



PINNACLE PLAN MEASURES

SEMI-ANNUAL SUMMARY REPORT

February 2018

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Overview

The Oklahoma Department of Human Services (DHS) 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 DHS 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 DHS 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

DHS 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, DHS believes it is important to clarify how the various metrics relate to the levers that DHS 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 pertain 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 DHS' 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.

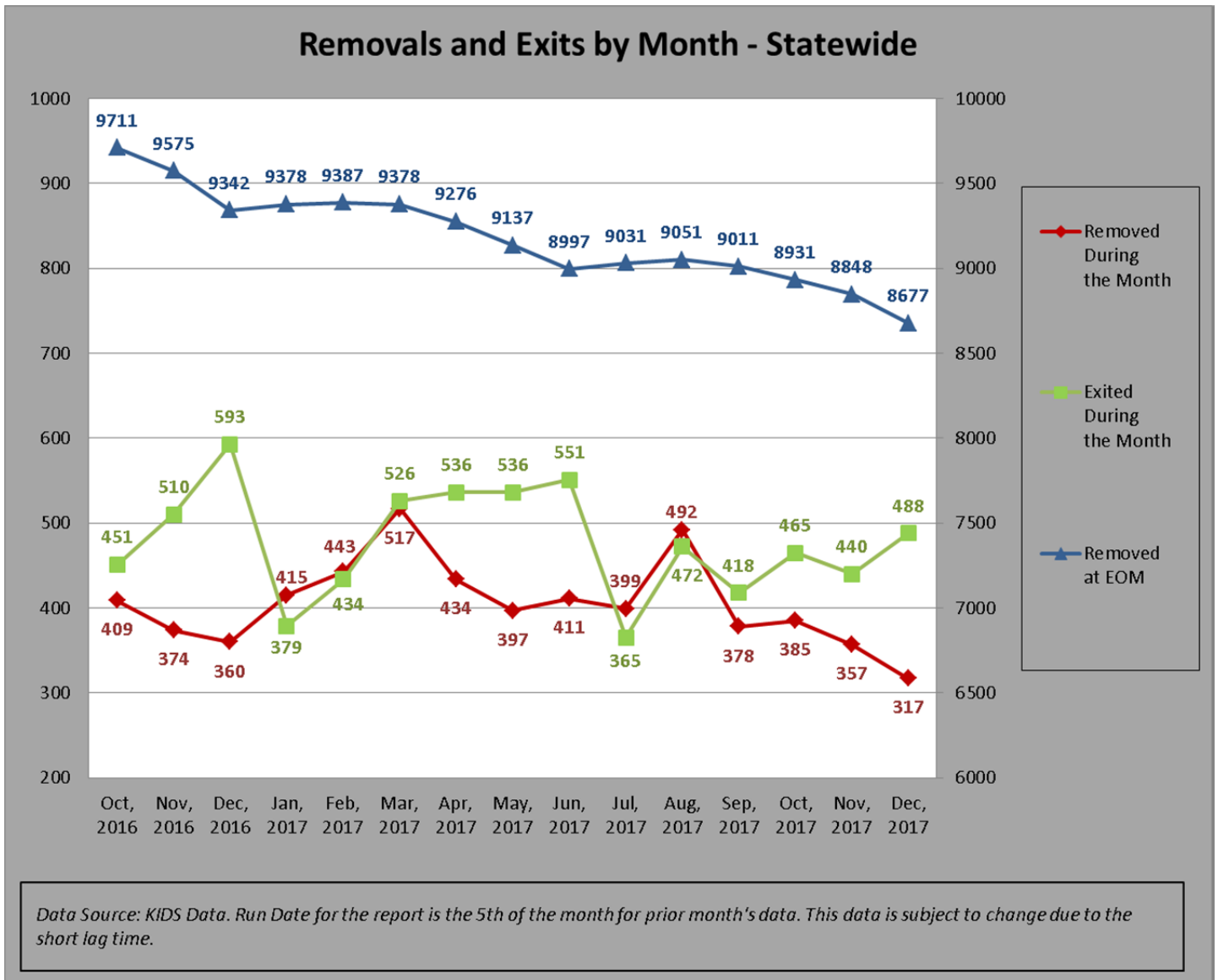
SECTION 2: Child outcomes. This section reports on metrics related to safety and permanency outcomes for children in care. These include indicators pertaining to **maltreatment in care, frequency of worker contacts, placement stability, shelter placement, and permanency.**

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

SECTION 1. Contextual Information

Entry and Exit Trends

DHS 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 December 2017, the number of children in care reached 8,677, a 23.2 percent decrease since October 2014, continuing the 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 2016 through December 2017. Thus far in SFY 2018, the total number of children exiting care outnumber the children removed.



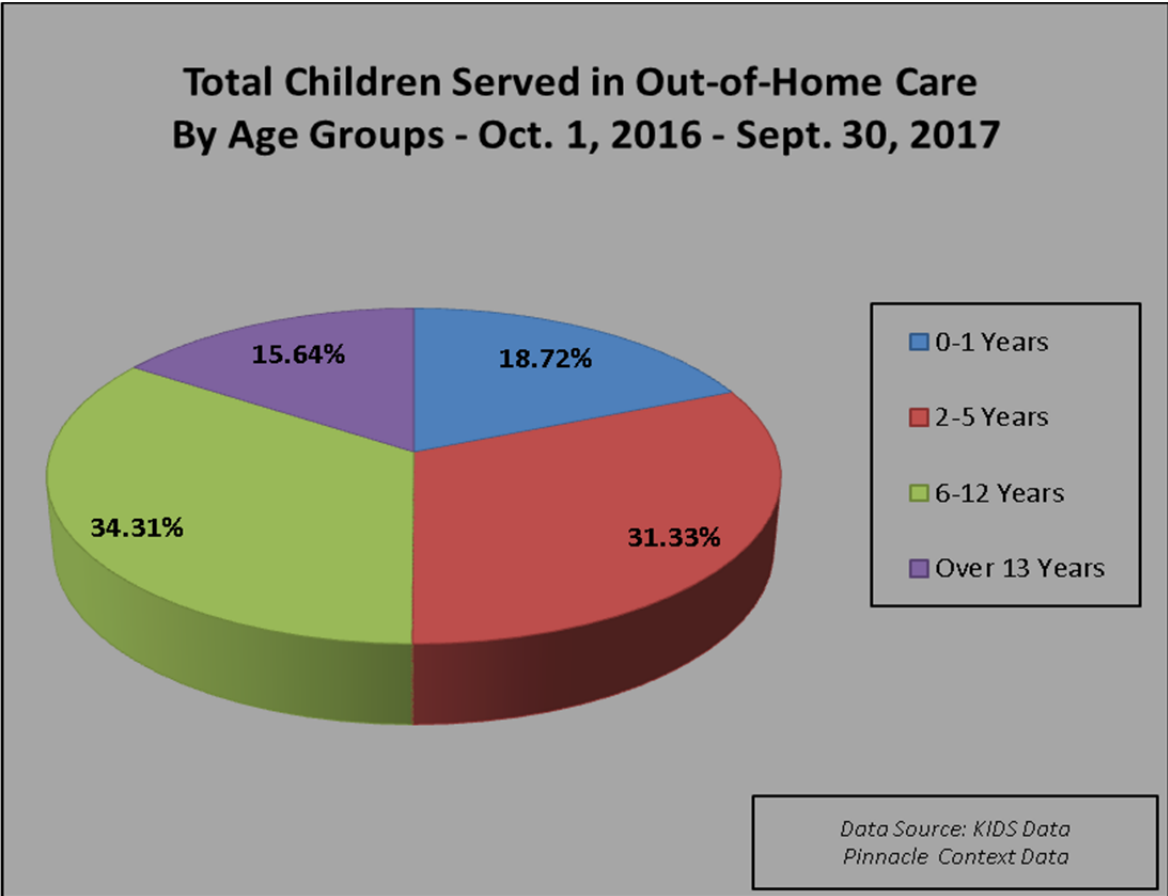
Section 1, Graph 1

Demographic Information by Reporting Period

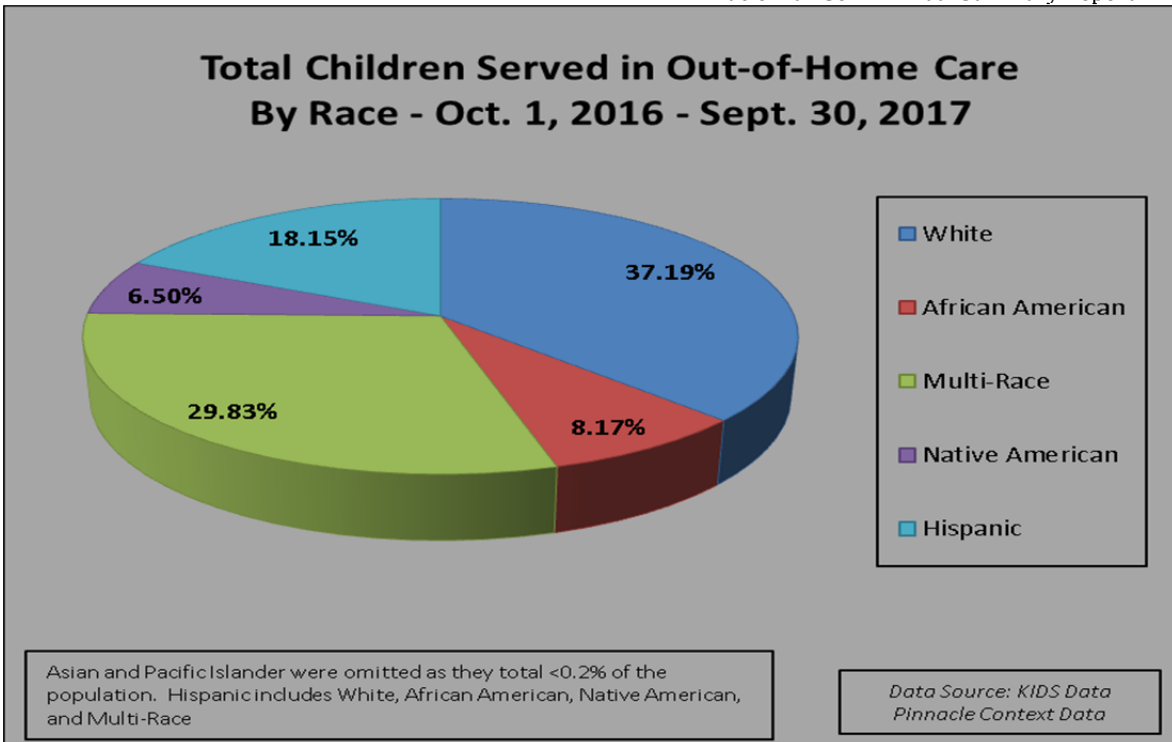
During the reporting period of October 1, 2016 through September 30, 2017, according to AFCARS, DHS served 15,113 children. The "served" population includes all children who were in care for at least 24 hours. This number also includes children in tribal custody. For the purposes of Pinnacle Plan reporting, 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 14,779 excluding children in tribal custody.

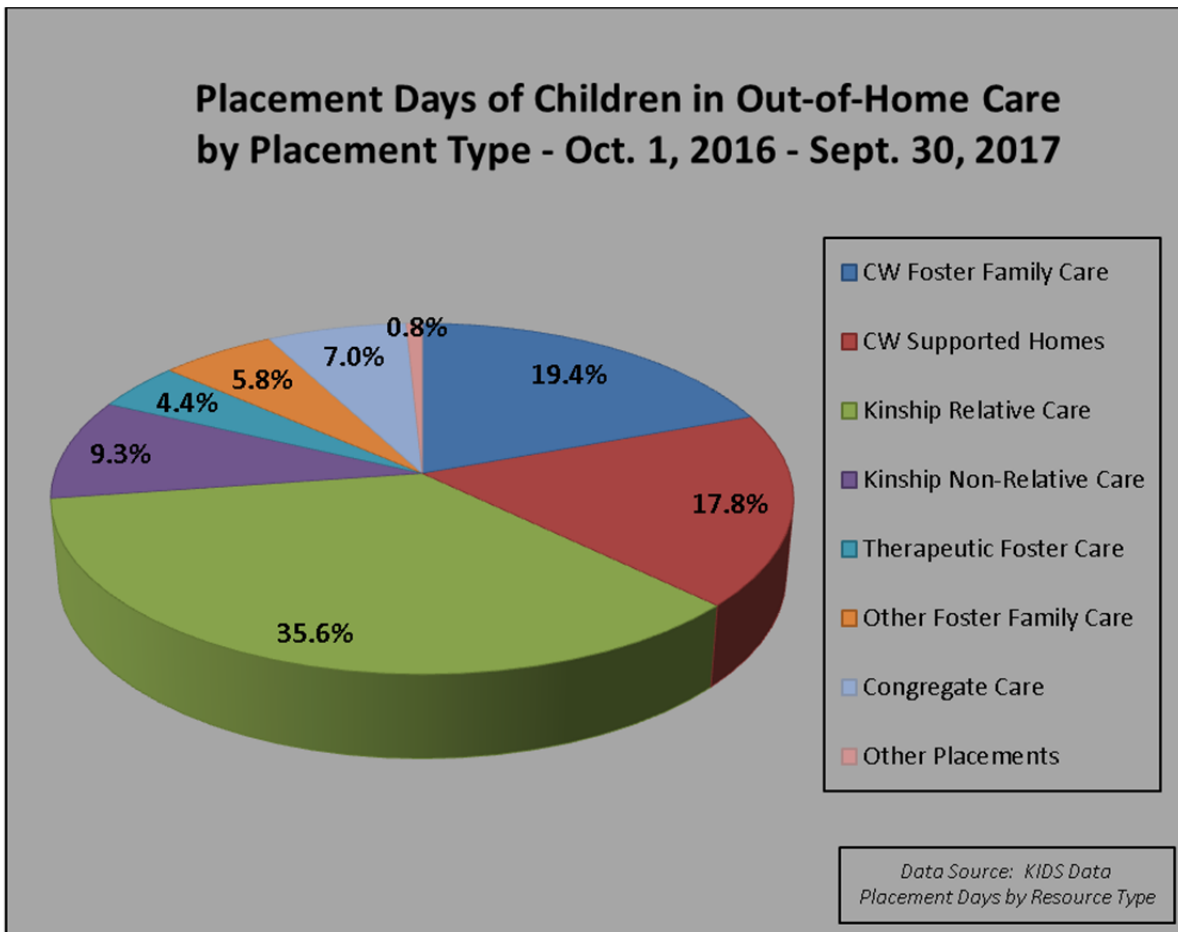
Section 1, Charts 1, 2, and 3 show the children's demographics by age, race, and placement type. For race, when a child claims more than one race, the child is counted in the Multi-Race category. Hispanic or Latino origin is not counted as a primary race, so when a client indicates that he or she is Hispanic, regardless of any other race selected, the client is reported in the Hispanic category. The other races, White, African American, Multi-Race, and Native American, are all Non-Hispanic.



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) (17A & 17B) files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) file covering AFCARS 17A & 17B 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 10/1/2016 through 9/30/2017.

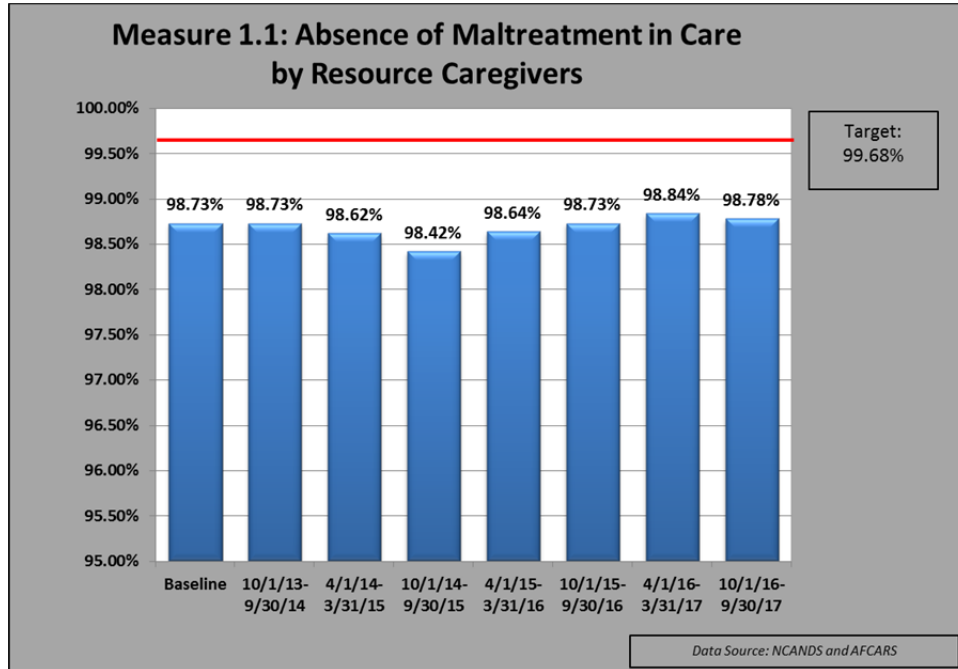
Numerator: The number of children served in foster care from 10/1/2016 through 9/30/2017 who did not have any substantiated or indicated allegations of maltreatment by a foster parent or facility staff member during that period.

Trends

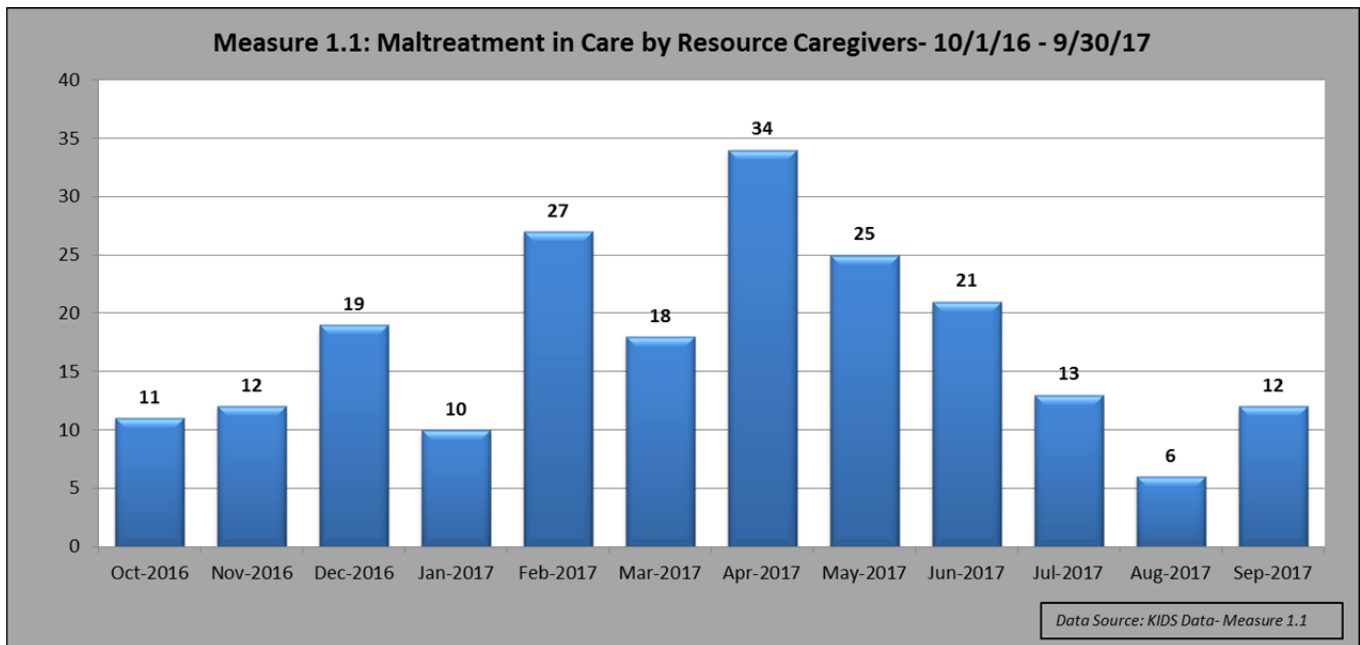
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014	15,605	15,806	98.73%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014	16,066	16,272	98.73%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 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%
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, 2016 - September 30, 2017						Ending 9/30/17
Placement Type	Placement Days	Percent	Placement Type	MIC	Percent	MIC Rate per 100,000 days
CW Foster Family Homes	612,948	19.4%	CW Foster Family Homes	33	15.9%	5.4
CW Foster - Supported Homes	564,687	17.8%	CW Foster - Supported Homes	19	9.1%	3.4
Kinship Foster Care - Relative	1,125,729	35.6%	Kinship Foster Care - Relative	73	35.1%	6.5
Kinship Foster Care Non-Relative	294,368	9.3%	Kinship Foster Care Non-Relative	14	6.7%	4.8
Therapeutic Foster Care Homes	137,879	4.4%	Therapeutic Foster Care Homes	7	3.4%	5.1
Congregate Care	220,972	7.0%	Congregate Care	60	28.8%	27.2
Other Foster Family Care	182,635	5.8%	Other Foster Family Care	2	1.0%	1.1
Other Placements	26,328	0.8%	Other Placements	0	0.0%	0.0
Total	3,165,546	100%	Total	208	100%	6.6

Data Source: Pinnacle MIC Data for 12 months ending Sept 30, 2017 and Placement Days by Resource Type; Run date: 12/14/17

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, 184 victims were reported.

For the reporting period October 1, 2016 - September 30, 2017, 208 substantiations of maltreatment while in out-of-home care were reported in the monthly MIC Pinnacle Plan Measure. These 208 victims were included in 122 separate referrals: 81 referrals for children in foster care and 41 referrals to the Office of Child Advocacy (OCA). Of the 208 victims, 148 were placed in foster care settings and 60 were placed in congregate care settings:

Foster Family Care Types:

- 71 children were in a Kinship Foster Care Home Relative (48.0%);
- 14 children were in a Kinship Foster Care Home Non-Relative (9.5%);
- 33 children were in a CW Foster Family Home (22.3%);
- 19 children were in a CW Foster-Supported Home (12.8%);
- 7 children were in a Therapeutic Foster Care Home (TFC) (4.7%);
- 1 child was in a Contracted Foster Care Home (0.7%);
- 1 child was in Tribal-Approved Foster Care (0.7%); and
- 2 children were in Tribal-Approved Foster Care - Kinship (1.3%).

Congregate Care Placement Types:

- 34 children were in a Level D, D+, or E Resource Facility (56.7%);
- 9 children were in an Acute Psychiatric Hospital or Psychiatric Residential Treatment Center (15.0%);
- 4 children were in an Oklahoma Department of Human Services (DHS) Shelter (6.7%);
- 11 children were in a Youth Services Shelter (18.3%); and
- 2 children were in detention (3.3%).

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-17	104	88	84.6%
May-17	98	92	93.9%
Jun-17	109	97	89.0%
Jul-17	78	67	85.9%
Aug-17	70	66	94.3%
Sep-17	83	73	88.0%
TOTAL	542	483	89.1%
<i>Data Source: Y1790B - Out-of-Home Screen-Out Detail; Run Date: 12/28/17</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-17	115	115	100.0%
May-17	137	137	100.0%
Jun-17	119	119	100.0%
Jul-17	119	119	100.0%
Aug-17	143	143	100.0%
Sep-17	106	106	100.0%
Total	739	739	100.0%
<i>Data Source: Y1751 - Out-of-Home Investigations; Run Date: 12/14/17</i>			

Section 2, Table 1.1-4

Data Evaluation

Table 1.1-1 and Graph 1.1-1 display the absence of maltreatment over the reporting period. The current period shows 98.78 percent of children in care have not been maltreated by a foster parent in out-of-home care. This is slightly lower than the last reporting period, but higher than the other preceding reporting periods. The target is 99.68 percent of children in out-of-home (OOH) care being safe. Table 1.1-2 displays an MIC rate based on placement days and MIC events by resource type. Since the last reporting period, improvement in rates occurred in Child Welfare (CW) Foster Family Homes, Kinship Foster–Relative Homes, Kinship Foster Care–Non-Relative Homes, Therapeutic Foster Care (TFC), and CW Foster–Supported Homes. Screen-out consultations, Table 1.1-3, were implemented to impact issues contributing to MIC before an MIC event occurs. Compliance to the screen-out consultation remains good at 89.1 percent completion. Ten-day staffings, Table 1.1-4, remain at 100 percent compliance since added to KIDS as required documentation for the investigation/assessment of child safety.

MIC Activities/Collaborations

Along with the Co-Neutral staff, Continuous Quality Improvement (CQI) Program staff continue to review all OOH substantiated investigations as well as a selection of unsubstantiated OOH investigations. These reviews include a review of the investigation, home assessment, and children's specialist visits. When issues arise, the field manager and district director are notified. Responses from the manager or director may range from simply providing clarifying information to determining additional interventions are needed to assure child safety. Child Protective Services (CPS) Programs staff also conducts a program review on every OOH substantiated investigation to ensure policy and protocols were followed in the investigative process. CQI Programs staff continued to assist other program staff as needed on related issues that could impact MIC. CPS Programs and the MIC Lead receive daily a list of all screened-out OOH referrals from the previous day. A sample is also reviewed by CQI staff to assist and inform other program areas about MIC issues. If issues are found, the field manager is contacted to resolve. CPS Programs staff continues to review every OOH screened-out referral to ensure policy guidelines are adhered to in the decision-making process. When there is a question as to the appropriateness of the screen-out, CPS staff may contact the county office either assigned to the resource home or to the Permanency Planning case to obtain additional information verifying the child is safe. When the information is not available, CPS Programs staff makes the decision to override the screen-out decision and accept the referral for investigation.

CQI's essential elements encourage continued data evaluation and provide the flexibility to make process adjustments based on the data. To impact MIC, the data was assessed and evaluated over time. Following a review of the MIC data, adjustments were made to the initial core strategies. CQI gives CWS a structure to assess the information and adapt ongoing strategies to improve outcomes. Several of the following activities were not initially part of the MIC strategies, but were implemented in response to the data to reduce MIC.

In July 2017, CQI MIC Program staff assisted the TFC/Shelter Program staff, Developmental Disabilities Services (DDS) program staff, and the Office of Juvenile Affairs (OJA) staff in in the state's shelter meetings to improve safety for the residents, reduce MIC, and impact residents' well-being. In September 2017, the DHS Office of Performance and Accountabilities (OPOA) started a project at the state shelter to address how the intake process and shift change impact what staff knows about kids, the ability to supervise, child safety, and information sharing. The project is ongoing. A full time program field representative (PFR) was devoted to the children in the state shelter. The PFR conducts in-depth shelter staffing on the children in the state shelter to build a deeper understanding of the child's needs to better inform the child's discharge planning and service provisions. Any information discussed in a staffing that seems relevant to the child's shelter needs is shared with the staff before the PFR leaves the campus. The PFR also provided some technical support on the regional shelter calls. Also, another PFR assisted with technical support to the state shelter team for children with high needs. This PFR is experienced working in facilities with adults who have disabilities and had prior work experience at DDS.

In July and August 2017, CQI Contract Performance Review (CPR) Team completed their yearly reviews on the level group homes in the state. These reviews focused not only on contract compliance, but the quality of the services provided to the residents and resident safety. In addition, the CPR Team completed ongoing reviews on inpatient psychological hospitals and TFC agencies during this reporting period. CQI MIC staff began attending the quarterly heightened monitoring meetings, which include staff from OCA, OJA, Specialized Placements and Partnerships (SPPU), TFC Program and TFC agencies, CQI, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Health Care Authority (OHCA), daycare licensing, and group home directors. These meetings involve a discussion of providers, systemic trends, efforts, and ideas related to MIC reduction, as well as updates and changes in the various agencies and programs represented.

CQI staff remained involved with the child welfare (CW) specialist field staff as needed, which included participating in OOH investigative 10-day staffing phone calls to ensure all issues were addressed and child safety was maintained. During the reporting period, the MIC Lead attended a group case learning training to support a district office on the quality of worker visits. The supervisors in the office were tasked with providing the training to their staff and went

through the components of a worker visit and the safety assessments that need to occur. The information provided was thorough and offered real life explanations that could be immediately applied.

As indicated in the placement stability practices, to ensure resource parents receive the supports they need and do not feel overwhelmed when a child is moved from the first placement due to behaviors and the second placement is a kinship or traditional resource home, a System of Care (SOC) referral is made by the assigned CW specialist to the local SOC site. Also in August 2017, the Placement Stability Lead in partnership with the Annie E Casey Foundation conducted guided application practice (GAP) sessions to focus on daily practices and supporting foster parents. Since many factors that contribute to MIC are similar to the factors affecting placement stability, the work on placement stability could impact MIC efforts.

Information on MIC trends as well as any initiatives that could impact children's safety is presented monthly to the full CQI team. Work continued on development of the Children and Family Services Review Oklahoma Performance Improvement Plan (PIP) that includes a focus on factors related to child safety and MIC. The PIP is still in the negotiation process.

On 10/27/17, summary information from January through June 2017 MIC reviews was presented to the CWS Executive Team. The presentation covered 85 OOH investigations, which also included worker visit reviews and reviews of the home assessments. Characteristics were provided from the allegations and incidents of abuse and neglect as well as factors that contributed. The quality of visits and referral history remained the highest contributing factors. This also included taking each incident and evaluating it separately rather than seeing ongoing patterns of behavior. Each regional director was given a copy of the presentation to discuss with his or her regional field staff.

Therapeutic Foster Care (TFC) and MIC

CQI MIC staff continued to participate in TFC critical incident staffing calls when a child is placed in a hold. The calls included the foster parents, TFC program staff, CQI staff, and a clinician who discussed the incident that occurred as well as previous incidents for a group case learning opportunity. Opportunities for change and additional methods are also discussed to prevent another critical incident or MIC in the home. CQI MIC staff is involved with program staff in discussions on changing the training curriculum provided to the TFC foster parents. The training curriculum being considered is believed to better prepare the foster parents for the increased needs of the population they will be serving. The MIC CQI Lead with the TFC field administrator developed the structure for a ChildStat meeting. The ChildStat meeting is a data-informed discussion on how an agency or home investigation resulted in substantiation. This includes areas where intervention could or should have been interjected prior to an MIC incident occurring and ways to use group case learning to prevent MIC incidents. The group case learning provides an opportunity for brainstorming on areas of concern and discussing how to mitigate areas that need improvement, things that went well, and additional interventions that could impact outcomes as needed. These meetings occur when a TFC agency receives substantiation on an OOH investigation. All TFC agency directors are part of the meeting, as well as CPS program staff, and mental health clinicians to provide various perspectives in the discussion. The first ChildStat meeting was held on 10/20/17.

MIC Subgroups

The MIC small groups continued to meet facilitated by OPOA staff to work on their assigned tasks. The three subgroups were each tasked with working on: consistent approval of CW and criminal histories; a quality assurance (QA) process on worker visits as well as ways to improve the quality of assessment in a worker visit; and a QA process on screen-out consultations. OPOA staff attended the portions of CORE training that included guidance on worker visits to gain perspective on what CW specialists are provided in their initial trainings. OPOA attended the certification process and watched as workers were conducting their child interview observations. Also, OPOA staff listened as a silent participant in 10-day staffing phone calls and screen-out consultations to witness first-hand what occurs during these processes. The subgroup working on quality of worker visits held meetings to discuss what made for a good quality worker visit by gathering information from all levels of CWS staff, which included field specialists to program administrators. However, during this period, work on the quality worker visit form was suspended due to work on the PIP, which will include the Supervisory Framework. Components of the Framework include supervisors addressing and coaching through field

observation, case staffing, and worker conference, which includes worker visits. The subgroup tasked with working on a plan for consistent approval of CW and criminal histories in reference to resource homes continued to meet. The plans changed several times; however, currently staff guidance is being drafted for better up front assessment.

The subgroup tasked with a QA process for the screen-out consultation suspended its work indefinitely; instead, a qualitative quality review of screen-out consultations began. To assess the quality of the information discussed and documented during a screen-out consultation, 125 screened-out referrals with a screen-out consultation were selected for review. A sample was selected of all OOH screen-outs that had a screen-out consultation process from a 12-month period. The sample was then randomized and 25 screen-outs from each region were selected for review. Prior to the review starting, an instrument was drafted and approved for use. Currently, CQI staff is in the reviewing process looking at the quality of the screen-out consultation, as well as the prior referral history and any referrals after the selected screen-out consultation.

Secondly, an additional evaluative assessment began on screen-out consultation effectiveness. CQI staff worked with KIDS staff to capture information on screened-out referrals from a time period prior to the screen-out consultation practice being implemented and a second time period of screened-out referrals with a screen-out consultation. The evaluation assessed the data to determine if having a screen-out consultation provided a shared opportunity for all involved CW specialists to know the information and put in supports to prevent other potential issues, thus preventing another Hotline referral. After reviewing the data regarding the screen-out consultations, including resources with screen-outs prior to consultation implementation on 9/1/16, and after, the data indicates that resources that had a screened-out referral with a screen-out consultation were less likely to have a subsequent screened-out referral. Overall, the data also shows a slight increase in the percentage of resources that had no subsequent MIC incidents following a screen-out consultation, compared to those resources with a screen-out prior to screen-out consultation implementation. Taking the evaluation a step farther, 50 screen-outs from each evaluative time period were randomly selected to see if additional involvement was for the same reason as the referral in question. This analysis is to better inform if having a screen-out consultation may have resolved the issue that resulted in the referral in question or if additional referrals were based on the same type of behaviors. This evaluation is still in process.

Permanency planning (PP) program staff trained eight CW 1006 classes for new CW specialists. CW 1006 covers various areas related to safety that could impact MIC and includes a focus on the quality of worker visits and safety assessment of children during a worker visit. Some of the topics are age- and developmentally-appropriate conversations with children, the importance of covering discipline, and supervision. CW specialists are told during the training to increase contact during times of change and stress and to conduct a minimum of 3 unscheduled visits per calendar year. Each class includes between 10 and 20 CW specialists and must be completed prior to a worker being assigned a caseload. This training is expected to continue for all new PP staff. PP program staff is working with other CWS program areas to draft worker visit guides for parents and children to improve the quality of worker visits.

CQI MIC staff met with OPOA to discuss planning for the assessment of worker visits and the quality of the screen-out consultations. OPOA continues to listen to joint review staffing calls to collect information for drafting the summary on the information shared with the involved partners. OPOA and CQI staff continued planning a worker visit shadow project. OPOA also received data on children and placements beginning in 2011 to collect descriptors surrounding MIC incidents. OPOA provided a draft summary of the MIC descriptors. These projects are still in process.

Subgroup work continues on a guide for consistent approval of criminal and CW history for resource homes as well as safety plan monitors. The subgroup will meet again to review the information before presenting to the CWS Executive Team.

KIDS/SACWIS

CQI staff continued working with KIDS Program staff on areas that can be improved to impact MIC. In March 2017, the written plan of compliance (WPC) indicator was added on the resource and PP workload in KIDS. This allows a worker to see which case has children placed in a home with an open WPC or how many of his or her assigned homes have open

WPCs. A feature to right click on the WPC from workload brings up any children placed in the home. This provides a visual control and information that prompts the worker to review the WPC and address in contacts. The MIC Dashboard launched on 6/17/17 along with a user guide to assist individuals. The MIC Dashboard is divided into program and supervisor views, which can be used as a management tool to identify trends and focus targeted efforts. A KIDS enhancement was added on 9/9/17, in red, to notify the PP specialist if he or she is placing children in a home with an open WPC. The message reads: "This foster home has an open written plan of compliance. Please review the WPC in the resource screen and address concerns during the monthly worker visits." The message also appears in the resource search results screen when a worker is searching for a foster home. This change allows for easy identification, awareness, and direction for the PP specialist if he or she is placing a child in a home with an open WPC that needs to be addressed in the specialist's visits.

On 2/10/18, KIDS will release the Resource Information Sheet that will print when a child's placement is changed in the following resource types: CWFC, Resource Family Partner (RFP)/Supported Homes, Contracted Foster Homes, Kinship Foster Homes, DDS Foster Homes, Tribal Foster Homes, ICPC Foster, and ICPC relative homes in Oklahoma. This information form provides information on the resource that the child's worker must be aware of when placing a child including:

- the number of children currently placed;
- the number of total historical placements;
- the total number of children in the home;
- any open WPC/Investigation information;
- any prior referral history;
- any pets; and
- the family makeup/demographics.

The 2/10/18 KIDS release will establish a content area where all OOH screened-out investigations will go to be reviewed by CPS Programs staff. This permits CPS Programs staff to: review and concur or not concur on the screen-out; document their findings; and, when they don't concur, override the referral and assign for investigation.

KIDS held discussions with Foster Care, TFC, and CQI about tracking WPCs within KIDS and the possibility of tracking exception requests and policy violations. The MIC predictive analytics project continued on determining descriptors or high-risk factors associated with MIC. This project is still in the early development process

The same group is working on starting the development of a screen-out consultation guide in the KIDS. The screen-out consultation screen will display relevant information about the resource, such as the number of referrals, number of investigations, and number of WPCs, as well as provide staff different text areas to document information that needs to be discussed in the consultation. The proposal includes an area for each responsible worker to sign off in for accountability, similar to the 10-day staffing. This update is tentatively set to release in November 2018.

KIDS' discussions with Foster Care, TFC, and CQI included adding an alert message system to notify workers and supervisors of specific case updates. The first alert message in KIDS will be for a resource worker and supervisor when injuries to a child are documented in the PP Case under Client> >Injury Screen. Any time this screen has an injury added, an alert will go to the assigned resource worker and supervisor. This release is tentatively set for later in 2018. Other alert systems are also planned for later in the year. The contact purposes of Alert-Resource Notice and Alert-Resource Notice Resolved will be added to the resource contacts. Later, as the alert system is developed, entering this contact type will alert the PP worker(s) on the case of the issue entered as an alert. This will keep involved staff updated of any issues with the resource. These alerts will be used when issues do not rise to the level of a referral, but still need to be addressed.

The Open WPC/CPS YI025 is still sent monthly to the Foster Care and Adoptions leadership and management staff for review. The report contains all foster care homes with an open WPC and/or an open investigation. A resource with an overdue WPC is highlighted for easy identification.

Foster Home Assessments and Approval

In July 2017, the Resource Family Assessment (RFA) Contract Monitor held the quarterly RFA contractor meeting to discuss overall findings of the 25 joint reviews completed in June 2017. RFA contractors were trained on the review process and QA plans at the meeting on 7/21/17. The issues/trends identified during the review of the first 25 resources included:

- incomplete criminal history documents or a lack of documentation of a thorough assessment of criminal history;
- a lack of documentation regarding a thorough assessment of CW history, such as archived or restricted records;
- a lack of documentation that a review by a field manager occurred when criminal or CW history was concerning;
- a lack of required references. The most concerning was a lack of behavioral health references and adult child references;
- no alternate caregiver approved;
- inconsistent or incomplete information in home assessments, such as exploration of relationships or childhood history of abuse;
- incomplete or inadequate addendums; and
- miscellaneous documents missing or incomplete.

An RFA Action Plan was created and adopted based on the results of the first 25 joint reviews in August 2017. The plan incorporated additional resource reviews, training for staff to enhance assessment skills, and clearer guidance regarding when history needs to be reviewed at a higher level.

In August 2017, Foster Care and Adoptions Program staff began a joint review with the Co-Neutrals of an additional 25 kinship, traditional, supported, and therapeutic resources. TFC programs assisted in completing the review of the therapeutic resources. The additional 25 resources reviewed were completed by 9/30/17. Each review done by program staff included a face-to-face debriefing of the review with the reviewer, assigned specialist, supervisor, and field manager. For supported resources, the RFP liaison staff and the agency worker, supervisor, and director were included in the debriefing. Foster Care and Adoptions Program staff maintained a log of all concerns identified in the reviews, debriefing information, and follow-up actions completed by staff to address the concerns.

On 8/1/17, the RFA Contract Monitor provided additional training to one RFP agency to enhance the quality of its resource family assessments. The training focused on improvement areas in current practices and skills development to assist in completing quality assessments in the future.

On 8/23/17, the Resource Approval Checklist and RFA Review Tool were combined to create one tool, the **Resource Family Assessment Review Tool** to use as part of a resource review or at the time of a resource approval. The modified tool and instructions were provided to staff by email on 8/31/17.

In September 2017, the RFA Contract Monitor provided additional training to RFP agencies on the revised RFA Review Tool and the tool's practical application at the 9/6/17 RFP quarterly meeting. RFP staff was informed that completion of the tool by a supervisor is required for a resource's approval. On 9/15/17, Foster Care and Adoptions Program staff provided additional training and guidance to Child Welfare Services (CWS) supervisors and managers on the revised RFA Review Tool and reviewed a newly created resource information packet for thorough assessment of resources for approval.

In September 2017 as part of the RFA Action Plan, CQI staff assisted with the review of 72 recently approved resources that were considered high risk due to having a referral or WPC. The review focused on safety and assessment of criminal history, CW history, references, and the RFA. The RFA Contract Monitor trained CQI staff to use the RFA Review

Tool on 9/8/17 and 9/18/17. The results of this review by CQI revealed similar trends to those identified in the first 25 resource reviews: (1) lack of required references at time of approval; (2) incomplete documents or documentation in the RFA ensuring the home's physical safety; and (3) further assessment or approval needed for criminal and/or CW history concerns. The RFA Action Plan was designed and implemented to address these concerns. Results from the reviews were provided to supervisors and managers for follow-up.

On 9/15/17 as part of the RFA Action Plan, a new protocol was implemented regarding the assessment of criminal and CW histories. Previous reviews identified inconsistency in the background approval process statewide. When an applicant has criminal or CW history that involves physical violence, substance abuse, or had a sexual component, the information must be reviewed at the field manager level.

In October 2017 as part of the RFA Action Plan, Foster Care and Adoptions Program staff began small group training with the field managers and their respective supervisors on the resource approval process. The training consisted of utilizing the RFA Review Tool to review one resource, critically thinking through real-life case scenarios with peers, and asking questions on the approval process to understand why each element in the approval process is required. All small group trainings were completed by 12/30/17.

As part of the RFA Action Plan on 10/1/17, field staff began a review of all open, approved resources at the time of the quarterly visit in October, November, and December. Staff are using a modified RFA review tool to assess CW history, criminal history, references, and the RFA's family history section. Resource specialists attach the documentation to the quarterly visit form that is turned in to their supervisor and the supervisor notes actions, steps, and tracks follow-up at the monthly individual conference. The supervisor and field manager ensure any potential safety issues are addressed immediately and other items receive timely follow-up.

On 10/26/17, the RFA Contract Monitor held the quarterly RFA Contractor meeting to discuss overall review findings of all joint reviews. As part of the RFA Action Plan, at this meeting concerns were discussed and additional training was given on trends in the RFAs.

Foster Care and Adoptions program staff completed small group training with RFP partners and Interstate Compact on the Placement of Children staff, 11/13/17, 11/15/17, 11/17/17, and 11/20/17. The training included a review of a completed RFA, discussion about the RFA Review Tool, and participation in real-life case scenarios with peers to promote critical thinking.

In December 2017, a workgroup began revision of the RFA guidelines. The workgroup consists of staff from Foster Care and Adoptions Programs, an RFP agency, TFC Programs, an RFA contractor, and the University of Oklahoma Center for Public Management. The revision's goal is to update and streamline the RFA guidelines while enhancing the quality of the information captured about resource applicants. The revision will be finalized in January 2018. All field, RFP agency, RFA agency, and TFC agency staffs will be trained in February and March 2018.

On 12/1/17, the **Record Check Documentation** form was revised to include three new public searches for foster and adoptive applicants. The searches are required effective 11/1/2017 per state statute. The revised form also includes an applicant's account of any criminal and/or CW history and the history disposition by supervisor or higher level staff. This revision will assist with thorough documentation of identified criminal and/or CW history.

On 12/4/17, the Initial Kinship Checklist was revised and updated into a new tool, the **Initial Kinship Safety Evaluation & Approval**. The tool assists resource staff to ensure all initial kinship requirements are met and the child's safety is ensured prior to placement in a kinship resource. This tool outlines the initial kinship assessment process and requires supervisory approval prior to a child's placement in the resource.

Ongoing RFA QA

The initial plan to create a QA process for RFAs was to shift the role of the current eight temp staff reading RFAs to reviewing a monthly sample of approved RFAs for traditional, supported, and kinship resources. As previously reported, the RFA QA pilot began 6/1/17 in five counties in Region 2. The pilot expanded to the remaining counties in Region 2 the same month. Since that time, one of the two Region 2 reviewers changed roles within DHS.

The number of reviews taking place since May 2017 made it difficult to fully rollout this more formalized RFA QA process. In addition, the pilot helped identify the need to revise the originally proposed RFA QA process. Utilizing part-time, temporary employees proved challenging for the purposes of communication, training, and consistency; therefore, a decision was made to dedicate a supervisor and three full-time staff positions to oversee QA for Foster Care and Adoptions. The supervisor was identified in December 2017 and leadership is in the process of identifying three positions to staff the unit.

By 5/1/18, the Foster Care and Adoptions Program will develop a QA Team dedicated to an on-going QA process for RFAs. The QA Team, supervised by a Foster Care and Adoptions program analyst, will consist of a CW specialist IV, a CW specialist III, and a CW specialist II, along with assistance from program staff as needed. The QA team will utilize a standard RFA review tool to review a sample of approved RFAs for traditional, supported, kinship, and adoption resources for the prior month. The qualitative data will be provided to Foster Care and Adoptions leadership to determine next steps for practice improvement. Foster Care and Adoptions leadership will continue to evaluate the progress and make adjustments as needs are identified.

Kinship Support

The Family KINnections' program was re-implemented in Oklahoma County in March 2017 and started accepting cases in May 2017. KINnections is a partnership between DHS and Northcare, a behavioral health service provider, and is funded by Arnall Foundation. The program is designed to provide a variety of supports to kinship foster families from the beginning of the process of becoming a kinship foster family. The goals of the program are to decrease placement disruption and increase stability and permanency for children. In addition to those goals, DHS believes this type of support will lead to safer outcomes for children through reduced MIC. The **Family KINnections Flyer** outlines some of the services and resources provided through the program. DHS is in the process of analyzing related data to determine what impact the KINnections program may have had thus far on MIC in Oklahoma County. Based on the results of the analysis, DHS may pursue future partnerships in other areas of the state.

Congregate 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	
6th Data Period	Oct 2016								0
	Nov 2016			3		1			4
	Dec 2016				3				3
7th Data Period	Jan 2017								0
	Feb 2017								0
	Mar 2017			2					2
8th Data Period	Apr 2017	2		3					5
	May 2017	3		1			3		7
	Jun 2017	3				1		2	6
9th Data Period	Jul 2017	1							1
	Aug 2017								0
	Sep 2017					3			3
TOTAL		9	0	9	3	5	3	2	31

Data Source: KIDS Data Measure 1.1 MIC; Run Date: Nov 30, 2017 - Numbers indicate children with substantiations while in DHS custody and placed at Facility.

5th Period Data ID'd as HMF	6th Period Data ID'd as HMF	7th Period Data ID'd as HMF	8th Period Data ID'd as HMF
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Section 2, Table 1.1-5

Children with Substantiations of Abuse or Neglect while in Out-of-Home Care - OCA Heightened Monitoring Facilities (HMF)											
Heightened Monitored Period	Closure Month	Hospitals									Total
		Acute / RTC 1	Acute / RTC 2	Acute / RTC 3	Acute / RTC 4	Acute / RTC 5	Acute / RTC 6	Acute / RTC 7	Acute / RTC 8	Acute / RTC 9	
6th Data Period	Oct 2016						1				1
	Nov 2016				1						1
	Dec 2016										0
7th Data Period	Jan 2017										0
	Feb 2017										0
	Mar 2017							1			1
8th Data Period	Apr 2017										0
	May 2017		1	1							2
	Jun 2017		1							1	2
9th Data Period	Jul 2017										0
	Aug 2017							1			1
	Sep 2017										0
TOTAL		0	2	1	1	0	1	1	1	1	8
<small>Data Source: KIDS Data Measure 1.1 MIC-Run Date: Nov 30, 2017 - Numbers indicate children with substantiations while in DHS custody and placed at Facility.</small>											
5th Period Data ID'd as HMF		6th Period Data ID'd as HMF			7th Period Data ID'd as HMF			8th 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.

Core strategy initiatives designed to impact MIC in higher-level settings continue. Current semi-annual report data indicates an increase of 16 child MIC victims compared to data in the last semi-annual report. The increase signifies positive trending did not continue in this reporting period; however, 23 of the total MIC incidents occurred in the resources of those facilities whose contracts were terminated this period. Despite the lack of continued positive trending for the overall number of MIC victims in congregate care settings, the heightened monitoring process continues to positively impact the majority of involved resources. Of the five group home or shelter resources identified as in need of heightened monitoring based on data from the fifth, sixth, seventh, and eighth data periods, only two had any MIC victims during the ninth data period. For one of the resources, SPPU implemented an immediate safety plan and intensive monitoring beginning 8/15/17. Additionally in early November 2017, the Heightened Monitoring Team (HMT) increased the intensity of its efforts with the other previously identified group home and shelter resource with MIC victims in the ninth data period. Since then, this resource has made considerable progress and improvement. Of the nine acute and residential treatment (RTC) level resources identified as in need of heightened monitoring during the fifth, sixth, seventh, and eighth data periods, only one had any MIC victims during the ninth data period. That resource is one which previously declined to participate in heightened monitoring but is now engaged in the beginning stages of the process.

As detailed in previous semi-annual reports, the three major areas of focus for reducing MIC in OOH in higher-level settings consists of: heightened monitoring of those facilities identified with the highest number of MIC incidents; policy, practice and technical enhancements; and contract enhancements.

Heightened Monitoring

The specific activities and detailed processes related to the selection of and the work completed with facilities in need of heightened monitoring based upon six initial data sets were summarized in previous semi-annual reports. This reporting period includes heightened monitoring activities based upon the seventh and eighth maltreatment data sets.

Monthly HMT conference call updates were held 7/5/17, 8/2/17, and 9/6/17. During the monthly calls, action plans are reviewed and action plan updates are suggested based on information from weekly on-site monitoring by SPPU liaisons, bi-monthly visitation by the SPPU program field representative assigned to HMT activities, DHS Child Care Licensing (CCL) feedback, Office of Client Advocacy (OCA) feedback, and provider input.

7th MIC Data Set, January through March 2017

Resources identified and activities conducted based on the seventh MIC data set were described in detail in the last semi-annual report. Following submission of that report, additional significant actions involving the identified resource

at the group home and shelter level of care occurred. This resource had previously completed a program assessment process and an initial action plan; however, the HMT indicated a subsequent action plan was needed to develop and support sustainable change in the facility's practice and culture. Progress on the subsequent action plan was minimal and resulted in a notice to comply (NTC) and a corresponding written plan of compliance (WPC) issued to the provider in April 2017. These contractual actions included a hold on new placements, reduced reimbursement, increased monitoring by SPPU staff, and weekly progress reporting. Provider progress and compliance was observed and as a result, the NTC was ended. Ongoing monitoring to ensure progress sustainability that was realized during the NTC time frame continued with this facility. Subsequently, this provider submitted a request for contract termination in September 2017 and the contract was terminated effective 10/13/2017.

8th MIC Data Set, April through June 2017

The eighth MIC data set was received July 2017. Review of this data set identified three resources in need of heightened monitoring at the group home and shelter level of care and three resources at the acute and RTC level of care. A separate resource at the group home and shelter level of care would have been an identified HMT resource during this quarter based on the data; however, subsequent to 6/30/17 they were no longer a contracted provider. An initial HMT meeting was not conducted with the first identified resource at the group home and shelter level of care since this provider was already involved in the HMT process and had previously been working on an action plan. As a result of being identified as an HMT facility again, it was determined a new program assessment must occur. Program assessment observations took place on 7/17/17 and 7/18/17 and the final report was received by SPPU on 8/4/17. Prior to meeting with this provider to create a new action plan, emergent concerns within the program arose that resulted in SPPU instituting an immediate safety plan on 8/15/17, until such time that the broader action plan could be implemented. Pieces of the safety plan were incorporated into the broader action plan developed and implemented on 9/6/17. Follow up and monitoring regarding compliance and completion of the plan is ongoing. The initial HMT meeting with the second identified resource at the group home and shelter level of care occurred on 7/26/17. Program assessment observations occurred 9/18/17 and 9/19/17. Recommendations resulting from this program assessment were minimal and spoke to efforts the provider had already planned to take action on for this resource. As a result, the provider declined to develop an action plan and participate in the ongoing heightened monitoring process. Despite declining to participate in heightened monitoring, the provider expressed interest in partnering with DHS to develop an idealized model of service and cooperation related to youth service shelter care. Efforts in this regard are being explored with this provider. The third identified resource at the group home and shelter level of care participated in an initial HMT meeting on 8/10/17, but subsequently declined to participate in the program assessment and heightened monitoring process.

The first identified provider at the acute and RTC level of care previously had resources identified as in need of heightened monitoring in which initial HMT meetings occurred; however, this provider declines to participate in the program assessment process. Despite their unwillingness to be involved in that process, the provider's leadership engages well with their SPPU liaison around remediation efforts and was no longer identified as a facility in need of heightened monitoring based on data in the following quarter. The initial HMT meeting with the second identified provider at the acute and RTC level of care occurred on 7/27/17 with program assessment observations taking place 8/15/17 through 8/17/17. The program assessment report was received 9/21/17 and a corresponding action plan was developed. HMT monitoring for the plan's successful completion is ongoing. An initial HMT meeting with the third identified acute and RTC level of care resource was not held as the HMT and program assessment process was thoroughly explained on multiple occasions previously, yet the provider declined to participate. The provider did agree to participate in the HMT process following identification of this most recent resource. A change in this provider's administrative leadership resulted in delays in the program assessment and ongoing heightened monitoring process; however, work is continuing and a finalized action plan is in development. Once the plan is finalized, the HMT will provide ongoing support and monitoring towards successful plan completion.

9th MIC Data Set July through September 2017

The ninth MIC data set was received October 2017. Review of this data set identified three resources in need of heightened monitoring at the group home and shelter level of care and three resources at the acute and RTC level of

care. An initial HMT meeting was not held with the first two resources as they were already engaged in the HMT process due to previous identification. As a result of this additional heightened monitoring identification, the intensity of monitoring activities increased for both resources. HMT has observed significant progress at these resources since that time. An initial HMT meeting was held with the third identified resource at this level of care on 11/9/17 with program assessment observations taking place on 11/16/17 and 11/17/17. The program assessment report was received 11/30/2017 and a corresponding action plan has been developed. Monitoring by the HMT team regarding successful completion of the plan is ongoing.

The first resource identified at the acute and RTC level of care is currently involved in the heightened monitoring process and as a result an initial HMT meeting was not held; however, ongoing work with this resource continues. The second identified resource previously engaged in the heightened monitoring process and successfully completed an action plan. When contacted as a result of this most recent identification, the resource declined to participate again. The third identified resource also declined to participate in the heightened monitoring process.

Furthermore, heightened monitoring efforts with the state run shelter began during this reporting period. In addition to HMT engaging with shelter administration in the development and monitoring of an action plan, SPPU assigned a liaison staff person to the shelter. Efforts are ongoing regarding support for the shelter's successful completion of its plan with enhanced care and services.

Other significant contractual actions occurred during this reporting period involving three group home and shelter level providers and one RTC and acute level of care provider. Actions taken involving the first provider at the group home and shelter level included NTCs and a corresponding WPC for two of their resources. Subsequently, both of the contracts with these resources were terminated with the first effective 7/15/17 and the second effective 10/13/17. Action involving the second group home and shelter level provider consisted of acceptance of contract termination for one of their resources effective 3/22/17. For the third group home and shelter level provider acceptance of contract termination for both of the provider's resources was effective 6/30/17. OHCA implemented contractual actions against the RTC and acute level of care provider that consisted of notice of the Medicaid contract termination for three of the provider's contracts effective 7/31/17. As a result, CWS placed a hold on youth admittance to the impacted resources and established an ongoing monitoring plan for youth already placed in these resources at the time of the contract action that continued until their discharge from the impacted resources.

Policy, Practice, and Technical Enhancements

Efforts to support use of the Assessing Safety in Residential Settings Contact Guide continued during this reporting period through ongoing guidance to Permanency Planning staff during level trainings and when youth were referred to group home care. Utilization of the SPPU Facility Services Plan (FSP) screens and reports in KIDS is ongoing and led to the identification of additional needed enhancements to support the quality of work done by SPPU staff. These enhancements will be brought to the attention of KIDS staff for future consideration. **FSP Log** is attached.

Case reviews, using the substantiated and unsubstantiated case review tools for facilities, began in March 2017 and continued through this reporting period. Monthly, all substantiated referrals involving youth in DHS custody and placed in CWS-contracted facilities are reviewed along with a random selection of unsubstantiated referrals. Any areas of concern involving SPPU staff practice identified during the completed reviews to date were followed up on and addressed. SPPU leadership is currently working on plans to further standardize the review process and identify the ways in which the collected information may be used most effectively. To improve internal SPPU communication, unit wide expectations for email communication are in the development process by the SPPU leadership team and are expected to be presented to all SPPU staff by the end of January 2018.

Contract Enhancements

The initial provider performance report cards, based on data and reports from 1/1/17 to 3/31/17, were shared with providers at the group home administrator meeting on 8/11/17. Report cards based upon data from 4/1/17 to 6/30/17 and 7/1/17 to 9/30/17 will be shared with providers during the group home administrator meeting on 1/26/18. Further

refinement and work related to the process of data compilation, data sharing, and utilization of the information obtained from the reports cards is ongoing.

Since the Managing Aggressive Behavior (MAB) implementation in January 2017, SPPU, through the Trauma-Informed Care Project (TICP) with the National Resource Center for Youth Services (NRCYS), provided MAB supportive services to facility staff in order to build organizational capacity, support the internalization of the training concepts within each agency, provide direct care staff with competent on-site coaches, and build a statewide trainer network. As a result, a strong focus on the development of individual MAB trainers developed within the facilities. Specific efforts in this regard include:

Co-training with New Trainers. To date, co-training events occurred with five separate providers. Challenges were experienced in finding opportunities to co-train with some contracted agency MAB trainers since notification of MAB trainings scheduled within the facilities are not regularly provided. Efforts are ongoing to improve the notification process.

Trainer Development Plans. Plans were completed for nine contracted agency MAB trainers that work within seven contracted facilities. Challenges occurred in finding opportunities to complete trainer observations in order to create development plans for some contracted agency MAB trainers since notification of when MAB trainings are scheduled within the facilities are not regularly provided. Efforts are ongoing to enhance the notification process.

Trainer Action Learning Sets (ALS). Four ALS sessions were conducted and involved 13 contracted agency MAB trainers, representing eight different providers.

Targeted MAB Trainer Newsletter. Three newsletters were distributed and can be found at the following links:

FY 17 Q4 sent April 28, 2017: <http://mailchi.mp/ou/mab-trainer-newsletter>

FY 18 Q1 sent July 18, 2017: <http://mailchi.mp/ou/okticip-mab-trainer-monthly-newsletter>

FY 18 Q2 sent November 30, 2017: <http://mailchi.mp/ou/quarterly-okticip-mab-trainer-newsletter>

Webinars and Conference Calls. TICP provides structured virtual learning opportunities. An additional coaching specific webinar titled "Training Outside of Training" is scheduled for 1/30/18.

On-going Availability for Technical Assistance. TICP provides technical assistance for MAB training and implementation on a continual basis, though it is typically more informal and is not always tracked as an event in the system. This often occurs during Skills Practice trainings, Heightened Monitoring meetings, or through email and phone calls. These queries typically revolve around procedural questions such as "Can I break this training up into three days?", "Can I train another agency?", "Where can I find additional resources?", and questions about how to respond in specific crisis situations. The questions about crises usually concern the later stages of a crisis, when most opportunities for effective de-escalation were missed. For example, questions often focus on what physical intervention to use or what can be done other than a physical intervention. TICP focuses technical assistance on guiding staff toward thinking about these situations proactively rather than reactively, emphasizing a focus on staff actions rather than youth actions, and avoiding using the intensity of youth behaviors as justification for inaction or nontherapeutic action on the staff's part.

Trauma-Responsive Skills Practice Sessions (TRSPS). TRSPS sessions occurred 4/5/17, 6/27/17, 8/21/17, and 9/21/17.

In Development

Other efforts that may have an ancillary impact on the reduction of MIC in congregate care settings are currently being explored, or are in early stages of development. As part of the consideration given to creation of a continuum of care capable of meeting the treatment needs of youth, DHS is exploring and discussing contracting directly for treatment

services for those youth with higher needs than can be adequately served in level E group homes but do not meet medically necessary criteria required to receive services in a hospital setting. Additionally, a small workgroup has begun meeting to brainstorm ideas related to reforming the current process of group home level determination and referral with the intent to develop a better informed process consistent with a multi-disciplinary approach. CWS has also started efforts with a contracted provider to help in transitioning youth out of group homes, subsequent to completion of treatment when the youth has an identified permanent family placement. This approach will not only expedite placement into family-like settings but also assist in ensuring the permanent placement is supported and remains stable. Lastly, efforts are underway to develop a program field representative position within SPPU to focus on CQI activities regarding the work done by SPPU liaisons.

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 DHS 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 AFCARS (17A & 17B) files combined with a non-submitted annual NCANDS (Covering AFCARS 17A & 17B 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 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 10/1/2016 through 9/30/2017.

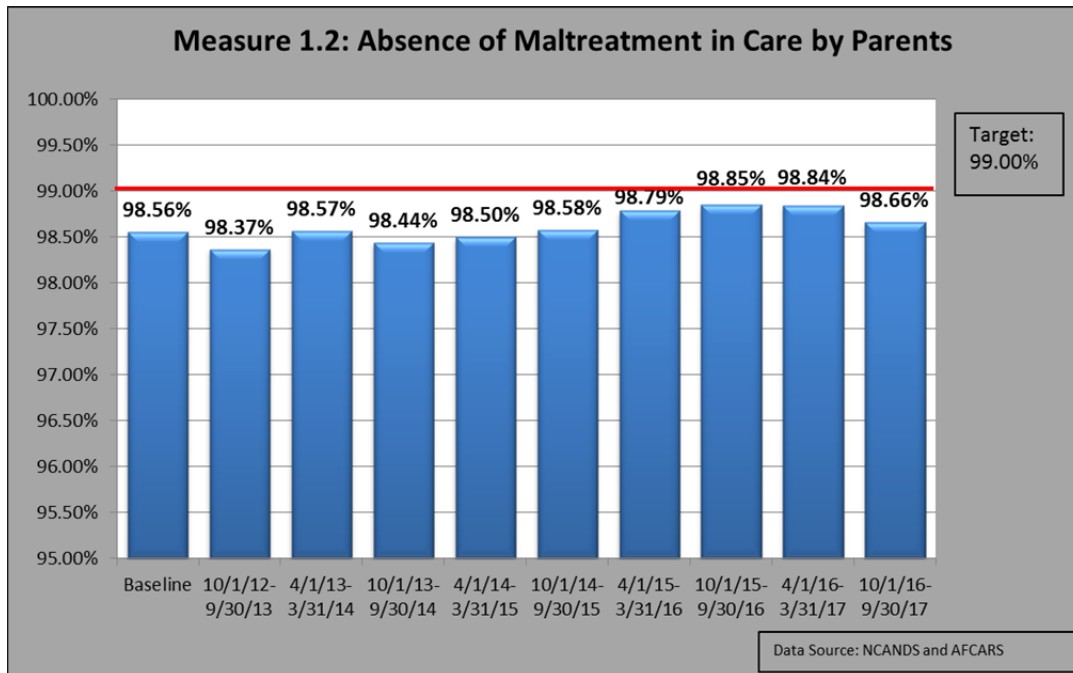
Numerator: The number of children served in foster care from 10/1/2016 through 9/30/2017 that did not have any substantiated or indicated allegations of maltreatment by a parent during that period.

Trends

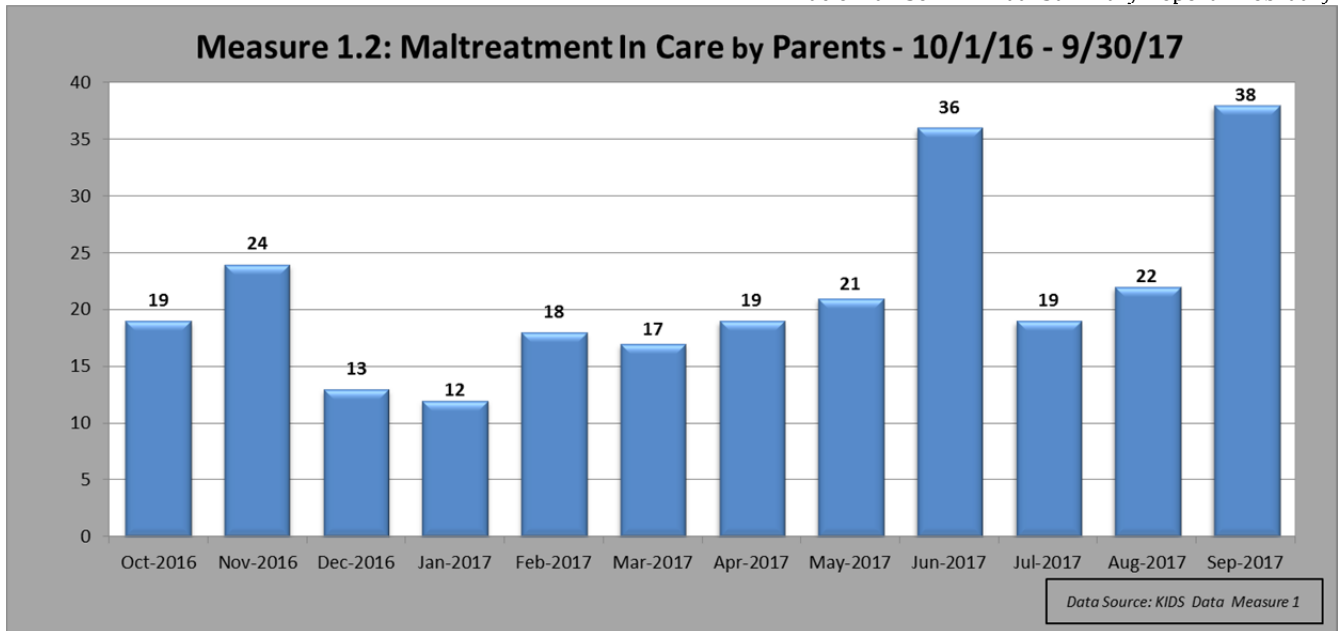
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2010 – 9/30/2011	All children served from 10/1/2010 - 9/30/2011	12,352	12,533	98.56%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013	14,800	15,045	98.37%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 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 4/1/2015 - 3/31/2016	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%
Target				99.00%

Section 2, Table 1.2-1



Section 2, Graph 1.2-1



Sect3ion 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. The data above shows that the MIC rate improved from the baseline. In the most recent reporting period, 98.66 percent of children in out-of-home care were not abused or neglected by a parent. Of the 15,113 children served in care during the reporting period, 202 had a substantiation of abuse by parent. Focus remains on the safety of children through safety assessments throughout the time children are in out-of-home care. Other targeted areas, such as quality worker visits by the primary worker also impact safety assessment. Ongoing analyses occur to understand where and when these incidents are occurring. Current evaluation efforts and strategy development are focused on parts of the state that represent outliers in the data.

For the reporting period October 1, 2016 - September 30, 2017, a total of 258 substantiations of maltreatment while in out-of-home care by parents were reported in the monthly MIC Pinnacle Plan Measure. The 258 victims were included in 139 separate referrals. In the monthly reporting for the same time period, 74 of these victims were excluded based on the alleged abuse/neglect occurring prior to the child coming into out-of-home (OOH) care; however, these victims are still reported to NCANDS.

Of the **258** victims in OOH care by parents:

- 137 were in Trial Reunification (53.1%);
- 42 were in Kinship Foster Homes (16.3%);
- 56 were placed in Foster Homes (21.7%);
- 14 were placed in Above Foster Care or other type settings (5.4%); and
- 9 were placed in other placements (3.5%).

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. It is important to understand not only in what setting the abuse occurred in, but when the abuse occurred.

MEASURE 1.2 - CHILDREN MALTREATED WHILE IN OUT-OF-HOME CARE BY PARENT - Excluding Prior Abuse													
Report Month	Oct- 16	Nov- 16	Dec- 16	Jan- 17	Feb- 17	Mar- 17	Apr- 17	May- 17	Jun- 17	Jul- 17	Aug- 17	Sep- 17	TOTAL
% Safe in OOHC	99.99%	99.98%	99.90%	99.92%	99.92%	99.86%	99.83%	99.93%	99.79%	99.85%	99.83%	99.77%	99.06%
# in OOHC	10442	10367	10235	10057	10124	10204	10117	9994	9887	9710	9829	9716	15113
# Safe in OOHC	10441	10365	10225	10049	10116	10190	10100	9987	9866	9695	9812	9694	14971
# Maltreated in OOHC	1	2	10	8	8	14	17	7	21	15	17	22	142
# in OOHC is from the Annual File built from the MAR 2017 and SEP 2017 AFCARS files. # Maltreated in OOHC is from the FFY 2017 NCANDS File													
Red font on the # Maltreated in OOHC indicates a reduction in the original number of reported victims due to the abuse occurring prior to removal													
Report Run on: December 1, 2017 at 4:06 pm													

Section 2, Table 1.2-2

MIC 1.2 Excluding Prior Abuse by Placement Type		
Placement Type	# Children	% Children
TRIAL REUNIFICATION	98	69.0%
CW FOSTER FAMILY CARE	8	5.6%
CW FOSTER FAMILY CARE - SUPPORTED HOME	12	8.5%
KINSHIP/NON-RELATIVE/CW FOST. FAM. CARE	4	2.8%
KINSHIP/RELATIVE/CW FOST. FAM. CARE	16	11.3%
PSYCHIATRIC RESIDENTIAL TREATMENT CENTER	1	0.7%
DETENTION	1	0.7%
AWOL (Runaway)	2	1.4%
TOTAL	142	100.0%

Section 2, Table 1.2-3

Victims that are normally excluded in the monthly reports 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 the custody of the Oklahoma Department of Human Services (DHS) reports the abuse. When a child was removed from the home and while in DHS custody reported abuse occurred in his or her parents' home prior to custody, and that abuse was substantiated, this child is currently counted in the MIC 1.2 numbers, even though the abuse and/or neglect did not occur while in DHS custody. Based on the monthly reporting that ended 9/30/17, 74 of these victims reported to NCANDS are excluded because the alleged abuse/neglect occurred prior to the child coming into OOH care. If those substantiations were to be excluded in the semi-annual report, 60 victims of the originally reported 202 victims would be excluded. This would bring the total number of victims down to 142, out of a served population of 15,113 for a rate of 99.06 percent safe, which is above the federal standard and above the target for this measure of 99.00 percent. Of the 142 victims abused in OOH care by a parent, 98 victims or 69.0 percent were placed in trial reunification at the time of the MIC.

Measure 1.2 Efforts

Following review of the MIC by parent data, the Child Welfare Services (CWS) Director noted that Region IV had a high number of MIC by parent when compared to the other regions. Aware the region also had a high number of children in trial reunification, the CWS Director asked the Region 4 leadership to analyze their MIC data more closely to address this trend. Over the summer of 2017, Region 4 district directors did a one-time review of in-home MIC by parents. As a recommendation from the review, Region 4 mandated screen-out consultations and 10-day staffings for all investigations that allege abuse or neglect by a parent while in DHS custody. This also included using the guidance on quality worker visits that was sent out to the state in the previous guidance memo related to foster care MIC. Region 4 continues the practice with the MIC Regional Lead emailing all Region 4 district directors each month and they review and report back to the regional director. The information provided includes:

- if sufficient information supported the substantiated finding;
- what action was taken, such as removal or changing visitation;
- was the ISP amended; and

- identify best practices as well as concerning practices, if any.

Based upon Region 4's experience, KIDS made adjustments to the YI619. In September 2017, two flags were added to the YI619 to make it easier to distinguish between children who are in trial reunification or on a visit.

- Column AF, "Children in Trial Reunification." If an in-home referral comes in and there are any victims in the referral that are currently placed in TR, a Y will appear.
- Column AG, "In-Home Referral with Removed Children." This change will show any in-home referrals with a child that has an open removal date prior to the referral date.

Starting with the October 2017 closures of investigations that involved MIC by parent, Child Protective Services Programs reviews every Measure 1.2 substantiation in the same manner as MIC 1.1 substantiations.

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 1/1/2017 through 12/31/2017.

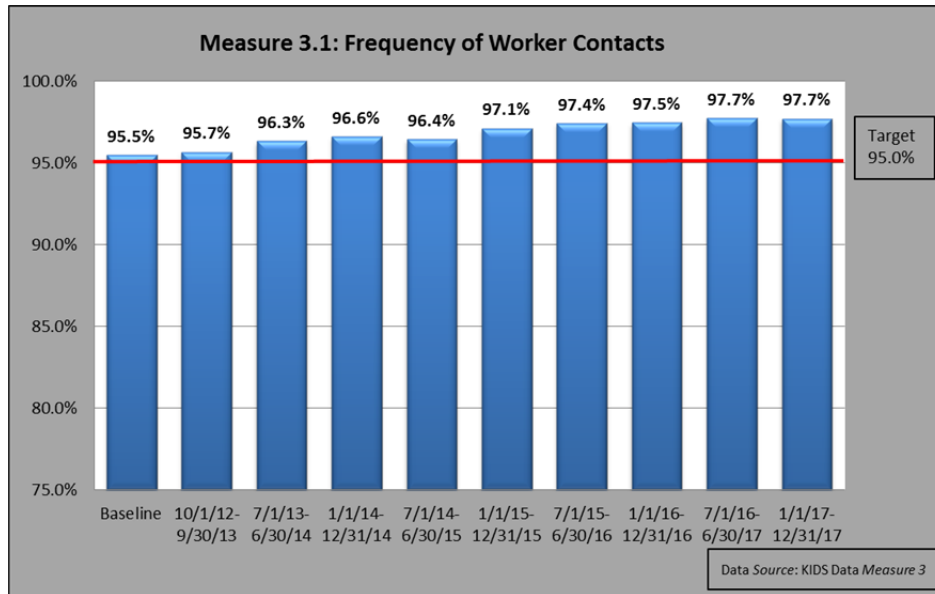
Numerator: The number of qualifying required monthly contacts made.

Trends

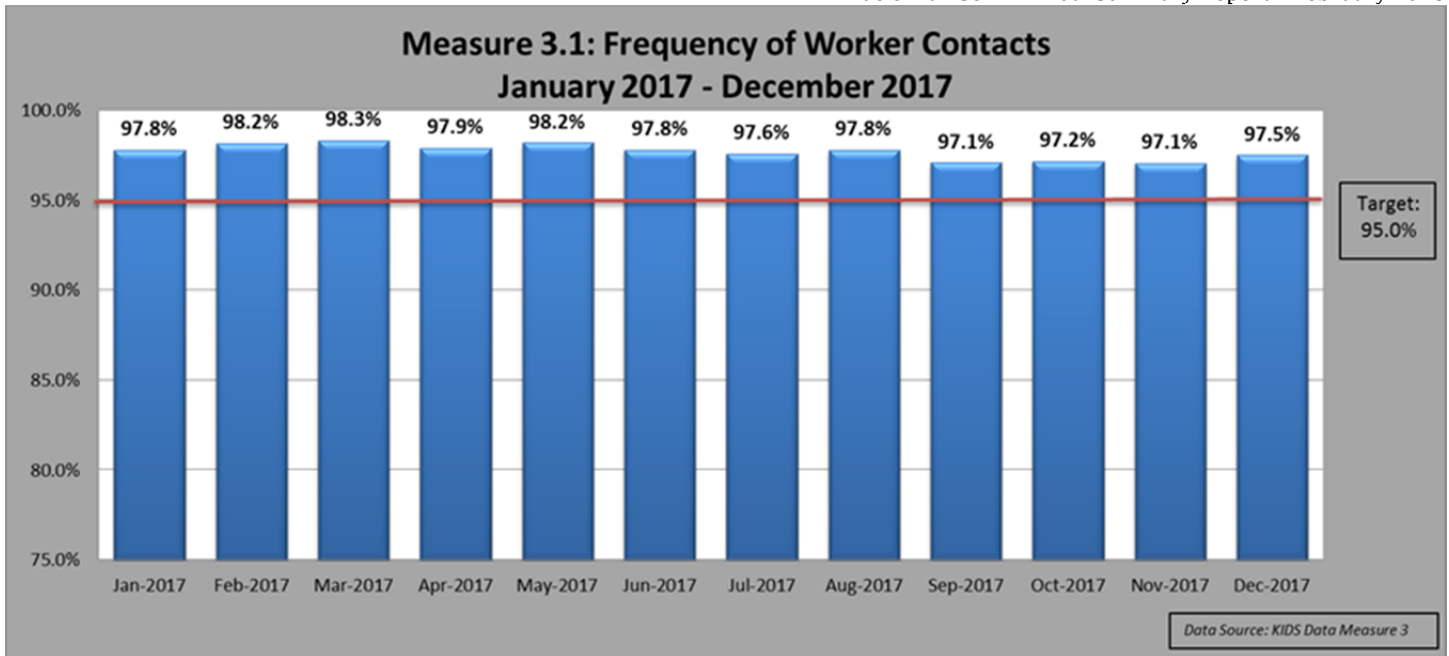
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month from 7/1/2011 – 6/30/2012	90,355	94,639	95.5%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month 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%
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 January 1 - December 31, 2017, 104,427 monthly contacts were required and 102,032 monthly contacts were completed which resulted in a rate of 97.7 percent. Performance in this area continues to be above the baseline and exceeds the target.

Efforts to ensure the frequency of worker visits are ongoing. Work to reduce caseloads, improve hiring, and staff retention supports the performance in this measure.

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

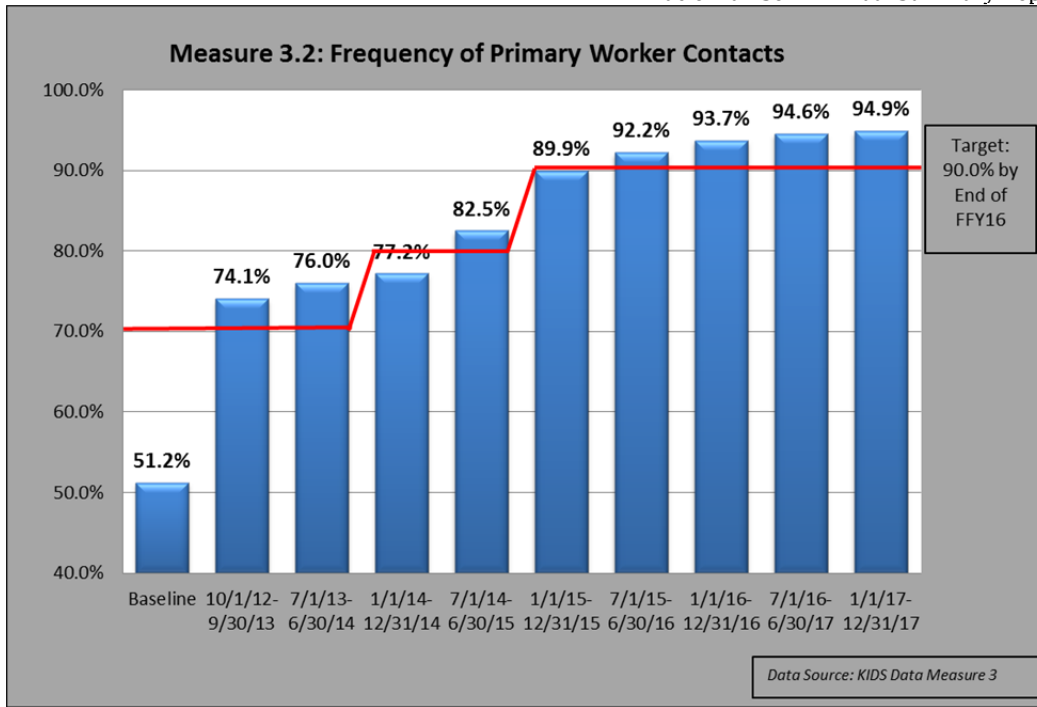
Denominator: The number of required monthly contacts due from 1/1/2017 through 12/31/2017.

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

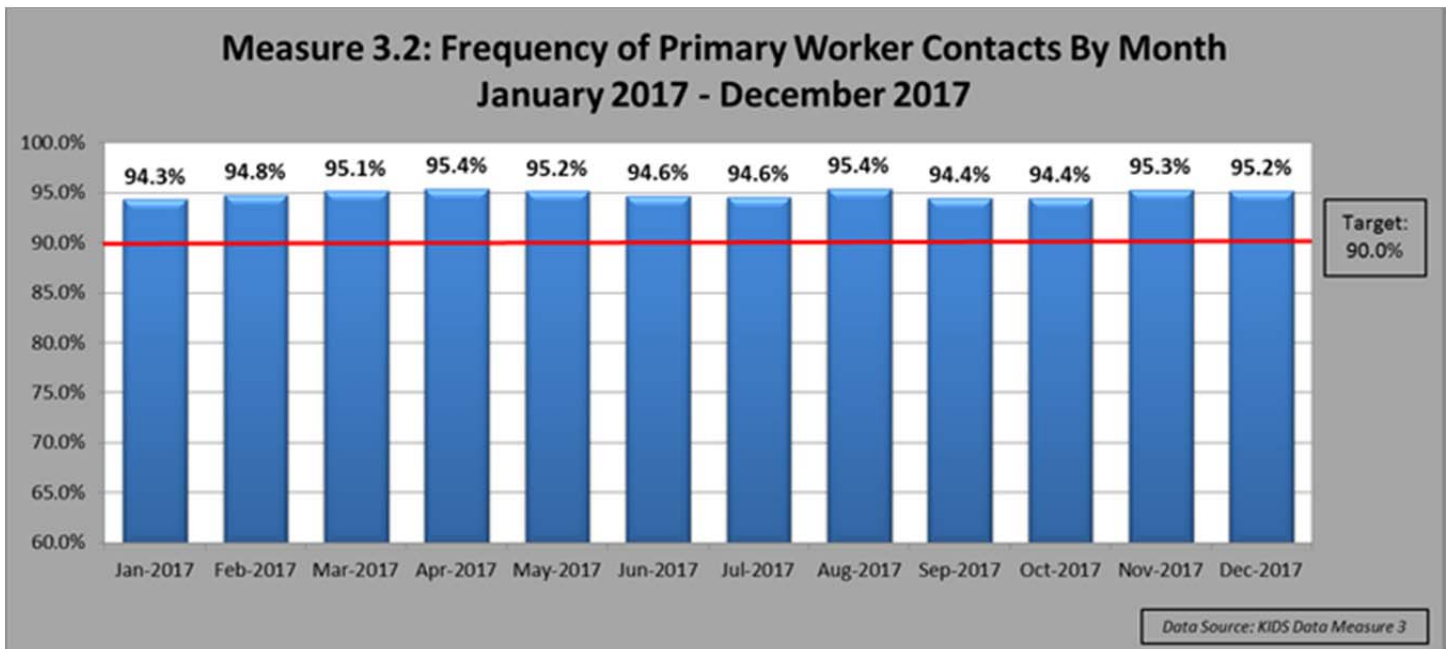
Trends

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%
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 June 30, 2016. Over the 12-month period of January 1 - December 31, 2017, 101,378 primary monthly contacts were required and 96,217 of those were monthly contacts made by the primary worker for a rate of 94.9 percent. This measure has shown continual improvement in every reporting period. Performance in this area continues to be above the baseline and exceeds the target.

Efforts to ensure the frequency of worker visits are ongoing. Work to reduce caseloads, improve hiring, and staff retention supports the performance in this measure.

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 DHS 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 DHS 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

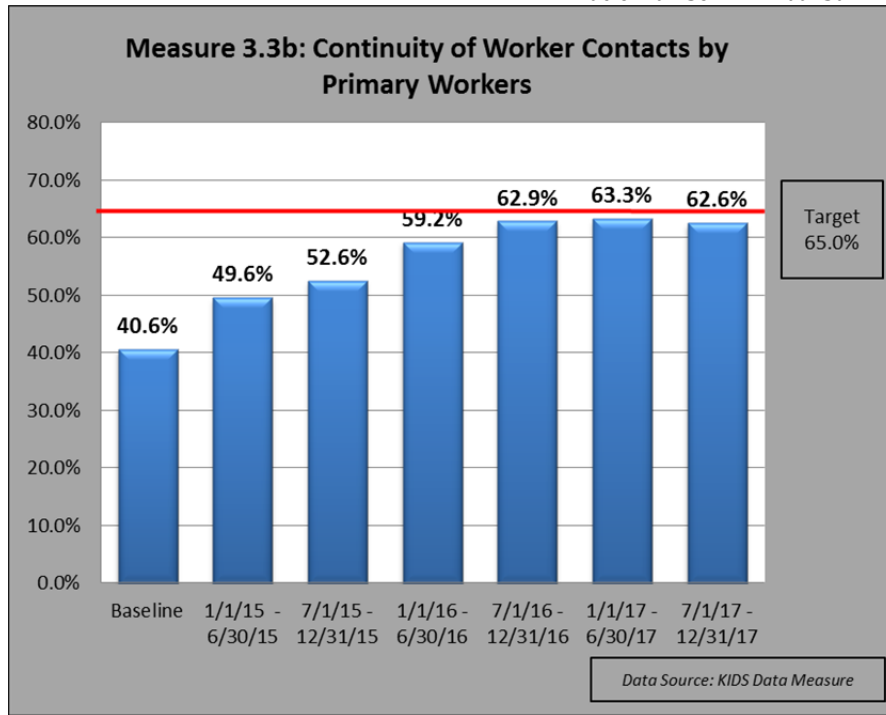
Denominator: Number of children in custody for at least six consecutive months from 7/1/2017 through 12/31/2017.

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 DHS 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%
Target				65.0%

Section 2, Table 3.3-1



Section 2, Graph 3.3-1

Commentary

From July 1 - December 31, 2017, 62.6 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. Though there was a slight decrease from the last reporting period by 0.7 percent, the measure remains 22.0 percent above the baseline reporting.

Efforts to ensure the frequency of worker visits are ongoing. Work to reduce caseloads, improve hiring, and staff retention supports the performance in this measure.

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 – AFCARS 17A and 17B

- 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 10/1/2016 through 9/30/2017 whose length of stay (LOS) as of 9/30/2017 was between (b/w) eight days and 12 months.

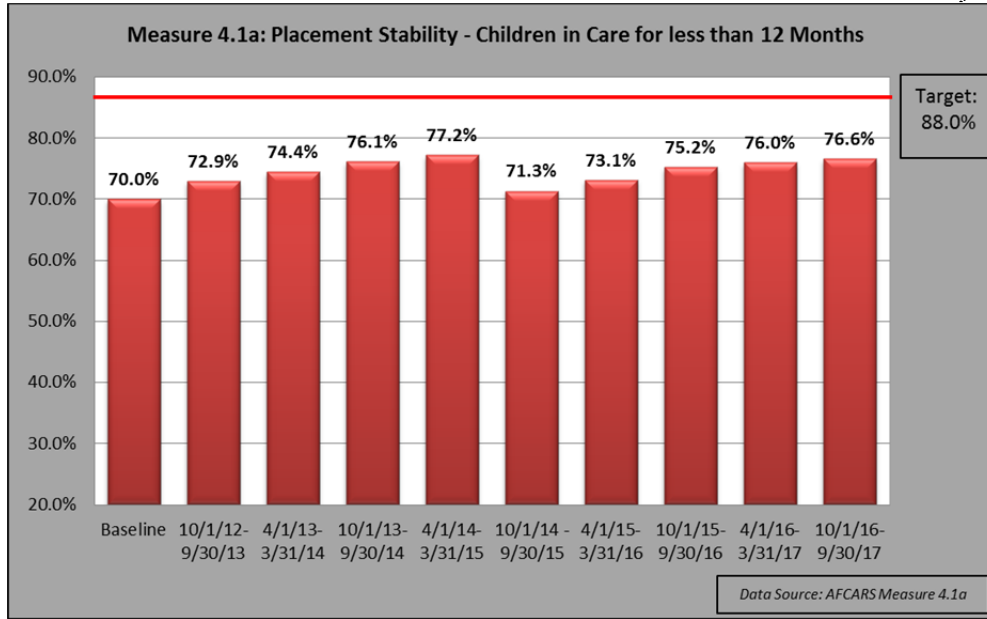
Numerator: All children served in foster care from 10/1/2016 through 9/30/2017 whose length of stay as of 9/30/2017 was between eight days and 12 months and who had two or fewer placement settings as of 9/30/2017.

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			70.0%

	b/w 8 days and 12 months			
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS b/w 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 b/w 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 b/w 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 b/w 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 b/w 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 b/w 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 b/w 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 b/w 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 b/w 8 days and 12 months	4,219	5,506	76.6%
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 – AFCARS 17A and 17B

- 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 10/1/2016 through 9/30/2017 whose length of stay (LOS) as of 9/30/2017 was between 12 months and 24 months.

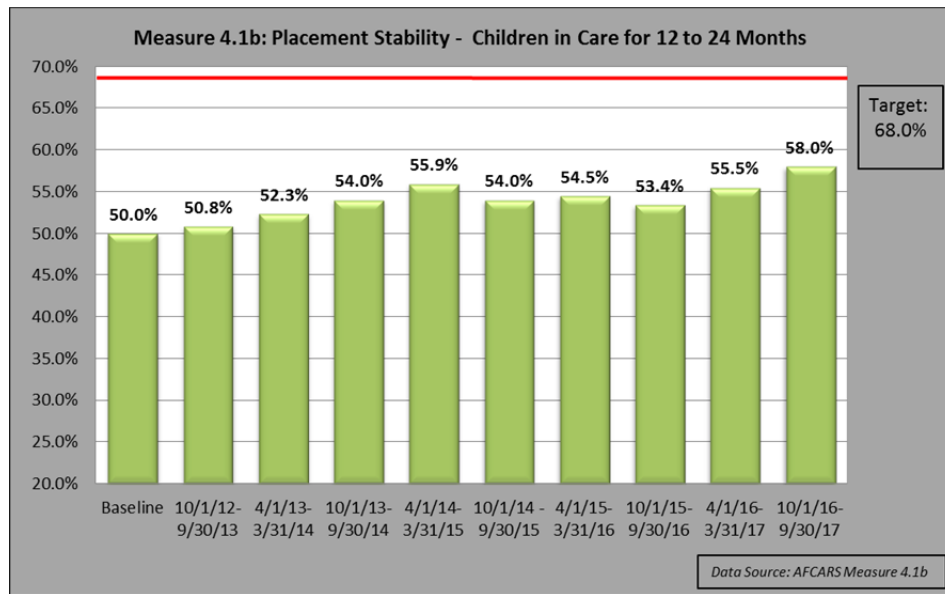
Numerator: All children served in foster care from 10/1/2016 through 9/30/2017 whose length of stay as of 9/30/2017 was between 12 months and 24 months and who had two or fewer placement settings as 9/30/2017.

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%
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 17A and 17B

- 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

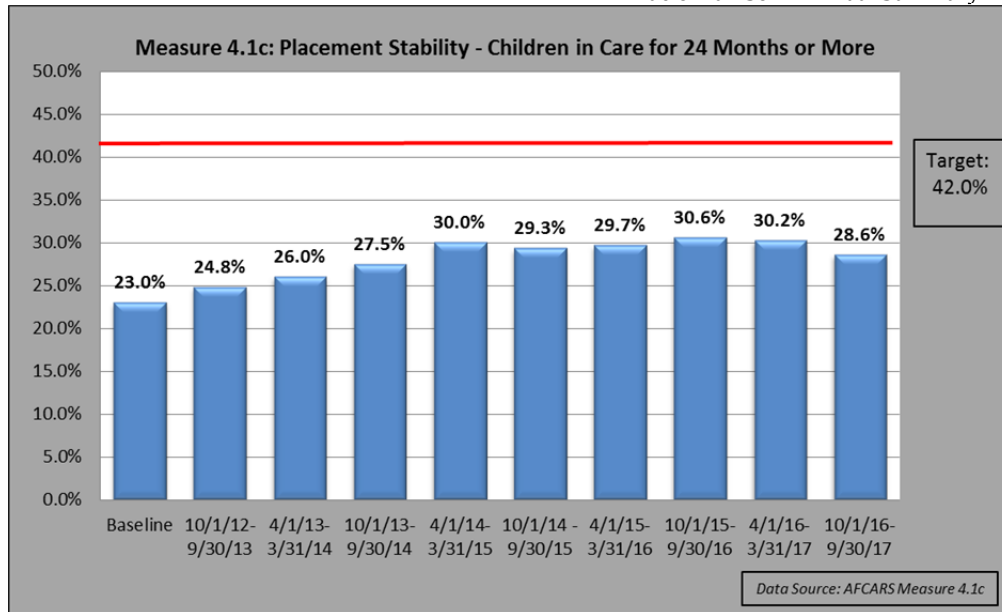
Denominator: All children served in foster care from 10/1/2016 through 9/30/2017 whose length of stay as of 9/30/2017 was 24 months or longer.

Numerator: All children served in foster care from 10/1/2016 through 9/30/2017 whose length of stay as of 9/30/2017 was 24 months or longer **and** who had two or fewer placement settings as of 9/30/2017.

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%
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 10/1/2016 through 9/30/2017 whose current removal was prior to 9/30/2017 and remained in care at least 12 months.

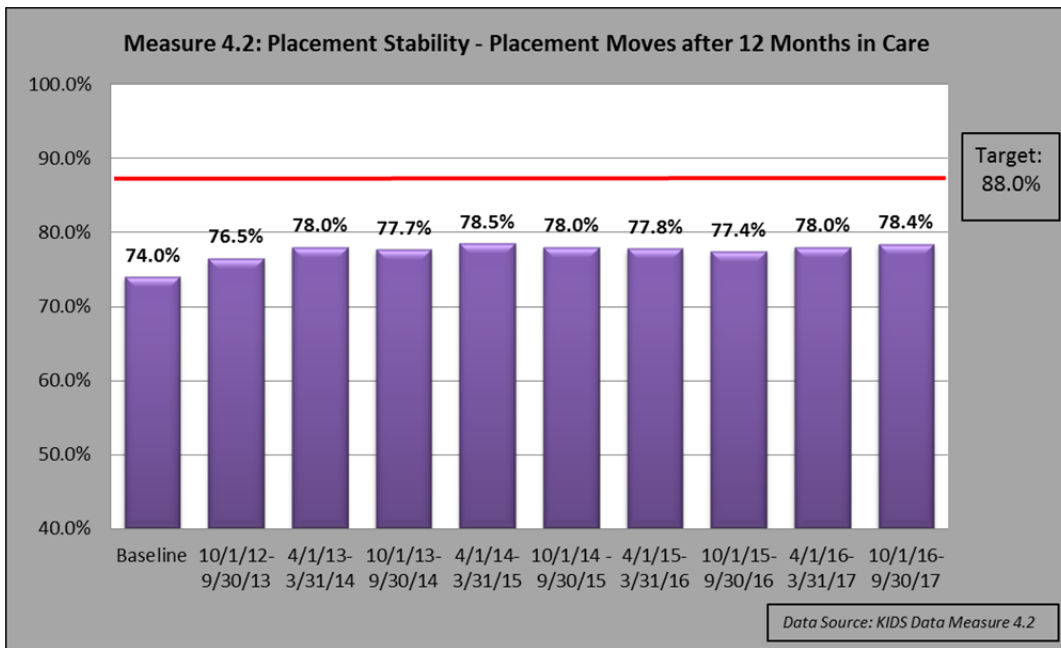
Numerator: All children served in foster care from 10/1/2016 through 9/30/2017 whose current removal was prior to 9/30/2017 and remained in care at least 12 months **and** had two or fewer placement settings.

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 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%
Target				88.0%

Section 2, Table 4.2-1



Section 2, Graph 4.2-1

First Placement Kinship			
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 - June 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%
July - Dec 2017	1009	2264	44.6%
<i>Data Source: Baseline-YI844 run date 7/19/2017. YI867, Jan-Sept 2017 run date 10/19/17. Oct 17-Dec 17 run date 20th of each month for previous month data.</i>			

Section 2, Table 4.2-2

Commentary

During this reporting period, Child Welfare Services (CWS) continued to see improvement in Measure 4.1a from 76.0 percent to 76.6 percent. This is a 6.6 percent overall positive growth from the baseline data, which makes four consecutive, positive trending, reporting periods. An increase occurred in Measure 4.1b by 2.5 percent for a total of 58.0 percent. This is the highest increase during a reporting period as well as the highest this measure has been and is an 8 percent overall positive growth since establishing the baseline. Measure 4.1c decreased by 1.6 percent. Even with a decrease, Measure 4.1c remains above the baseline by 5.6 percent. Measure 4.2 improved to 78.4 percent, which is a 4.4 percent overall increase from the baseline data. In three out of the four measures, positive trending is indicated.

CWS is committed to increasing placement stability for children in out-of-home care. The information collected through analyses and ongoing reviews assists CWS to make data-driven decisions on how to best positively impact placement stability. CWS decided to select practices related to family engagement, placement selection, resource parent support, initial meetings, and ongoing support. To further support these practices, CWS developed enhanced trainings to ensure all child welfare (CW) staff clearly understand the practices and their roles to ensure effective implementation of the placement stability strategy. The increase in the placement stability metrics provides confidence that the practices set forth in the placement stability strategy, along with other CWS strategies, are impacting placement stability.

CWS has focused on family engagement over the last two reporting periods. Over this reporting period, CWS engaged in guided application practice sessions, enhanced placement stability trainings, and provided written guidance to staff about staff roles on identifying possible kinship placements for children entering out-of-home care. The Annie E. Casey Foundation released information from the Center for State Child Welfare data at Chapin Hall pertaining to children initially placed in kinship placements. The data on children placed initially with kinship describes 22 states with a median of 32 percent initially placed in kinship and the top ten percent at 42 percent.

The First Placement Kinship data, Section 2, Table 4.2-2, reflects that CWS is above the median and in July, August, September, and December exceeded the top performing states captured in the Chapin Hall data. Although CWS declined from August through November, CWS continued to be above the median reported by Chapin Hall and ended December with the highest number of children being placed into kinship at their first placement. In addition, CWS remains above the baseline of 34.6 percent. CWS believes the enhanced focus on family engagement continues to contribute to the success related to children being initially placed in kinship placements.

Two Move Data Report and In-Depth Reviews

Up until October 2017, CWS continued the Placement Stability Two Move Data Report and in-depth reviews on children who were moved from their second placement to a third placement due to behaviors. In October 2017, CWS shifted the Two Move Data Report's focus to children who enter into their second placement. With this change in the Two Move Data Report, CWS revised the Placement Stability Core Strategy Review Instrument. Children for the in-depth reviews are selected from the Two Move Data Report based on whether the move from their first to a second placement was due to behaviors. During this reporting period, *In-Depth Reviews* were conducted in July, August, September, November, and December.

Information collected through the Two Move Data Reports and in-depth reviews indicated the need for enhanced trainings on the practices related to placement stability, better information about the child, and timely services. Therefore, CWS developed training enhancements to address practices that ensure better information about the child is communicated by the CW specialist to the placement provider. To further support children and families, when a child is moved from the first placement due to behaviors and the second placement is a kinship or traditional resource home, a System of Care (SOC) referral is made by the assigned CW specialist to the local SOC site. When the CW specialist engages in the practices set forth in this strategy, children and resource families are better supported, which results in improved placement stability.

SOC

An SOC represents a community coming together to take care of its own, and is made up of an organized group of agencies, schools, supportive individuals, and entities, such as parents, youth, service club representatives, faith based organizations, and other key stakeholders within the community. This group, known as a Community Team, comes together to coordinate services across systems within the community to meet the needs of families of children with serious emotional or behavioral disturbances and complex needs. SOC currently has 65 community teams serving all 77 counties in Oklahoma.

Wraparound is a service provided through the SOC framework. The Wraparound process improves the lives of children with complex needs and their families by developing individualized plans of care. The key characteristics include:

- a family-centered team that creates an individualized plan based upon the strengths and culture of the child and his or her family. The plan is focused on needs rather than services, addressing the needs of the identified child, sibling, and family member;
- a team-based planning and implementation process. Wraparound aims to develop problem-solving and coping skills and self-efficacy of each child and family member; and
- an emphasis on integrating the child into the community and building the family's social support network.

CWS provided all CW staff and resource parents with SOC information on how to make an SOC referral, how to locate an SOC site, and a video depicting the wraparound process.

Guided Application Practice

Through the analysis and ongoing reviews, CWS observed a need to connect the placement stability strategy to day-to-day practice. In August 2017, CWS partnered with Annie E. Casey to conduct mandatory Guided Application Practice

(GAP) sessions in each region. During each session, the presenters defined GAP and how the practices in the placement stability strategy impact placement stability for children in out-of-home care. Support is Everyone's Job (SIEJ) was revisited with staff and how staff support resource families. An emphasis was placed on placement data and how the practices effect placement stability. Furthermore, the presenters dove into why resource parents quit and why it is important to support resource parents. Based on the information presented at the sessions, staff broke into small groups to discuss barriers and developed solutions to impact placement stability. Each small group reported out its plan designed to impact placement stability for children in out-of-home care.

After completion of the GAP sessions, the CWS Y1867 Placement Stability Report clearly noted barriers to completing resource parent check-in calls and initial meetings. In October 2017, the Placement Stability Team and members of the CWS Executive Team met to discuss how to develop solutions to ensure practices, such as the resource parent check-in call and initial meeting, were conducted by the CW specialist. The meeting members identified the need for an enhanced placement stability training, clear written guidance in one packet, and a point-in-time report to reflect children who need a resource parent check-in call and initial meeting. Therefore, a training, memo, and Y1867B report was developed and provided to all CW staff to boost implementation efforts related to placement stability.

Enhanced Placement Stability Training

The Placement Stability Leads received the enhanced placement stability training in October 2017. The Placement Stability Leads gave the enhanced placement stability training to all regional deputy directors, district directors, and field managers in November 2017. District directors and field managers trained all of their CW staff over the enhanced placement stability training by 12/15/17. To further support the enhanced placement stability training, **Memo CWS 17-16 Placement Stability** was sent to all CWS staff.

Family Engagement

Family engagement begins with the first call to the Hotline and continues until case closure. The assigned CW specialist is expected to engage parents and children in identifying family supports and connections. Tools, such as the Family Tree and **Form 04MP015E, Important People in the Child's Life**, are helpful when gathering information from families about supports and connections.

Placement Selection Process

When a child safety meeting (CSM) results in a child being placed in the custody of the Oklahoma Department of Human Services (DHS), the assigned CW specialist engages the family in the "First Placement–Best Placement" selection process. The most effective practice indicates this discussion needs to occur immediately at the CSM's conclusion. The assigned CW specialist reviews the **Family Tree** and the **Important People in the Child's Life** with the family to identify possible kinship placement options for each child. When the family has identified possible placement options for the child, the assigned CW specialist utilizes the **Placement Guidance Tool** to assist in determining the child's "First Placement-Best Placement."

Non-Kinship District Director Approval

When a child placed in DHS custody does not have a CSM and kinship is not a viable placement option, the **Non-Kinship District Director Approval Guide** is completed by the assigned CW supervisor. Once the district director provides approval, the assigned CW supervisor documents the efforts in KIDS. When a CSM team decides that kinship is not an option, the CSM team moves forward with the placement recommendation made by the team and does not complete a Non-Kinship District Director Approval Guide.

Resource Parent Check-In Call

When a child enters placement, the assigned CW specialist contacts the caregiver within two-business days of placement. The Resource Parent Check-In Call's purpose is to make sure the child's needs are met and the resource family feels supported. Additionally, CWS wants to ensure the resource family has the necessary information and is

aware of the next steps in the case process. The **Resource Parent Check-In Call**, provided to all CWS staff, was designed to facilitate meaningful conversation between staff and the resource family.

Initial Meeting (IM)

Per the aforementioned memo CWS 17-16 issued on 11/13/17, the IM provides an opportunity for the biological parents to share information with the resource parents related to the child's needs. The IM ensures that the child's needs are met and the resource parents have the supports necessary to care for the child. This practice reduces stress and trauma to the child, biological parents, and resource family while building a trusting relationship, which impacts safety, permanency, and well-being.

The IM timeframe changed from seven-calendar days to ten-business days from the date the child enters placement. The IM is scheduled by the child protective services (CPS) specialist and conducted within ten-business days of placement. The meeting participants include, but are not limited to, the CPS specialist, Permanency Planning (PP) specialist, and resource specialist, the child, biological family, and resource family. This meeting on a date and time that accommodates the schedules of these mandatory participants. Every effort is made to ensure that the child, biological family, and resource family attend the IM. The PP specialist documents the IM in KIDS within five-business days of the meeting.

When the biological and resource parents are unable or refuse to attend the IM, the CPS, PP, and resource specialists gather information surrounding the child and resource family to develop a support plan to ensure placement stability. The support plan is reviewed and agreed upon by the biological and resource family. When issues come up concerning the support plan, the PP and resource specialist work with the biological and resource family to ensure an effective plan is developed and agreed upon to ensure stability.

When a child experiences more than one placement, the PP specialist schedules and conducts the IM within ten-business days of placement. The participants in the meeting include the PP specialist, current and previous resource specialists, biological parents, and the current and previous resource parent.

A Child and Resource Family Support Plan develops naturally from the IM interactions that detail the child's needs. The **Initial Meeting Guide** and the **All About Me** form facilitate conversation. The plan includes items, such as what makes the child happy or sad, how to calm the child, and the child's hobbies, favorite foods, favorite extracurricular activities, supports, or friends. Based on the information, the needed supports for the child and resource parents are identified and a plan put in place to ensure the resource parents have access to the necessary resources to ensure placement stability.

Ongoing Support

To ensure ongoing support, the resource specialist uses the **Guide for Monthly Resource Home Contact**, reviews the Child Behavioral Health Screener data and contacts the PP specialist prior to conducting the in-home quarterly visit. Contacts gather feedback on the child and the resource home and the child's ongoing adjustment in the home, as well as to discuss the child and resource family support plan. The resource and PP specialist review the support plan developed in the IM located in KIDS with a documented purpose as "Initial Meeting-Bridge and Support Plan." When the support plan needs updating, the PP specialist schedules a family meeting with the resource specialist, child, biological family, and resource family to discuss changes to the support plan to ensure placement stability.

Placement Stability Documentation

A **Placement Stability Documentation Guide** was created and given to all CW staff to ensure documentation is correctly entered into KIDS for each practice designed to impact placement stability. CWS is confident the practices in place will impact placement stability for children in out-of-home care. Each practice must be documented in KIDS accurately and timely by the assigned CW specialist. Documentation of each practice assists CWS in evaluating the effectiveness of the practice as it impacts placement stability.

Additional Guidance

To further supplement the enhanced placement stability training, ***Memo CWS 17-17 Placement Stability-Kinship*** was released on 11/20/17 to all CWS staff. CWS 17-17 identified the roles of each Hotline, CPS, PP, and resource specialist related to identifying, locating, engaging, and assessing appropriate relatives for a child at risk of entering out-of-home care. Additionally, the CWS Director sent an email on 12/21/17 to clarify the CWS process in regard to seeking kinship or traditional placement for a child in DHS custody. Within the email, information on when and how to make an ***Actively Seeking Kinnections*** was provided to all CWS staff. Lastly, the CWS Director outlined the purpose and the information needed in the Child and Resource Family Support Plan.

Increase in Placement Stability Practices

CWS contributes the increase in the placement stability metrics to multiple practices occurring within the core strategies identified in the Semi-Annual Report. CWS is confident the renewed focus on placement stability generated through the Two Move Data Report, in-depth reviews, GAP Sessions, Enhanced Placement Stability Trainings, supplemental memos, emails, and accountability at all levels will enable CWS to continue to increase placement stability for children in out-of-home care.

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 7/1/2017 – 12/31/2017, how many nights were spent in the shelter?

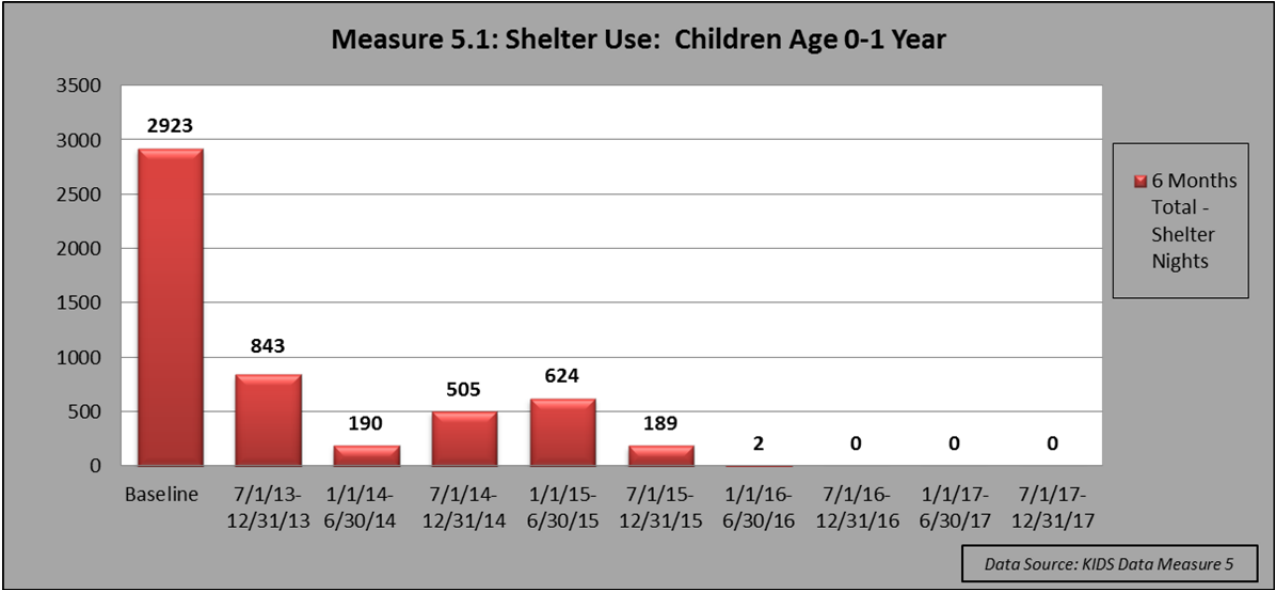
Data Source and Definitions

Data shown is the total number of nights children ages 0-1 year old spent in the shelter during the time period from 7/1/2017 – 12/31/2017. 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 DHS custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in the shelter.

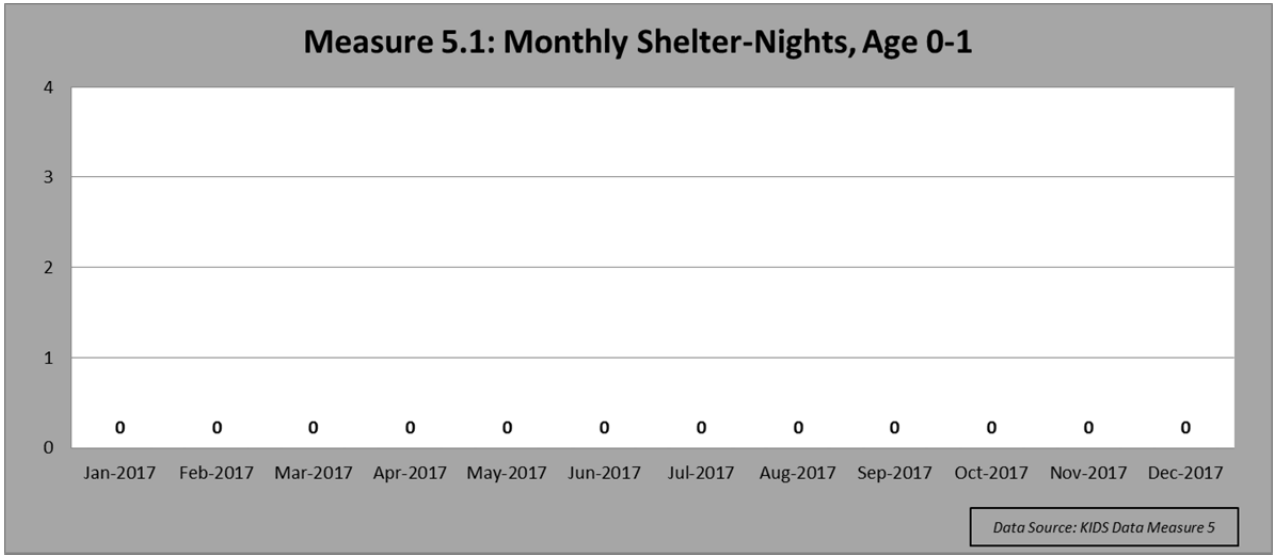
Trends

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
Target		0 nights

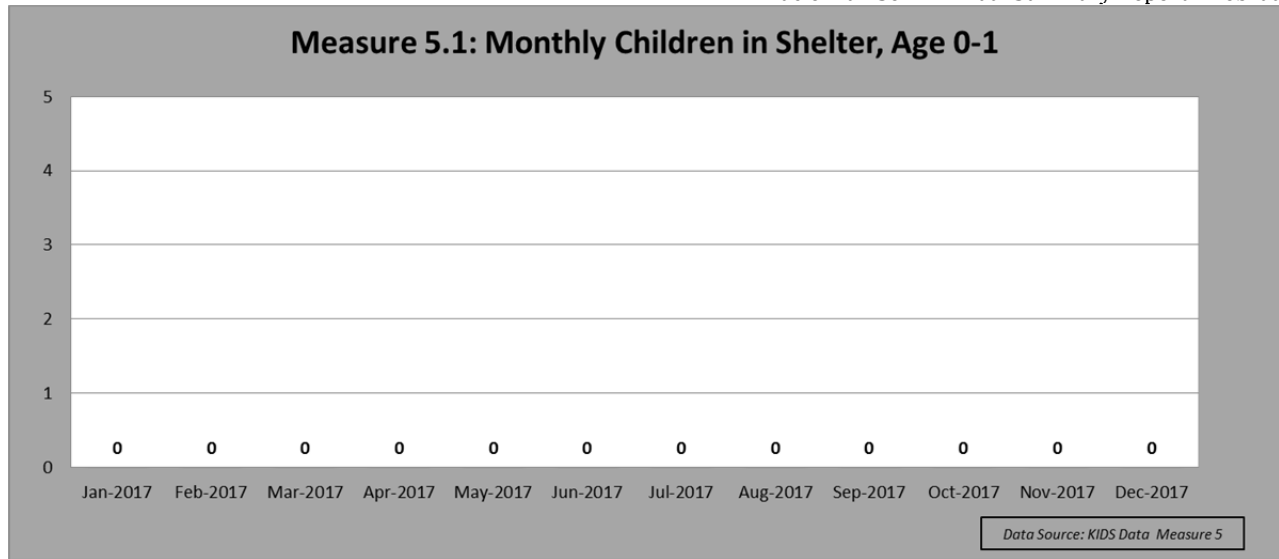
Section 2, Table 5.1-1



Section 2, Graph 5.1-1



Section 2, Graph 5.1-2



Section 2, Graph 5.1-3

Commentary

A total of 0 children ages 0-1 year old spent 0 nights in the shelter from July 1, 2017 – December 31, 2017. During this time period, 2,779 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 7/1/2017 – 12/31/2017, how many nights were spent in the shelter?

Data Source and Definitions

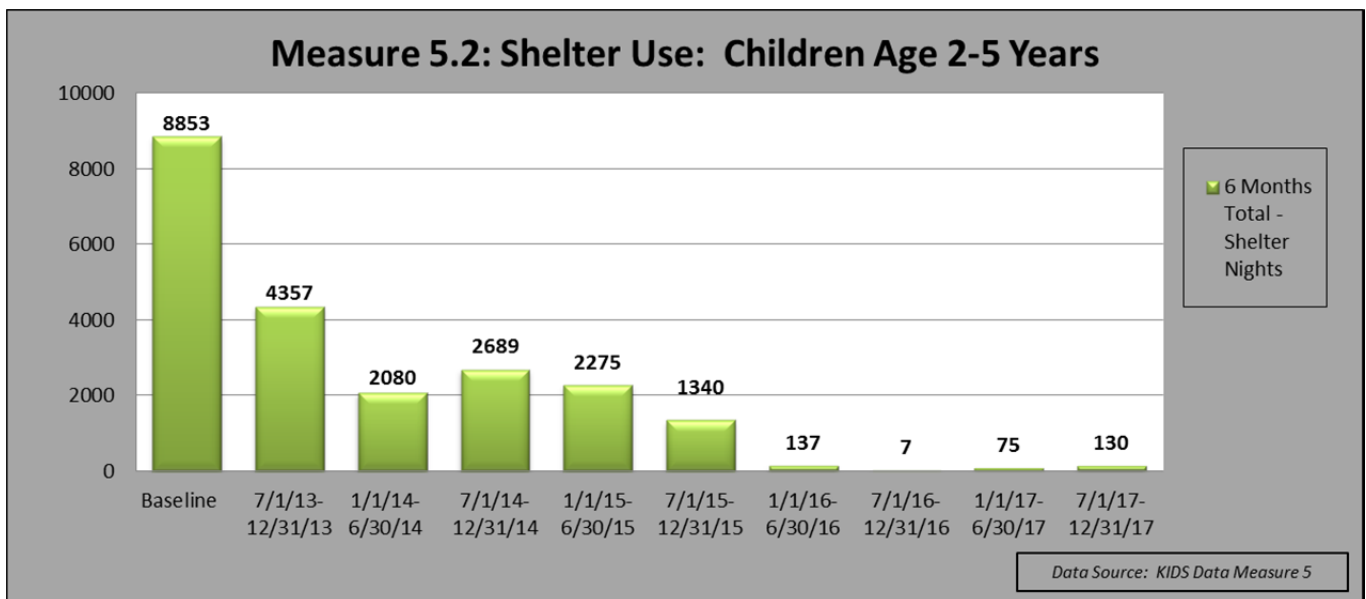
Data shown is the total number of nights children ages 2-5 years old spent in the shelter during the time period from 7/1/2017 – 12/31/2017. The baseline for this measure was 8,853 nights with a target of 0 nights by 6/30/2013. Automatic exceptions are made when the child is part of a sibling set of four or more or a child is placed with a minor parent who is also in DHS custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in the shelter.

Trends

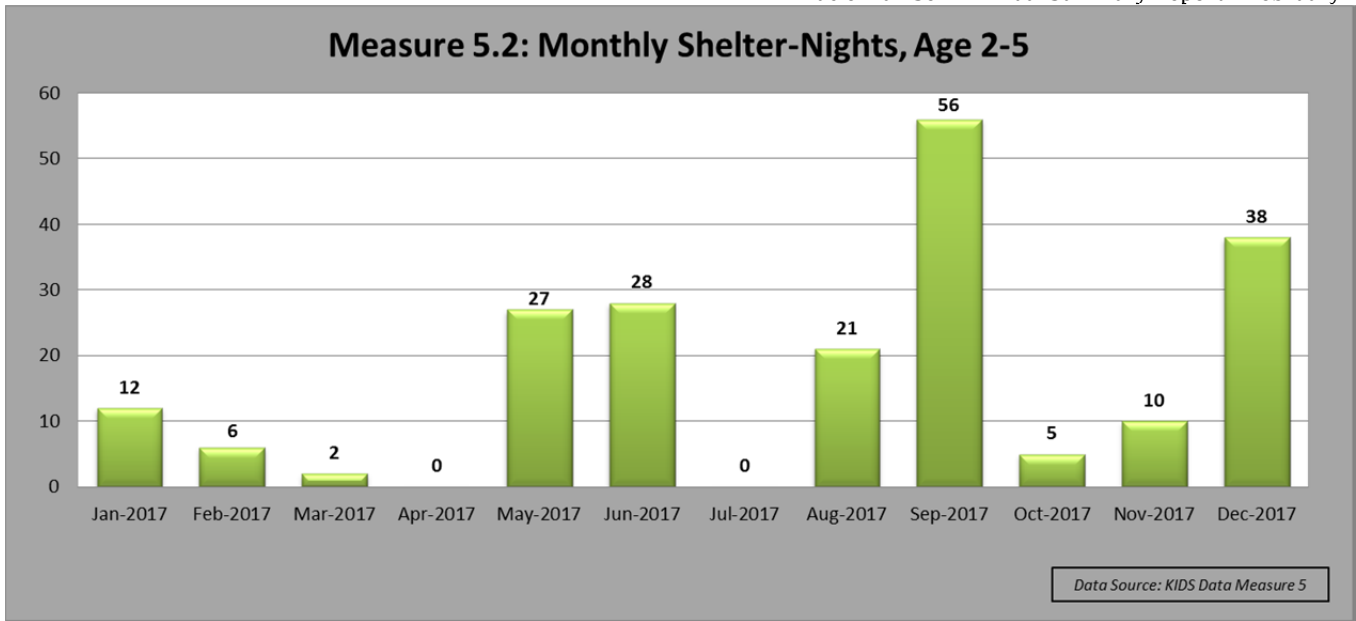
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 2-5 years with an overnight shelter stay from 1/1/2012 – 6/30/2012	8,853 Nights
7/1/2013 – 12/31/2013	All children age 2-5 years with an overnight shelter stay from 7/1/2013 – 12/31/2013	4,357 Nights
1/1/2014 – 6/30/2014	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
Target		0 Nights

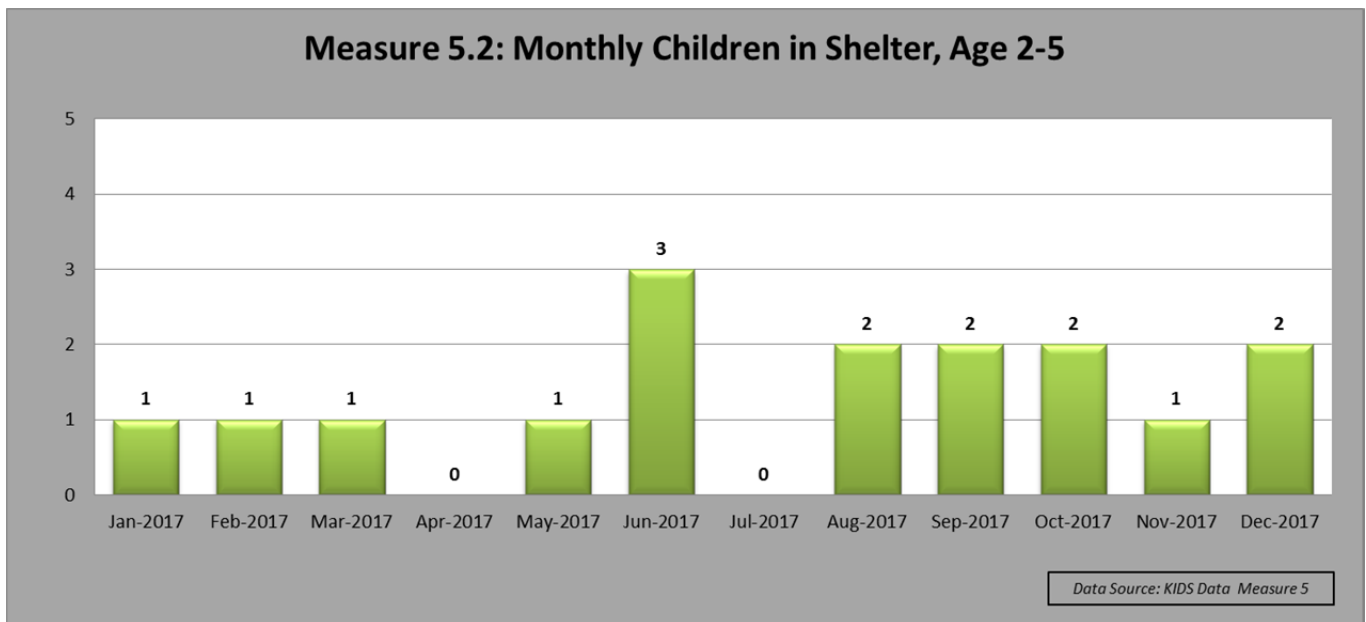
Section 2, Table 5.2-1



Section 2, Graph 5.2-1



Section 2, Graph 5.2-2



Section 2, Graph 5.2-3

Commentary

A total of 4 distinct children ages 2-5 years old spent a total of 130 nights in shelter care from July 1, 2017 – December 31, 2017. Section 2, Graph 5.2-3 identifies 9 children spending time in shelters between July and December 2017, although 3 of these children were in more than one month as the shelter stay extended more than one month. Of the 4 children who spent time in a shelter, one was placed in a shelter to remain with a sibling group of four thus meeting the automatic exception. During this time period, 4,489 children ages 2-5 years were in care and 99.9 percent of those children did not have a shelter stay.

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 7/1/2017 – 12/31/2017, how many nights were spent in the shelter?

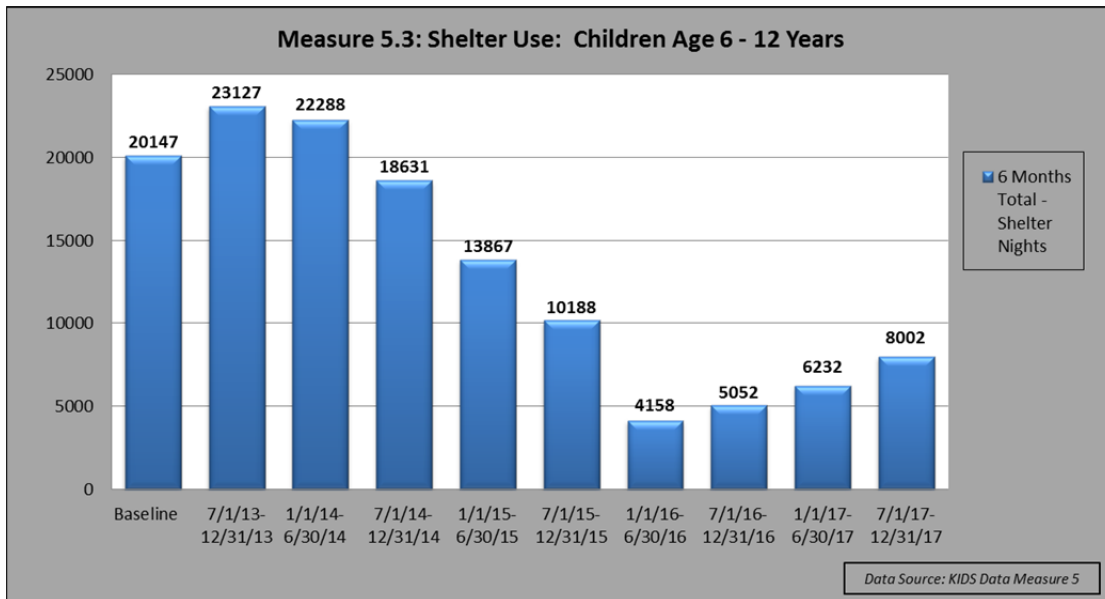
Data Source and Definitions

Data shown is the total number of nights children ages 6-12 years old spent in the shelter during the time period from 7/1/2017 – 12/31/2017. 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.

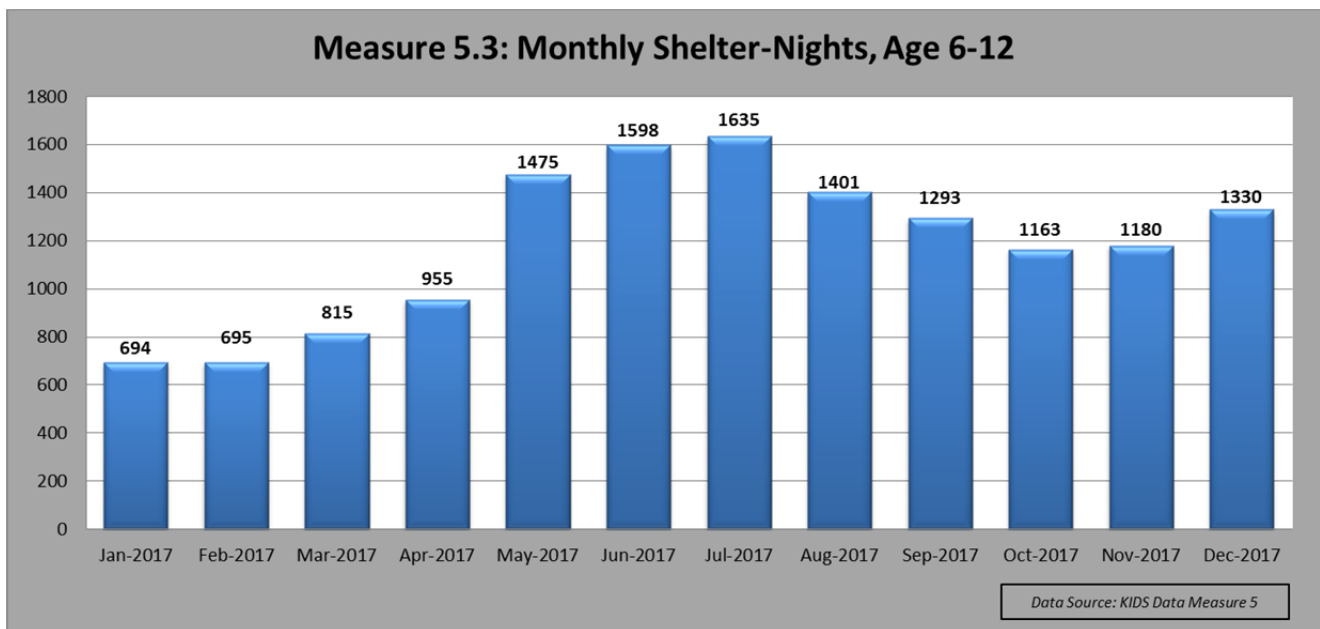
Trends

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	8,002 Nights
Target		0 Nights

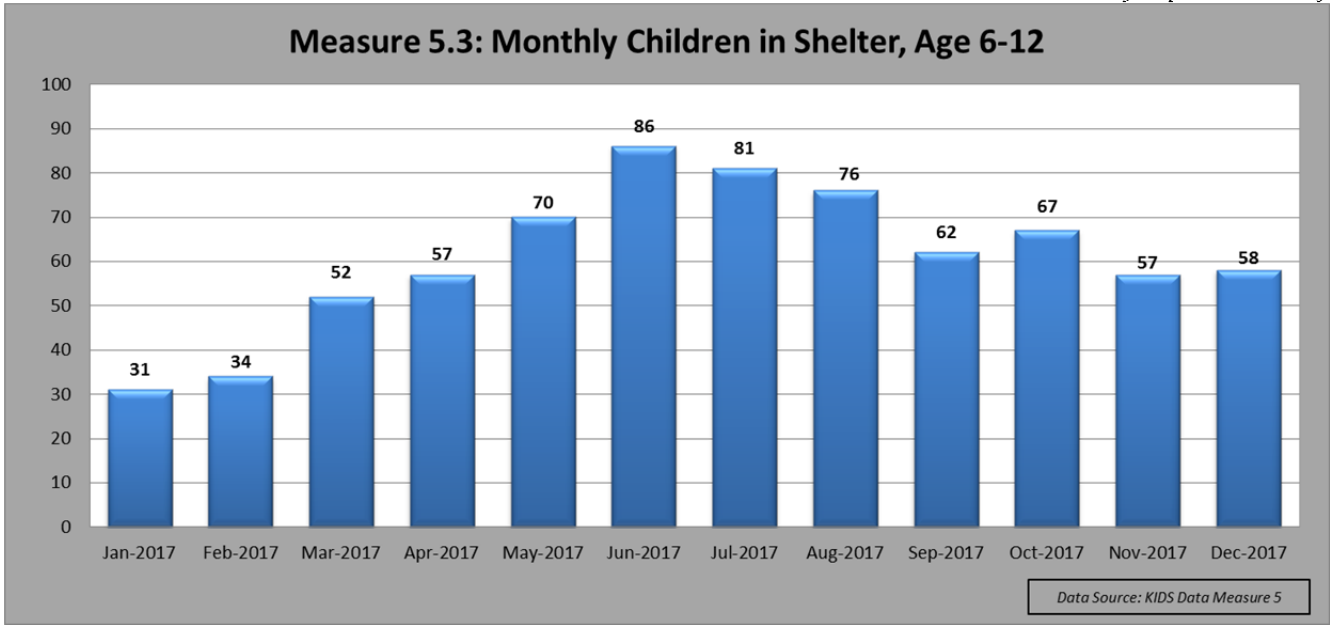
Section 2, Table 5.3-1



Section 2, Graph 5.3-1



Section 2, Graph 5.3-2



Section 2, Graph 5.3-3

Commentary

A total of 163 distinct children ages 6-12 years old spent a total of 8,002 nights in the shelter from July 1, 2017 through December 31, 2017. Section 2, Graph 5.3-3 identifies 401 children spending time in shelters from July through December 2017. In some cases, the child's shelter stay extended across two months, thus the child is included in the count for both months. Of the 163 children who spent time in a shelter, 1 was placed in a shelter to remain with a sibling group of four thus meeting the automatic exception. During this time period, 4,829 children ages 6-12 years old were in care and 96.6 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 7/1/2017 – 12/31/2017, how many nights were spent in the shelter?

Data Source and Definitions

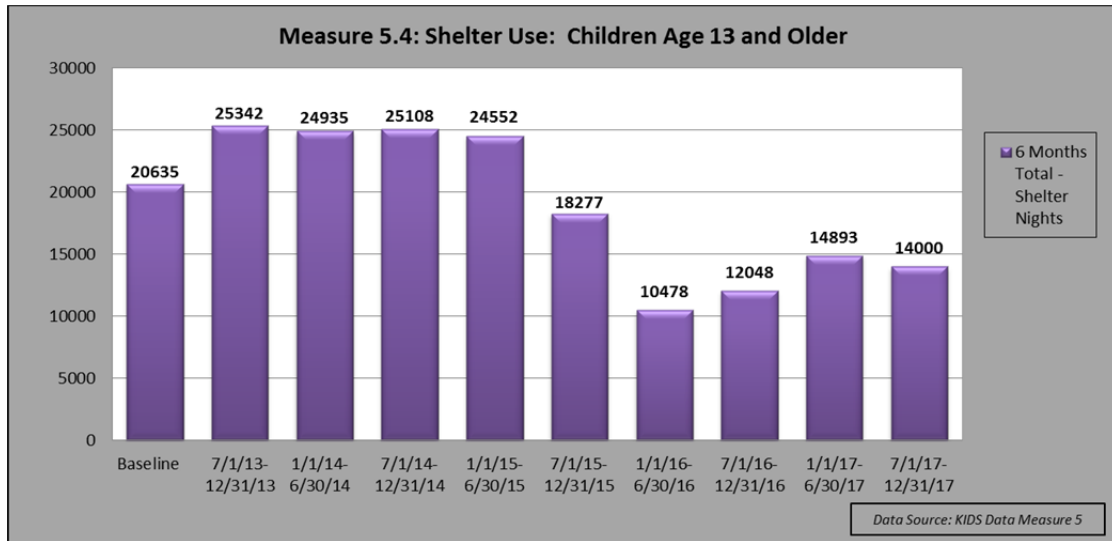
Data shown is the total number of nights children ages 13 years or older spent in the shelter during the time period from 7/1/2017 – 12/31/2017. The baseline for this measure is 20,635 nights with a target of 13,200. Of the children 13 years and older placed in a shelter during this period, the target 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

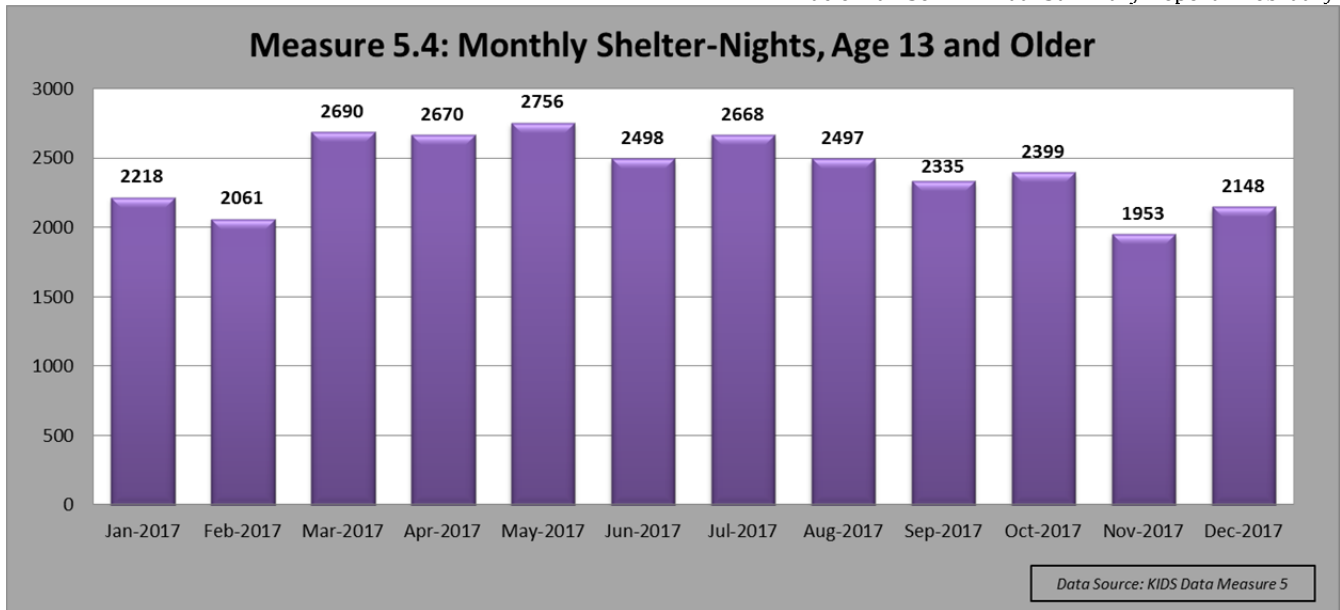
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 13 or older with an overnight shelter stay from 1/1/2012 – 6/30/2012	20,635 Nights
7/1/2013 – 12/31/2013	All children age 13 or older with an overnight shelter stay from 7/1/2013 – 12/31/2013	25,342 Nights
1/1/2014 – 6/30/2014	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	14,000 Nights
Target		13,200 Nights

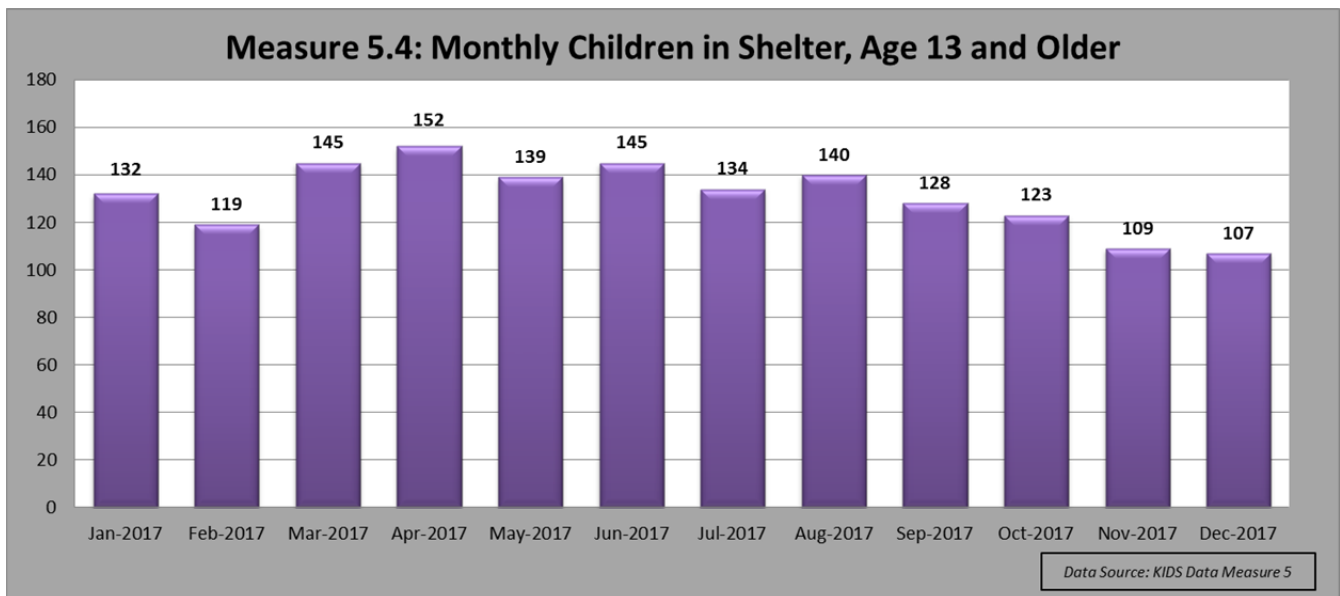
Section 2, Table 5.4-1



Section 2, Graph 5.4-1



Section 2, Graph 5.4-2

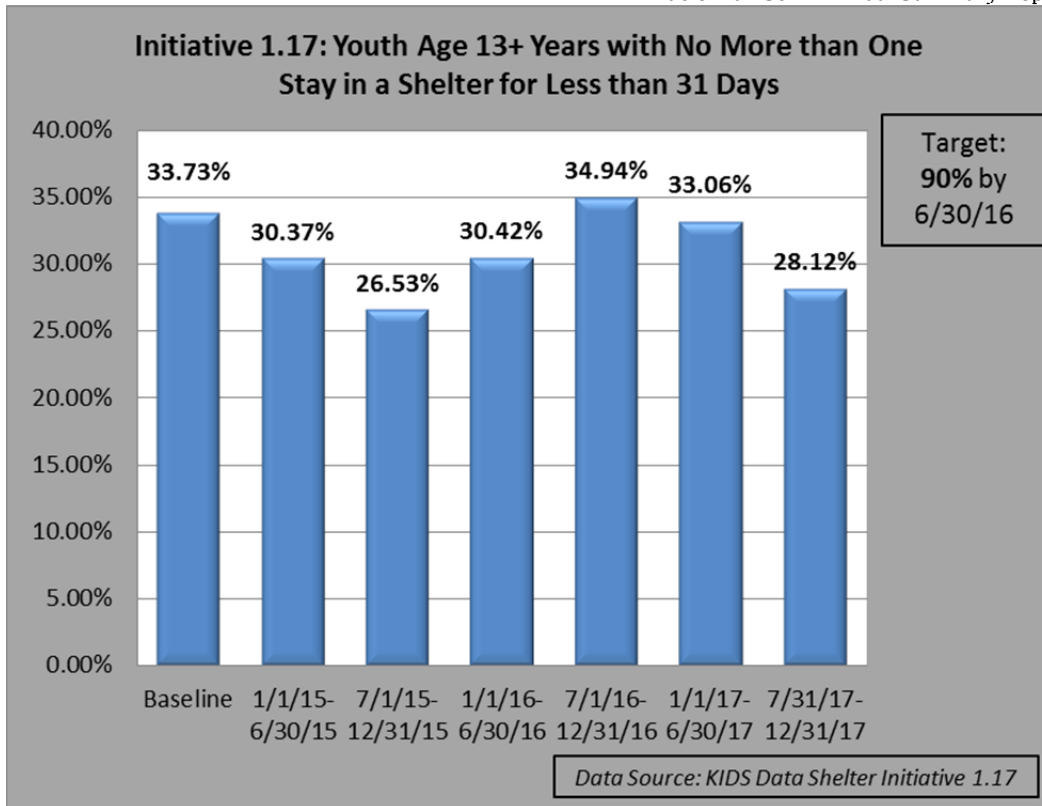


Section 2, Graph 5.4-3

Commentary

A total of 313 distinct children ages 13 years or older spent a total of 14,000 nights in shelter care from July 1, 2017 through December 31, 2017. Section 2, Graph 5.4-3 identifies 741 children spending time in shelters from July through December 2017. In some cases, the child's shelter stay extended across two months thus, the child is included in the count for both months. Of the 313 children who spent time in a shelter, 2 were placed in a shelter to remain with their sibling group of four thus meeting the automatic exception. During this time period, 2,189 children ages 13 years or older were in care and 85.7 percent of those children did not have a shelter stay. Overall, 14,286 children were in care and 96.7 percent of all children in care did not have an overnight shelter stay during the reporting period.

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 12/31/2017, the Oklahoma Department of Human Services (DHS) experienced a decrease from the prior reporting period of 4.94 percent. Of the 313 children age 13 and older who had a shelter stay during the time frame, 88 children, 28.12 percent, had one shelter stay lasting less than 31 days. However, of the 313 children age 13 and up who had a shelter stay: 78 children, 24.92 percent, had one stay that lasted longer than 31 days; 22 children, 7.03 percent, had two or more stays that lasted less than 31 days; and 125 children, 39.93 percent, had two or more stays that lasted more than 31 days in the shelter. Although the overall compliance percentage of youth with one stay less than 31 days has decreased, fewer youth were served in a shelter placement during the current review period, which is a 14.5 percent decrease in the total number of youth served in shelters.

Of the 313 youth served in the shelter during the reporting period, 116 youth had only one stay and the average length of that shelter stay for those youth was 63 nights. In comparison to the previous reporting period, 212 youth with one shelter stay had an average stay of 44 nights. Thus, DHS had fewer youth with short shelter stays; however, the youth currently in the shelter are staying longer. These youth are also the more difficult to place population.

During this review period, Child Welfare Services (CWS) continued to face challenges in reducing shelter utilization due to positive movement in other parts of the system. These challenges resulted in the number of nights children ages 2-5 and 6-12 stayed in a shelter steadily increased. Although a slight change, there was a decrease in the number of nights children ages 13-18 are utilizing a shelter stay. The primary contributing factor that led to the increase in the number of nights spent in a shelter was a significant decrease in the number of placement resources available for higher-needs children. The decrease in placement resources in these higher-level settings is directly related to the positive work to reduce maltreatment in care (MIC) of children. An increase in heightened monitoring at the highest-risk facilities occurred along with contractual changes requiring the facilities to move to a consistent behavioral modification model. As a result, several group home contracts were terminated and were not replaced with new providers. Since 7/1/15, the child welfare (CW) system experienced an overall reduction of 37 percent for group home bed capacity. Unfortunately, the continued lack of readily available needs-based placements continues to keep shelter utilization steady with minimal reductions between each of the reporting periods.

Laura Dester Children's Center (LDCC)

Since June 2017, CWS experienced a fairly consistent total population at LDCC. Throughout the rest of the reporting period, the population fluctuated at various times, but most days 40-45 children are now served at LDCC. The efforts to quickly secure placements for children who are admitted have greatly impacted the facility's overall capacity. As a result, extensive work occurred to ensure the right amount and types of resources are available at LDCC to support the needs of children in care. An ongoing assessment of needs resulted in a significant increase in LDCC's number of staffing resources to ensure that children with some of the highest needs in the state receive the right type of supervision and care for successful preparation and transition to needs-based placements. In September 2017, LDCC received approval to fill 21 new positions, which includes an increase in the number of direct care staff, CW specialists, and some specialty positions, such as a program coordinator and recreational therapists. With the flexibility to provide the available resources to children placed at LDCC, many children experience stabilization to the point where they have or are able to transition to family settings or other settings to meet their needs. The population served changes from week to week; therefore, it is necessary to continue to assess the facility's needs on an ongoing basis to ensure the safety and well-being of all children.

Several strategies were put in place to reduce the number of children utilizing shelter care during this reporting period. In July 2017, the Shelter Lead partnered with representatives from Youth Villages (YV) to develop specialized child profiles for 26 children at LDCC. These profiles were completed by a set of clinical and non-clinical staff with extensive experience working with children who exhibit problematic sexual behavior, juvenile delinquency, developmental and intellectual disabilities, and other behavioral or medical health needs. Children were identified for this specific service based on their continued need for a placement outside of the shelter that could meet their targeted needs. The specialized child profiles were completed to translate clinical information into layman's terms as to what the child's needs include, as well as what services or daily interventions would be required of a family to meet the child's needs in a family-like setting.

YV brought a team of 15 experts to Oklahoma, 7/31/17 through 8/1/17, to gather information, review case files including treatment notes and other medical information, interview assigned CWS staff, biological parents, and the shelter staff that provide daily care to the child, as well as interviewed, engaged, or observed the child in the environment at LDCC. By gathering all this information, YV developed the specialized profiles to use when discussing these children with potential resource providers. Of the children that were selected for this process, nine children were no longer placed at LDCC as of 9/30/17. Although many of the children remain at LDCC, this was a great opportunity to see how substantial information is prepared for a resource provider that is easy to understand and clearly identifies what daily activities have to occur to keep a child with complex needs safe in a different placement setting. CWS is considering using a similar model to develop specialized child profiles for all children at LDCC following admission and an initial assessment period.

Targeted team staffing for children placed at LDCC began again at the end of August 2017. These staffings led by the Shelter Lead focus on child needs, permanency goals, and eliminating barriers to securing a safe needs-based placement. These staffings occur weekly with a focus on specific children and require a multi-disciplinary team approach to cover all areas of safety, permanency, and well-being. Reinstating these staffings allowed different children to enter or exit out of LDCC as soon as placement resources were identified, without a further increase in the overall population. Ongoing staffing efforts, partnered with teaming activities between different program areas, directly impacts the frequent transitions of children out of LDCC.

The Office of Client Advocacy (OCA) client advocates were assigned to many of the children at LDCC. These advocates participate in case staffing, assist with service coordination, and help bridge any communication gaps to ensure a child's needs are met fully. The DDS/CWS programs supervisor and the Shelter Lead participated in a training held for the OCA client advocates assigned to work with children in shelters. This event helped clarify the roles and responsibilities of each of the involved parties and how each could be most effective. This training also included discussions on how

advocates could get client/case information; expectations of each division's roles when multiple divisions or outside parties are involved; and how the advocates can be of assistance in the ongoing case staffing process for their clients who may be placed in shelter care.

In August 2017, an information day was held at LDCC with several of the resource family partner (RFP) providers from across the state. The Shelter Lead discussed the needs of the LDCC children and provided a way for the RFP providers to meet the children needing placement. Specifically, needs were discussed as to how the RFP providers could assist in locating resource families with established skills that could meet the high level needs of these children. It was also an opportunity for the group to share different ideas and information regarding support options for families interested in taking a child with special needs into their home. The event had a great turnout and was another effort towards bringing the contracted agencies to the table to discuss how everyone can assist in a variety of different ways.

Over the last few months, CWS engaged in assessing the entire spectrum of needs identified at LDCC to begin changing the way services are delivered and children are cared for when placed at this facility. Identified improvement areas included expanding quality leadership and staffing capacity, exploring specialized facility programming, deployment of the Managing Aggressive Behavior (MAB) approach, development of heightened monitoring strategies for MIC, and adding a full-time Specialized Placements and Partnerships Unit (SPPU) liaison, as well as other process improvement activities. An implementation plan for these different activities was developed and efforts to address these needs began in September.

As improvement areas were identified at LDCC, some initial activities began implementing strategies for immediate change. Most recently, Dr. Deborah Shropshire was engaged at LDCC to provide a great deal of technical assistance and leadership support to the nursing and medical staff utilized at LDCC. This included looking at process improvement efforts for the medication administration system, coordination with other providers of primary and specialty medical care, and engagement in medical staffing for children with very serious and complex medical needs. A second improvement was initiated on training and ongoing support for implementing MAB, as well as proper training on the documentation staff will use with this process. Once fully implemented, this initial strategy will begin to change LDCC's culture and daily practice. Coordination for this initial step occurred in September 2017 and all staff was trained and MAB was fully implemented as of November 2017. The final initiative was the assignment of an SPPU liaison specifically at LDCC to manage the responses to investigations and screen-out referrals and the development of heightened monitoring activities. This process now mirrors the same heightened monitoring activities completed in other congregate care facilities. With staff dedicated to address the concerns of child safety for LDCC placements, partnered with the heightened monitoring and MAB activities, children should experience better outcomes.

In early December 2017, CWS, in partnership with the Office of Performance, Outcomes, and Accountabilities (OPOA) engaged in an initial meeting with shelter administration, direct care staff, social workers, and other embedded professionals to begin assessing the intake/admission processes. A secondary topic was how shift change occurs, including sharing of information during the shift change. All participants provided candid input on how the current process works, what is successful and what is not, as well as some general idea sharing of how daily practice could be improved. The next step involves OPOA observing these two different processes. From those observations, participants will be asked to engage in developing updated and improved processes at intake/admission and at shift change. They will also be asked how that information will be communicated to ensure staff is always aware of the daily needs/challenges these children specifically face while placed at LDCC.

In the coming months, OPOA will continue to work with CWS to conduct a review as to the critical incidents that occur at LDCC. This information will be used to better understand where other practice changes need to be made for children to remain safe while at LDCC. These activities are just the initial steps to improving the quality of care children receive. With improved processes and protocols in place, CWS should see a reduction in the number of MIC incidents occurring at this facility.

Multi-Disciplinary Shelter Staffings (Regional)

When shelter utilization decreased for a significant period of time, CWS determined that to ensure sustainability the shelter staffing process needed to reside in the regional offices. CWS made the transition from an overall statewide approach to a more localized effort by giving each regional office team lead an opportunity to participate in a case staffing held at the regional level to learn the staffing process. The leads were given the staffing tool that was previously developed for use in their specific region and were encouraged to modify this form to better meet their needs going forward. All regions were assigned a specific person to lead these staffing efforts, and those individuals were provided ongoing consultation from the shelter staffing team when needed. Each region developed its own individual process for staffing children using shelter care.

Some regions established a strong process focused not only on reducing the length of time children were staying in shelters, but also on shifting their focus towards achieving permanency goals. Extensive review of the regional shelter staffing processes indicated the remaining regions were not experiencing the same level of success in decreasing shelter utilization and could benefit from changes to their staffing. When shelter care usage began to rise, a decision was made to reinvest in resources to focus on shelter care. A program field representative (PFR) position was dedicated to focus solely on movement of children from shelters. The newly assigned shelter PFR works directly with the regional shelter leads to offer consultation and process improvement strategies to refocus efforts on reducing shelter utilization. CWS notes that shifting the shelter staffing process to the regional level presented some challenges in specific areas, but continued work at the local level is the most effective way to maintain the long-term focus on shelter utilization.

During this reporting period, CWS had the opportunity to reflect on the current shelter staffing process and protocols with the regional shelter leads. In a discussion with the Co-Neutrals in early December 2017 about the different staffing approaches, it was determined that developing an enhanced shelter reduction plan was necessary to begin consistently pursuing shelter reduction efforts at the same rate and pace in all areas of the state. The Shelter Lead, in partnership with the regional shelter leads collaborated to develop a set of enhanced strategies that will focus on better supporting the regional teams through consistent staffing protocols, specialized elevated staffings, and various peer learning opportunities. In mid-December, efforts began to create a uniform shelter staffing by scheduling a meeting for 1/6/18 with all regional shelter staffing leads. At this meeting, the group is to identify the mandatory participants to include in a shelter staffing, how frequently shelter staffings are required to occur, and what forms need to be created for gathering the most impactful information. CWS will engage in implementation of these enhanced strategies throughout the duration of the next reporting period.

Oklahoma Association of Youth Services (OAYS)

CWS continues its work collaborating with the Office of Juvenile Affairs (OJA) and the Oklahoma Association of Youth Services (OAYS) regarding the ongoing use of the youth services shelters for children in DHS custody. OJA and CWS identified placement and service gaps within each of the existing systems, which led to ongoing discussions surrounding potential contract modifications during the upcoming state fiscal year. As each of these state agencies struggles through a multitude of budget challenges, it is critical to determine how the partnership will proceed from here to meet ongoing placement needs for children and youth served by these two systems. Some designated youth service shelters are actively engaged in caring for children with special needs and utilize additional resources available through DDS/CWS to assist in caring for these children when additional supports are requested. CWS will continue to operate as a strong partner with OJA, as decisions regarding shelter utilization across the state will be explored through anticipated contract changes.

Enhanced Training with Youth Service Providers

OJA is continuing to evaluate shelter care in Oklahoma and contracts for renewal in the spring of 2018. Conversations are ongoing around future training needs and collaboration efforts for direct care staff working with children in the youth service shelters. In the coming months, OJA and CWS will be partnering to explore additional training needs of direct care staff, which would be developed, coordinated, and offered throughout the upcoming reporting period.

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 AFCARS files.

Description of Denominator and Numerator for this reporting period

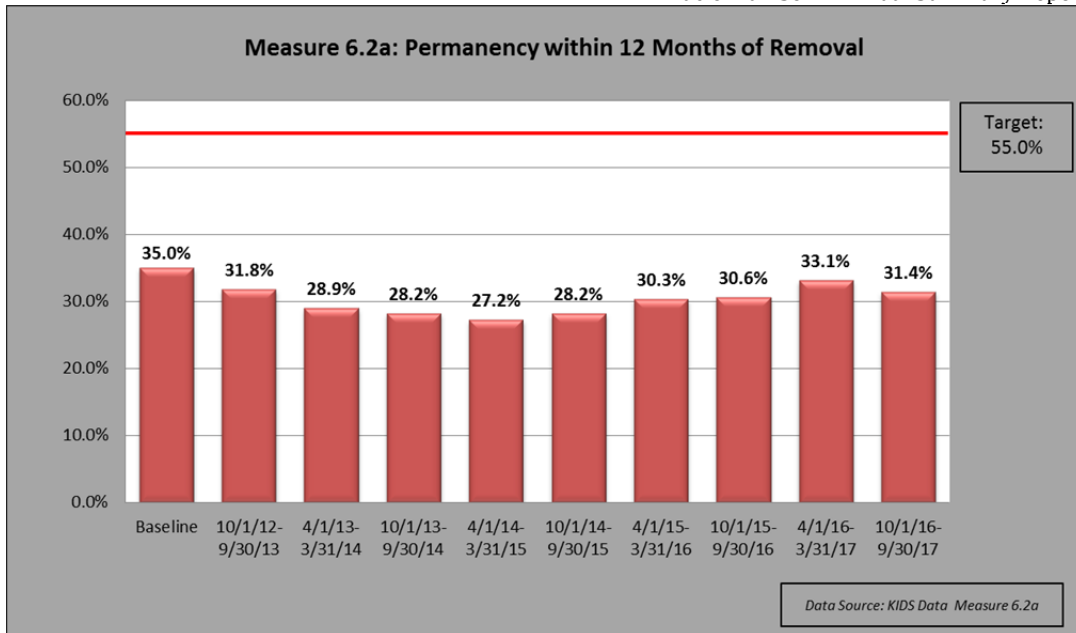
Denominator: All children who entered foster care from 4/1/2016 through 9/30/2016.

Numerator: The number of children who entered foster care from 4/1/2016 through 9/30/2016 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%
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 04/1/2015 through 9/30/2015.

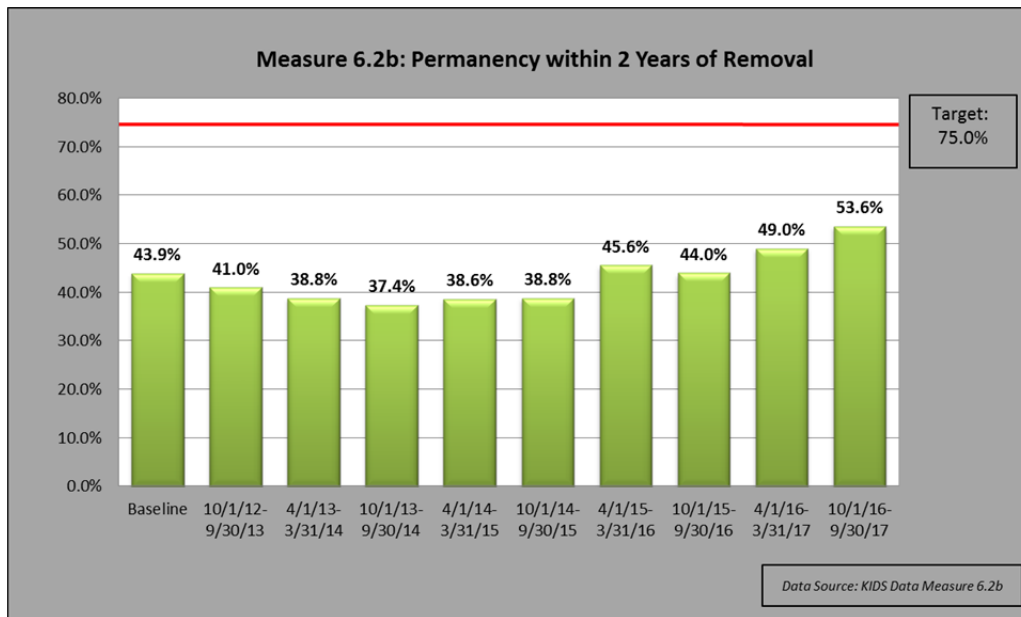
Numerator: The number of children, who entered foster care from 04/1/2015 through 9/30/2015, were removed at least 12 months, and exited to a permanent setting within 24 months of removal.

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%
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 AFCARS files.

Description of Denominator and Numerator for this reporting period

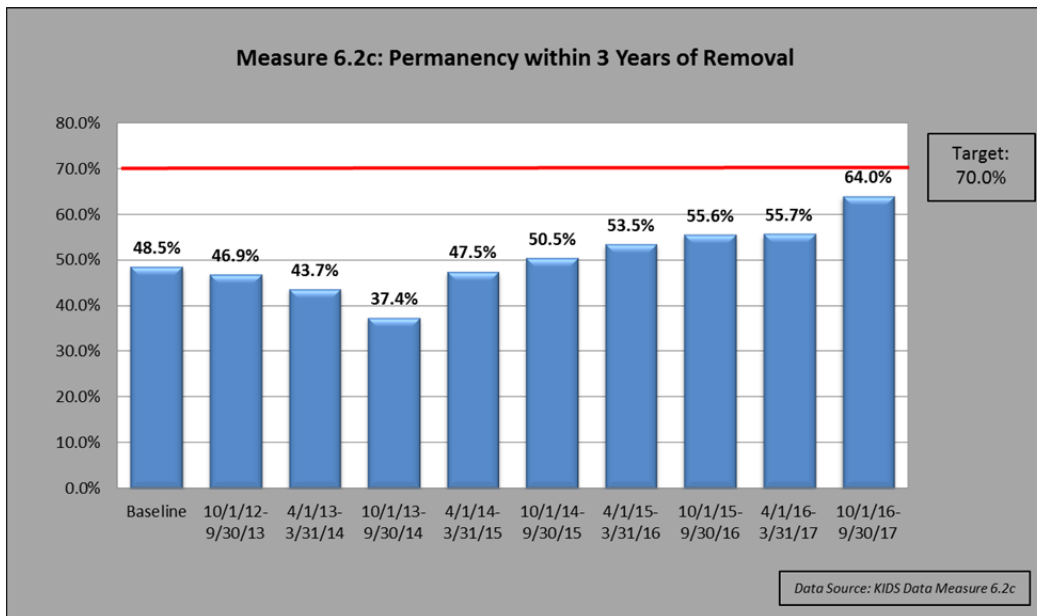
Denominator: All children who entered foster care from 4/1/2014 through 9/30/2014.

Numerator: The number of children, who entered foster care from 4/1/2014 through 9/30/2014, 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%
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 AFCARS files.

Description of Denominator and Numerator for this reporting period

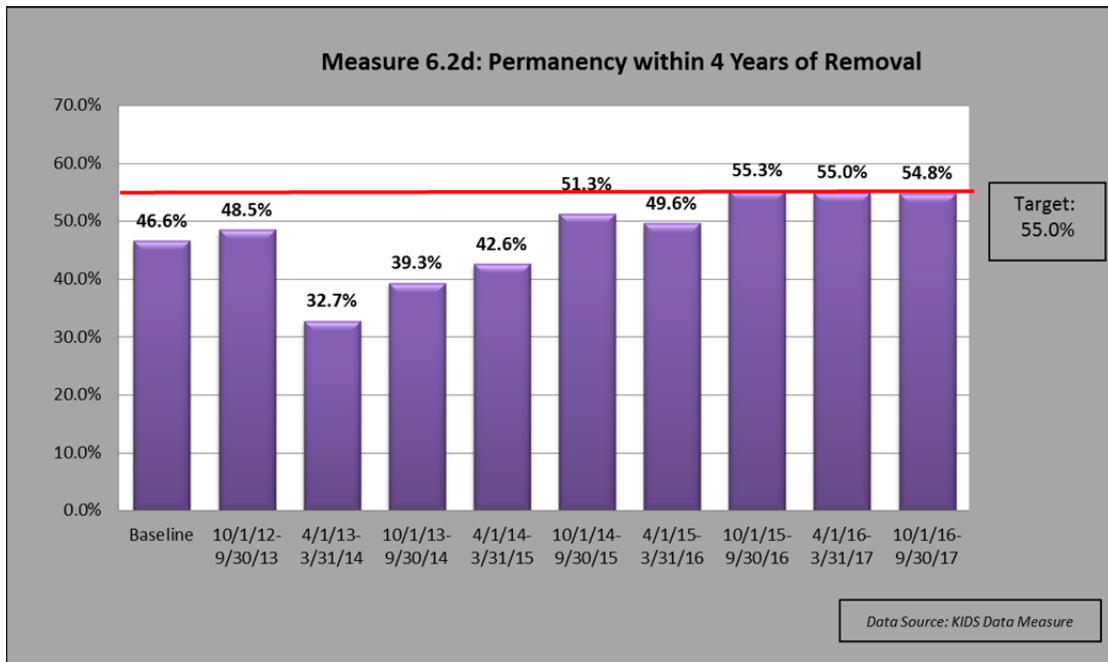
Denominator: All children who entered foster care from 4/1/2013 through 9/30/2013.

Numerator: The number of children, who entered foster care through 4/1/2013 through 9/30/2013, were removed at least 36 months, and exited to a permanent setting within 48 months of removal.

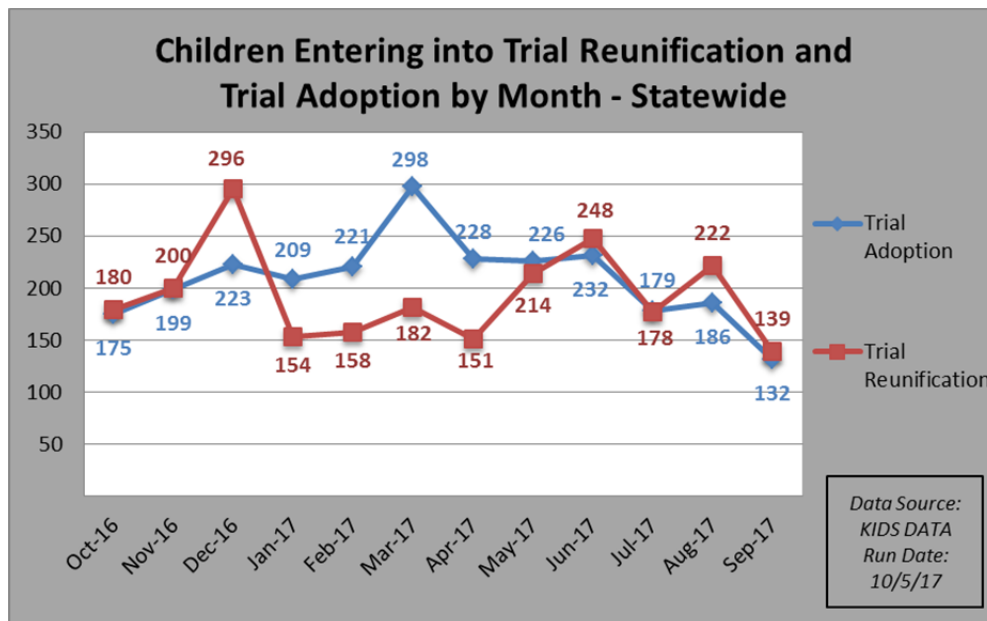
Trends

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%
Target				55.0%

Section 2, Table 6.2d-1



Section 2, Graph 6.2d-1



Section 2, Graph 6.2d-2

Permanency Safety Consultations of Children in Care on 9/30/17 with Goal of Reunification	
Children in Care 90+ Days with Goal of Reunification	3,754
Children with Permanency Safety Consultation	3,568
% with Permanency Safety Consultation	95.0%
<i>Data Source: KIDS Data Y1104; Run Date: 10/1/17</i>	
<i>*Data only includes children that have been in care at least 90 days</i>	

Section 2, Table 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 2017. 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.

Commentary

Measure 6.2a had a decrease by 1.7 percent from the last reporting period. The slight decrease in 6.2a correlates with continued decreases in the number of removals as more families are served through prevention services. With more families being served preventively, the challenges and reasons for removal are more complicated and take longer to safely reunify. As a result, ongoing evaluation is necessary to determine factors involved in the decrease since the last reporting period.

Performance Measure 6.2b increased by 4.6 percent from the last reporting period and is the highest the measure has been since this measure's Pinnacle Plan reporting began. This is a 9.7 percent increase from the baseline. Performance in Measure 6.2c had a significant increase by 8.3 percent and is 15.5 percent above the original baseline. Performance on Measures 6.2b and c increased during this reporting period and continued to see positive trending. Measure 6.2c has trended positively for the last six reporting periods. Measure 6.2d did have a slight decrease by 0.2 percent since the last reporting period. However even with the slight decline, the performance is still 8.2 percent higher than the baseline.

An additional 635 children achieved permanency after the target dates, but prior to the this report's writing. As of 9/30/17, 941 children were in trial reunification and 321 children in trial adoption for a total of 1,262 children close to achieving permanency. As of 9/30/17, 3,568 children had a permanency safety consultation (PSC) completed out of 3,754 children eligible with the goal of reunification. 114 children were excluded from the population that did not have a PSC as they are currently in trial reunification and do not need one completed due to achieving permanency. For the next reporting period, of the 186 children without a PSC, 84 have a documented PSC in November or December.

Permanency Safety Consultations

The PSC, a structured permanency case review targeting children with the case plan goal of reunification, continues to be used to impact outcomes in Measures 6.2a, b, c, and d. An initial PSC is completed 90-calendar days from the date of removal. Ongoing PSCs are then completed for every child in out-of-home care at 6, 9, and 12 months from the date of removal. Having specific target dates to complete a PSC help ensure that cases have regular safety discussions throughout the first 12 months of removal.

As part of the quality assurance (QA) process, the PSC Coordinator continued to visit districts in each region on a monthly basis to support district directors. Pre-calls with district directors began February 2017 and continue to be held prior to the Coordinator visiting the district. The calls allow the Coordinator to gather information on how a district's PSC process is progressing and offer any support needed with scheduling and PSC structure prior to the site visit. The Coordinator asks the district director about any practice trends or barriers identified during the PSCs. If any issues are

occurring in the PSCs, the Coordinator offers assistance to the district director in the upcoming site visit. Following the Coordinator's site visit, a debriefing is held with the district director and supervisors who participated in PSCs. The Coordinator provides feedback to the group regarding practice strengths that were observed as well as areas of practice needing improvement. This allows the supervisors and district directors to critically think about how, as an office, they can improve these identified practice areas. The Coordinator logs summaries of these pre-calls and debriefings, **Feedback Loop Information**, which are then sent to the regional directors on a quarterly basis. This information is used to make ongoing revisions to policy, training, and staff guidance. It is also utilized to provide coaching and mentoring to a district when practice areas that need strengthening are identified.

A key part in the debriefings following the PSCs is the use of the **PSC Fidelity Review Tool**. This tool was created in collaboration with the QA team. The tool assists the reviewer in ensuring the group is accurately and consistently following the PSC process in each district. A review is completed for each case and then logged and tracked by the Coordinator. Identified staff in each region also assist the Coordinator complete monthly reviews which are then sent to the Coordinator as well. Regional reviewers received training and monthly calls are now occurring with the review team. The calls allow the group to share what they observed while participating in PSCs as well as suggestions that were given by supervisors and workers in the field. The PSC reviews are compiled and analyzed to see which areas of the PSC process or practice areas need more focus to maximize outcomes for children and families. The first analysis, **Fidelity Review Outcomes**, was completed in November 2017 and an analysis will be completed on a quarterly basis. The analysis identified that staff in PSCs are not consistently reviewing the current assessment of child safety prior to the PSC and are not consistently utilizing the safety threshold to determine child safety.

An additional effort to increase permanency rates is collaboration with permanency leads from each region. The leads have a phone conference with the PSC coordinator monthly to discuss any barriers that were identified with the PSC process or to share successful information to build and expand upon. The permanency leads also have a face-to-face meeting with the PSC Coordinator and Permanency Program (PP) Administrator to continue to support each other, all staff, and the work towards improving safe permanency outcomes for children.

Collaboration occurs between the PSC Coordinator and the KIDS/SACWIS team to modify current reports to better support the PSCs. The Coordinator pulls reports on a monthly basis to send to the district directors which identifies the cases that are due for a PSC that month and which cases are overdue. This effort is done to help keep all the cases current on their required PSCs. The PSC report specifically shows which children had a PSC that month and if the recommendation was safe or unsafe. The Coordinator pulls this report on a quarterly basis and filters to the safe recommendation for children; it is then compared to a current placement report. When the children are not in trial reunification, an email is sent to the district director inquiring as to the barrier in achieving timely permanency.

Permanency Support Calls

In November 2017 at the quarterly permanency leads meeting, a discussion was held to see what other efforts could be implemented to support Measure 6.2. A joint decision was made to increase oversight of ongoing permanency cases where the children have been in out-of-home care 24 plus months, still have a case plan goal of reunification, and are not placed in trial reunification. Monthly PP backlog calls start in January 2018. The calls are held with the worker and supervisor of the case and the PSC Coordinator. The purpose is to identify the barriers preventing the children from returning home and creating action steps to be completed prior to the next month's call. The call will be documented in KIDS and a summary of the conversation will be sent to district directors and regional directors for follow up. Collecting and sharing the qualitative information from the calls provides the necessary feedback loop for the regions so that quality permanency practice and outcomes can continue to improve.

Supervision Framework

An additional effort designed to improve permanency, placement stability, and maltreatment in care (MIC) outcomes is the development and implementation of a Safety through Supervision Framework (Framework). CWS is working in collaboration with the Capacity Building Center (CBC) for States to prepare and implement a statewide supervision

framework. The Framework includes guidance and expectations for supervisors regarding ongoing, intentional supervision of frontline staff. Work on the Framework began in early 2016 and is ongoing. Throughout 2016, DHS collaborated with CBC to develop the Framework as well as the supporting guides and tools for supervisors to use day-to-day.

The Framework includes intentional guidance for supervisors to implement three supervision strategies of field observation, case staffing, and monthly work conferences. The Framework sets expectations for quarterly field observation and case staffing on all cases as well as monthly worker conferences between supervisors and their specialists. Tools for each strategy were developed for supervisors to utilize during supervision to ensure the quality of work completed by frontline staff is sufficient to meet the safety, permanency, and well-being of children and families involved with CWS. The Framework was tested in Districts 4, 8, and 26, from January 2017 through September 2017. Pilot testing included data collection through ongoing surveys and focus groups with staff testing the to make adjustments and enhancements prior to statewide implementation. When modifications and enhancements are complete, staggered statewide implementation will begin in April 2018. Framework implementation will include back-to-basic training on safety and permanency. The training will incorporate review and use of the ongoing assessment of child safety and application of the safety threshold in determining safe reunification based on findings from the PSCs. Implementation will occur in transformation zones in three to six month increments and will include:

- development of state implementation team;
- development of regional implementation teams;
- development of communication plan to disseminate progress;
- development of a training curriculum based on competencies needed to implement quality supervision;
- back to basics practice training for workers and supervisors;
- training on implementation of strategies for supervisors;
- focus groups to review progress and solicit feedback during rollout;
- coaching and mentoring, as needed;
- supportive changes to policy and technology system, as needed; and
- evaluation through ongoing continuous quality improvement (CQI)/QA efforts.

Support Services to Families

In addition to the efforts listed above, CWS continues to offer multiple services to families to support timely permanency. Reunification and parent support services are provided through a program known as Comprehensive Home-Based Services (CHBS), which gives extra supports in the home on a weekly basis. This contracted service uses an evidenced-based model, SafeCare, comprised of four education modules for caregivers on health, home safety, parent-child interactions, and problem-solving and communication. A service completed by a paraprofessional through CHBS, known as Parent Aide Services (PAS) also teaches basic parenting skills to caregivers. CHBS is the single largest service contract serving families whose needs encompass reunification, voluntary preventive services, services to maintain placements, and PAS. All CHBS services are available statewide. CHBS provided services to:

- 1,135 families in April 2017;
- 1,152 families in May 2017;
- 1,126 families in June 2017;
- 1,041 families in July 2017;
- 1,110 families in August 2017; and
- 1,041 families in September 2017.

Systems of Care (SOC) is a comprehensive spectrum of behavioral health and other support services that are organized into coordinated networks to meet the multiple and changing needs of children, adolescents and their families with a serious emotional disturbance. This is accomplished by providing community-based, family-driven, youth-guided, and culturally-competent services statewide. Service coordination and wraparound services are provided underneath the SOC umbrella. Services to help achieve timely reunification are offered through CHBS, PAS, and SOC. During trial

reunification, CHBS and SOC services support the parents as children are reintroduced to their own homes. This support is offered statewide. SOC provided services to 704 children during this reporting period.

Youth Villages Intercept is a diversion and reunification service provided to families to support them prior to and during reunification currently available to children and families in Oklahoma's two metro areas, Tulsa and Oklahoma City. Services address all systems affecting the child and family, including family, school, peers, individual, and community. The services formulate a collaborative treatment direction for every child and family to give the youth and their family an opportunity to identify their strengths and needs and to discover which interventions will work best for the long term. Services also assist families in resolving future problems independently by focusing on strengths. Intercept provides 24-hour crisis intervention. Intercept provided services to 195 children and their families during this reporting period.

Court Improvement Project

Oklahoma's court improvement project (CIP) team began a joint project in three jurisdictions, Adair, Pottawatomie, and Canadian counties, to improve exits to permanency within 12 months. The joint project kick-off was in May 2017. The kick-off meeting included judges, assistant district attorneys, children's attorneys, CASA, district directors, supervisors, CQI staff, CIP, and other community partners from each jurisdiction. Each jurisdiction reviewed their permanency outcome data as a team and developed action plans that will be implemented over a 12-month time period. The project will monitor permanency outcomes for children entering care from October 2017 through March 2018 in the project sites. Progress will be tracked and strategies for increasing permanency will be adjusted when needed.

Additional court improvement efforts include enhanced training, guidance, and support to local jurisdictions in engaging court partners and the development of judicial performance dashboards. The judicial dashboards will include data on time to adjudication, time to first placement hearing, time to permanency exit, and time to termination of parental rights. The dashboards will be on the DHS website and will reflect performance in each judicial district. District directors will be provided training on how to utilize the dashboards to engage court partners in dialogue around improving permanency outcomes in their jurisdictions.

Additional efforts to improve permanency include reduced workload standards, ending of secondary assignments, and continuity of worker visits by primary worker. These efforts are reported on in detail in other measures.

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 AFCARS data.

Description of Denominator and Numerator for this reporting period

Denominator: All children who exited foster care from 10/1/2015 through 9/30/2016

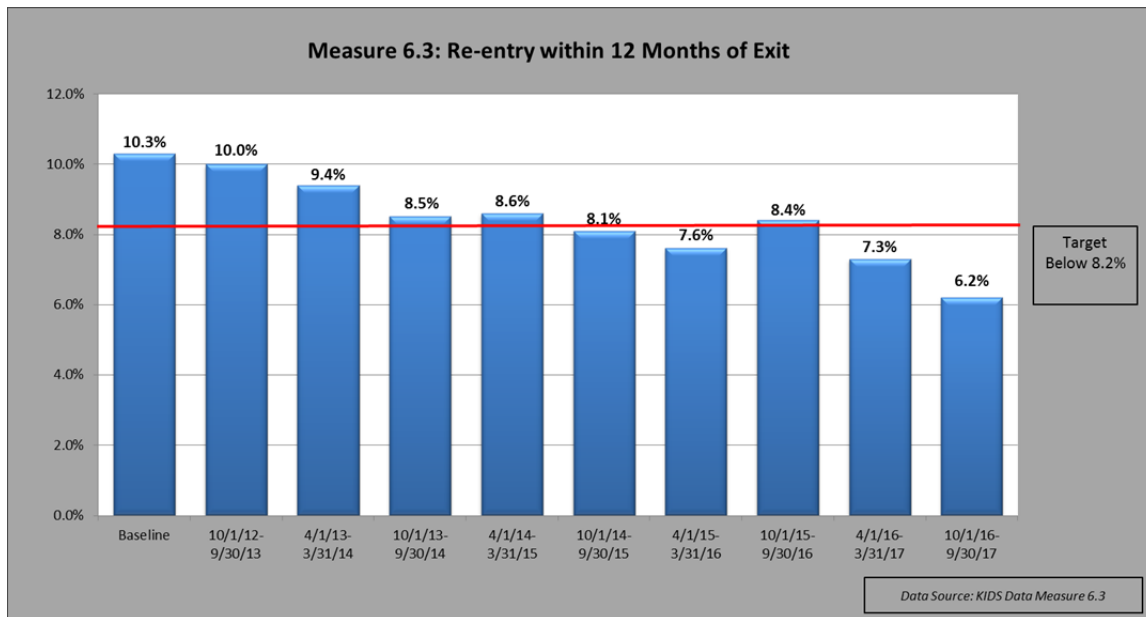
Numerator: All children who exited foster care from 10/1/2015 through 9/30/2016 and re-entered care within one year of exit.

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%
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 decreased by 1.1 percent and is now at 6.2 percent, which remains below the set target of 8.2 percent. This is the best performance on the measure since Pinnacle Plan reporting began and 4.1 percent lower than the original baseline. This is the second consecutive reporting period to show a decline in re-entry and is exceeding the target by 2.0 percent. During this reporting period, DHS exited the highest number of children from foster care since reporting began on this measure.

The permanency safety consultation (PSCs) continue to include the completion and documentation of an assessment of child safety prior to reunification. PSCs also include actions steps and follow-up activities for the child welfare specialist to complete prior to family reunification. Services, such as Comprehensive Home-Based Services, Intercept, and Systems

of Care continue to be utilized to support families during trial reunification. Child Welfare Services will continue to monitor this measure and engage in ongoing activities to ensure children remain safely in their homes post-reunification and ensure performance in this measure consistently exceeds the baseline and meets the target.

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 AFCARS for both mother and father.

Description of Denominator and Numerator for this reporting period

Denominator: All children in care who turned 16 from 10/1/2014 through 9/30/2015 and were legally free at the time they turned 16.

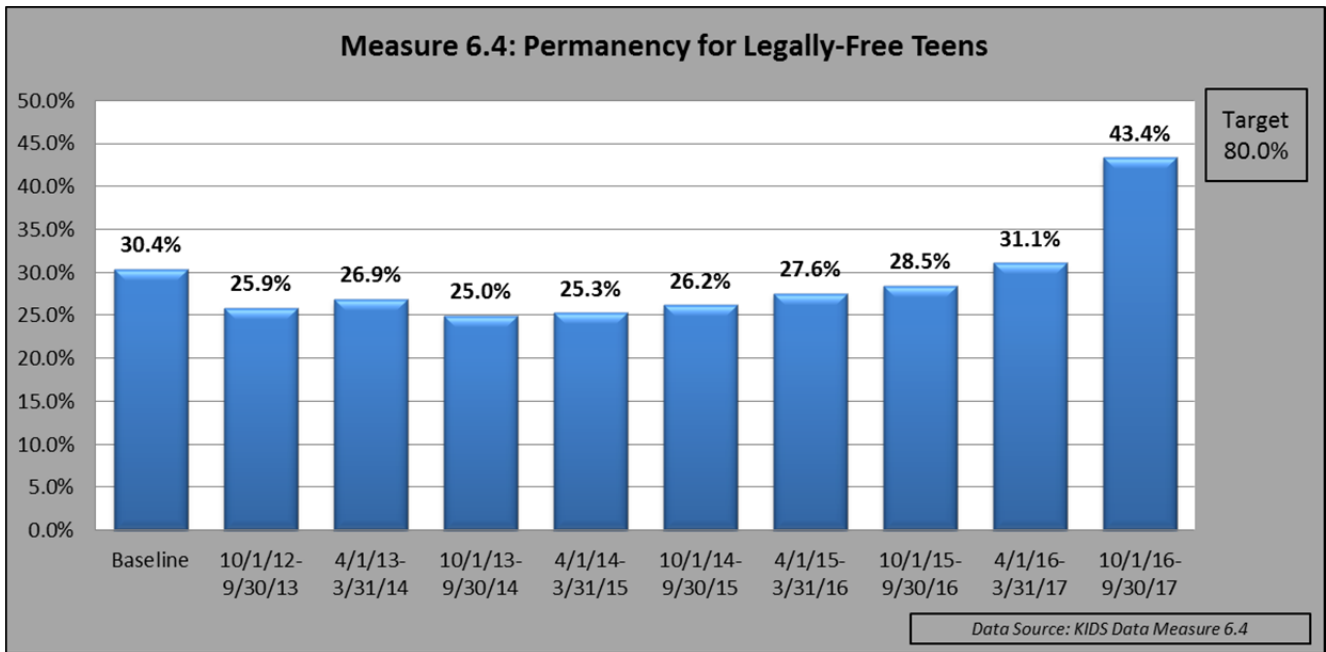
Numerator: The number of children, who turned 16 from 10/1/2014 through 9/30/2015, were legally free at the time they turned 16, **and** reached permanency prior to their 18th birthday.

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%
Target				80.0%

Section 2, Table 6.4-1



Section 2, Graph 6.4-1

Commentary

From 10/1/14 through 9/30/15, a total of 136 legally-free youth turned 16 years of age. Of these youth, 59 or 43.4 percent achieved permanency and 77 or 55.1 percent exited care prior to reaching permanency.

Achieved Permanency:

- 41 youth were adopted (30.1%);
- 17 youth were placed in guardianship or custody to relative (12.5%); and
- 1 youth was reunified through re-instatement of parental rights (0.7%)

Exited Care Prior to Reaching Permanency:

- 75 youth exited care via emancipation/aging out (55.1%); and
- 2 youth exited for other reasons (1.5%).

Although performance continues to remain below the target, positive trending occurred over the last six reporting periods. This reporting period showed the largest increase between reporting periods for an increase of 12.3 percent. The performance is the highest of all reporting periods at 43.4 percent.

Efforts continued to support Core Strategy 6.4 to increase the number of legally-free youth 16 through 17 years of age exiting care to permanency before their 18th birthday and to decrease the number of youth in this population that are in out-of-home care. The statewide plan is still in implementation across the state, in addition to using of the **6.4**

Tracking Tool to document supportive efforts and activities occurring in each region. The tracking tool also documents supportive efforts made by the Permanency for Teens Coordinator (PTC) regarding contact with child welfare (CW) specialists or supervisors, the date a LifeSet Referral for Youth Villages was made, and the reason teens with a case plan goal (CPG) of planned alternative permanent placement (PAPP) want it to remain so.

Beginning 5/1/17, permanency expeditors (PEs) began to work with all youth ages 16-17 with the CPG of PAPP. The PEs are assigned to make concerted permanency efforts for youth they are assigned to and work in conjunction with the Permanency Planning (PP) CW specialist to ensure all permanency options for legally-free teens on their caseload are explored. Except for youth whose status was AWOL/RUNAWAY, the PE meets with his or her assigned youth and continues to make contact with the youth every 60-calendar days to build upon prior permanency discussions and model how those discussions should be navigated for the assigned PP CW specialist. PE duties include working with the PP CW specialist to ensure family finding activities were completed and vetted, attend family team meetings to address permanency options and updates, and provide factual information about the teen's individual circumstances and what educational and supportive benefits the youth is able to receive when legal permanency is achieved before the age of 18. The PEs are distributed to align with each region's need and assignments are: one in Region 1, one in Region 2, two in Region 3, and one in Region 5. Region 4 does not have an assigned PE since designated staff already conduct this work and are successful in improving outcomes in this area. The PEs are supervised by each regional lead and receive support from the PTC.

On 11/15/17, PEs began facilitating monthly conference calls with assigned CW specialists for youth they are assigned to work with. The conference calls serve as an opportunity to identify each youth's unique barrier to achieving legal permanency, develop action steps as a team to overcome the barriers, and ensure all legal and relational permanency options for youth are or were explored. The PE sets up the reoccurring monthly calls and invites PP CW specialist, supervisor, and district director, as well as any other pertinent individuals that can contribute information regarding the youth's current or prospective permanency status. The monthly calls can include program staff from adoptions, guardianships, Oklahoma Successful Adulthood (OKSA), Developmental Disabilities Services (DDS), or external partners when deemed necessary. Action steps are assigned at the end of each monthly call and are revisited on the subsequent call the following month. While it is not mandatory for district directors to participate, they are provided the notes from the call and it is mandatory for someone from the district's leadership team to be present if the assigned supervisor of the PP CW specialist is unable to participate. Holding the conference calls gives the PE a chance to provide information and support in relationship to permanency, hold each other accountable for the action steps, and provide an objective perspective as the permanency discussion for the teen is navigated.

Similar to the 6.4 Tracking Tool, the PEs use the **PE Tracking Tool** to document efforts for their assigned teens. The PE Tracking Tool documents each teen's eligibility for parental reinstatement of rights, the date and results of bi-monthly visits with the youth, the status and results of case mines, and connections identified and documented in KIDS, as well as the monthly conference call results and action steps.

The PEs have participated in monthly face-to-face trainings since 8/10/17. Training topics included case mining and family finding techniques, guardianships, and question and answer assistance from Region 4 safety analysts who conduct conference calls similar to the calls the PE are facilitating. The safety analysts are dedicated staff who monitor the permanency efforts for teens in Region 4 and the PEs had opportunities to shadow them during the conference calls conducted in their own region. The PEs also continue to participate in weekly support conference calls with the PTC that include a discussion of successes and barriers experienced within the context of their duties and also provide opportunities to receive support from the PTC and each other.

Permanency information for teens was incorporated into OKSA events and messaging beginning 6/7/17. Permanency for teens was the focus of the 2017 Teen Conference small group sessions to assist teens and their supportive adults engage in real conversations regarding permanency in the foster care system. The groups discussed topics, such as:

- What does permanency mean to me?

- What does my worker think permanency is?
- What do placement providers think permanency is?
- What do the courts think permanency is?

Each group selected a youth and adult to present their group's idea board to the conference attendees and the listening panel comprised of community partners, representatives of the Oklahoma Department of Human Services, and Oklahoma legislators. One of the main goals of Teen Conference 2017 was to create an environment where youth and their adult sponsors gained an understanding of what permanency means, and through that conversation learn the necessary skills to engage comfortably in quality discussions about permanency.

The conference evaluation survey for the youth presented two statements on permanency:

- Before this event, I felt comfortable sharing my view of permanency with others.
 - 67 percent of the youth felt comfortable sharing their view on permanency before the event.
- After this event, I felt comfortable sharing my view of permanency with others.
 - 89 percent of the youth felt comfortable sharing their view on permanency after the event.

This demonstrated a 22 percent increase in the youth's comfort level in discussing permanency. Posters reflecting youth ideas on permanency for teens from this conference were created for each county office to display and reinforce the messaging.

OKSA also incorporated the theme of permanency for teens into their annual county coordinator conference held on 9/28/17 - 9/29/17. The conference included a presentation on the importance of permanency within the OKSA program and how permanency efforts and life skills are not mutually exclusive, but must be simultaneously executed when supporting teens in care. The work the PEs are conducting in each region was discussed and the PEs from Region 1, Region 2, and Region 5 were present and introduced. On 11/30/17, OKSA started a series of professional development workshops (PDW) for CW specialists, foster parents, and community partners, on subjects related to teens. The workshops are held in Oklahoma City and Tulsa. The first PDW was "The Adolescent Brain" and future topics include "How to Talk to Teens about Permanency," "Cultural Diversity and Teens," and "Self-Care When Working With Teens." PEs will be in attendance at these events to support permanency efforts. Moving forward, the OKSA program will also devote a section of their website to permanency for teens, as well as place photos of the PEs, their contact information, and biographies on the website.

PEs assigned across the state, along with the statewide plan, reinforce the importance of permanency for legally-free teens and provide support and accountability as the message is progressively infused into practice. For teens currently in care, PEs are supporting the PP CW specialists assist teens with achieving legal permanency through dialogue and conversation with not only the teen, but the prospective guardians or adoptive parents as well. Continuing to be creative and persistent when exploring legal permanency options for teens in care, especially when addressing systemic barriers, such as serving youth with significant developmental delays or legal restraints, is paramount as Child Welfare Services (CWS) explores all legal and relational forms of permanency for legally-free teens in care. To achieve these goals, field staff, and PEs are getting assistance from the mental health consultants to determine how to move forward with delicate conversations for youth who have experienced multiple failed adoptions, re-exploring relatives that were previously ruled out, and reinstatement of parental rights when safe and appropriate.

CWS continues to work with Youth Villages (YV), a public/private partnership, in providing resources and services to support permanency outcomes for legally-free youth in out-of-home care. YV LifeSet is a comprehensive community-based program that helps at-risk young people successfully transition to adulthood. YV currently has the capacity to serve approximately 128 youth per year in the Oklahoma City and Tulsa areas.

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 AFCARS for both mother and father. This measure is federal metric C 2.5.

Description of Denominator and Numerator for this reporting period

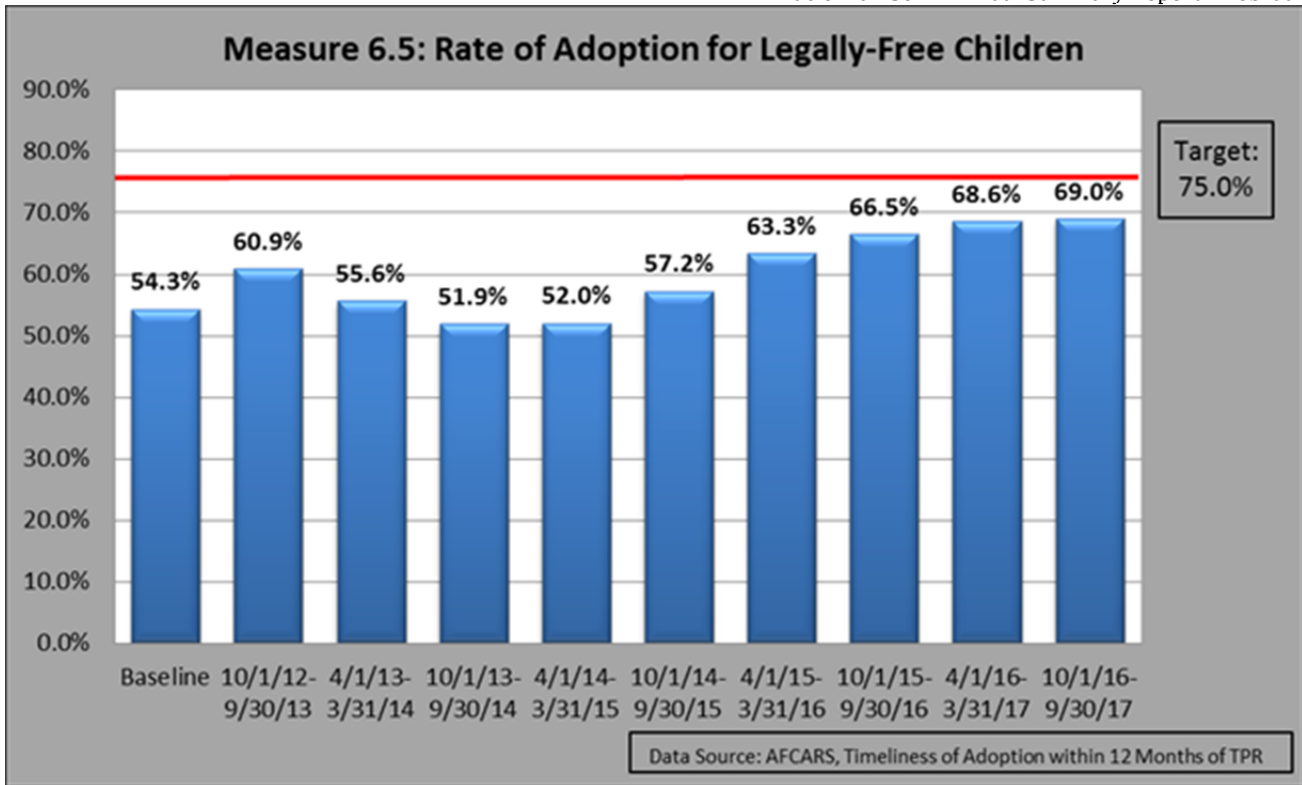
Denominator: All children who became legally free for adoption from 10/1/2015 through 9/30/2016.

Numerator: The number of children who became legally free for adoption from 10/1/2015 through 9/30/2016 **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 10/1/10 - 9/30/2011			54.3%
10/1/2012 – 9/30/2013	All children who became legally free from 10/1/11 - 9/30/2012	898	1,474	60.9%
4/1/2013 – 3/31/2014	All children who became legally free from 4/1/12 - 3/31/2013	857	1,540	55.6%
10/1/2013 – 9/30/2014	All children who became legally free from 10/1/12 - 9/30/2013	839	1,618	51.9%
4/1/2014 – 3/31/2015	All children who became legally free from 4/1/13 - 3/31/2014	935	1,797	52.0%
10/1/2014 – 9/30/2015	All children who became legally free from 10/1/13 - 9/30/2014	1,200	2,099	57.2%
4/1/2015 – 3/31/2016	All children who became legally free from 4/1/14 - 3/31/2015	1,459	2,304	63.3%
10/1/2015 – 9/30/2016	All children who became legally free from 10/1/14 - 9/30/2015	1,567	2,355	66.5%
4/1/2016 – 3/31/2017	All children who became legally free from 4/1/15 - 3/31/2016	1,754	2,558	68.6%
10/1/2016 – 9/30/2017	All children who became legally free from 10/1/15 - 9/30/2016	1,886	2,734	69.0%
Target				75.0%

Section 2, Table 6.5-1



Section 2, Graph 6.5-1

Commentary

Child Welfare Services (CWS) continues to see an increase in the number of children becoming legally free for adoption. A 0.4 percent increase occurred from the last reporting period in the number of children who were discharged from care to a finalized adoption within 12 months from the date they became legally free. CWS has now achieved a 14.7 percent increase from the original baseline. This measure has improved for the last six reporting periods.

The regional Adoption Timeliness Accountability Teams (ATATs) continue to have an impact with positive trending in reducing the length of time between becoming legally free for adoption and adoption finalization. The ATAT Lead will continue to provide support to the ATAT's, as needed. Leadership will continue to monitor the ATAT process and outcomes, and make adjustments as needed to insure continued progress.

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 has 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 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

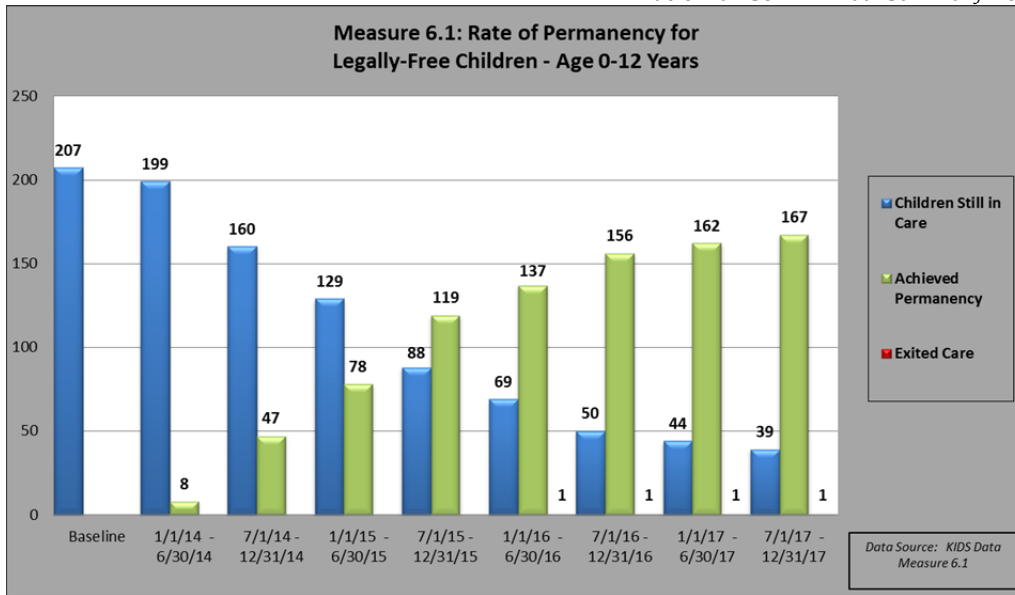
Denominator: All Quad 2 children with a case plan goal of adoption as of 1/10/2014.

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

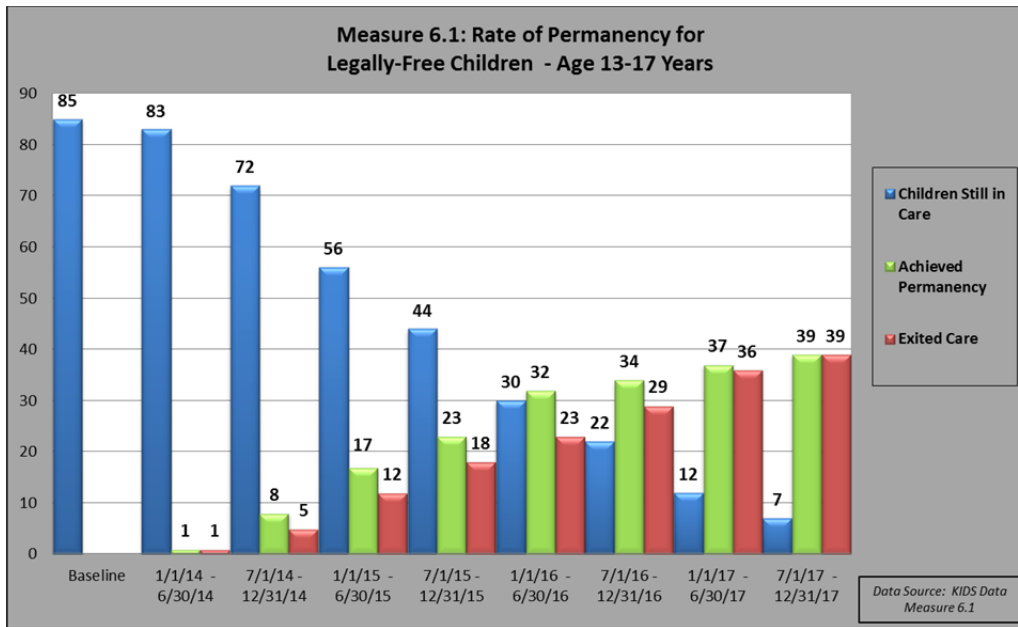
Trends

Reporting Period	Population	Numerator	Denominator	Result
Cohort Baseline 1/10/14				292 Children
1/10/2014 – 6/30/2014	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	8	207	3.9%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	47	207	22.7%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	78	207	37.7%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	119	207	57.5%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	137	207	66.2%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	156	207	75.4%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	162	207	78.3%
	All Quad 2 children age 13 or older as of 1/10/14 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 1/10/14 with a case plan goal of adoption	167	207	80.7%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	39	85	45.9%
Target		90.0% (Age 0-12)	80.0% (Age 13+)	

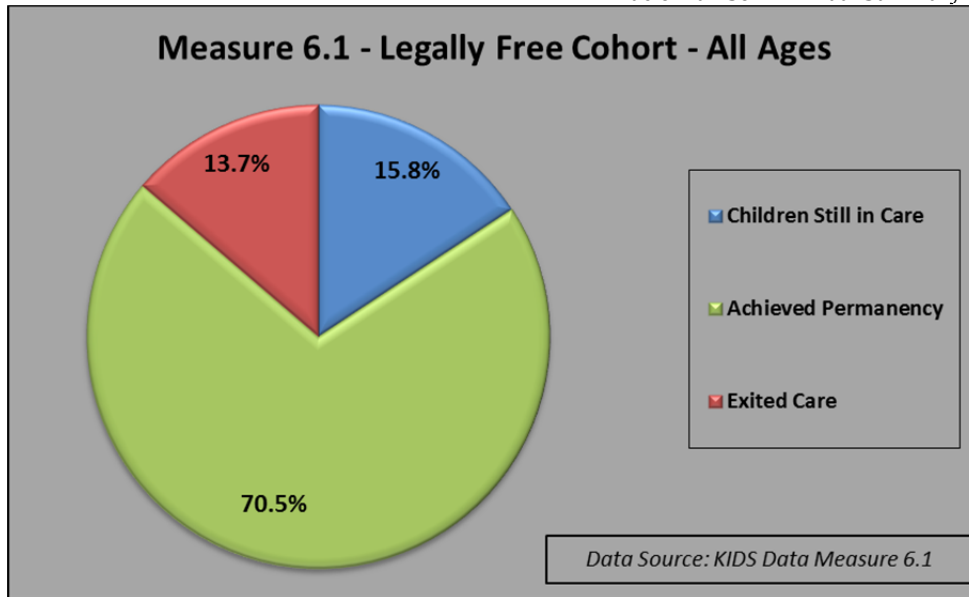
Section 2, Table 6.1-1



Section 2, Graph 6.1-1



Section 2, Graph 6.1-2



Section 2, Chart 6.1-1

Commentary

Of the 292 children in the original cohort from 1/10/14, a total of 206 children or 70.5 percent achieved permanency, with 46 children still in care. Of the 292 children, 40 children or 13.7 percent left care to non-permanent exits.

As of 12/31/17, for the cohort of 207 children, made up of children age 0-12 who were legally free without an identified placement, 167 or 80.7 percent reached permanency. For the cohort of 85 youth, made up of youth age 13 or older who were legally free without an identified placement, 39 or 43.9 percent reached permanency.

Of the remaining 46 children in care, three children are currently placed in trial adoption, an additional 41 children have a case plan goal of adoption, and two children have a case plan goal of guardianship.

During this reporting period, the Adoption Transition Unit (ATU) celebrated its first anniversary as a team of staff only carrying ATU caseloads. As the numbers of Quad 2 children and youth increased during this time, ATU was allotted new full-time positions to meet the ongoing needs of children. ATU now consists of eight supervisor groups statewide, with each group consisting of four to six ATU specialists.

One year after the integration of Foster Care and Adoptions, the processes for adoption event preparation, statewide staffing presentation and follow-up, and adoption efforts staffings are being streamlined. ATU's partnerships with the following groups continue to be critical in achieving permanency for Quad 2 children and youth:

- local television stations in Lawton (KSWO), Oklahoma City (KFOR), and Tulsa (KTUL), who feature stories at least weekly on waiting children, and during this reporting period, filmed and featured 41 children;
- the Oklahoma Fosters Initiative and America's Kids Belong, Oklahoma Heart Gallery, and DHS/ATU. The result has been 157 videos, to date, of children waiting for adoptive families that can be used throughout different media sources and social media sites, such as Facebook, The Adoption Exchange, AdoptUsKids, and AdoptOKKids, and are specifically located on the Oklahoma Heart Gallery website. From the 157 videos, shoots were held in August and October 2017 for 79 children and youth. These videos went live on the Heart Gallery website during this reporting period;
- Oklahoma Heart Gallery website and physical traveling displays that feature photos and/or videos of children who are legally free and awaiting an adoptive family. They are updated frequently based on the status of the featured children and youth;
- CWS recruitment and development specialists, who collaborate with ATU to recruit specifically for identified children and youth within the community;

- Oklahoma Successful Adulthood and Permanency Planning programs; and
- mental health consultants from the Oklahoma Department of Mental Health and Substance Abuse Services, who contract with Child Welfare Services to provide family and child-specific supports needed by adoptive families.

As a result of these ongoing partnerships, from 07/01/17 to 12/31/17, the Foster and Adoptive Parent Support Center received 2,850 inquiries. Thirty-five percent of the inquiries were documented from the following sources:

- AdoptUSKids - 12;
- A Current Adoptive Family -102;
- Facebook – 104;
- Faith Community – 18;
- A Current Foster Parent - 65;
- A Friend - 105;
- An ICPC Request - 1
- An Informational Session - 4;
- Internet - 375;
- LifeChurch - 20
- Newspaper - 8;
- Know Someone at DHS - 66;
- OKFosters Booth - 4;
- One Church, One Child Website - 1;
- Radio - 3;
- Recruiter (non-DHS) - 2;
- A Relative - 45;
- TV: 61 - and
- Twitter - 1.

The 2,850 inquiries from this reporting period was more than double the previous reporting period. The influx of inquiries prompted the Foster and Adoptive Parent Support Center to make intake process changes to ensure that the source of all inquiries is captured and documented.

During this reporting period, ATU implemented an adoption efforts staffing for baseline children and youth, and those with longer stays in care. These are a modified model of Permanency Roundtables, and are being initially implemented by an MSW practicum student through the University of Oklahoma. The efforts staffing is very specific to adoption efforts completed for children and youth, with a focus on the brainstorming questions "What can we do again?", "What new strategies can we try?", and "How can we involve the youth in planning for their own permanency?". The planning stage began in July 2017 with the first staffings held in September. Since implementation, ATU completed 15 efforts staffings. From January to May 2018, efforts staffings will be evaluated for effectiveness. One of the six ATU lead specialists will become the main facilitator for this strategy effective May 2018 for ongoing sustainability. ATU anticipates this process will identify changes in case status as well as illuminate areas of need with regard to efforts to promote permanency.

ATU is increasing its focus on engagement in meaningful conversations with relatives and kin providing placement to Quad 2 youth and those caring for youth with very special needs to identify and bust barriers to permanency. Beginning in January 2018, ATU staff will initiate intentional and customized conversations with relatives and kinship families to alleviate their hesitancy in providing permanency, as well as exploring other family who may provide legal permanency. Continuing efforts by ATU and other partners to identify other people important in the youth's life will be incorporated into new programmatic processes to increase permanency possibilities for children and youth within the Quad 2 cohort.

Increased oversight by supervisors on documentation of efforts has improved the quality and timeliness of KIDS documentation. Moving forward, ATU and KIDS management will be collaborating to develop a dashboard, featuring key information in an at-a-glance format pulled directly from the YI823 Ongoing Quad 2 report.

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

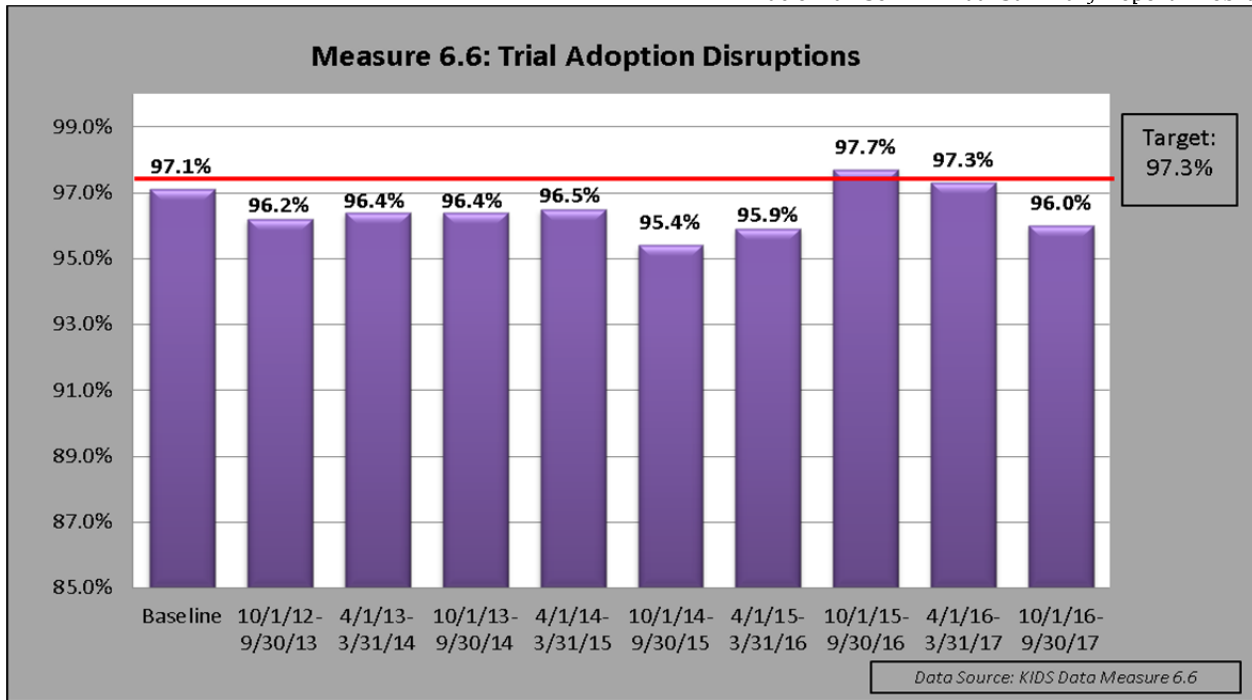
Denominator: Number of children that entered trial adoption from 10/1/2015 through 9/30/2016.

Numerator: Number of children that entered trial adoption from 10/1/2015 through 9/30/2016 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%
Target				97.3%

Section 2, Table 6.6-1



Section 2, Graph 6.6-1

Commentary

Child Welfare Services (CWS) saw a decrease in this measure for this reporting period. For the current reporting period, 2,513 children entered into TA, which is 110 more children entering TA than the last reporting period, with 2,413 or 96.0 percent not disrupting while in TA placement. Although there was a decline in this reporting period, CWS is placing 68.8 percent more children in TA than when this measure began in Oct of 2012. Compared to the baseline reporting period, 1024 more children were placed in prospective adoptive homes. The average age of a child entering TA was 8 years. Of the 100 children that disrupted, the average age of a child disrupting from TA was 11.3 years old. The average amount of time in TA before disruption was 101.7 days.

Behavioral health consultants (BHCs) continue to provide valuable support to Quad 2 children working closely with Adoption Transition Unit (ATU) specialists and the prospective adopted family. The BHC’s overall goal is to identify, educate, and plan for future behavioral needs to prevent disruptions and/or dissolutions. From 4/1/17 through 9/30/17, the BHCs attended 78 disclosures:

- Region 1 - 27;
- Region 2 - 7;
- Region 3 - 16;
- Region 4 - 5; and
- Region 5 - 23.

From a trauma-informed perspective, 55 disruption cases were assessed in State Fiscal Year 2017. This analysis was a combined effort with a University of Oklahoma practicum student and Post-Adoption Services during May through July 2017. The identified cases were divided into six major disruption categories followed by in-depth case mining. The categories are:

- allegations against caregivers;
- caregiver request;
- court action;
- caregiver cannot meet behavioral and emotional needs;
- child’s request; and
- death of child.

The primary factor associated with disruption was found to be within the high risk factors of emotional and/or behavioral issues in 55 percent of the cases. Disruption analysis at this level of case mining was primarily based upon the self-reporting information of the prospective adoptive family.

In conjunction with identifying disruption trends, Post-Adoption Services mailed its Annual Survey to 1,896 adoptive families to obtain additional data, focused on support, education, and behavioral health needs. The return rate was 64 percent. Combining the case mining and preliminary survey feedback, 65 percent of families indicated a lack of services and support during placement and post-finalization. Preliminary findings also revealed families did not seek or engage in support services. Inadequate parental preparation and training regarding trauma, coupled with the impact of the stress brought on by the adoption, appeared to destabilize the family infrastructure. Also identified was the absence of continuous self-care for the caregivers and additional support through the adopted child's developmental stages.

Through the launch of The National Adoption Competency Mental Health Training Initiative (NTI) in August 2017, the training opportunities for child welfare (CW) specialists will expand their knowledge of how to better support and understand families' needs. The goal was for all Foster Care and Adoptions staff to complete NTI by 12/31/17. CWS had an 80 percent completion rate through the pilot and staff continue to access to the training. Through this cooperative training, CW specialists will have a better understanding of how to support and coach families. The training will help CW specialists' recognize trauma behaviors within these high-risk children; therefore, improving their ability to identify resources for the child and family. NTI will be introduced to the behavioral health professionals in March 2018. The continued education efforts help mitigate additional trauma and a continuum of support will aid the agency in future successful adoptions.

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 9/30/2015.

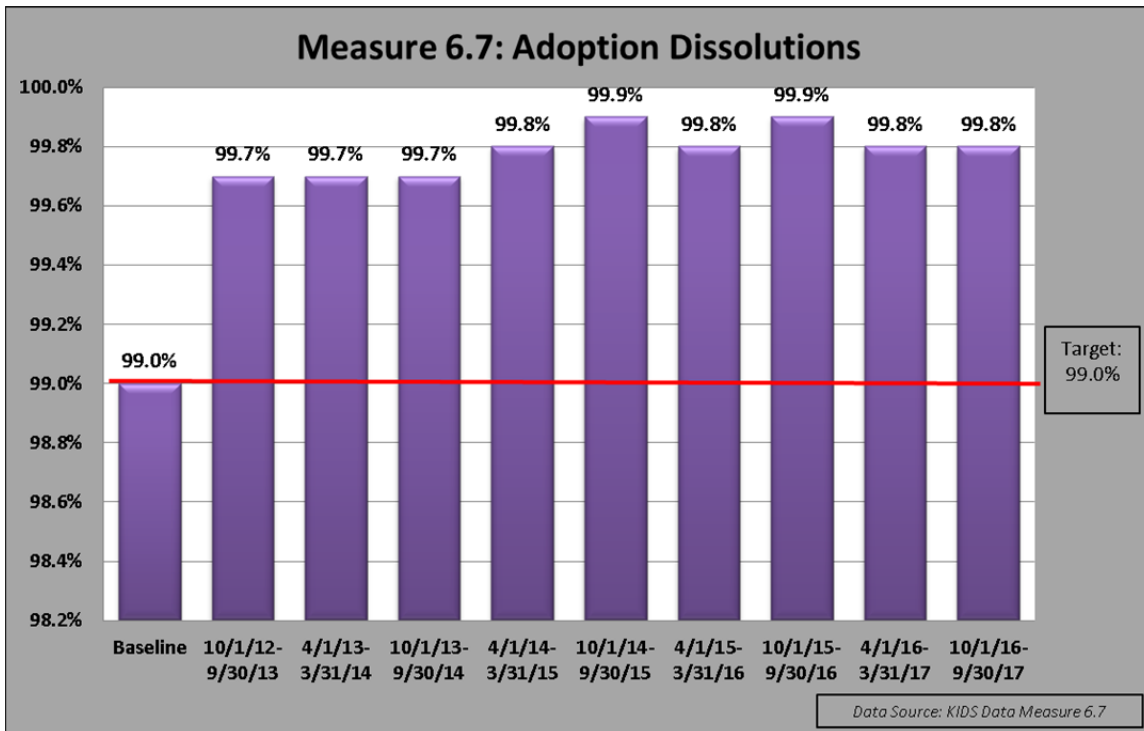
Numerator: All children who had a legalized adoption during the 24 months ending 9/30/2015 that did not dissolve in less than 24 months.

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%
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 3,655 children with a legalized adoption during the 24 months ending 9/30/15 and 3,647 or 99.8 percent of those adoptions did not dissolve within 24 months. During this reporting period, an additional 562 children had finalized adoptions. Eight children disrupted from six separate adoption finalization cases.

Post-Adoption Services provides a continuum of service to adoptive families by expanding behavioral health support. These services were enhanced through training obtained from the National Adoption Competency Mental Health Training Initiative (NTI). This training allows for exploration of resources with the adoptive family to further meet the

needs of their child(ren). Post-Adoption Services support to families helps maintain CWS' success in exceeding the 99.0 percent target rate after finalization.

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 SFY 18

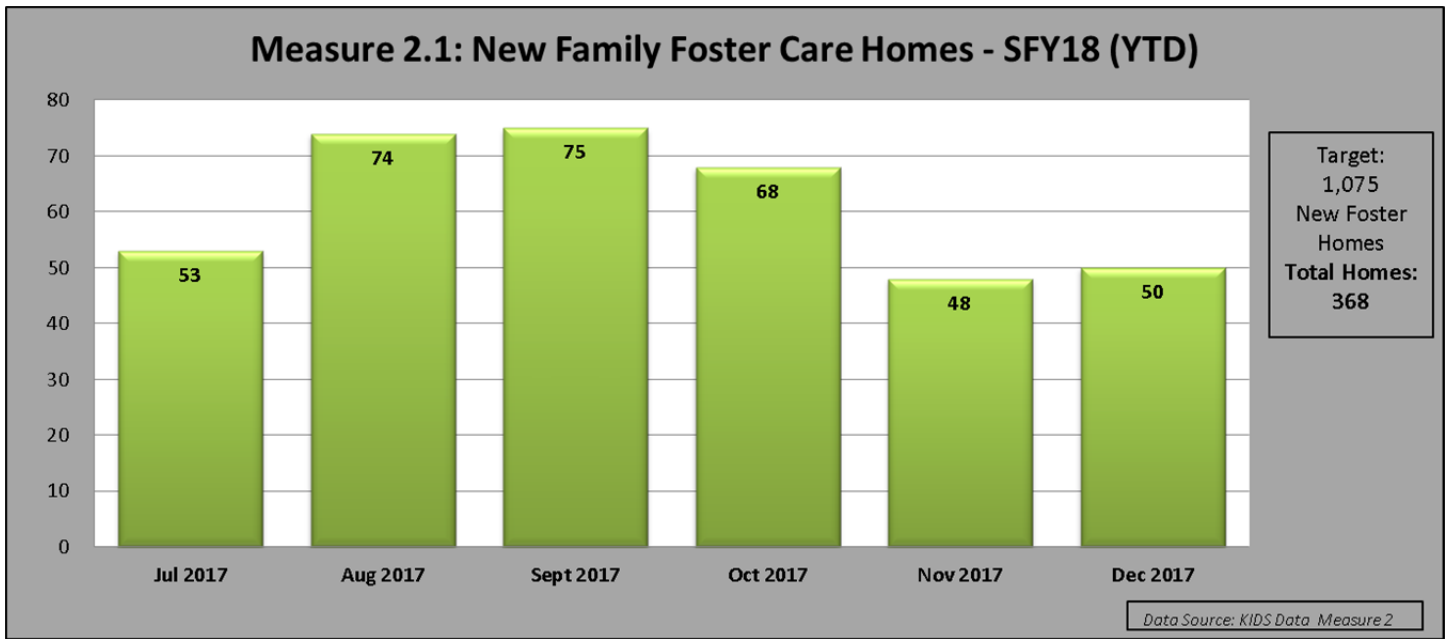
Data Source and Definitions

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 18 Baseline		2,139 Foster Homes open as of 7/1/2017	
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	368 Homes	368 Total Homes opened in SFY 18 (YTD)
Target		1,075 New Foster Homes opened by 6/30/2018	

Section 3, Table 2.1-1



Section 3, Graph 2.1-1

Commentary

As of 12/31/2017, Child Welfare Services (CWS) opened 368 CWS Foster Family Homes and Supported Foster Homes that were counted as new according to the Pinnacle Plan criteria. The target for new homes by the end of State Fiscal Year (SFY) 18 is 1,075 homes. As of 12/31/2017, CWS achieved 34.2 percent of the SFY 18 target for new homes. 2,139 homes were open as of 7/1/2017. During the first half of SFY 18, 448 homes were opened and 512 homes were closed, leaving 2,075 homes open as of 12/31/2017 for a net loss of 64 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.

Recruitment

CWS continues to evaluate reasons for lagging behind on recruitment goals during this fiscal year. Overall, five out of 15 Resource Family Partner (RFP) agencies are 40 percent or higher in meeting their recruitment goals. CWS plans to meet the second week of February 2018 with those agencies who are struggling in meeting their goal, to discuss barriers and review recruitment plans to ensure agencies are reaching their fullest potential.

CWS terminated the contract for one RFP agency with a recruitment goal of 52, due to low performance. CWS directly contracted with one of the RFP's subcontractors on 12/1/17. The subcontractor is performing extremely well, but continues to need support and guidance. Several of the RFP agency's other subcontractors began subcontracting under another resource family contractor to continue to provide foster care services. Programmatic delays are to be expected as they transition under their new contract.

Following the integration of Foster Care and Adoptions, each field manager was assigned a supervisory unit of CWS recruitment staff. Prior to this restructure, field managers did not have responsibility for both Foster Care and Adoption programs. Field managers are in a position to increase focus and accountability with these specialized units.

Foster Care and Adoptions leadership re-evaluated the leadership structure when two field administrators retired in the second quarter of SFY 18. A decision was made to reduce the layers of management, adding additional support and focus as well as streamlining communication by creating a deputy director position responsible for Foster Care and Adoption field staff. In addition, the determination was made to re-allocate the second vacated field administrator

position to a field manager position to oversee recruitment staff. Foster Care and Adoptions leadership anticipates that the increased management focus will positively impact recruitment efforts and outcomes.

To better serve children by increasing placement in kinship homes when possible, Actively Seeking Kin (ASK) moved forward with statewide implementation in September 2017. Training was provided to all field managers, recruitment supervisors, and recruitment staff during the months of August and September. The ASK referral process, assignments, and KIDS documentation was presented as well as training on intentional interviewing. Tools that were designed to assist with the intentional interviews were reviewed and provided to staff for use with families and children. Recruitment staff then trained local Child Protective Services (CPS)/Permanency Planning (PP) staff in the ASK process. In addition, a representative gave a brief overview of ASK at the quarterly supervisor meetings in each region to make them aware that ASK was rolling out. As of December 2017, over 100 ASK referrals were received by recruitment staff.

CWS Director sent out a statewide email in mid-December 2017 that outlined the expectation for CPS staff and Foster Care staff to work together to identify potential kinship placements for children in DHS custody. The **ASK Flow Chart** and **ASK Referral Sheet** were provided with the email. As CWS staff become more familiar with ASK, the expectation is that it will continue to gain momentum and more children will be placed safely in kinship settings. CWS is continuing to work with KIDS to enhance tracking efforts in order to determine the impact that ASK is having on placement with kin along with the identification of connections for children. CWS is also evaluating the current ASK process to determine how it may be impacting CWS recruiters' time and other recruitment activities.

CWS continues to assess the rate of home closures by reviewing the reasons for closure and working with staff to correctly identify and document closure reasons. KIDS staff now provides a second review each month to ensure, when possible, that the correct closure reason was identified. Additionally, the decision was made in November 2017 to begin conducting exit interviews with foster homes to identify more specific reasons for closures and ways to retain families in the future. During the months of November and December, 110 families were contacted. The feedback indicated that approximately 40 of the families should not have been on the contact list as they were either kinship only homes, or were currently open and foster parenting. Other data issues were identified and it was determined that gathering demographic information would be helpful as some of the interviews indicated follow-up with the families might be in order. No obvious trends were in the information obtained in these first two months as to reasons families were closing; however, the information did assist in cleaning up the data and in improving the process going forward. The exit interviews will continue with the hope of identifying changes or supports that can be put in place to assist with foster family retention.

Through the exit interviews, information was obtained indicating there may have been some instances in which communication between the assigned resource worker and family was not clear as to the home's closure. In some cases, the families pointed out they were requesting time to take a break, but were encouraged by their worker to close their resource home. To improve communication prior to a resource home closing, the assigned supervisor or field manager will contact the family to inquire about their experience fostering, and possible plans for future foster parenting. This call's intent will be to ensure clear communication, to resolve any issues when possible, and to thank the family for their service.

CWS has started to analyze data around foster home closures following child abuse or neglect referrals to better understand how this might impact a family's decision to continue fostering. Information obtained through the foster care ombudsman and from conversations with the Foster Care and Adoption Association of Oklahoma (FCAO) indicate families feel isolated and a lack of support when going through an investigation. In collaboration with FCAO, CWS is exploring ways to support families through that process, such as a peer-to-peer support model. CWS is also looking at the possibility of partnering with the Quality Parenting Initiative, which is a strategy to improve parenting through recruitment, support, and retention of excellent foster families.

Barriers

CWS recruitment staff continue to make weekly follow-up calls to families in the resource approval process. These calls are helpful in identifying barriers the family experienced and remedy those barriers as quickly as possible. The calls also provide an added benefit as the family reports feeling more supported by the worker and CWS. Bi-weekly calls between the Foster Care and Adoption management staff and RFP agencies offer another opportunity to identify trends or barriers and allow for discussion of potential new recruitment ideas. Currently, each field manager is responsible for a recruitment team dedicated to recruitment in the field manager's assigned area. A determination was made that it was not reasonable for each field manager to have a weekly call with each recruitment supervisor to go over the pipeline. The recruitment supervisors review each recruiter's log with the recruiter weekly and assist with any issues or barriers. The supervisor requests the field manager's assistance when needed to address identified issues or barriers, and also makes the field manager aware of any systemic trends. These calls continue to provide increased accountability for recruitment staff and RFP agencies to approve homes timely. The Foster Care and Adoptions Support Center staff continue to contact families in the approval process over 90 days to identify any possible barriers. Rather than any systemic barriers slowing down the approval process, the majority of the families report they voluntarily choose to move through the process at a slower pace. No other trends were identified through these calls and families are often complimentary toward staff and agencies.

Special Needs Recruitment

Currently, each Developmental Disabilities Services (DDS)/Recruitment team meets once a month to discuss the children approved by DDS for Specialized Foster Care (SFC) or Agency Companion (AC) homes under emergency criteria and to determine what type of home can best meet their needs. One of the goals for the specialized recruitment unit will be to continue efforts for targeted recruitment while taking a more global view on special needs placements to build capacity for high to low disability needs. Because of the budget situation and DDS waiting list, some children will not meet emergency Medicaid waiver service criteria, and thus cannot be served by a SFC or an AC home. A child must be approved for a waiver to be placed in an SFC or AC home. Efforts are being made to identify trainings and supports for families that would be recruited to provide care for a child that doesn't qualify for a waiver, but possesses needs which are greater than those typically addressed in traditional foster care settings.

Oklahoma Fosters, CWS, and DDS partnered to implement recruitment and marketing projects to help with public awareness of this special need. Efforts included the development of radio and TV commercials specific to this population. A newspaper article focused on the needs of the children at the Laura Dester Children's Center was also published in the Tulsa World newspaper. Efforts also included educating internal staff and external partners about the development of the new specialized recruitment team. This was an agenda item at two statewide recruitment events and several regional events. At this time, three of the five recruitment staff are hired and receiving cross-training with Foster Care and DDS. The two vacant positions are currently posted and will be hired and on boarded as soon as possible.

The new recruitment approach is a significant shift to more capacity building in tandem with wraparound community supports that will include extended training options for families. Children in care with disabilities are very need-diverse and CWS must build capacity for all ranges of special needs children. DDS noted their needs assessments show that many children could be stabilized with straightforward services like respite and personal care. These options are being pursued and analyzed for this upcoming year's budget request to the Legislature. Additionally, JD McCarty Center for Children with Disabilities (JDM) pledged to provide training to the new five-person unit on how to better equip families on the realities of care for children with special needs.

Oklahoma Fosters

Oklahoma Fosters set up a private Facebook group for all internal and external recruiters to share ideas and best practices as well as upcoming events and promotions. In addition, a calendar was created on the website where Oklahoma Department of Human Services (DHS) and agency staff can upload and list events for the public to view. Facebook, Twitter, and Instagram are also used to keep families, legislators, news outlets, and others informed about events and topics surrounding foster care.

Oklahoma Fosters curated a list of support groups throughout Oklahoma that meet regularly. This database will be available on the Oklahoma Fosters website separated by county to allow foster families to easily access support groups in their area. This database is also used to locate gaps in support group services and determine the need for groups in other areas.

September

- Oklahoma Fosters began holding coffee shop talks in eight areas of the state. The talks focus on bringing together internal and external recruiters, including the RFP agencies and tribes, to discuss recruitment-related topics and receive new recruitment materials. Additionally, Oklahoma Fosters holds a monthly ambassador meeting that includes a representative from each region, six private agencies, and one tribal recruiter to brainstorm best methods for collaboration on recruitment efforts.
- On 9/9/17, Governor Mary Fallin, hosted SeptemberFest, an event celebrating 110 years of statehood. Septemberfest was a free, family festival featuring crafts, music, storytelling, agricultural exhibits, face-painting, bouncy houses, and more. Many foster care agencies from throughout Oklahoma had tables under the Oklahoma Fosters tent, which allowed them to provide foster care information.
- The Oklahoma Fosters team held a luncheon on 9/25/17 to discuss the new CWS specialized unit tasked with recruitment for children who have special needs. The team invited CWS and DDS department heads to discuss how to better serve children who have an intellectually disability (ID)and/or developmental disability (DD), and how to recruit for specialized foster care. Sixty people attended the meeting and participated in brainstorming on how to fill the service gaps in the DHS system.
- The "I Belong" Project and Oklahoma Fosters partnered to attend a special screening of the movie, "Mully" on 9/21/17. "Mully," is about a Kenyan business man who has a heart for orphaned children and the sacrifices he made to change their lives. The film was screened 10/3/17-10/5/17, at theaters throughout Oklahoma as a foster care and adoption recruitment event. Oklahoma Fosters promoted the screenings on social media, as well as arranged for a recruiter to be on site at every theater to answer questions about foster care and adoption.
- On 9/29/17, Oklahoma Fosters hosted a free event at Chester's Party Barn and Farm in Piedmont for more than 500 individuals. Families in attendance participated in corn mazes, hayrides, petting zoos, and making s'mores. The event focused on foster families and educating other families in the community who were interested in learning more about foster care or how to support foster families.

October

- Oklahoma Fosters was approved as a Thunder partner. This partnership provides free tickets to Thunder games for Oklahoma Fosters families. The first tickets were for an October game.
- On 10/25/17, Oklahoma Fosters hosted the Statewide Foster Care Awareness Day with events taking place in all 77 counties. Partner agencies and internal recruiters used this day to spread awareness of the need for more foster families in the state as well as the organizational supports available to current foster families. Every event in Oklahoma was shared on Facebook and the Oklahoma Fosters website.
- An Affair of the Heart gave Oklahoma Fosters permission to distribute foster care recruitment materials to all attendees entering the event on 10/20/17–10/22/17. The event took place at the State Fair Park and had a projected attendance of 60,000.
- During the spring legislative session, Senator Stephanie Bice proposed a bill that allowed Oklahoma Fosters to have a customized license plate for the purposes of spreading awareness. Following the bill's passage, a license plate design was submitted and approved in October. Pre-orders began on 11/1/17. If 100 pre-orders are placed prior to 4/30/18, the plate will go into production.

December

- Foster families across the state were invited to come celebrate the holiday season at the Governor's Christmas Tree Lighting. An Oklahoma foster family who adopted a child with special needs was honored. The event included three agency partners. Oklahoma Fosters hosted two rooms for foster families that included art and

crafts with letters to Santa, letters to the troops, gingerbread cutouts and refreshments. Governor Fallin made a special appearance to thank foster families for their service to vulnerable children.

Ongoing

Oklahoma Fosters is collecting 104 success stories from internal and external partners to share on Facebook, Instagram, and Twitter with the hashtag #ADayInTheLife. The plan is to share two stories per week once a large number of stories are curated and is scheduled to begin in February 2018.

The Oklahoma Fosters team is establishing business partnerships throughout the state that will support foster families by offering discounts or other benefits. An initial welcome packet that includes a membership card and information will be provided to a foster family at the time of approval. Oklahoma Fosters continues to partner with the YMCA Alliance of Oklahoma. The YMCA applied for a grant through YMCA USA to further the partnership and add additional benefits for Oklahoma's foster families.

Oklahoma Fosters is cultivating a relationship with FCAO and identifying opportunities for partnership with the goal of recruiting and supporting foster families. Frontier City will host a Foster and Adoptive Family Appreciation Day on 5/19/18. Oklahoma Fosters, FCAO, and Frontier City will work together to recruit volunteers as well as spread awareness about the event. Tickets will include parking, admission, and an all you can eat buffet.

Oklahoma Fosters attended several meetings and events to network and support future partnerships, including:

- Peppers Ranch Christmas Dinner: attended and supported to highlight their work in 2017, and their upcoming expansion in 2018 with a community specifically equipped to support children with special needs;
- YWCA Conference: made new contacts while sharing information about both Oklahoma Fosters; and
- Child Protection Coalition Meeting: interacted with non-profits, community members, and DHS employees who serve Tulsa.

Lean Six Sigma Green Belt Project

A Lean Six Sigma Green Belt Project was initiated in January 2017 to review the current placement process in Region 3 and create solutions to identified inefficiencies. The process identified the root causes of the inefficiencies and potential solutions. The implementation phase began May 2017 and concluded October 2017. The following solutions were applied that resulted in a stable process for Region 3:

- vacancy report is updated timely and is utilized appropriately on a daily basis;
- unproductive conference calls that delayed placement of children for up to six hours were eliminated;
- a standard placement search notification was implemented that was well received by staff; and
- an electronic placement tracking method was executed. Post-results show placement of children in a foster home is taking less time from 6 hours 58 minutes to 3 hours 25 minutes, and time for field staff is more efficiently managed.

Communication and Supports

The collaboration between CWS and the faith community through the Care Portal continues to be successful. In September 2017, a two-step approval process was implemented by the Care Portal for all requests. From 7/1/17 to 12/31/17, 706 children benefited from requests that were met. The estimated value of these requests was almost \$54,000. The Care Portal is now active in the following counties: Stevens, Cherokee, Craig, Mayes, Nowata, Oklahoma, Rogers, Tulsa, Washington, and Delaware. The Care Portal site developed a map that allows viewers to see where services are in place, which is helpful in understanding coverage area for the Care Portal. CWS is in conversation with Care Portal's leadership on piloting an expansion to Tier 2 which includes volunteer services. This opportunity would allow volunteers to support foster families, support children in the system, and learn more about the needs. The hope is for this expansion to lead to more interest in fostering from their volunteers.

To improve communication and proactively resolve issues, a Foster Care program field representative (PFR) continues to monitor foster parent social media sites. When questions or concerns arise, the assigned PFR contacts the families and attempts to answer questions or assist with problem resolution. The PFR logs and tracks the questions and concerns to identify any trends or issues that need addressing, such as systemic problems or personnel issues. Overall, complaints from foster parents continue to be at a minimum over the past six months. The main complaints for the past six months were related to the reduction in foster care reimbursement due to state budget cuts.

To improve customer service and communication, each supervisor and field manager contact two open foster families from a random sample each month. Through the monthly customer service phone calls, information is gathered from foster parents that provides direct insight into the current service they receive from DHS or the RFP agency. A total of 248 surveys were completed for the months of July, August and October 2017. A survey was not completed in September 2017. Survey analysis indicated a consistent 90 percent or higher rating of excellent, good, or fair, as seen in the:

- ***Foster Care Customer Service Survey July 2017;***
- ***Foster Care Customer Service Survey August 2017;*** and
- ***Foster Care Customer Service Survey October 2017.***

No negative trends or concerns were identified during this survey period. For the past six months, the surveys have consistently shown that overall foster parents feel supported by foster care staff. CWS requested that this survey be discontinued since it hadn't revealed any new actionable results, in order to allow staff to focus efforts in other areas that need attention. The Foster Care Customer Service Surveys were discontinued in October 2017. As of November 2017, the foster home exit interviews previously mentioned in this report are used to capture CWS experiences from foster parents.

The large Foster Parent Support Workgroup has not met since April 2017 as most of the subgroups completed their assigned tasks. A PFR is working closely with DHS Communications and Design Services to create publications of previously completed projects, such as the Life Book Movement and child welfare worker roles. Foster Care and Adoptions leadership is currently exploring next steps as to needed supports for foster families and are working with the new president of the Oklahoma Foster Care and Adoption Association as well as other community partners to identify and increase these support efforts.

The National Resource Center for Youth Services (NRCYS) at the University of Oklahoma maintains coordination for the five CWS Family Support Network groups currently located in four regions. The original groups established in Sequoyah, Pottawatomie, and Tulsa Counties thrive under the NRCYS oversight and foster parents consistently provide positive feedback regarding the groups. A new group was added in Payne County in August 2017 and Logan County will hold their first group in January 2018. The average monthly attendance between the five active groups is 76 participants. NRCYS anticipates implementation of a Family Support Network group in Oklahoma and Cherokee Counties during the fourth quarter of SFY 18. Additional support groups are present in local communities statewide and are often attended by Foster Care and Adoptions staff to support the families.

As of October 2017, all five regions and all RFP agencies have access to the online pre-service training available through NRCYS. From July to December 2017, 556 participants enrolled in online training. 355 individuals completed the training, 95 withdrew, and 106 individuals are still in the process of completion. Feedback continues to be positive and families report that the training is interactive and useful.

Oklahoma's CWS joined The Center for Adoption Support and Education (CASE), the University of Maryland, the Children's Bureau, and seven other states to help pilot the National Adoption Competency Mental Health Training Initiative (NTI). Select Oklahoma staff began the process of completing the online training through the pilot in June 2017. Cohort leaders were assigned to oversee staff, provide assistance with questions, and ensure staff's timeliness in completion of the online training. By the end of December 2017, of 827 participants, 656 had completed the training.

The NTI statewide implementation team (SIT) continues to meet monthly and is currently working on sustainability and the rollout plan for behavioral health practitioners. NTI and DHS, funded by the Oklahoma Trauma Assessment and Service Center Collaborative are hosting a one-day Well-Being conference in Norman and Catoosa in February 2018. An introduction and launch of Oklahoma's pilot of the NTI Behavioral Health training will be included in the conference. CWS and other members of the SIT team identified behavioral health providers across the state to participate in the pilot of the behavioral health component that is scheduled to run from March through September 2018.

2.3: New Therapeutic Foster Care Homes

Operational Question

How many new Therapeutic Foster Care (TFC) homes were opened in SFY 18?

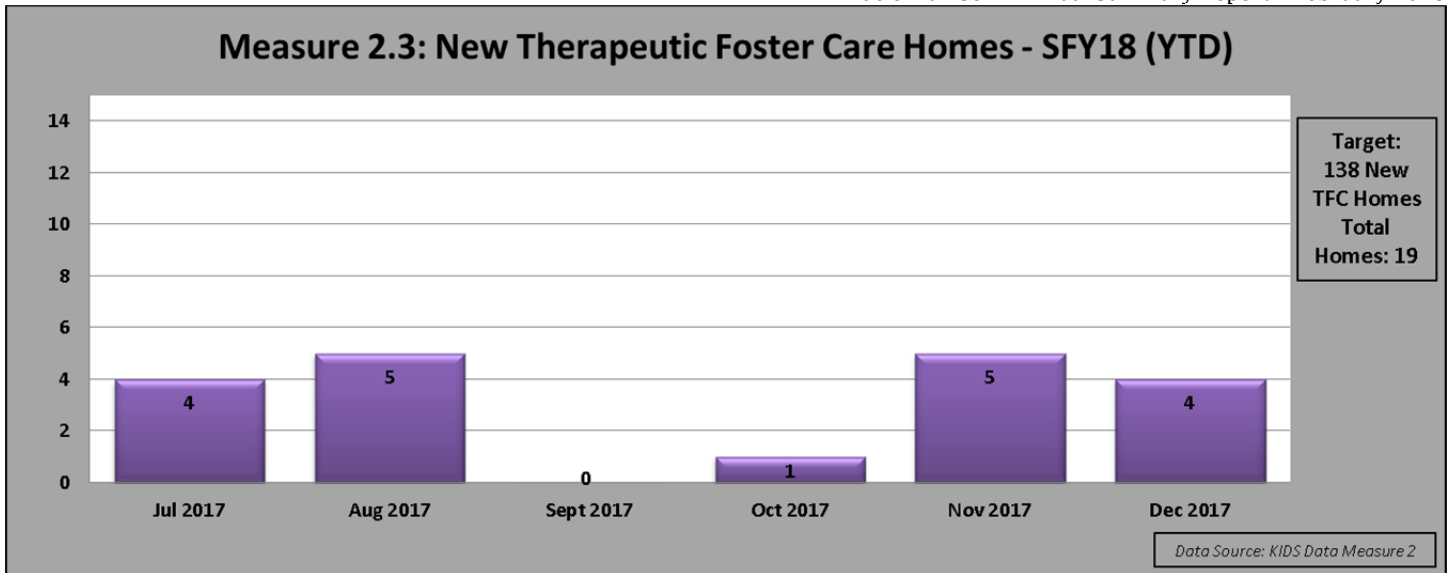
Data Source and Definitions

Total count of new Therapeutic Foster Homes includes all new TFC Homes, by month that they were opened using the agreed upon criteria.

Trends

Reporting Period	Population	Result	
SFY 18 Baseline		280 TFC homes open as of 7/1/2017	
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	19 TFC Homes	19 Total TFC Homes opened in SFY 18 (YTD)
Target		138 New TFC homes opened by 6/30/2018	

Section 3, Table 2.3-1



Section 3, Graph 2.3-1

Commentary

As of 7/1/2017, 280 Therapeutic Foster Care (TFC) homes were open statewide. During the first half of State Fiscal Year (SFY) 18, 30 TFC homes were opened and 85 TFC homes were closed, leaving 225 homes open as of 12/31/2017, for a net loss of 55 homes. The net gain only counts unique homes even though a resource family may provide more than one type of foster care. Of the 30 TFC homes that opened during SFY 18, 19 of these TFC homes met the criteria to be counted as new homes according to the Pinnacle Plan.

During this reporting period, CWS, in partnership with the TFC providers, began to implement additional activities that focus on the quality of care children receive when placed in a TFC resource home. Recruiting new families to the TFC program continues to be a challenge; TFC providers must take immediate action to meet the established target of 138 new TFC homes by 6/30/18.

Safety Enhancements and Maltreatment in Care (MIC)

During this reporting period, CWS has continued its heightened focus on MIC for children served in the TFC program. CWS recognizes these children are at an increased risk for MIC due to their heightened mental and behavioral health needs. Strategies include addressing all referrals made to the Child Abuse and Neglect Hotline regarding children placed in TFC resource homes, as well as not allowing new placements, over-placements, or use as a respite provider for another TFC resource home when a resource family has an open written plan of compliance (WPC) or development plan. Additionally, all WPCs and development plans must be staffed with the TFC field manager prior to making the home available again for the placement of new children. Beginning in January, the TFC provers are required to submit WPCs to the TFC program field manager for entry in KIDS. This new process also focused on the overutilization of TFC resource homes, which led to limiting the intake capacity to two TFC children in the home and requiring an approval from the TFC field manager to exceed the limit. This process has lessened overfilling TFC resources beyond their capacity, which minimizes the risk of an MIC episode.

Other strategies, many of which are referenced in the new performance-based contracts, began during this reporting period. These include the implementation of critical incident calls to address restraints used on children in TFC homes, as well as the preparation efforts for the use of the ChildStat peer learning modality to review cases in which substantiated MIC occurred. Overall, CWS has consistently seen a reduction in MIC within the TFC program during the last two reporting periods. The MIC data notes that measures taken to enhance safety practices within the program have had a positive impact, as fewer children are experiencing MIC while placed in a TFC home.

Restraint Elimination

Over the last year, CWS noticed that many children placed in TFC resource homes were frequently placed in physical restraints when their behaviors increased or they reached an escalated state. As of 1/1/17, all congregate care facilities caring for children in DHS custody were to have moved to the Managing Aggressive Behavior (MAB) model, which does not support the use of physical restraints. Currently, the restraints are issued occasionally by medical staff, school personnel, or child care providers, but most frequently they are conducted by the trained TFC resource family. Although the current TFC training model, Behavior Crisis Management Training (BCMT), allows for and even trains the TFC resource parents on the use of a physical restraint, it should only be reserved for use as an absolute last resort. To enhance the quality of care a child receives while in a TFC placement, TFC program staff, along with the TFC providers, is working together this year to phase out the use of restraints in TFC by SFY 19. The new training model selected for use within the TFC program beginning in SFY 19, does not allow for, or train in, the use of physical restraints.

As SFY 18 began, the TFC program staff began conducting conference calls known as critical incident reviews within 48-business hours of a child being placed in a restraint while in a TFC placement. These calls include the TFC program staff, the TFC provider agency, the TFC therapist, the TFC resource family, the assigned Permanency Planning worker, a mental health consultant, as well as staff from the MIC team. On this call, a format is used to discuss the specific restraint that occurred, circumstances leading up to the restraint, how each member of the team responded, and then an open discussion of different techniques and strategies that could be used the next time the child's behavior escalates. These calls have identified several areas where staff, therapists, and resource families need additional training on skill-based behavior modification and de-escalation approaches. Many times the restraint has become the last resort because the child was provoked or even escalated when attempting to utilize the therapeutic skills the caregiver was taught. Many times these restraints come out of situations where the caregiver was experiencing frustration, irritation, unreasonable expectations, or a desire to be in control. All parties are using this opportunity to learn from each one of these restraint experiences. The intended outcome is that over the course of the next nine months, children placed in TFC care will experience even fewer restraints as the team moves away from this instituted model.

A final effort to focus specifically on reducing MIC in the TFC program includes the adaptation and implementation of ChildStat, a peer learning model that combines detailed case examination partnered with data-driven elements as a way to review substantiated MIC in the TFC program. When the SFY 18 performance-based contracts were developed, the TFC providers desired a system where they could come together and learn from one another's positive and negative experiences in order to modify their agency practices to get better outcomes for the children they serve. CWS was seeking continued reduction of MIC, especially in TFC, so a hybrid was developed and CWS began an exploration of existing quality review models to bring to Oklahoma. CWS was introduced to the ChildStat model and had the opportunity to learn more about it from several professionals who were directly involved in the development and implementation of ChildStat in other areas of the country. CWS was able to learn the model's details, adapt the format to meet the desired local needs, maintain fidelity to the intended purpose, and begin preparation to use the model in Oklahoma. As this model is implemented, the long-term goal is to move from using it as a case review model to more of a proactive approach to quality work. The TFC field manager and the MIC Lead partnered together to conduct the first ChildStat Meeting in October 2017. The first meeting was successful and indicated that continued use of this model for all providers is productive for them to engage in more effective ways of caring for children with higher behavioral needs. Due to the reduction in MIC within the TFC program, no further ChildStat meetings occurred during this reporting period. In the upcoming reporting period, more meetings will be scheduled for review. Feedback gathered regarding the process found all the providers were highly encouraged and empowered as a group to take the information learned and equip their agencies and families with new, innovative tools, and resources to prevent MIC from occurring within their agency programs.

Child-Focused Needs Assessment - Application for Therapeutic Family Care

As the data indicates, enhancing the TFC application process has not only better identified children who have needs that meet TFC level of care, but has also reduced the length of time children are waiting for a placement into a TFC resource home. The weekly TFC waiting list call has likely had the greatest impact on the length of time a child is waiting to be

served in this level of care. These calls include all the TFC providers, along with the Permanency Planning staff for the child, discussing the child's needs and any barriers to placement. Vacancies within each TFC agency are discussed on the call and potential matches are identified.

Several months into implementation of the new process, the TFC program staff decided to conduct an internal review and modify some of the initial enhancements that were made to both the application and process to continue to improve the overall experience for all parties. This includes adding or deleting certain questions from the questionnaire, deciding how children in residential treatment centers should be handled with estimated discharge dates well beyond the initial approval certification for TFC, and reviewing the intake process to see how the TFC team can more efficiently reduce the interview turnaround time. Overall, streamlining this process has made system management much more effective, established expectations around placement needs, and helped identify areas where TFC resource families lack knowledge and skills around certain needs that are common in the children who meet the TFC criteria. The TFC program staff continues to make slight modifications to the application after full scale implementation has occurred when gaps in the process have been identified. An updated version of the enhanced application tool should be ready for implementation no later than March 2018.

Green Belt Project

CWS with the Annie E. Casey Foundation (AEC) explored alternative options for behavior management training programs that are highly utilized nationwide and proven to produce positive results for children in the TFC level of care. CWS conducted follow-up calls with the training program developers in August 2017 and selected a model for use within the TFC program. During this reporting period, CWS was able to narrow down a new pre-service behavior management training model, as well as ongoing in-service trainings that will be implemented for use during SFY 19. In the coming months, CWS will continue to work with the developers of these specialized trainings to create an implementation plan and determine the training project goals.

CWS began initial efforts with one specific TFC agency that was placed on a probationary contract at the beginning of SFY 18. The TFC provider selected for this process presented with substantial challenges within their organization that led to their selection to participate in this process improvement effort. A new TFC agency director was selected and came on board effective 10/1/17, this process will be fully implemented when the TFC agency believes their staffing capacity has increased and their agency is ready to take on a process improvement project. Since significant agency improvements were made during this reporting period, CWS offered this specific agency a continued contract through the end of the state fiscal year. CWS has provided a substantial amount of technical assistance to this specific TFC agency since 7/1/17 and continued to do so through December 2017.

Recruitment and Retention of TFC Resource Homes

Throughout the duration of the Oklahoma Pinnacle Plan, the TFC program has been challenged every year to increase the number of available TFC resources for placement of children in need of this level of care. Every year, the TFC program has fallen short of reaching the identified and agreed upon goal, which has ultimately reduced the number of children the TFC program can serve at any given time. The TFC provider agencies are given an annual goal to reach and to spend time, money, and effort on to increase their pool of available TFC resources. During this reporting period, the TFC providers continue to struggle with recruiting and retaining an adequate pool of TFC foster homes for children who are in need of this service. In December 2017, towards the end of this review period CWS committed to new enhanced strategies for the TFC program, specifically with a focus on expanding recruitment activities. Those activities will be reported on at the end of the next review period. In addition to this, work has begun to look at Oklahoma's overarching therapeutic model in order to determine how children with behavioral health needs are served outside of the TFC program. CWS engaged in a review of several cases that were served by Systems of Care (SOC) across Oklahoma. Within this review process, the frequency, duration, and quality of services were explored to determine whether or not CWS can look at expanding the definition of therapeutic care to include children being served through an SOC program in the state. A change in definition would be an opportunity to increase access to behavioral health services for those children experiencing placement disruption, thus assisting with improving placement stability. At the end of this review

period, that review was still underway. Since the last commentary was issued, CWS committed to a strategy under placement stability that is intended to increase access to SOC by children who are at risk of a placement disruption due to behavioral challenges. Although this is a strategy under placement stability, it is noted here as this strategy, in theory, will prevent the need for TFC level of care for some children allowing them to instead, stabilize in their current placement setting while preventing another move.

Although the overall new home recruitment and net gain goal has not yet been achieved, it should not be considered the sole indication of program success or failure. As in any major restructuring or renovation project, making changes in other program areas must occur prior to improving specific objectives, which can ultimately create more barriers in an already challenged system if not done in a meaningful way. As the TFC program enters into the second year of substantial programmatic changes, the key focus is on quality recruitment efforts that are occurring with each of the TFC provider agencies. With an established goal of 138 new TFC homes, with a net gain of 20 for SFY 18, the TFC providers have significant ground they need to cover to achieve this identified goal. As the data notes, only 19 new TFC homes were recruited during the first half of SFY 18. CWS is open to exploring alternative ways to enhance recruitment and retention efforts that compliment the direct work engaged in by the TFC providers. CWS, along with AEC, provided the TFC agency providers with many opportunities during the last year to engage in recruitment specific training to assist them in recruiting a full range of needed families, but the time may be now for CWS to step in and establish ways to supplement the TFC applicant pool. CWS will be actively working on establishing a strong recruitment strategy during the next reporting period, as well as adding programs staff to support recruitment efforts.

CWS has worked closely with the TFC provider agencies to help them develop specific efforts and activities to increase their pool of new TFC resources. Each agency has taken a different approach with a multitude of activities that work best for them. Some of the activities included setting up information booths at community events, getting more engaged with the Parent Teacher Association at the local schools to share information on foster care, as well as engaging with local businesses and restaurants to host support and information nights, specifically focusing on recruiting families for children from that community. Other agencies found that an increased use of mixed-media sources are assisting them in recruiting new TFC homes, as well as encouraging them to bring back families into their program that were previously TFC foster parents. These activities partnered with the work that CWS engaged in to develop and implement a specialized foster care recruitment program for children with special needs, and the many other activities hosted through the Oklahoma Fosters program during this last reporting period. These activities included, but were not limited to, Septemberfest, coffee shop talks, the Governor's tree lighting ceremony, and engagement in the Statewide Foster Care Awareness Day. Up to this point, CWS has never been responsible for specifically recruiting TFC resource families, since the work had always been done through a contractual relationship with the private TFC providers. During this next review period, CWS will be working alongside the private TFC providers to recruit families as TFC resource parents.

The number of TFC program staff will increase during the next reporting period, and include onboarding staff specifically dedicated to increasing recruitment within the TFC program. The recruitment process implemented by CWS staff will operate differently than traditional recruitment activities and will assist with increasing the overall number of TFC resources available across the state. CWS views this as an opportunity to better collaborate with the private TFC providers, while also executing an innovative approach to increasing resource availability. CWS continues to work towards building a strong placement continuum, where resource providers have the needed knowledge, skills, and abilities to care for children with higher level needs.

Also important to note is the current TFC measure as defined excludes new TFC resources that are converted from other types of resources. This means as traditional foster families or kinship foster families make the decision to convert their home to a TFC home providing TFC level of care to a child or children, those homes, although increasing the pool of TFC homes available, are not counted in the number of TFC homes recruited during any given month or year. CWS is currently in conversations with the Co-Neutrals about an allowance for counting at least some of these homes, assuming they meet certain criteria, because they do add to the overall number of TFC resources available to children who need them.

Performance-Based Contracts

The ChildStat meeting allows for an environment conducive to learning from one another's challenges and experiences and to making adjustments to policy, practices, or protocols that may be impeding child safety in TFC resources. When the same TFC agency provider receives a second substantiated finding, CWS places a hold on new placements into that specific agency while a full audit is completed. CWS reviews systemic challenges that may be occurring within the TFC agency to determine what structure, supports, or services may need to be modified. During this reporting period, only one TFC provider experienced a substantiated MIC finding; therefore, the process for a second substantiation has yet to occur.

After implementing this specific metric, the first half of SFY 18 has proven to be effective in reducing the number of moves children experience while in TFC, as very few sanctions have been issued since the onset of SFY 18.

CWS is seeing a great improvement in placement disruptions, as only a few TFC agencies experienced a small sanction, \$250-\$500, in the last six months. The TFC agencies' positive transitions have generally outweighed their negative disruptions. Over the next year, additional performance areas are being considered for changes to the SFY 19 contract. CWS will continue to explore these other performance options and determine the direction of implementation as different practice trends begin to emerge. The newly developed performance-based contracts remain in effect for eight TFC agency providers and in the coming months CWS will bring the TFC providers together to discuss additional performance metrics for the SFY 19 contracts.

90-Day Multi-Disciplinary Reviews

In lieu of full implementation, the TFC programs staff decided to conduct a pilot group working with one TFC agency on implementing a standardized process for these reviews that allows for more focus on the quality of care the children are receiving than tracking down staff for paperwork completion. Engagement with this pilot group has indicated that the 90-day review can be much more meaningful if designed in a strategic way. During the upcoming reporting period, TFC program staff is going to continue with the pilot project, but will also include a specific staff member assigned to focus solely on the quality of services children are receiving in TFC level of care. This position will partner with DHS' mental health consultants to explore the review from a more clinical perspective.

Other Program Improvement

Prior to last year, the TFC providers were minimally recruiting families and struggling to retain them due to poor practices, outdated skills to meet the children's needs, or ineffective policies. Many changes occurred during this last year and improvements are being made on a consistent basis. The ultimate goal is to continue to strengthen the TFC program's new direction and be able to bring on new families who are both willing and able to safely care for children in need of TFC care. Now that the TFC providers have a stable infrastructure to build on, the focus is on producing high-quality services for children and resource families with the support of the remaining TFC providers. When these two components finally come together, the recruitment pool should expand to meet the determined need.

As mentioned earlier, CWS explored and decided upon a new training model for the TFC program to be implemented during SFY 19. The TFC provider agencies were provided a variety of different opportunities to expand their knowledge and skill set during this last year. In June 2017, CWS and AEC presented an opportunity for the TFC agency providers to share in a peer exchange event. Two different TFC agencies from other areas of the country came to Oklahoma to share their insight on how their agencies operate and what makes them successful in what they do. Participation in this event was a great learning opportunity for the TFC agency providers to begin thinking about creative ways to enhance and develop their own programs going forward. Subsequently, the TFC providers were engaged in a second learning opportunity with AEC in September 2017. This included a formal presentation of two different practice modalities, Trauma Systems Therapy (TST) and Attachment, Regulation and Competency (ARC). Although not included in this presentation, many of the TFC providers are invested in the use of the Trust-Based Relational Intervention (TBRI) program and CWS will also support the use of this modality for ongoing in-service training. TST and ARC are available for

their use at no cost, provided through AEC, and many providers are already invested and trained on TBRI; therefore, each of the TFC providers will be required to use at least one of these modalities as the framework for their ongoing in-service trainings for TFC resource families in SFY 19.

To increase trauma-informed practice across the state within CWS, the OK-TASCC grant supported several TFC clinicians by funding and coordinating an opportunity to be trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in September 2017. These clinicians will now be required to see a set number of children in the TFC level of care and use this model to assist them with their identified treatment goals. CWS, in partnership with the Center for Adoption Support and Education (C.A.S.E.), was selected to be a pilot site to engage in the National Adoption Competency Mental Health Training Initiative (NTI) to build capacity of CW and mental health professionals to better understand and address the mental health needs of children moving towards permanency. All non-clinical TFC agency staff was required to participate in this extensive 20-hour online training model. This training program began in July 2017 and ended in December 2017.

The version slated for mental health professionals that the TFC clinicians will engage in will be implemented in the first quarter of 2018. CWS believes through all of these different training opportunities that were provided, the TFC providers should be well equipped to start developing high-quality programs and services where the outcomes for the children they serve should steadily improve. As noted before, the impact of these system changes will continually direct ongoing recruitment and retention efforts, as the TFC agencies become better equipped to prepare and support their resource families in innovative ways.

Ongoing Engagement and Workgroups

In the upcoming reporting period, CWS is going to engage with the TFC providers to develop a few key strategies that will begin to move recruitment forward in a different way than before.

Notice of Contract Cancellation

Two of the current contracted TFC providers gave notice to cancel their existing contract with CWS effective 10/31/17 and 11/30/17. The two agencies cite various reasons as to why they chose to end TFC operations and requesting early contract closure. CWS worked closely with both agencies to ensure a safe transition for the resource families and children involved. As of the end of this reporting period, the TFC program is effectively supporting eight contracted TFC providers. As the TFC program is beginning to right size based on the identified need, CWS is entertaining the thought of adding new TFC providers. Several TFC programs from around the country have contacted CWS to explore options of bringing their TFC program to Oklahoma. This may be a step towards changing up recruitment efforts as they have been seen thus far within the TFC program. CWS has conducted a few meetings with potential agencies to determine if their program models match with the desired goals and outcomes of the Oklahoma TFC program. As with implementation of any new program or initiative, the right timing is paramount. Therefore, until budget challenges in Oklahoma are settled, no formal decisions on adding new providers to the program will be made.

Overall, the TFC program continues to make great strides in improving safety outcomes for children in out-of-home care. With a reduction in MIC during this reporting period, CWS believes it is time to focus on the quality aspect of services children receive in TFC and will be putting options into place to address those challenges in the coming months. CWS seeks to implement several different recruitment strategies, as a way to begin supplementing the recruitment efforts completed by the TFC providers. CWS must focus on ensuring an increase in the number of available TFC homes occurs during this next reporting period, as the data indicates CWS is not currently on target to achieve the SFY 18 established goal.

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 will look 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 (DHS) began using the Y1768C 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.

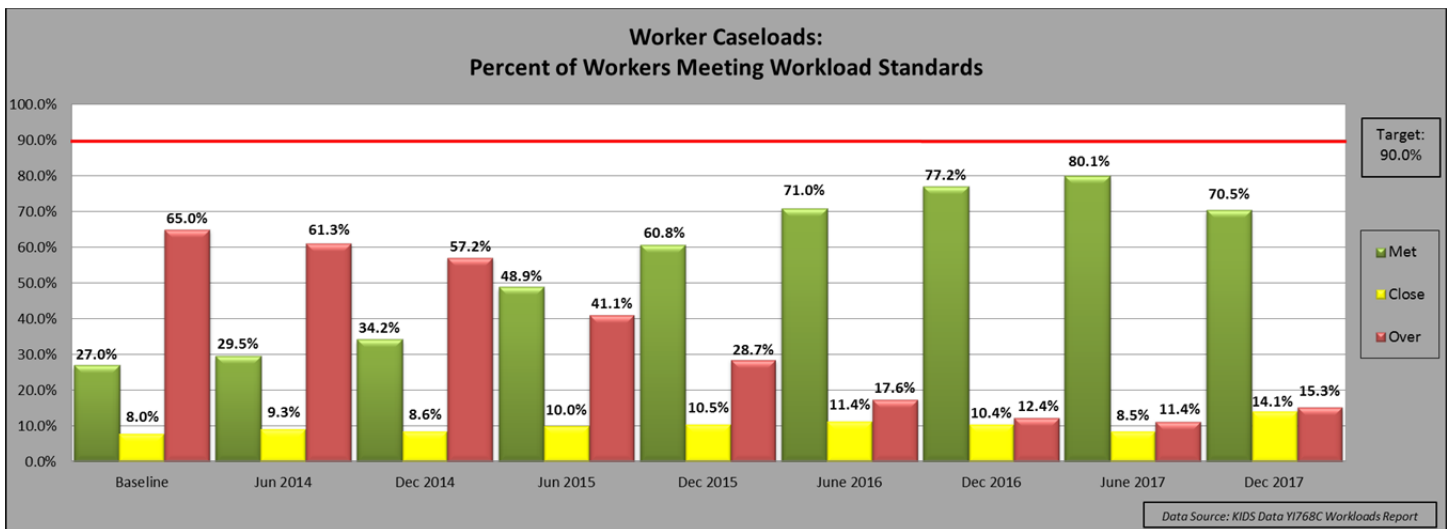
Numerator: Number of worker days where workers met the standard carrying a caseload of 100 percent or less of their calculated workload capacity.

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	1274 Workers	1651 Workers	77.2%

	Care, FCS, CPS, and PP			
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%
Target				90.0%

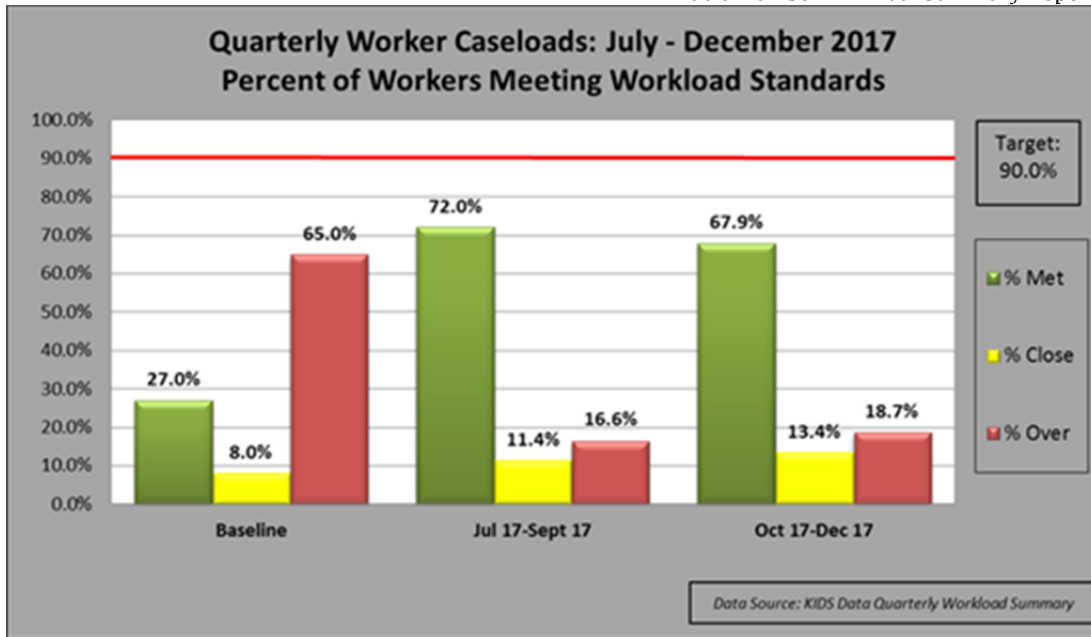
Section 3, Table 7.1-1



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 12/31/2017, using the point-in-time Y1768C Workload data report, the percentage of CW workers meeting the standard is 70.5 percent, with 14.1 percent close, and 15.3 percent over standard. Of the 1,555 workers, 1,097 workers were meeting workload standards, 220 workers were close, and 238 workers were over the standard.



Section 3, Graph 7.1-2

Quarterly Workload Standards Report October 1, 2017 - December 31, 2017				
Worker Type	Worker Days	% Met	% Close	% Over
ADOPTION SPECIALIST	4689	92.0%	4.9%	3.0%
FOSTER CARE SPECIALIST	18923	73.7%	17.6%	8.7%
COMPREHENSIVE	8844	74.1%	13.6%	12.3%
PERMANENCY PLANNING	61109	70.0%	13.3%	16.7%
FAMILY CENTERED SERVICES	6127	70.9%	16.5%	12.5%
CHILD PROTECTIVE SERVICES	36592	56.2%	11.6%	32.2%
RECRUITMENT	3446	96.3%	3.6%	.2%
ADOPTION TRANSITION SPECIALIST ATU	3265	38.1%	28.1%	33.8%
STATEWIDE TOTAL	142995	67.9%	13.4%	18.7%

Data Source: KIDS Data Quarterly Workload Summary Ending 12/31/17

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 will differ 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 September 1, 2017 through December 31, 2017, there were a total of 142,995 days worked during the period. Of those days, workers were meeting workload standards 67.9 percent of the worker days, workers were close to workload standards 13.4 percent of the worker days, and workers were over workload standards 18.7 percent of the worker days.

The last six months demonstrated some volatility in efforts to achieve workload standards. On 6/30/17, Child Welfare Services (CWS) ended with a new high of 80.1 percent meeting standards, but soon after began to fall. CWS immediately identified two factors as the etiology of the drop in meeting standards: (1) a significant increase in CPS

assignments, and (2) an increase in case worker turnover. Because these events occurred simultaneously, workload compliance fell and backlog increased.

CWS realized that quick action was necessary to correct the trajectory and recover from these stressors on the workforce. The purpose of workload standards is to spread the work among staff so that casework is more manageable and can be performed at a higher quality. In keeping with that purpose, CWS undertook several immediate actions. First, capacity among new workers was adjusted. Graduated caseload percentage was increased, allowing new workers to carry up to a 50 percent caseload while those workers with at least 6 months were allowed a 75 percent caseload. Tapping into this capacity had actually been recommended by field staff who had indicated the 25 percent caseload might not be rigorous enough for new workers, but who also noted the jump from 50 percent to 100 percent that occurs at 12 months was too steep. By adjusting graduated caseloads to 50/75/100 percent over the first year of employment, this strategy adjustment addressed the short-term capacity stressor, was responsive to staff, and was in keeping with the purpose and value of providing a manageable workload to achieve quality case work.

This added capacity also allowed CWS to focus on adjusting the workloads of those staff who were above 120 percent of workload standards, starting first with those whose caseloads were highest. These efforts resulted in a reduction of the number of staff with 200 percent caseloads and increased the number of staff who were in the 100-120 percent “close” category. Again, this change was in keeping with the purpose of spreading the work so that it is manageable by all staff. Once these changes were implemented, workload standards steadily increased ending this period at 70.5 percent. In addition, CWS allowed certain districts to temporarily use 120 percent as the benchmark for “meeting standards.” Although this isn’t truly meeting standards, it did set an expectation that caseloads remain as manageable as possible during the spike for districts not in position to handle the flux with the current capacity. CWS monitored the districts affected by the adjusted workloads for evidence of progress as well as negative effects of the adjustment and found that there was not a negative impact on turnover, and in fact, backlog decreased rather than continuing on the previous rapid upward trajectory.

CWS also tackled the rising backlog through approved overtime plans. By utilizing overtime, CWS increased work-hours by 15,746 hours over the six-month period. Knowing that a full-time CWS specialist spends on average 122 hours per month on working cases, the increase in hours represents the net effect of 21.5 additional staff's worth of capacity. This is significant as the increased capacity of overtime isn't captured, nor compensated for, in any of the compliance numbers, but represents a real increase in capacity.

Also, CWS was identifying additional opportunities to address those specific districts with chronic inability to hire staff, despite engagement with the previous hiring and retention strategies. District (D) 10 was previously managed as part of Region 1. That district faces unique challenges, as it has a very large land area, so shifting staff from other Region 1 counties is challenging. Much of the district is rural, which creates applicant pool challenges; however, the eastern portion of the county is adjacent to the larger cities of Tulsa and Bartlesville, and in fact, a portion of the Tulsa City limits is actually contained within D10. CWS is moving the management of D10 to Region 5, in an effort to provide more flexibility to hire and transfer staff from Tulsa to meet the D10's caseload needs.

A second approach undertaken is to focus Human Resources (HR) outreach and hiring activities on two specific cluster areas of the state that have ongoing hiring challenges. The targeted districts include D8, D10, and D14 in northeast Oklahoma, and D6, D20, and D21 in the southwest Oklahoma. Also, as part of strengthening retention efforts, CWS is working closely with HR around retention efforts, specifically troubleshooting at a leadership level when staff have indicated they are resigning. HR is immediately forwarding the resignation letters they receive to regional and district directors as an extra mechanism to ensure that problem-solving can be done with an employee prior to separation. Additionally, HR is creating a dashboard which will allow CWS to easily access information from exit interviews, which will be helpful in ongoing efforts to understand staff retention issues.

Additionally, long-term efforts to strengthen hiring and retention are also underway. In October 2017, Oklahoma was officially selected as one of eight jurisdictions from across the country to participate in the Quality Improvement Center for Workforce Development (QIC-WD). Over the next four years, the QIC-WD will conduct research and generate new knowledge around what strategies are most effective in improving workforce outcomes for CW systems. QIC-WD distributed both a readiness survey and a culture and climate survey to a cross section of the CWS workforce in November 2017. Over three days, at seven locations across the state, a total of 156 CW specialists and supervisors participated during one of 13 survey distribution sessions. Another 35 CW specialists and supervisors completed the surveys electronically. The pilot period will take place over the course of calendar year 2018. A QIC Steering Committee was selected with representatives from various stakeholder groups including CWS programs, CW field staff, DHS Human Resources, and external partners. The survey responses from the November distribution effort will be used to guide the QIC Steering Committee team as they move forward with selection of a workforce intervention and pilot location in the state. The Steering Committee is scheduled to meet on 1/22/18 in Norman.

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 being 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, and Permanency Planning.

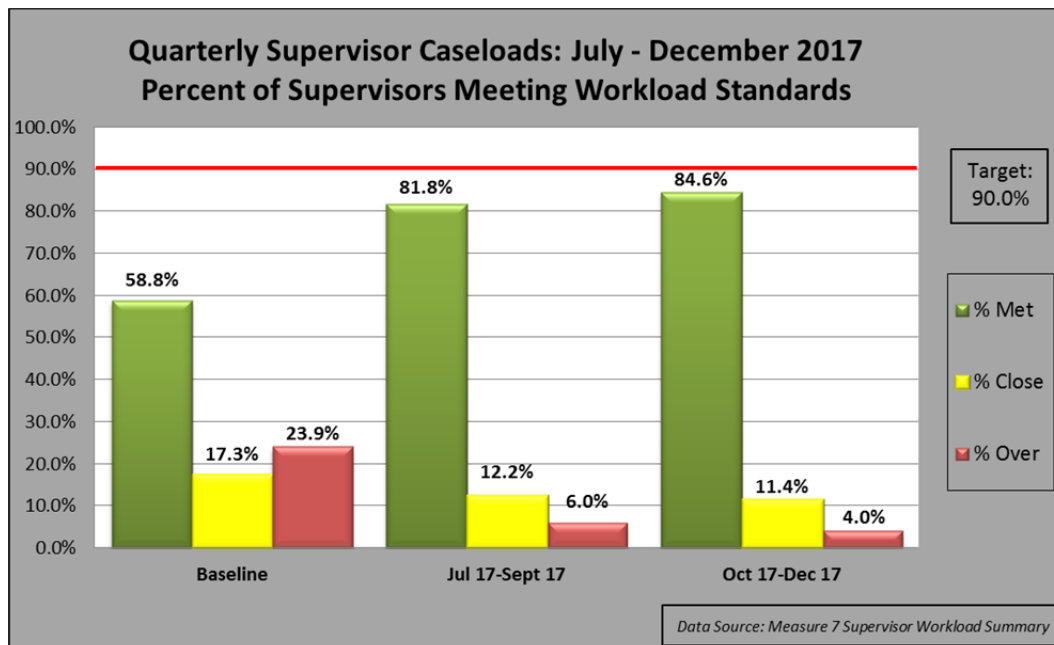
Numerator: All current supervisors with a combined workload of 100 percent or less.

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%
Target				90.0%

Section 3, Table 7.1-3



Section 3, Graph 7.1-3

Commentary

For the current quarter, there are a total of 377 supervisor units, which are comprised of 1,693 CW specialist I, II, and III's. This calculates to a statewide worker to supervisor ratio of 4.49. As of 12/31/2017, 319 supervisors met the workload standard, 43 supervisors were close to meeting the standard, and 15 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. There were 76 supervisors with at least one assignment on his or her caseload and 21 of those supervisors had more than two assignmentsⁱ. Since the last reporting on 6/30/17, the percentage of supervisors meeting standard increased by 1.1 percent.

ⁱ Due to the recent backlog reduction plan, the number of supervisors carrying at least one assignment increased. These supervisors are assisting with backlog outside the scope of their normal supervisory duties and are being compensated for the extra duties completed outside normal work hours. Of the 76 supervisors carrying at least one assignment, 53 supervisors were carrying a backlog CPS investigation.