Work performed by CW specialists is broken into multiple categories. This measure looks specifically at all CW workers (total), PP, FCS, CPS, Adoption, Foster Care, and Comprehensive workers. As of 12/31/2016, the Oklahoma Department of Human Services (OKDHS) began using the YI768C as the data source for the Workloads reporting measure, which is a point in time number of workers who are meeting workload standards on the last day of the reporting period. All previous reporting periods were updated to reflect this data.

Description of Denominator and Numerator for this reporting period

Denominator: The number of all CW workers in Adoptions, Foster Care, FCS, CPS, and PP that were caseload carrying eligible on the last day of the reporting period with at least one assignment on their workload.

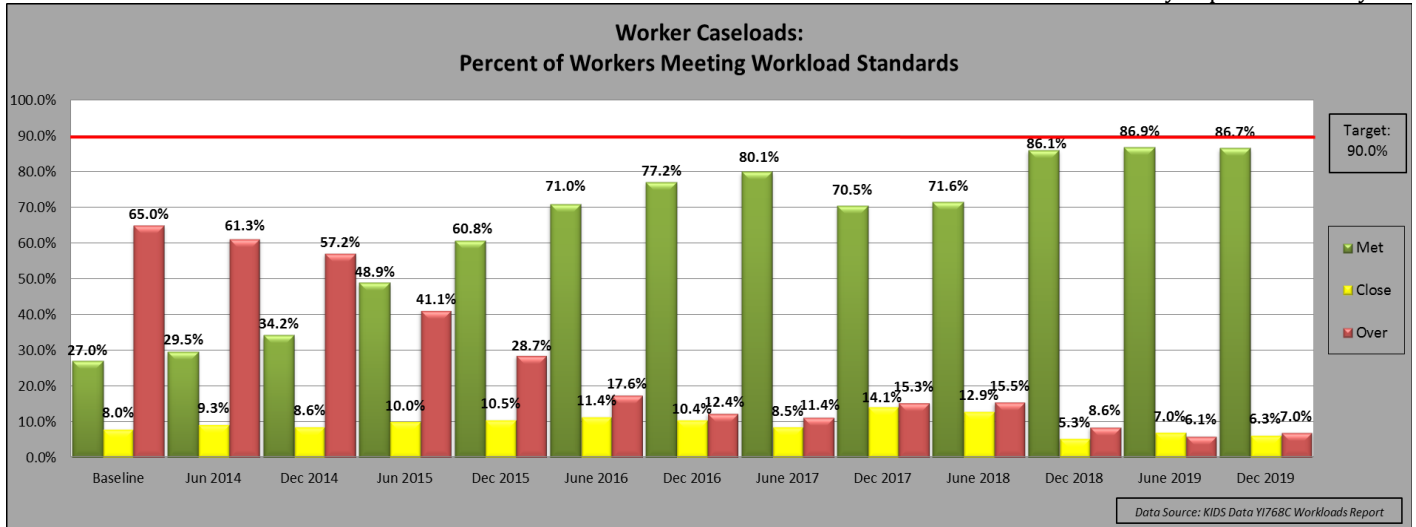
Numerator: Number of worker days where workers met the standard carrying a caseload of 100 percent or less of their calculated workload capacity.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 1/1/2013 – 6/30/2013	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP			27.0%
1/1/2014 – 6/30/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	359 Workers	1219 Workers	29.5%
7/1/2014 – 12/31/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	419 Workers	1227 Workers	34.2%
1/1/2015 – 6/30/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	658 Workers	1345 Workers	48.9%
7/1/2015 – 12/31/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	912 Workers	1501 Workers	60.8%
1/1/2016 – 6/30/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1176 Workers	1656 Workers	71.0%
7/1/2016 – 12/31/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1274 Workers	1651 Workers	77.2%

1/1/2017 – 3/31/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1212 Workers	1644 Workers	73.7%
4/1/2017 – 6/30/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1299 Workers	1621 Workers	80.1%
7/1/2017 – 9/30/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1037 Workers	1562 Workers	66.4%
10/1/2017 – 12/31/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1097 Workers	1555 Workers	70.5%
1/1/2018 – 3/31/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1113 Workers	1546 Workers	72.0%
4/1/2018 – 6/30/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1106 Workers	1545 Workers	71.6%
7/1/2018 – 9/30/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	934 Workers	1490 Workers	62.7%
10/1/2018 – 12/31/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1250 Workers	1451 Workers	86.1%
1/1/2019 – 3/31/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1312 Workers	1487 Workers	88.2%
4/1/2019 – 6/30/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1295 Workers	1490 Workers	86.9%
7/1/2019 – 9/30/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1150 Workers	1486 Workers	77.4%
10/1/2019 – 12/31/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1314 Workers	1516 Workers	86.7%
Target				90.0%

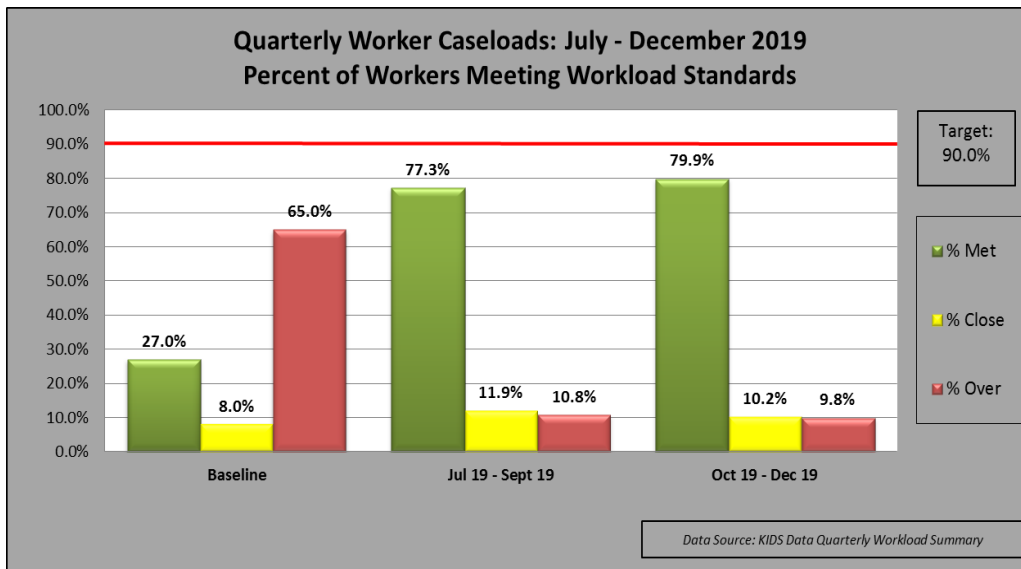
Section 3, Table 7.1-1



Section 3, Graph 7.1-1

Commentary

A one-day snapshot of the workload data is represented in Section 3, Graph 7.1-1. As of 12/31/2019, using the point-in-time Y1768C Workload data report, the percentage of CW workers meeting the standard is 86.7 percent, with 6.3 percent close, and 7.0 percent over the standard. Of the 1,516 workers, 1,314 workers were meeting workload standards, 95 workers were close, and 107 workers were over the standard.



Section 3, Graph 7.1-2

Quarterly Workload Standards Report				
October 1, 2019 - December 31, 2019				
Worker Type	Worker Days	% Met	% Close	% Over
ADOPTION SPECIALIST	5034	95.0%	2.5%	2.4%
RESOURCE FAMILY SPECIALIST	18252	86.3%	11.7%	1.9%
COMPREHENSIVE	5652	81.3%	11.4%	7.3%
PERMANENCY PLANNING	54984	78.1%	11.1%	10.8%
PREVENTIVE/VOLUNTARY	6594	84.3%	8.0%	7.7%
INVESTIGATION	39878	73.0%	11.3%	15.6%
RECRUITMENT	3574	100.0%	.0%	.0%
ADOPTION TRANSITION SPECIALIST ATU	4030	99.2%	.8%	.0%
TOTAL	137998	79.9%	10.2%	9.8%

Data Source: KIDS Data Quarterly Workload Summary Ending 12/31/19

Section 3, Table 7.1-2

Commentary

In addition to the point-in-time reporting of workloads, a snapshot of each worker's workload is captured for every day during the quarter. The total days during the quarter that each worker is meeting, close, and over workload standards is then reported in the Quarterly Workload Standards Report. This number differs from the point-in-time report taken from the YI768C, as this quarterly report reflects all days during the quarter. This report counts the number of days workers were meeting, close, or over workload standards; whereas, the YI768C report is reporting on the number of workers. For the quarter of 10/1/2019 through 12/31/2019, there were a total of 137,998 worker days. Of those days, workers met workload standards 79.9 percent of the worker days, workers were close to workload standards 10.2 percent of the worker days, and workers were over workload standards 9.8 percent of the worker days.

Leadership Oversight of Caseloads

Establishing and maintaining manageable caseloads for CW caseworkers is essential to child safety, well-being, and permanency. Child Welfare Services (CWS) remains committed to achieving caseload standards for CW workers and caseload standards for supervisors:

In the first quarter of State Fiscal Year (SFY) 20, CWS faced significant challenges with its performance on managing caseload expectations. These challenges included:

- Increased referrals. Referrals received from July – September 2019 increased by five percent over the same time frame in SFY 19. In September 2019, the number of referrals received was 17 percent higher than the monthly average. In September 2019, the total number of referrals was 7,970 referrals. This was the highest monthly total of referrals ever received.
- Increased accepted referrals. The number of referrals accepted in September 2019 was 20 percent higher than the monthly average throughout SFY 19, peaking at 3,720. This is the highest number of accepted referrals in a month since April 2002. This increase resulted in an additional 631 accepted referrals, which averaged 21 additional assigned referrals per day.
- Slight increase in removals. Statewide, through SFY 19 an average of 375 children were removed per month. In the first quarter of SFY 20, the monthly average was 397, which is 22 children above the monthly average.
- Decrease in exits. Statewide for SFY 19, an average of 404 children were exiting care per month. In the first quarter of SFY 20, the monthly average was 368, which is 36 children below the monthly average. Comparing the first quarter of SFY 20 to the first quarter of SFY 19, the average number of children exiting care was down 61 children per month.

The CWS Executive Team engages in weekly workload calls to focus on workload performance, barrier identification, and sharing management strategies. The Oklahoma Department of Human Services (OKDHS) created a new and enhanced spreadsheet titled Workload Trends Report to track workload trends. This report is provided to the OKDHS Statewide Leadership Team twice a week. The workload trends report is utilized as the focus point of the CWS Executive Team's

weekly workload calls. In addition, each deputy director communicates with his or her leadership teams weekly to discuss local progress and identify barriers. The Workloads Trends Report includes a variety of data to assist in workload management. The district-specific data includes capacity percentage; compliance percentage; number of employees in the met, close, and over categories; total work percentage; eligible work percentage; number of staff not eligible to carry work; number of staff who will promote to the next graduated standard, 50 percent to 75 percent or 75 percent to 100 percent, each month and eligible to carry cases; number of staff over 150 percent, 175 percent, and 200 percent; and eligible workloads leaving the agency due to employee separations.

The following were identified barriers and short-term solutions during this reporting period:

- Completely filling vacancies has always been a challenge for CWS. As the total number of CW specialists increased, the number of vacancies remained fairly steady across the state. The continuous hiring announcement continues to be considered as an improvement when compared to previous announcement process. In addition, regional directors discussed their local hiring processes with their district directors and made adjustments when necessary. This resulted in local improvements to increase the hiring rate within some districts, including Tulsa, a district that has struggled with significant workload compliance issues. Due to these adjustments, Tulsa hired nearly as many staff in the month of September as it had in the previous three months.
- CWS identified that initiating CORE training for new CW specialists was delayed due to an increased number of new hires following the implementation of the continuous hiring announcement, which resulted in filling positions at an accelerated rate. New hires were not able to start CORE until four to eight weeks after employment began due to the full capacity of scheduled CORE academies. CWS lacked the adequate number of CORE academies to match the hiring pace of new CW specialists. This was promptly addressed by doubling the frequency of CORE trainings and front-loading the fall academies with new staff hired as CPS specialists. CWS made significant changes to CORE based on field feedback, which is outlined further in the New CORE Outline/Changes section.
- In October 2019, OKDHS Human Resource Management launched a new web-based applicant management system and expedited hiring process. The new system reduces the time it takes to fill vacant positions and drastically increases the ability to reach potential applicants. JazzHR, the new system, is a real-time applicant management system that allows hiring managers to see qualified applicants immediately after they apply. All positions open to external candidates are automatically posted on over 20 job sites including: Indeed, ZipRecruiter, LinkedIn, Glassdoor, Google, Facebook, and more. There is no longer a need to wait for an announcement to close or receive an applicant list to fill vacant positions. Announcements stay open until the position is filled, which means no closing dates or re-announcements are needed.
- Each district faced unique challenges requiring the development of district-specific plans of action. Action steps included adjusting the assignment of investigations, engaging non-CPS staff in assisting CPS staff with any tasks in which they were skilled, offering local refresher CPS training to non-CPS staff, approval of overtime statewide for activities related to reducing workloads, hiring former staff as temporary employees, and ensuring district and regional lines did not create hiring barriers. The action plans focus on any districts not showing at least 70 percent of specialists meeting workloads and any districts with a significant difference between workforce capacity and workload compliance. These strategies resulted in a positive trend statewide and in a majority of the targeted districts. Regional and district workload improvement plans were updated by 11/15/2019 to reflect improvement, celebrations, barriers, solutions, and action steps for continued improvement.

The weekly workload calls among the CWS Executive Team continue as an ongoing effort to improve and stabilize workloads. The regional deputy directors conduct weekly calls or meetings with their district directors to remain focused on employee retention and support through workload management.

While there was an immediate need to address workload performance with short-term strategies during this reporting period, CWS wants to identify long-term strategies that minimize the impact of seasonal increases in work and ensures staff is equipped to be both competent and efficient. This is most likely to occur in a workforce that has quality supervision and high retention.

Current Long-term Strategies:

- Complete the roll out of the Safety through Supervision Framework, an improvement in the training and support of all supervisors that is focused on quality of supervision. Training and transfer of learning activities were completed in three regions, and will be completed statewide by May 2020.
- Anticipate future workload increases by aggressively hiring at the end of the calendar year so that new staff can be trained and accepting workloads by July when referral volume predictably increases. This requires "over-filling" in high turnover, high workload districts. The target is to eliminate the statewide total number of vacancies. While turnover and graduated caseloads have always been a part of the calculations used to adjust the location of approved positions, the pace of identifying applicants and moving them through a hiring process improved significantly over the past six months. In December 2019, CWS adjusted its caseload calculation report to enhance leadership's ability to identify a more accurate number of positions needed in each district. The caseload calculation report includes number of employees who are 0 percent, 50 percent, 75 percent, and 100 percent caseload eligible, and a turnover rate. Additionally, it "looks back" for the previous 12 months at each district's maximum workload, average workload, and capacity. A significant aspect of this report is its ability to predict future capacity based on how many positions are allocated to each district. By utilizing this report, the CWS Executive Team determined the need for 10 additional positions for Tulsa County and one additional position for Carter County. As of this report's writing, a position was identified for Carter County and 10 positions were identified to transfer to Tulsa from other areas of the state without greatly impacting the capacity in those areas. While it will take several months for the additional 10 positions to increase Tulsa's capacity, they will assist Tulsa in preparing for the uptick of referrals CWS expects to experience around August/September 2020.
- Proceed with learning how to identify and hire applicants that are better matched with CW work, through continued engagement with the Quality Improvement Center for Workforce Development (QIC-WD). This project was mentioned in previous strategies and will be discussed further in a following section. It is currently beginning implementation of hiring assessments based on job-related behaviors, such as standard interview rating and writing assessment, and unobservable competencies, such as use of motivation scales, critical thinking appraisal, and personality factors. The project will be implemented in 43 of 77 counties by March 2020, and data collection is scheduled to be completed by June 2021. The implementation of positive results can then be spread to the remaining counties.

Due to the improved hiring processes, CWS experienced significant milestones including Tulsa County filling all CW specialist II vacancies by approximately 10/23/2019 and Oklahoma County filling all CW specialist II vacancies by approximately 11/12/2019. New hires take several months to be trained and eligible for caseload assignments, before workforce capacity and workload compliance improve. Tulsa and Oklahoma Counties both experienced employee separations since being fully staffed; however, with the improved hiring process each vacancy should be filled within one to two weeks. To sustain the hiring outcomes in Tulsa County, the Tulsa County Child Protection Coalition (CPC) received funding for a one-year pilot program responsible for recruiting new CW specialists for Tulsa County OKDHS with a possible commitment for two additional years. The CW recruiter will also track retention of the specialists hired based on recruitment efforts. The CW recruiter will work closely with OKDHS and the CPC. In January 2020, CPC and OKDHS are finalizing the CW recruiter job description and memorandum of understanding (MOU) and then will start actively seeking applicants to interview and make a selection.

The current approach to implement immediate strategies addressing identified barriers resulted in improving and stabilizing caseloads. These collective efforts around aggressive hiring, combined with improvements in selection of applicants and supervisor quality, will stabilize turnover over a predictable timeframe of 18-24 months. While CWS will continue to manage workloads daily, the measure of success will be a reduction in turnover.

For reporting period July – December 2019, CWS experienced a net gain of 45 CW specialist IIs, net gain of 24 CW specialist IIIs, and net gain of 13 CW specialist IVs for a total net gain of 82. By comparison, January – June 2019 saw a

net gain of 18 and a net loss from July 2018 – December 2018 of 56. For July – December 2019, the turnover rate for CW specialist I – IV was 9.5 percent. The stability rate for all CW specialists was 89.7 percent. Stability is calculated by dividing the number of separations, promotions, transfers, and demotions by the average number of employees.

200 Percent or Greater Workloads

To address CW specialists at 200 percent or greater of the workload standard, a weekly report is sent to every district director, regional director, and the assistant CW director of field operations with the workload details. As a result, each regional director or district director responds weekly with an explanation for the excessive workload and a plan to reduce it to below 200 percent by a specified due date. Additionally, report monitoring includes assessing the progress made on each identified specialist and ensuring timely action occurs to prevent additional specialists from reaching a 200 percent workload. CWS is committed to lowering the workloads from 200 percent to 175 percent; then reducing to 150 percent; and finally reducing below 150 percent. Data collected on 10/4/2018 showed 40 specialists over 200 percent. On 11/8/2019, 34 specialists were over 150 percent of the standard, three were over 175 percent, and none were over 200 percent. As of 1/14/2020, a data snapshot showed 22 specialists over 150 percent of the standard, one was over 175 percent, and zero were over 200 percent. The significant decrease of employees over 150 percent is evidence of DHS becoming a self-correcting agency. CWS identifies the need to develop concrete plans to support employees through caseload management and make adjustments if plans do not reach outcomes or new barriers are identified. Additionally, while certain districts have limited workforce capacity to meet caseload standards, it is important to note the average workload continues to decrease in these districts.

Quality Improvement Center for Workforce Development (QIC-WD)

A workforce challenge CWS is currently experiencing is having staff with a workload that exceeds the standards for their program area. Through a competency-based selection intervention, CWS intends to consistently hire the right staff in the right places, bringing parity to workload distribution.

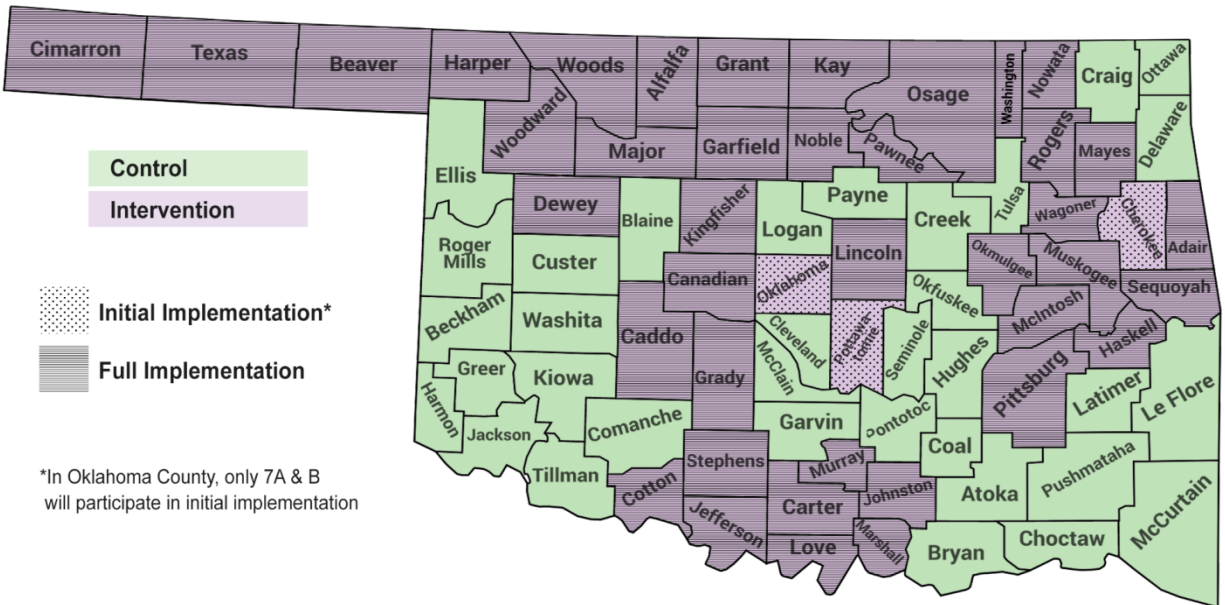
To design the competency-based selection intervention, CWS is conducting an in-depth job analysis to better define optimal performance and the characteristics required to perform the CW specialist job well. The job analysis process includes interviews and surveys with specialists and supervisors considered experts about the job. This analysis will guide the development of a tailored selection process for CWS.

The intervention will consist of two parts, both enhancing and creating a more robust selection tool. First, the interview questions and scoring criteria will be standardized and targeted at identifying the skills and competencies an individual needs to bring with them to the job, in contrast to skills and competencies the individual will gain through training and on-the-job experience. A typing, writing, and computer literacy attestation portion also goes along with the traditional interview. The second part involves testing and validating individual difference measures through assessments, such as the Hope Scale, Public Service Motivation Scale, and Watson-Glaser Critical Thinking Appraisal. If, and when, these measures are validated they will be incorporated into the hiring process to better inform the selecting officials.

Since this project is being completed as a part of the QIC-WD work through the grant from the Children's Bureau, the stated expected results are:

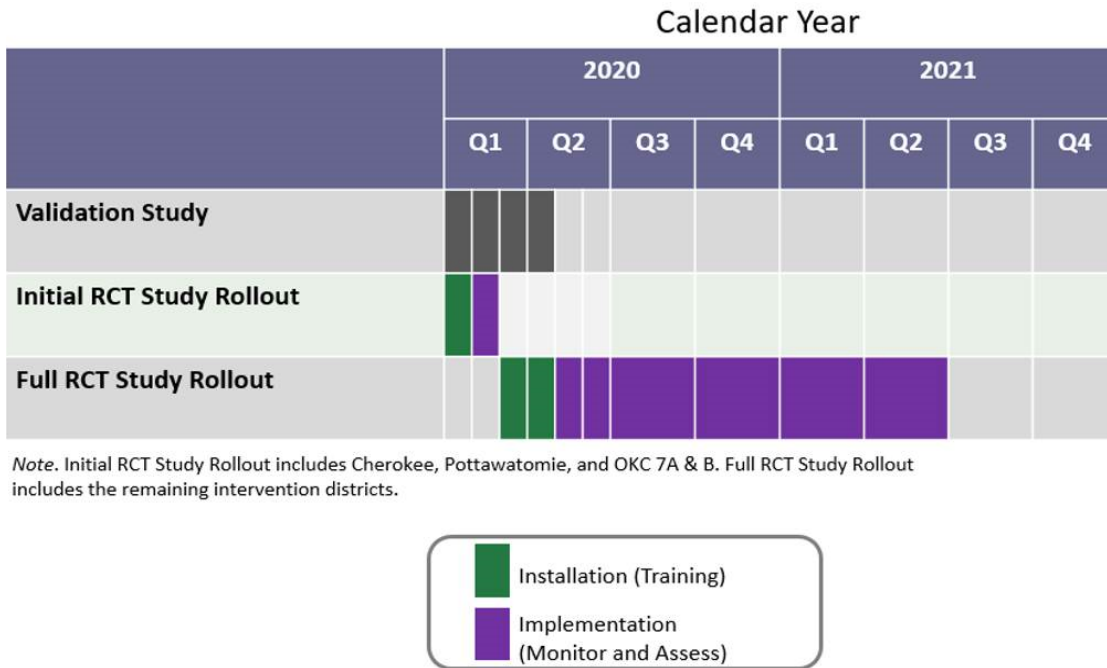
- the traits and competencies that should be present at the time of hire in order for a job candidate to be successful in doing CW work;
- how competency-based and standardized selection procedures affect worker proficiency, confidence, job satisfaction, commitment to the agency, and intention to stay;
- how increasing the number of staff who are a better fit for their positions and more likely to stay could reduce stress on existing employees and agency wide turnover; and
- how an increase in staff who are a better fit to CW work and a decrease in turnover can improve outcomes for children and families.

This project is well underway and consists of a randomized control trial and a control group to evaluate the results of the intervention. Section 3, Graph 7.1-3 and 7.1-4 show the randomized areas and controls groups for this project, as well as the project timeline.



Section 3, Graph 7.1-3

Source: QIC-WD



Section 3, Graph 7.1-2

Source: QIC-WD

KIDS Enhancements

On 11/2/2019, a KIDS enhancement was released that allows workload eligible to carry, total workload, and adjusted workload to display on a CW specialist's workload screen. Additionally, the percentage available capacity for the unit and the specialist's percentage for adjusted workload will display on the Assign Transfer and Inbox screens. Upon an

additional assignment, KIDS calculates the new percentages and loads the updated percentages within 10 seconds. These KIDS enhancements are intended to serve as an additional workload management tool for supervisors.

Child Welfare Professional Enhancement Program (CWPEP)

In support of CW retention and workforce development, OKDHS continues its partnership with the University of Oklahoma (OU) to provide support for employee education through the Child Welfare Professional Enhancement Program (CWPEP). This program covers the cost of in-state tuition, fees, and required textbooks for participants who are interested in obtaining a Master of Social Work (MSW) degree and want to pursue a CW career. Employees may also request authorization for up to 20 days of paid educational leave per calendar year through OKDHS. Annual leave may be approved when needed for additional classroom days. Individuals participating in this program are obligated to work after graduation in a Title IV-E reimbursable position in CW for 15 months per 30 credit hours of educational assistance. OKDHS staff that work outside of CW must be prepared to perform a practicum in CW and are under the same work obligations. Each individual signs a legally binding contract with OKDHS and the OU School of Social Work.

Child Welfare Education Incentive

OKDHS implemented the Child Welfare Education Incentive on 7/16/2015, which includes a 5 percent incentive pay for CW employees with a Bachelor of Social Work (BSW) and a 10 percent incentive pay for those with a MSW. For SFY 16, a total of 394 CW employees had BSWs and MSWs. For SFY 20, data ending 12/16/2019, 287 CW employees had BSWs and MSWs, which is a 27 percent decrease. While the total number of employees with BSWs and MSWs decreased, in SFY 16, SFY 18, and SFY 19 CWS had a lower turnover rate for employees with a BSW and MSW compared to all CW employees. In SFY 16, the turnover rate of BSW/MSW was 9.15 percent compared to the entire CW turnover rate of 19 percent. In SFY 17, the turnover rate of BSW/MSW was 22.22 percent compared to the entire CW turnover rate of 16.80 percent. In SFY 18, the turnover rate of BSW/MSW was 20.89 percent compared to the entire CW turnover rate of 23.20 percent. In SFY 19, the turnover rate of BSW/MSW was 18.53 percent compared to entire CW turnover rate of 24.20 percent. In SFY 20, with data ending 12/16/2019, the turnover rate of BSW/MSW was 10.48 percent compared to the entire CW turnover rate of 9 percent. In an effort to retain CW employees with MSWs, OKDHS partnered with the OU Anne and Henry Zarrow School of Social Work to conduct a survey of assessing interest in professional social work licensure such as Licensed Social Worker (LSW) and Licensed Master Social Worker (LMSW). The survey results will assist in a grant application for funding to assist in obtaining social work licensure for selected employees and how OKDHS may utilize employees with licensures within OKDHS.

Child Protective Services Focus Groups/Feedback Loop

In July 2019, OKDHS Innovation Services (IS) was asked to provide information to both the OKDHS and CWS Directors regarding the processes CPS staff use to make safety decisions, as well as the cultural and resource factors that influence how those decisions are made. OKDHS IS was charged with collecting feedback from field staff to provide OKDHS and CWS leadership with information that may assist them in making decisions on where to focus resources. **Child Protective Services Focus Groups** is the result of that request. The information collected should not be considered a comprehensive account of the current state in CPS across Oklahoma. The CWS Executive Team chose offices in Canadian, Grady, and Oklahoma counties to serve as the primary data collection sites. These counties were selected because they represent different CWS regions, serve rural and urban areas, and are in close proximity to State Office.

For each of the selected offices, OKDHS IS worked with CWS district directors to invite approximately half of all non-supervisor CPS and Child Safety Meeting (CSM) staff. Invitees were informed that their input was being sought in order to determine the processes involved in making safety decisions. The input assessed the obstacles CPS workers experience when determining child safety, as well as resource availability. The sessions' goal was to elicit actionable recommendations for improvement.

In December 2019, the full report from OKDHS IS was completed and debriefed with the OKDHS Director, CWS Director, and OKDHS Chiefs. Additionally, the report was provided to and discussed by the CWS Executive Team to review the feedback and recommendations. Utilizing the collected feedback from the focus groups, as well as feedback from the

field provided to OKDHS leadership through a more informal process of day-to-day communications, OKDHS is exploring or addressed the collected feedback.

New CORE Outline/Changes

CWS developed and is implementing an enhanced, refined, and standardized comprehensive new CW specialist training program designed around identified competencies, grounded in evidence-based and trauma-informed practices. The training incorporates concepts that are accepted components of OKDHS CW practice and rooted in Oklahoma's needs and context. The OU Collaborative engaged several stakeholder groups throughout the development process and continues to engage and seek additional feedback, which included focus groups with specialists and supervisors. Feedback will be collected throughout each pilot with specialists, supervisors, and CWS Training Unit program field representatives.

CWS anticipates piloting the new curriculum on 2/26/2020. Ongoing feedback during the pilot phase will be reviewed and adjustments made before officially launching the new CORE in July 2020. All new CW specialists attend CORE that consists of two weeks of pre-CORE activities, two weeks of on-the-job training activities, and six weeks of classroom training. CORE was designed around following a case from the beginning of a case (referral) through the end of the case (Permanency/Foster Care/Adoption). Throughout CORE, specialists are exposed to practice and policy, apply this information to a CORE "family," then enter the information into the KIDS database while in the classroom.

New CORE is designed around identified competencies to build the knowledge, skills, and professional attributes of a new CW specialist, regardless of an assigned program, such as CPS, Permanency Planning, or Foster Care. The skills identified are: engaging families, interviewing adults and children, building critical thinking skills, and assessing safety.

New CORE will be accomplished through a blended learning approach. Online training will occur in the office, prior to specialists coming to the training center. This reduces the number of days a specialist is out of the office and away from his or her family. Once a specialist is at the training center, the information learned in online training is put into practice. Historically, classroom training was mostly lecture-based, which is not conducive to adult learning. New CORE will involve experiential learning activities with processing of each activity. The processing questions are designed around "What? So What? Now what?" in which a specialist is asked to reflect on the activity, generalize what was learned, and apply what was learned to how he or she will work with families in the field.

The simulation experience was improved to include audio/video recording equipment in all interview rooms. Trainers will be able to observe the simulation interviews outside of the interview room and annotate the interview in real-time. Supervisors and specialists will review and annotate their interviews. Specialists will have two simulation experiences prior to Certification Simulation. Simulations are used to help practice skills and build upon the previous simulation. Simulation one will practice engaging, simulation two will practice engaging and interviewing, and simulation three will demonstrate the ability to engage, interview, and assess safety.

When a specialist has completed CORE training and post-CORE level trainings, he or she will be provisionally certified and able to carry a caseload. Phases 2 and 3 of certification currently require a specialist to complete at least six child interviews and six adult interviews, observed by their supervisor for each phase with 12 interviews for each phase. Due to the amount of interviewing practice that will occur in new CORE, as well as the simulation experiences, Phase 2 and 3 interviews will be reduced. Phase 2 will require nine interviews and Phase 3 will require seven interviews.

New CORE will be implemented with a few notable changes within the certification process. One such change occurs in the language for provisional certification. Currently, the assessment findings include: meets, needs improvement, and does not meet. The assessment findings were changed to: ready and not yet ready. The language is intended to be strengths-based. Not all specialists will be field "ready" after CORE. Some specialists may require additional support and time to develop their skills, which is a normal part of development with any new skill. The language change helps to reflect and normalize the varying skill levels of new specialists. Receiving an assessment of "ready" during Module 6

means the specialist will move on to post-CORE required levels courses. Receiving an assessment of "not yet ready" during Module 6 will result in the specialist returning to the office. The supervisor will work with the specialist to develop a coaching plan. Additionally, the supervisor will observe the specialist complete the required number of live interviews with the supervisor determining when the specialist is "ready."

New CORE Highlights

- CORE currently has 14 classroom days. New CORE will have 11 classroom days.
- KIDS training will no longer be completed in the classroom. It will be in an online format and specialists can re-access the training when struggling in a particular area of KIDS. For example, if the specialist can't remember how to enter a placement change, he or she can go back into the training and practice.
- On-the-job (OTJ) training activities can be completed at any point during CORE prior to Module 6. Track-specific activities are located within the OJT activities.
- CORE is currently lecture-based with only eight hours of interview practice. New CORE has 20+ hours of interviewing practice.
- Mock court is currently three hours with three to four specialists "testifying." New CORE will be a full day, with 10-12 specialists "testifying."
- CORE is currently program specific with a strong emphasis on CPS and PP. New CORE will include essential skills for all specialists.
- Currently after completion of CORE, specialists attend two weeks of post-CORE level trainings. New CORE will have one week of program-specific post-CORE level training since CW 1003 Cross-Cultural Competence and CW 1150 Specialist Safety will be incorporated into CORE.
- Reduction in the number of interviews required for Phase 2 and Phase 3.
- Codified curriculum for all trainers to reduce trainer drift and ensure all specialists receive the same information.
- CORE currently completes the start-to-finish cycle to 50 percent caseload in 10 weeks. New CORE complete the start-to- finish cycle to 50 percent caseload will be eight weeks; therefore, a reduction of two weeks to 50 percent caseload eligible.

OKDHS Enterprise Leadership Development Program

OKDHS, in partnership with the OU Center for Public Management, offers various Enterprise Leadership Development Programs, depending on the level of the leader.

Lead Up is for senior leaders, such as a deputy director. *Transform* aims to provide a learning and development platform for midlevel leaders, such as district directors and field managers, across OKDHS. The five sessions include Leadership and the Art of Struggle, Lead Innovation: Human-Centered Design Thinking, Lead Across Boundaries, Influence and Negotiation, and From Good to Great Teams.

Reach aims to provide a learning and development platform for local leaders and is typically a pre-requisite for Transform. The five sessions include Reach and Connect, Influence Team Performance, Inspire Full Engagement, Lead with Presence, and Cultivate a Culture of Resilience.

Thrive aims to provide a learning and development platform for front line supervisors. The five sessions include Building Momentum, Building the Foundation, Engaging Your Employees, Teaming with Your Manager, and Total Leadership.

Lead Up, *Transform*, *Reach*, and *Thrive* are not traditional training programs where the participant receives a certificate by attending a series of consecutive workshops and completing a project. They are blended learning programs where in each session the participant spends one day in classroom, committed time in an online learning community, and a majority of time practicing deliberately in his or her daily management and leadership. The participant works collaboratively with peers to address specific leadership and management challenges and opportunities, and transform through strategic, innovative and inspiring leadership.

The participants receive 360-degree feedback from his or her peers, supervisors, and subordinates once enrolled in the program. The 360-degree survey questions are specifically designed for leaders based on needs analysis. Six months after the participant completes the program, he or she receives a post 360-degree feedback report to compare the results.

Transform and *Thrive* consist of five sessions throughout the year. Each session lasts approximately two months. In each session, the participant has the opportunity to learn and collaborate within a cohort group of 30 mid-level leaders both in the classroom and online. The participants are provided with an online learning platform where they will be inspired by great articles and videos, discuss relevant management and leadership issues with their peers in OKDHS, and reflect on their own leadership practices. Each program provides a learning community that will help them thrive and transform through collaboration, interaction, reflection, and connection.

As of December 2019, more than 100 CWS leaders have completed Enterprise Leadership Development Programs.

Promoting a Culture of Safety

OKDHS is concerned that the agency's current practice responding to critical incidents, including fatalities and serious injuries of children involved in open cases or in families previously served by OKDHS, does not follow a consistent format and is viewed as threatening and punitive rather than as oriented toward collective learning and improved outcomes for children and families.

OKDHS requested Casey Family Programs (CFP) conduct a review of safety science literature, explore practices in other jurisdictions, and make recommendations for consideration by OKDHS in its efforts to respond more constructively both to the stress and risk inherent in CW work and to specific child fatalities or serious injuries when they occur. CFP provided *Safety Decision-Making and Response to Critical Incidents in Child Welfare: Brief Literature Review and Implications for Action* to CWS Leadership in April 2019. This report reflects a brief review of the safety science literature as it pertains to child protective services and provides provisional recommendations for steps to be considered to develop a safety culture within CWS. OKDHS determined the recommendations will be piloted in Region 5 first, with a focus on Tulsa County.

CFP assisted OKDHS in exploring practices in responding to critical incidents in other jurisdictions, both by the CFP consultant and in CFP's Knowledge Management section. On 9/4/2019, CFP lead a joint discussion between OKDHS and Tennessee CPS leadership to explore their critical incidents. These additional findings enabled the formulation of more decisive next action steps.

CFP, with OKDHS feedback, developed a draft ***Child Fatality and Serious Injury Review Protocol***. The draft protocol provides a guide to the agency's inquiry into child fatalities or serious injuries in open cases or cases previously known to the agency. It draws on the new field of safety science, which was developed in the aviation, engineering, and health care professions, which are complex and high stakes, like CW. The protocol is intended to enlarge post-incident reviews to consider the system and contextual factors relevant to staff performance and case outcomes. The traditional retrospective reviews, which tend to center only on the actions of the case managers, supervisors, and other agency personnel involved in a case, carry with them biases inherent in hindsight. Those reviews have not served to prevent future occurrences and have arguably had a negative impact on the CW workforce by contributing to a culture in which actions are based on fear of blame rather than on actual evidence related to child safety. An anxious, fearful workforce is not well positioned to manage the complexities of CW work and the delicate balance between child safety and the infliction of trauma through family disruption and loss.

In the draft protocol, fatality and serious injury reviews consist of five parts: Part I, which elicits information about the case and case activities, and corresponds closely to the entirety of traditional reviews, forms only the beginning of the inquiry. Part II, examines factors related to the performance of agency personnel, such as the circumstances and timing of the referral, workload and training. Parts III and IV, respectively, assess factors in the broader system outside the

OKDHS, such as courts and service providers, and those within OKDHS. Part V offers guidance in the evaluation of the information gathered. Some of the questions in the protocol are self-explanatory. Where needed, additional guidance in responding to questions is given immediately following the question.

OKDHS established its core team to be the reviewers, consisting of state and regional leadership along with CPS Programs, for the *Child Fatality and Serious Injury Review Protocol*. OKDHS and CFP are close to being on track with the work plan dates that ranged from 4/25/2019 to 3/1/2020. In January 2020, OKDHS identified a case to field test the draft *Child Fatality and Serious Injury Review Protocol*. By 2/28/2020, OKDHS and CFP are scheduled to finalize the protocol utilization plan based on staff feedback. By 3/1/2020, OKDHS and CFP expect full implementation in Region 5.

Internal Transfer Survey – Exit Survey Dashboard

Employees transferring internally take the Internal Transfer Survey while separating employees take the Exit Survey. Both surveys ask questions regarding perceptions of feeling informed, supported, and engaged while at work. To enhance data usefulness, survey responses are now tracked in an interactive Qualtrics dashboard. Users may use the filters located near the top of the screen to drill-down by variables, such as location, division, and year-quarter. Users may also click non-text responses to drill-down by responses, such as county, separation reason, or answer option. In addition to closed-ended responses, the dashboard also includes open-ended responses. While not "click-able," drilling-down the closed-ended responses can help to add context to the open-ended feedback. SFY 16 is the first fiscal year with data for the entire year.

Examples of Perception Questions from the Qualtrics Dashboard

- Reasonable amount of work required;
- Necessary tools and resources available;
- Employees recognized by management;
- Culture promoted teamwork & collaboration; and
- Management was responsive to employees.

Examples of Open-ended Questions:

- What could your manager have done to improve communications?
- What training did you not receive?
- Please explain why your workload was unreasonable.
- Please explain why you feel you were not treated with dignity and respect.
- How can we better recognize our employees?

The Qualtrics Dashboard is simply one of many tools that can be used to better understand and track division/office climates. While CWS Leadership has had access, in December 2019 the CWS Executive Team established a uniform process to review the Qualtrics Dashboard. In January 2020, the five regional deputy directors and the Foster Care and Adoptions deputy director will pull the Qualtrics Dashboard data/feedback for July – December 2019 and discuss the data with their respective leadership teams. Moving forward, the regional deputy directors will pull the data on a quarterly basis and then discuss the data with their leadership teams the following month. For instance, the January – March 2020 data will be discussed in April 2020. This will allow the CWS Leadership teams to utilize the data/feedback as a way to monitor office culture and provide on-going efforts to support, thus retain CWS employees, specifically front-line field staff.

Start – Stay – Lead "Strong"

One of CWS' Practice Standards is, "We formally provide support, an opportunity for debriefing and stress relief for our workers and supervisors so that they can continue to do the work well." CWS Leadership identified one district where the previous and current district director implemented quality efforts to support and retain CWS employees, called "Start Strong." As such, CWS Leadership drafted an outline of these efforts and expanded "Start Strong" into the "Strong" framework below. The framework was presented to the CWS Executive Team in December 2019. There is not

a mandate for all district directors or field managers to implement "Strong," but rather is a tool for leaders to refer to when developing efforts to retain and support employees. Leaders have the autonomy to utilize the "Strong" framework as deemed valuable. Turnover rates vary from county to county; therefore, retention efforts also vary based on each county office's tenure and culture. Some district directors are utilizing the "Strong" framework and others are making it their own with such efforts as "Donuts with the district director" and lunch sessions with new workers. The spirit of "Strong" and related efforts is to provide opportunities for frontline staff to feel supported, build relationships with leadership, receive answers to their questions, create feedback loops between leadership and frontline staff, and enhance the field's voice when making practice and policy revisions.

- **"Start Strong"** – Support sessions for CW specialist II first year.
- **"Stay Strong"** – Support sessions for all other CW specialist II.
- **"Lead Strong"** – Support sessions for mentors and supervisors.

"Strong" Guidance:

- Coordinated and lead by the district director/field manager.
- Agenda topics driven by the specialists and supervisors based on their needs.
- Lasts 1-2 hours or time frame decided by the team.
- Start Strong occurs minimally once monthly.
- Stay Strong and Lead Strong occur minimally once a quarter.

"Strong" Purpose:

- Support and retain specialists and supervisors, which helps to support customers.
- Create a feedback loop between specialists/supervisors and leadership.
- Dedicated time for specialists and supervisors to build sustainable relationships and network.
- Build and enhance relationships among leadership and specialists.
- Allocated time to discuss the topics specialists and supervisors identify as their top priorities.
- Team celebrating achievements together, such as CORE completion, child achieving permanency, keeping a child safely at home, placing siblings together, supporting a foster family, or personal accomplishments.

Other Helpful Suggestions:

- District director/field manager bring snacks.
- Host the sessions offsite.
- Invite OKDHS partners, for example Adult and Family Services, agency/division leadership, Child Support, or other CWS program, to build relationships and provide cross-training.
- Invite community partners, for example judges, attorneys, tribes, CASA, or service providers, to build relationships and share information.
- Topic suggestions include time management, self-care, resilience, supporting one another, best practices, policy questions and answers, leadership development.

7.1: Supervisor Caseloads

Operational Question

What percentage of child welfare (CW) supervisors meet caseload standards, are close to meeting workload standards, or are over workload standards?

Data Source and Definitions

This measure looks at supervisor units in regards to the worker standard per unit. There are two parts to determine if a supervisor unit meets the standard. First, the measure looks at the number of CW workers each supervisor is currently supervising in his or her unit. The target is for each unit to have a ratio of five CW workers to one supervisor. When a unit has a ratio of 5:1 or less, they are considered to meet the standard. Units are "close" when they have a ratio of 6:1. All units with a ratio of 7:1 or over are considered "over." Each worker accounts for 0.2 percent of a supervisor's

workload capacity. Secondly, the measure looks at any of those supervisors who are currently supervising caseload carrying workers and also have primary assignments on his or her own workload. Because these workload assignments deduct from a supervisor's capacity to supervise their workers, the additional caseload must be factored into the measurement. When a supervisor has less than two case assignments, the case assignments will not be calculated into the measurement. Any other assignments on a supervisor's caseload will be calculated at the same weight as a worker's caseload and then added to the supervisor capacity, which includes the number of workers supervised. With this combined calculation of the supervisor's workload capacity, it is then determined how many of these supervisor units are meeting the workload standard.

Description of Denominator and Numerator for this reporting period

Denominator: All current supervisor units currently supervising caseload carrying workers in Adoptions, Foster Care, Family-Centered Services, Child Protective Services (CPS), and Permanency Planning.

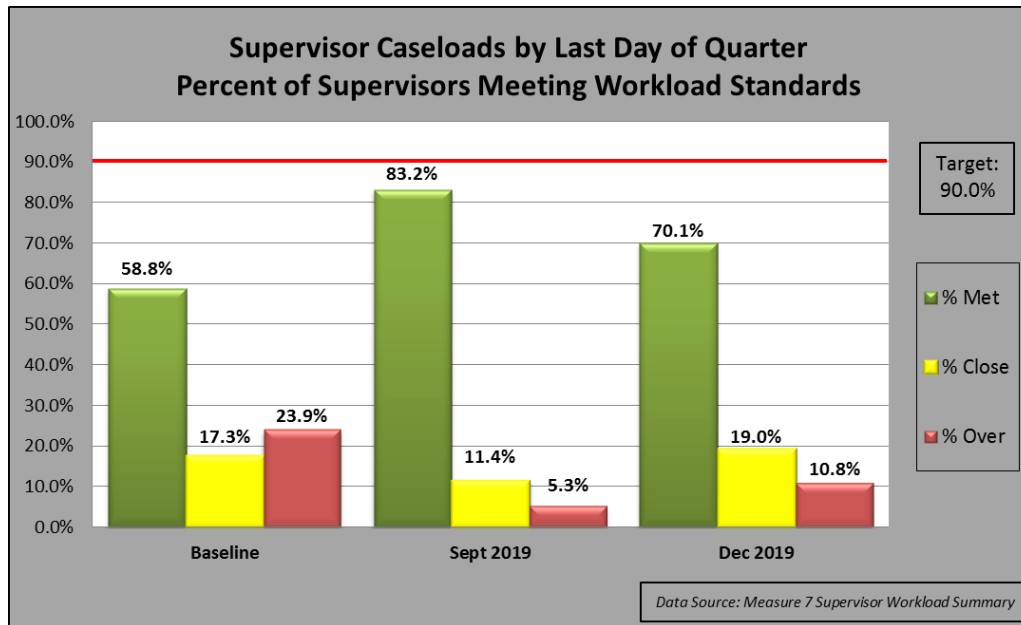
Numerator: All current supervisors with a combined workload of 100 percent or less.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2014 – 6/30/2014	All supervisors with a unit currently supervising caseload carrying workers			58.8%
7/1/2014 – 12/31/2014	All supervisors with a unit currently supervising caseload carrying workers	217 – Met	306 Units	70.9%
1/1/2015 – 6/30/2015	All supervisors with a unit currently supervising caseload carrying workers	259 – Met	345 Units	75.1%
7/1/2015 – 12/31/2015	All supervisors with a unit currently supervising caseload carrying workers	297 – Met	372 Units	79.8%
1/1/2016 – 6/30/2016	All supervisors with a unit currently supervising caseload carrying workers	308 – Met	379 Units	81.3%
7/1/2016 – 12/31/2016	All supervisors with a unit currently supervising caseload carrying workers	330 – Met	387 Units	85.3%
1/1/2017 – 3/30/2017	All supervisors with a unit currently supervising caseload carrying workers	317 – Met	376 Units	84.3%
4/1/2017 – 6/30/2017	All supervisors with a unit currently supervising caseload carrying workers	313 – Met	375 Units	83.5%
7/1/2017 – 9/30/2017	All supervisors with a unit currently supervising caseload carrying workers	301 – Met	368 Units	81.8%
10/1/2017 – 12/31/2017	All supervisors with a unit currently supervising caseload carrying workers	319 – Met	377 Units	84.6%
1/1/2018 – 3/31/2018	All supervisors with a unit currently supervising caseload carrying workers	318 – Met	375 Units	84.8%

4/1/2018 – 6/30/2018	All supervisors with a unit currently supervising caseload carrying workers	312 – Met	373 Units	83.6%
7/1/2018 – 9/30/2018	All supervisors with a unit currently supervising caseload carrying workers	339 – Met	379 Units	89.4%
10/1/2018 – 12/31/2018	All supervisors with a unit currently supervising caseload carrying workers	334 – Met	377 Units	88.6%
1/1/2019 – 3/31/2019	All supervisors with a unit currently supervising caseload carrying workers	316 – Met	364 Units	86.8%
4/1/2019 – 6/30/2019	All supervisors with a unit currently supervising caseload carrying workers	307 – Met	368 Units	83.4%
7/1/2019 – 9/30/2019	All supervisors with a unit currently supervising caseload carrying workers	313 – Met	376 Units	83.2%
10/1/2019 – 12/31/2019	All supervisors with a unit currently supervising caseload carrying workers	265 – Met	378 Units	70.1%
Target				90.0%

Section 3, Table 7.1-3



Section 3, Graph 7.1-5

Commentary

For the current quarter, 378 supervisor units in total were counted, which is comprised of 1,719 CW specialists I, II, and IIIs. This calculates to a statewide worker to supervisor ratio of 4.55. As of 12/31/2019, 265 supervisors met the workload standard, 72 supervisors were close to meeting the standard, and 41 supervisors were over the standard.

As part of this measure, the work assigned to supervisor's workloads must also be calculated into the workload standard. 124 supervisors had at least one assignment on his or her caseload. In past reporting periods, supervisors

were allowed to have up to two assignments that did not count towards their workloads standards. This logic was changed beginning with the current reporting period to now include all assignments as countable towards a supervisor's workload. Due to this change, performance had a significant decline. In this reporting period, 87 supervisors were carrying one or two assignments. Under the previous counting logic where supervisors were able to carry up to two assignments, 307 supervisor units would have been met workload standards at 81.2 percent, 52 supervisor units would have been close at 13.8 percent, and 19 supervisor units would have been over workload standard at 5.0 percent. Since this is a new change to the logic with respect to how supervisors are used to working, even if supervisors would have been allowed to have one assignment not be added into the overall workload total, the percentage of supervisors meeting workload standards would increase by 8 percent for a total of 294, or 77.8 percent, supervisor units meeting, 59, or 15.6 percent, supervisor units close, and 25, or 6.6 percent, supervisor units over.

During this review period, CWS made strenuous efforts for hiring and retaining CW specialist I, II, and IIIs. Due to this effort there has been a positive net increase of 75 CWS staff since the last reporting period in June 2019. With more staff, supervisors are carrying additional staff until more supervisor units can be hired. Thirty-six supervisor units were over workload standards solely from having more than five staff in their unit. An additional 15 units were over workload standards for having more than five staff in their unit while also carrying additional assignments for a total of 51 units over standards due to over staffing.

Of the remaining 63 supervisor units not meeting standards, 28 of the supervisor units were not meeting workload standards due to one assignment over. Of those 28, 12 were carrying a backlog assignment that they are receiving overtime pay compensation for. Of the 114 total units not meeting, 60 of those supervisors received overtime pay at some point during the quarter of October – December 2019.

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.

Conclusion

Since the reform began, OKDHS has evolved into a self-correcting system and caseload management is one example. The baseline data ending June 2013, showed 27 percent of workers meeting caseload standards compared to the recent period ending December 2019 with 86.7 percent meeting. While caseload compliance has ebbed and flowed over the reporting periods from 2013 – 2019, it is evident OKDHS has demonstrated substantial improvement in not only the metrics but in identifying activities, efforts, and strategies in improving caseload compliance. CWS experiences an uptick of CPS referrals received and accepted during the first quarter of the state fiscal year (SFY), which is due largely to children returning to school and increased CPS referrals being generated. In July – September 2019, CWS experienced an increase number of accepted referrals assigned to staff. The number of referrals accepted in September 2019 was 20 percent higher than the monthly average throughout SFY 19, which is the highest number of accepted referrals in one month since April 2002. This increase resulted in an additional 631 accepted referrals, which averaged 21 additional assigned referrals per day. CWS had 1,486 total caseload carrying eligible staff, which resulted in 77.4 percent meeting caseload standards. To demonstrate how CWS has self-corrected during times of increased work, in July – September 2018, CWS had 1,490 total caseload-carrying, eligible staff that resulted in 62.7 percent meeting caseload standards. In comparing the first quarters of SFY 19 and SFY 20, CWS had four less workers eligible to carry cases in SFY 20, but performed 14.7 percent greater than SFY 19. Additionally in July – September 2017, CWS had 1,562 total caseload-carrying, eligible staff that resulted in 66.4 percent meeting caseload standards. During the first quarter of SFY 20, there were 76 less staff compared to SFY 17, but CWS performed 11 percent better.

As outlined in this report and previous Semi-Annual and Core Strategy Reports, OKDHS remains committed to activities and efforts to hire and retain employees. OKDHS recognizes meeting caseload standards is a key retention effort. The 'spirit' of the caseload metrics is to develop a CW system with manageable workloads. CWS ended the reporting period July – December 2019 with 86.7 percent of workers meeting caseload standards and 6.3 percent "close" to meeting caseload standards for a combined total of 93 percent. Therefore, OKDHS is meeting the metric's 'spirit' and ensuring front line staff have manageable caseloads to focus on improved best practice and outcomes related to safety, permanency, and well-being. With manageable caseloads, CWS and its customers are experiencing improved outcomes as evident in other metrics within the Pinnacle Plan. These improved metrics, improved system changes, and sustained best practices can be found throughout the CW system to include a decrease in maltreatment in care, improved recruitment and retention of foster homes, reduction of CPS backlog, improved placement stability, reduction of shelter usage, greater worker visitation and continuity, quality assurance, and improved permanency outcomes.