

Oklahoma
Department
of Human
Services
2015
Annual
Report

MISSION

We improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent and productive lives.

VALUES

- Compassion
- Respect
- Safety
- Quality
- Innovation

CONTENTS

- 6** Adult and Family Services
- 16** Adult Protective Services
- 22** Aging Services
- 32** Child Care Services
- 42** Child Support Services
- 56** Child Welfare Services
- 64** Developmental Disabilities Services
- 72** Office of Inspector General
- 76** Accountability

VISION

DHS provides help and offers hope to vulnerable Oklahomans through stronger practices, involved communities and a caring and engaged workforce.

STORIES

- 38** Boys Ranch Town
- 52** Bobby Jacks' Story
- 60** Susan Oliver's Story
- 68** Lisa Houston's Story

LETTER FROM THE DIRECTOR

With new challenges for the Oklahoma Department of Human Services seemingly lying in wait around every corner, it is easy to lapse into the feeling that to stop the carousel to look backward over what has already occurred is a wasted exercise. It's always "full speed ahead" at DHS — so much to do, no way to slow down.

But not looking back is not what we should do. It is important for us to pause and reflect on our accomplishments, our "let's-do-better-next-times," and our ongoing plans for the future. We should recognize and celebrate our achievements — of our agency collectively, and of the individuals who made profound differences in the lives of fellow Oklahomans or who significantly contributed to our organizational effectiveness. We should be learning from our mistakes, measuring our efforts, and adjusting our plans and strategies accordingly. We should be striving to be "quicker on our feet" and ever more efficient in facing up to those many challenges and new opportunities. That's the essence of continuous improvement — a fundamental value of DHS.

So let's pause and take that look back through state fiscal year 2015 (SFY 2015). Evidence of our progress and positive impacts on those we serve are documented throughout this report, so I will simply highlight a few noteworthy points here.

Early in SFY 2015, it became apparent that absent additional legislative appropriations, we would experience a budget shortfall by the start of the following fiscal year (July 2015). The cumulative effects of increasing operational costs, primarily from several years of caseload growth in child welfare and the significantly diminished federal share of Medicaid program costs, had taken their toll. As the year progressed, the state's overall budget problems worsened, dashing hopes for additional financial support, other than for child welfare's Pinnacle Plan obligations. The end result was a \$42 million (state dollar) gap in our budget we had to address. Through careful and extensive planning, we brought our budget into balance, reducing nonessential and administrative expenses significantly while protecting continuing services to clients. Almost every section of DHS did "give at the office" to achieve that goal.

Set in motion by the final directive of the department's former Human Services Commission on Nov. 1, 2012, the Developmental Disabilities Services' (DDS) residential resource centers in Enid (NORCE) and Pauls Valley (SORC) were closed to all residents on Nov. 18, 2014, and July 10, 2015, respectively. The majority of former residents were placed in community settings chosen by their parents or guardians. This historic accomplishment was the result of the tremendous combined work of the entire DDS division, the provider community and our Office of Client Advocacy

Child Welfare Services (CWS) continues to be similarly engaged in its system improvement work through the Pinnacle Plan. Implementation of key initiatives during the first year of the plan (SFY 2013 and into SFY 2014) was made more difficult by the precipitous growth in the number of children in custody, which has adversely impacted workloads, resource home needs and efforts to more rapidly reduce the use of shelters. Despite those hurdles, dramatic progress has been made in reducing shelter stays, particularly for the youngest children, reducing child protection investigative backlogs, and in adding front-line CWS workers to begin bringing workloads to more manageable levels. In January 2015, we announced we would be closing the two DHS-operated shelters in Oklahoma City and Tulsa, with target dates of October 2015 and January 2016, respectively. (The OKC shelter was officially closed Nov. 18.) In addition, CWS completed a record number of adoptions — 2,186 children gained permanency, almost 800 more than the average for the previous nine years!

But the real story about DHS emerges year after year in the same way — from the dedicated, energetic and tireless work of our employees. Here are just a few more of those stories:



- The Adult and Family Services administrative technician who took charge in seizing an opportunity to secure an on-the-spot, right-off-the-truck donation of eight pallets of juice for community distribution.
- The Adult Protective Services specialist who gained the trust of a client who has dementia, is from another country and was literally all alone — no family or friends to help her. Our specialist engaged some skeptical community providers to provide basic supports, and then found a nursing home that also served others from the client’s country of origin.
- The Aging Services health care management nurse who arranged temporary housing and other basic necessities and expedited *ADvantage* program services for a 37-week-pregnant client who had been living in a local park.
- The Office of Client Advocacy social services inspector whose persistent, strong advocacy resulted in the successful inclusion of a child with serious intellectual disabilities in the public school system.
- The 268 employees from all across DHS who have stepped forward to serve as foster or adoptive homes.



These examples of service and commitment to vulnerable Oklahomans are all the more remarkable because they aren’t remarkable. Similar results are achieved every day by DHS employees who seldom receive sufficient attention and thanks for the difference they make. Our employees deserve our appreciation and strong support in order for us to accomplish even more in the coming year.

Ed Lake

Adult and Family Services

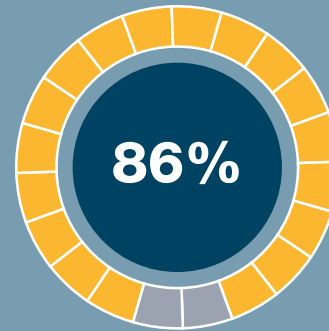
Adult and Family Services (AFS) staff administers state and federal social safety net programs designed to assist low-income Oklahomans with meeting their most basic needs and improving their quality of life.

AFS programs include:

- Child Care Subsidy
- Low Income Home Energy Assistance Program (LIHEAP)
- SoonerCare (Medicaid) eligibility for the aged, blind and disabled population
- State Supplemental Payment (SSP)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)



2,409 adults participated in the Temporary Assistance for Needy Families (TANF) program on average each month.



of TANF recipients who found employment remained employed for at least six months.

\$850 million

worth of food items were purchased through SNAP in SFY 2015 at 3,029 retail grocery outlets including farmers markets.

867,968 OKLAHOMANS

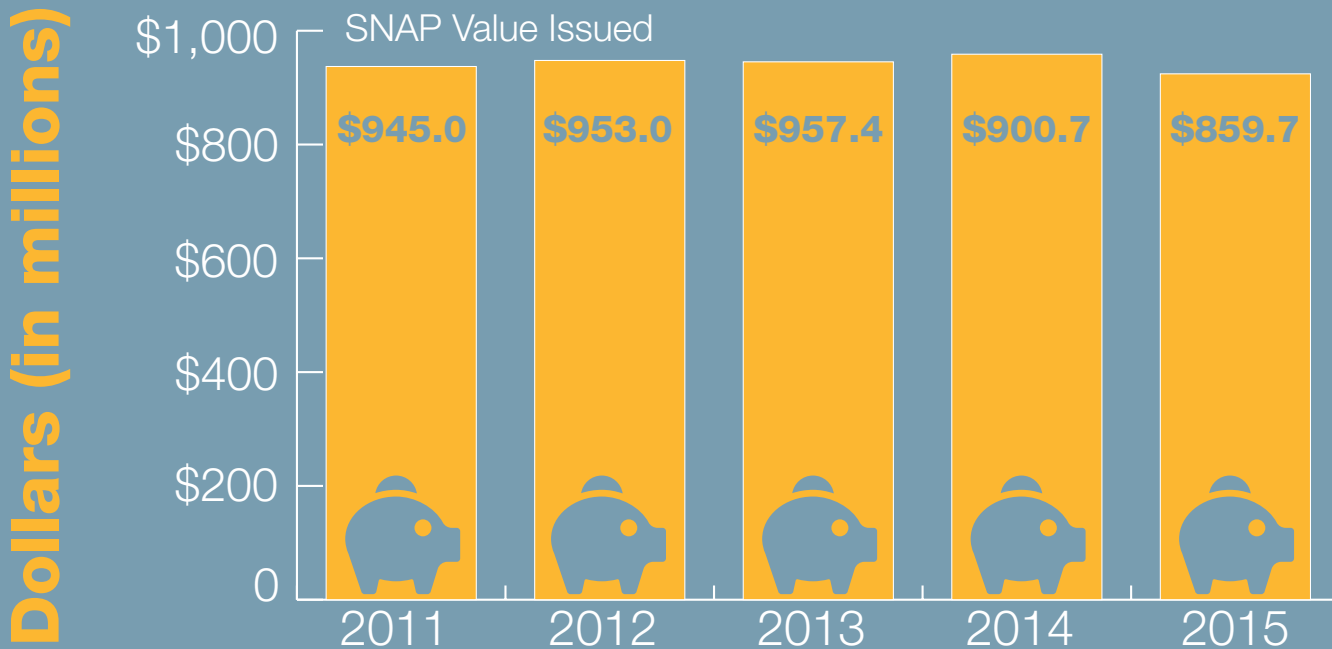
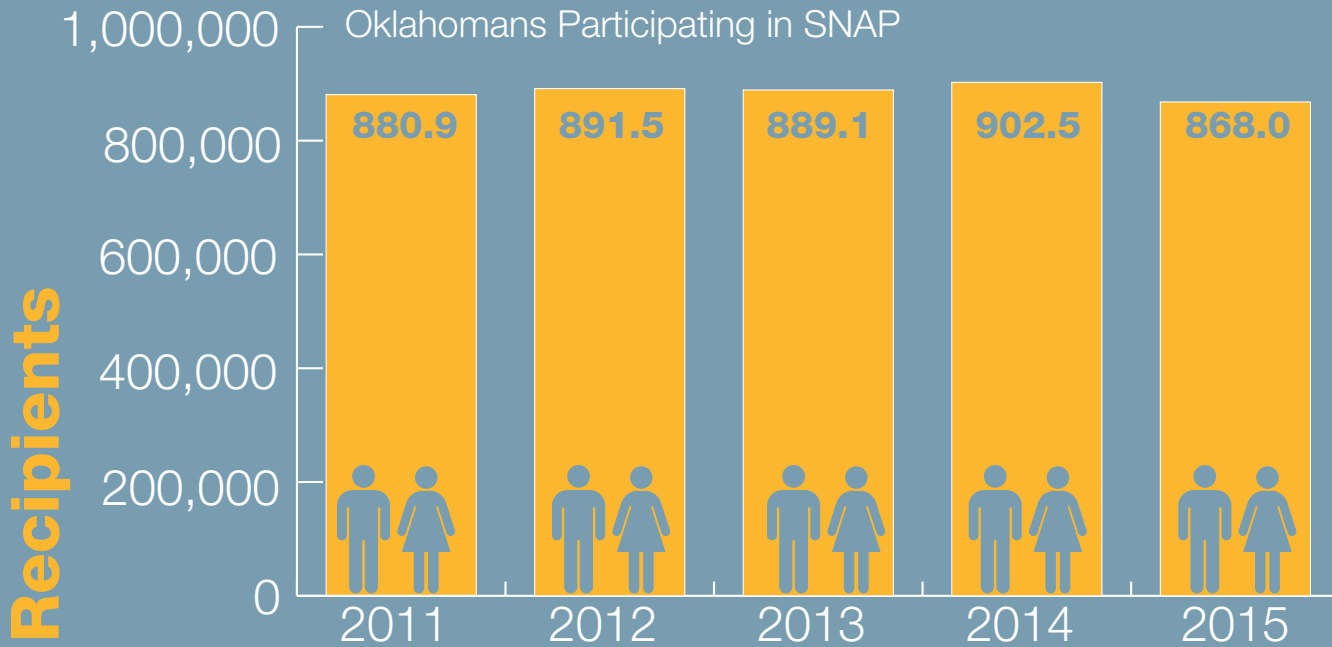
386,974 FAMILIES

received access to food and nutrition through the Supplemental Nutrition Assistance Program (SNAP).

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SNAP is a 100 percent federally funded program that helps low-income individuals and families improve access to nutritious food. The average benefit is \$3.91 per person per day or \$1.30 per meal. Participants use an Access Oklahoma electronic benefits card, similar to a debit card, which is accepted at 3,029 retail grocery outlets, including farmers markets. Altogether, 386,974 Oklahoma families participated in the program in 2015 — almost 12,000 less than in the previous year. In 2015, DHS distributed \$859,698,221 in food benefits — a decrease over the previous year.

AFS continues to partner with DHS Aging Services, the Office of Community and Faith Engagement, and outside organizations to expand the use of SNAP food benefits at farmers markets across Oklahoma. This effort includes helping more farmers markets obtain federal approval to accept food benefits and educating low-income families on the health benefits of eating fresh foods and vegetables. As additional farmers markets are approved to accept SNAP food benefits, more low-income families will be able to purchase community-grown produce using their food benefits.



QUALITY, AFFORDABLE HEALTH CARE

In SFY 2015, SoonerCare (Medicaid) provided health care coverage to 995,452 Oklahomans. DHS determines eligibility for health care services to individuals who meet income and health-related criteria. The Oklahoma Health Care Authority administers the SoonerCare program in Oklahoma, while DHS staff determines eligibility for individuals in the aged, blind and disabled population.

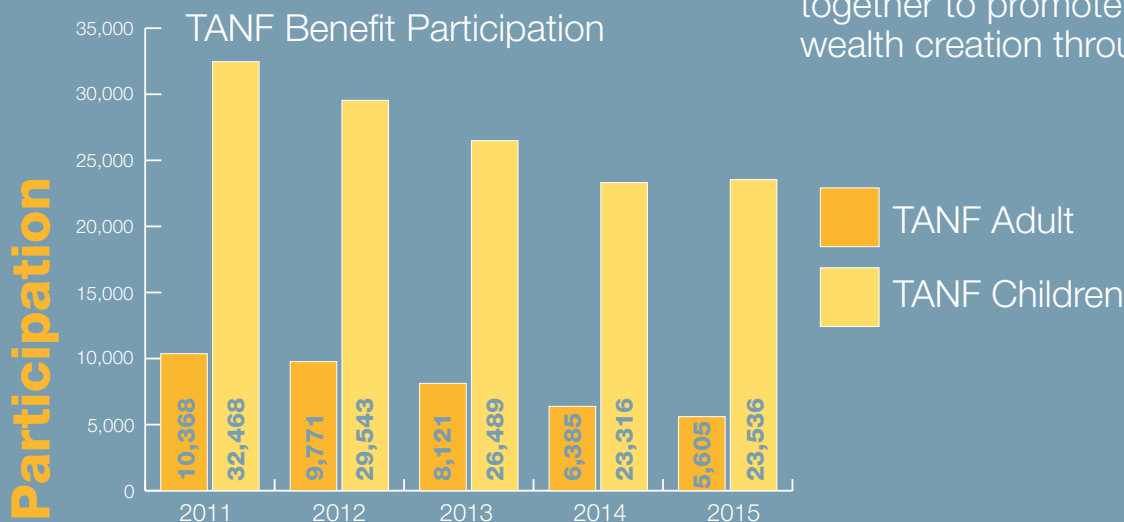
The State Supplemental Payment program is a state-funded, federally mandated program administered by DHS for low-income individuals who receive SoonerCare (Medicaid) benefits. This program provides a small amount of cash assistance to eligible individuals. In addition to meeting specific income and resource standards, the individual must be blind or disabled according to Social Security Administration guidelines or be 65 years of age or older.

SoonerCare (Medicaid) is the largest payer of nursing home level of care in Oklahoma. DHS staff determines financial eligibility for both the *ADvantage* program and nursing home services. To expedite processing of nursing home assistance across the state, AFS partnered with the Oklahoma Association of Health Care Professionals. Nursing home owners provide regular feedback aimed at improved communication with AFS staff during the financial eligibility process.

JOB TRAINING AND EDUCATION SERVICES

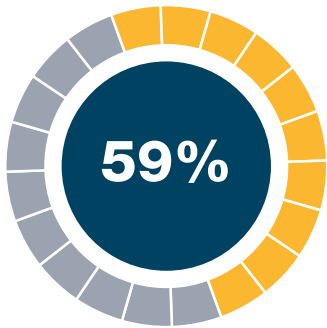
AFS job training and education services have helped many Oklahoma families become more economically independent. The Temporary Assistance for Needy Families (TANF) program provides parents with cash assistance and employment services to help recover and sustain their families' economic self-sufficiency. Families may also receive services such as relationship skills training, financial planning, parenting skills and after-school mentoring programs for children.

DHS collaborates with a network of other state agency partners statewide to collectively address the community's workforce development needs. This effort allows DHS to identify and promote regional employment initiatives to help our clients and customers increase self-sufficiency and achieve sustained economic prosperity by being able to access services from other agencies and partners with a one-stop approach. Each county office developed a process to make referrals and assist DHS clients who can benefit from the workforce system by connecting them to employment opportunities through www.OKJobMatch.com. The certified system is designed to bring businesses, job seekers and service providers together to promote full employment and wealth creation throughout the state.



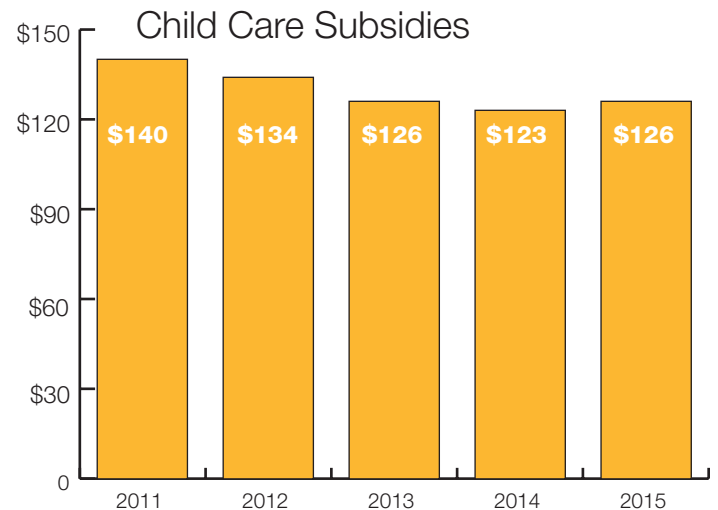
CHILD CARE ASSISTANCE

DHS subsidizes the cost of child care to allow low-income parents to work and/or complete their education or training while their children attend quality child care programs. Child care subsidy applications are processed within two business days to ensure parents don't lose their employment or training/education activities. Prompt processing helps maintain good working relationships with child care providers. Child care subsidy is also provided to help prevent neglect, abuse or exploitation of children. Only licensed and contracted child care homes and centers are eligible to receive child care subsidy payments.



of licensed child care providers in Oklahoma are providing care for families receiving child care subsidies.

Expenditures (in millions)



COMMUNITY ENGAGEMENT AND OUTREACH

AFS is in its fourth year of a community engagement and outreach project utilizing the “Bridges Out of Poverty” curriculum and strategies. DHS works with the Salvation Army and a number of community partners to spark dialogue about the issues faced by individuals living in poverty. A one-day, formal training session is conducted for local community partners and DHS staff. Following the training, participants form a local “Bridges Task Force” and begin the work of coordinating “Getting Ahead in a Just-Gettin’-By World” classes for individuals living in poverty to explore the barriers they face in trying to achieve stability. This effort improves the community’s ability to help its own individuals and families build resources and address poverty for future generations. The following cities have launched Bridges Out of Poverty Initiatives: Elk City, Enid, Grove, Lawton, McAlester, Muskogee, Norman, Oklahoma City, Ponca City, Sayer, Shawnee, Stillwater, Tulsa and Woodward.

CONTINUOUS PROCESS IMPROVEMENT

AFS actively uses the Lean Six Sigma (LSS) process analysis methodology as the foundation for continuous quality improvement. Over 500 employees have received some level of LSS training and the division has committed to participation in every Green Belt training class offered to DHS staff. Statewide, regional and county process improvement projects focus on case management, customer service, service delivery and eligibility determination.

During 2015, AFS developed and implemented a Collaborative Coaching initiative to enhance supervisory skills to help recognize staff challenges and develop strengths by observing work and working together on improvements.

In addition, AFS launched an online monthly newsletter, standardized additional operating procedures across offices, and developed new status reports to enhance internal communication with staff.

AFS developed and introduced Quest, a new online training resource for staff, in July 2015. Quest is designed to be the definitive staff destination for on-demand AFS information and education. There is also an effort underway to provide easier-to-understand policy and instructions in plain language.

AFS received a grant from the USDA Food and Nutrition Service in 2014 to be used to add additional technical capability to the Supplemental Nutrition Assistance Program eligibility process as well as other programs to improve outcomes for clients. This continuing effort and others promises more consistent and responsive practices for both clients and staff.

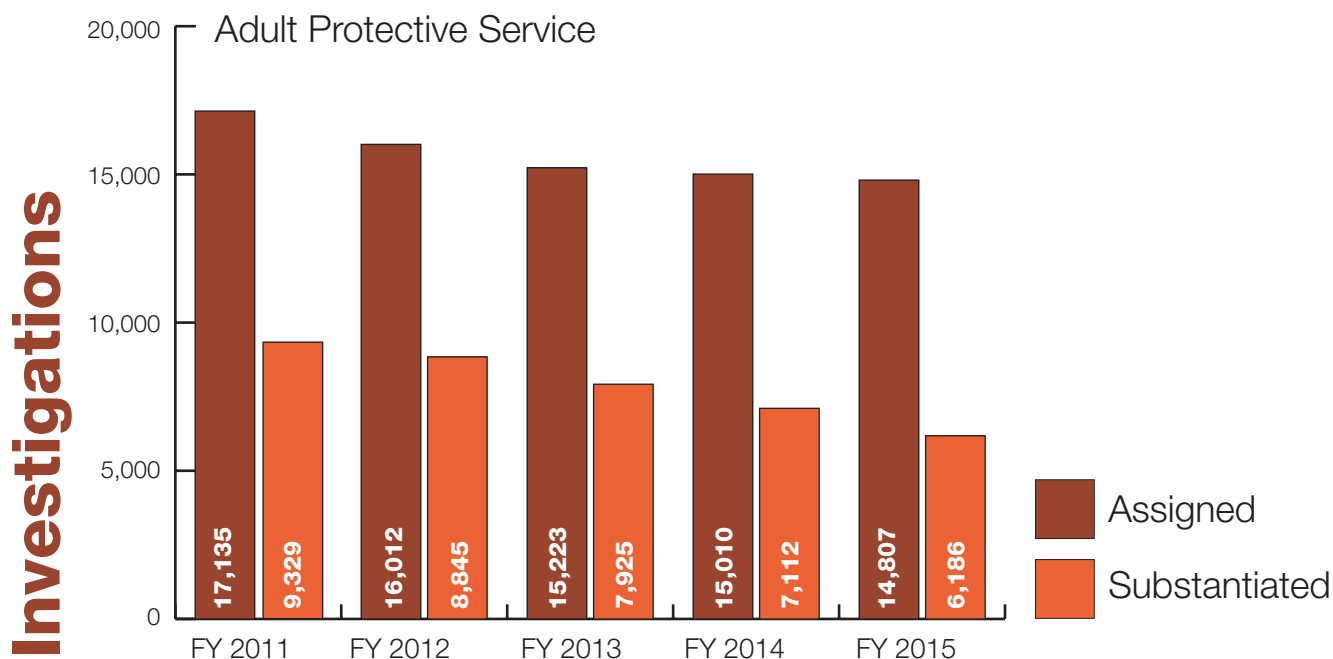
WORKLOAD STUDY

AFS began a workload study in partnership with the University of Oklahoma (OU) in January 2014. With data collection completed in November 2014, it concentrated on the case-related work of AFS workers. The primary goal of the study was to develop a model and tool for AFS staffing and workload distribution. The ultimate product of the workload study is a mathematical model that may be used by AFS to effectively distribute work, make staffing distribution decisions, and estimate the impact of future process and policy changes to forecast future workload trends.



Adult Protective Services

Each year, thousands of Oklahoma adults suffer from abuse, neglect and exploitation. Many victims are elderly, frail and vulnerable, cannot help themselves, and depend upon others to meet their basic needs. Adult Protective Services (APS) provides vulnerable adults protection from abuse, neglect or exploitation, and offers skills, personal hygiene, and adequate food, shelter and protection. APS also provides homeless and emergency services, and AIDS case coordination and information services.



6,186 vulnerable adults were confirmed to have experienced abuse, neglect, exploitation or self-neglect in SFY 2015.

19,848 reports of possible abuse, neglect or exploitation were received in SFY 2015.

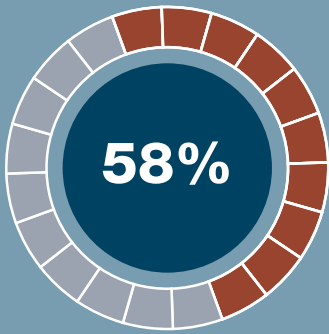
14,807 investigations were conducted in SFY 2015.

INVOLUNTARY SERVICES

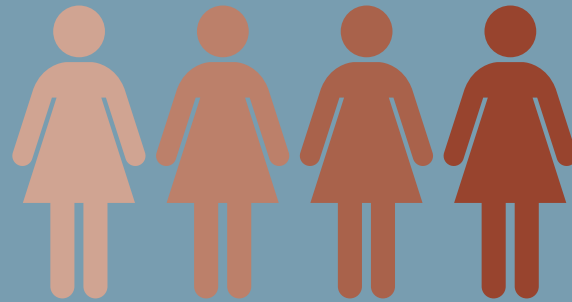
APS helps vulnerable Oklahomans ages 18 and older, and their caretakers, find and obtain services. APS specialists provided voluntary services in 95 percent of the investigations and, when ordered by a court, involuntary services through guardianship were provided to the other 5 percent. This is an increase from SFY 2014, when involuntary services through guardianship were provided in 4 percent of the investigations. Involuntary services may only be provided for vulnerable adults who are determined to lack decision-making abilities, refuse services, or are in situations where death or serious physical harm is likely to occur. Decision-making abilities are determined with each contact between an APS specialist and the vulnerable adult. Vulnerable adults were determined to retain decision-making capabilities in 44 percent of completed investigations. This represents a 7 percent decrease of persons determined to have capacity to consent to services.

OKLAHOMA'S VULNERABLE ADULT DEMOGRAPHICS

Vulnerable adults have multiple types of conditions that increase their risk for abuse, neglect or exploitation. The risk of maltreatment increases with the increased dependency on others for daily living needs. The types of vulnerabilities have remained constant, and the most common are chronic health problems (24 percent), impairment in instrumental daily living activities (16 percent), mobility or dexterity problems (13 percent), impairment in daily living activities (14 percent), mental illness (9 percent), and dementia or related conditions (8 percent). Other vulnerabilities, which are less than 5 percent each, are susceptibility to undue influence, acute temporary health problems, substance abuse problems, mental illness and intellectual disability, communication problems, terminal health problems, and traumatic brain injuries.



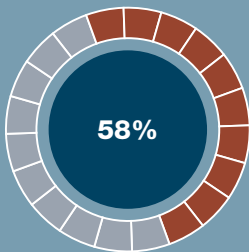
vulnerable adults served in SFY 2015 were 60 years of age and older.



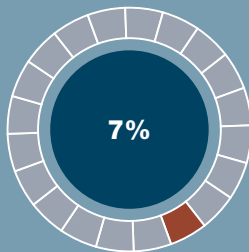
The majority (60 percent) were female.

Ethnic distribution

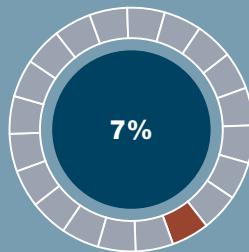
has remained nearly constant for the last five years. In FY 2015:



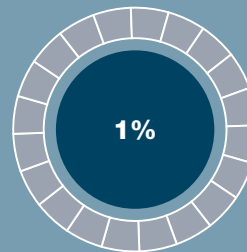
White Adults



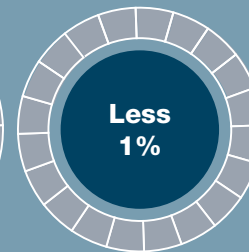
Black Adults



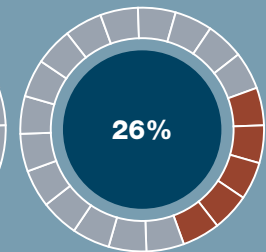
Native American Adults



Hispanic Adults



Asian Adults



Unknown Ethnicity

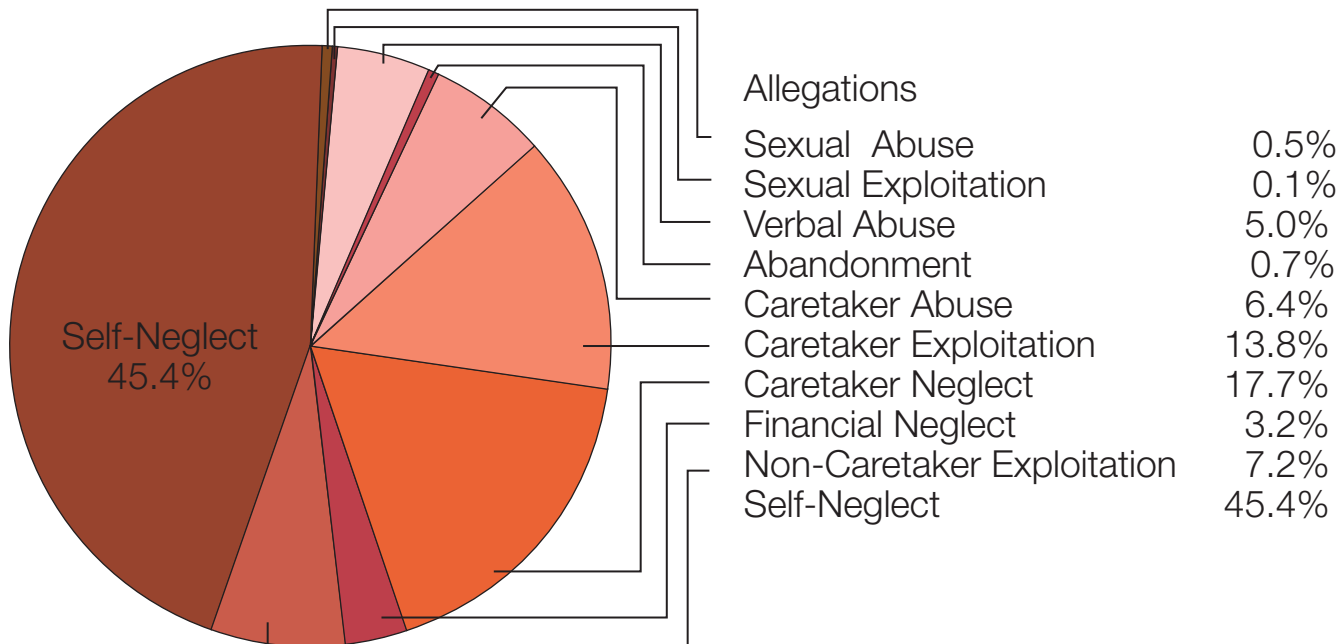
ALLEGATIONS

Private residences were the location of 85 percent of investigations, while 10 percent occurred in other types of communal living arrangements, and 5 percent occurred while the client was temporarily hospitalized or homeless.

In SFY 2015, APS received 19,848 reports; 14,807 met the requirements for an APS investigation, which include allegations of vulnerability and at least one condition of maltreatment.

Each allegation requires a distinct finding that meets the definition of maltreatment. Following a thorough investigation, protective services are offered to vulnerable adults to stop maltreatment and service plans are developed to prevent future occurrences.

The program goal is to provide services in the least restrictive environment possible to promote safety and well-being. Vulnerable adults who retain decision-making abilities may choose to participate in some or all of the services offered. Unfortunately, some decline to accept any intervention and choose to stay in harmful situations.



LONG-TERM CARE

Long-term care investigators received 4,502 reports of maltreatment of persons residing in nursing facilities. Of these, 540 met criteria to be assigned for investigation. Eighty-eight percent of the reports were sent to other agencies for possible investigation, including the Oklahoma State Department of Health, the attorney general's Medicaid Fraud Division, the police or the ombudsman.

There were 771 allegations contained in the 540 reports assigned for investigation. A distinct finding is made on each allegation. Sixty-six percent of the allegations were unsubstantiated, 26 percent were substantiated and 8 percent were pending at the end of the fiscal year.

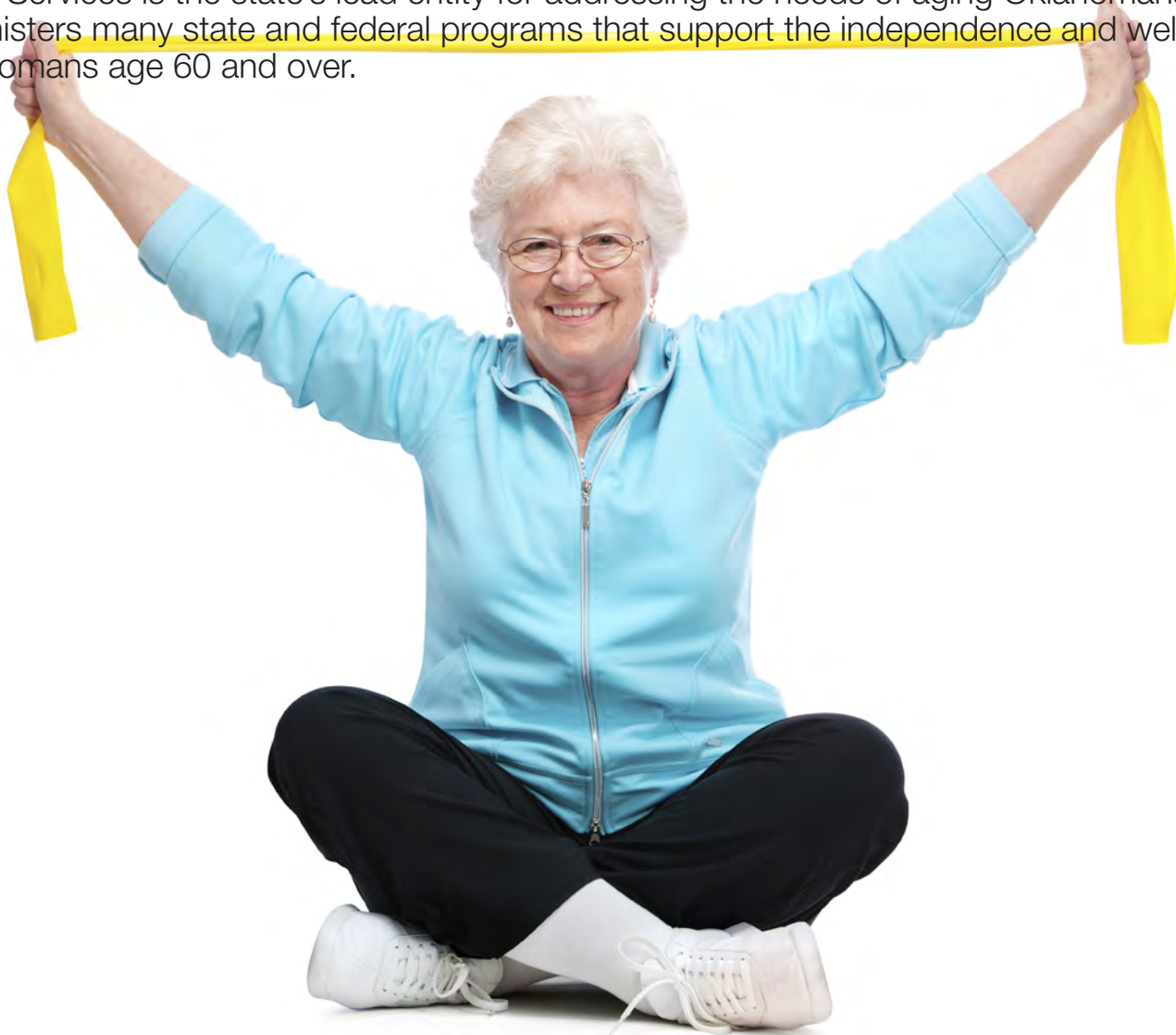
Sixty-one percent of the investigations were on females while 39 percent were on males. Fifty-three percent were over 60 years of age.

AIDS COORDINATION & INFORMATION SERVICES

AIDS Coordination and Information Services (ACIS) provides comprehensive bio-psychosocial case management and information to individuals diagnosed with HIV/AIDS and their families. The number of Oklahomans served through ACIS has increased 185 percent over the past five years. In addition to case management, ACIS's staff of professional care coordinators provides clients with information and referral, assessment, advocacy and intervention. They also provide access to community resources and follow-up services to ensure client needs are met. In SFY 2015, ACIS coordinated more than \$6.4 million worth of services for clients who do not qualify for other public benefits administered through DHS. ACIS staff coordinated and connected individuals with 5,747 individual services — services secured through federally funded programs, private nonprofit organizations and pharmaceutical programs.

Aging Services

Aging Services is the state's lead entity for addressing the needs of aging Oklahomans, and it administers many state and federal programs that support the independence and well-being of Oklahomans age 60 and over.

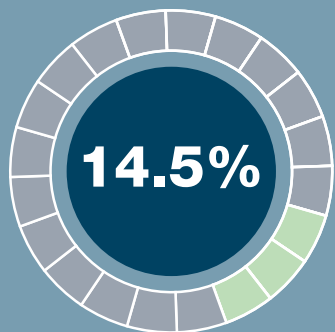


OKLAHOMA POPULATION ESTIMATE

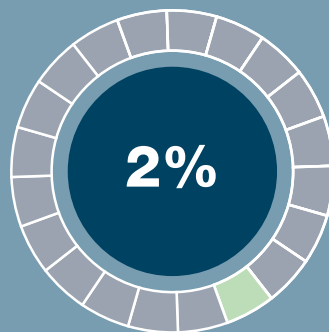
3,878,051

For persons age 65 and older, the estimated total is

562,531



Oklahoma's 65 and older population.



increase from last year's 65 and older population.

SENIOR NUTRITION

Food insecurity is a rising public health concern in the United States, affecting more than 5 million adults age 60 and older. The percentage of food insecurity among this age group from 8.1 percent in Minnesota, ranking #1, to Arkansas, ranking last, with 25.4 percent. The national average is 14.8 percent. Oklahoma's food insecurity rate is 15.4 percent, ranking #33. The risk factors for food insecurity are living alone, poor health conditions, poor food-management skills, lack of reliable social support, poverty, lack of transportation and limitations that affect the ability to prepare food.

Oklahoma seniors received over 6 million meals in SFY 2015, an increase of over 4 percent from last year's total of 6,056,081. These meals are part of three different programs, funded by two separate funding streams:

3,499,439	ADvantage Meals	(Medicaid Funding)
1,329,377	Home Delivered Meals	(Older Americans Act Funding)
<u>1,495,369</u>	Congregate Meals	(Older Americans Act Funding)

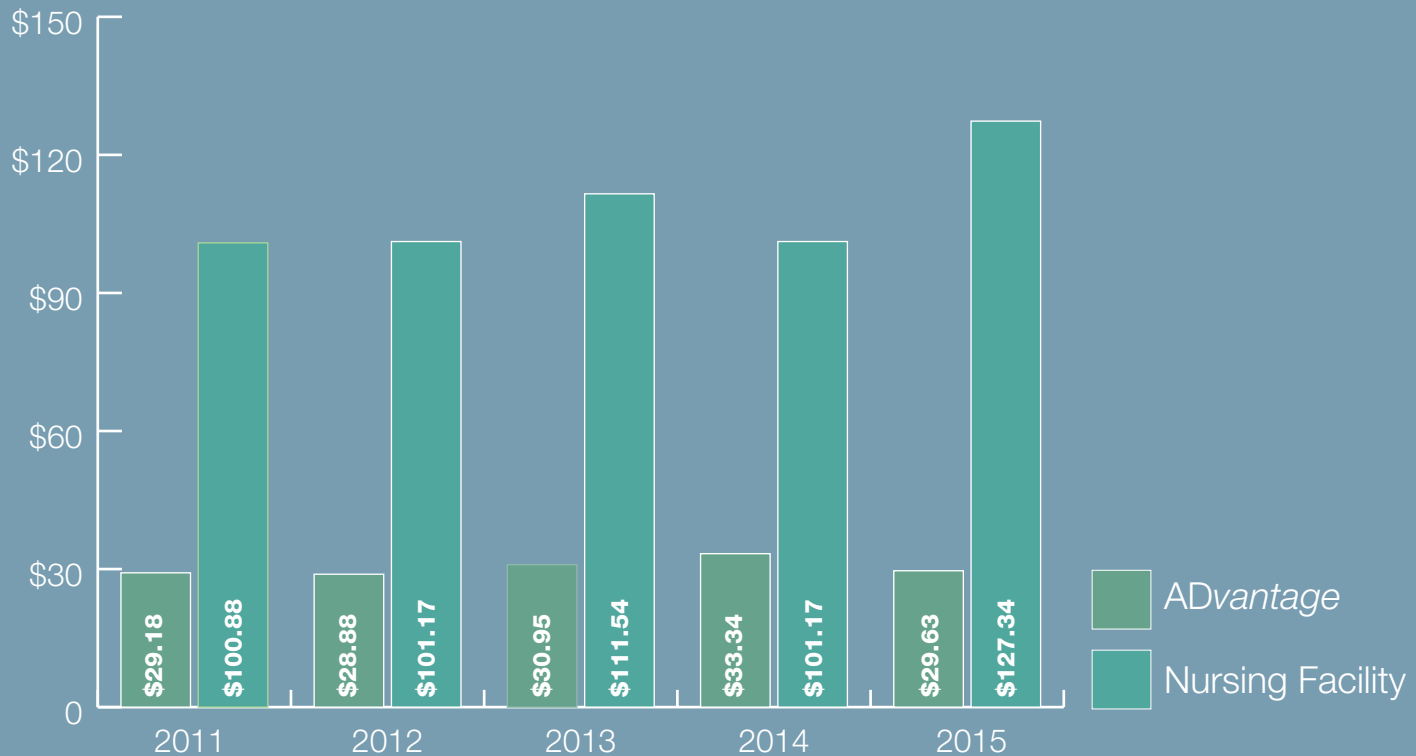
6,324,185 Meals

One other measure to support the large, federally subsidized senior meals programs is the Senior Farmers' Market Nutrition Program. This program offered 15 sites around the state with fresh fruits and vegetables. This program served 1,415 seniors and issued over \$70,750 in benefits.

MEDICAID DAILY COSTS: NURSING HOMES VS. ADVANTAGE PROGRAM

The SFY 2015 Medicaid average daily cost for nursing homes is \$127.34, which is four times the average daily cost of \$29.63 for the *ADvantage* Program. The Medicaid average daily cost for SFY 2014 was \$101.17, an approximate increase of 25.9 percent.

The *ADvantage* Program's average daily cost for SFY 2014 was \$33.34, an approximate 11.1 percent decrease for SFY 2015. The *ADvantage* Program remains a cost-efficient alternative to nursing home placement by providing care in the members' home.



ADvantage daily costs are significantly less than nursing home facilities.

OK-SPLASH

Aging Services is partnering with Legal Aid Services of Oklahoma Inc. (LASO) to establish a statewide, high-quality legal service delivery system. The project is known as OK-SPLASH. The goals of OK-SPLASH are to expand access to and integrate legal services for persons in social and economic need who are 60 years of age and older.

LASO has established an hotline, which provides attorneys to answer legal questions over the phone. In January 2015, the LASO website associated with OK-SPLASH introduced a “live chat” aspect so Internet users could chat with OK-SPLASH legal staff to address simple legal questions. The following represents the success of LASO OK-SPLASH in addressing legal issues for persons who are 60 years of age and older by phone, email or live chat.

In 2014:

2,531

total applications received via LASO OK-SPLASH Hotline.

2,379

applications processed by LASO.

1,098

questions resolved by LASO OK-SPLASH.

1,281

cases referred to local LASO offices.

152

applications had to be rejected/
referred to other source of assistance.

ADULT DAY SERVICES

Adult day services are just as much for caregivers as they are for the participants of the program. This program provides respite, which gives caregivers a temporary break from their duties. It allows them to feel refreshed and rejuvenated, with the assurance that their loved ones are in a safe and supervised environment. Participants have access to a nurse, nutritional services, medication administration and some personal care services.

For adult children caring for their parent(s), this program allows them to continue their daily routine. Participants are encouraged to engage in cognitively stimulating activities that include music, arts and crafts, and some limited physical activities such as chair exercises. The benefit of this program is that it enables participants to remain in their own homes much longer and delay long-term care placement.

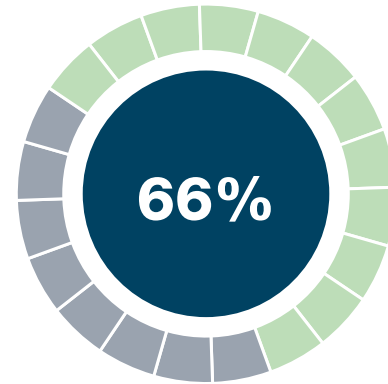
Adult day programs are cost-efficient compared to nursing home costs. The average daily rate for a nursing home resident is approximately \$130, compared to the adult day average daily rate of \$60, for a full eight-hour day. This is certainly a cost-effective option. Currently, the state-funded ADS program pays for approximately 369 participants who are attending the 34 adult day services centers with which Aging Services contracts. Eligible participants can apply at the adult day service center they would like to attend.

LONG-TERM CARE OMBUDSMAN PROGRAM

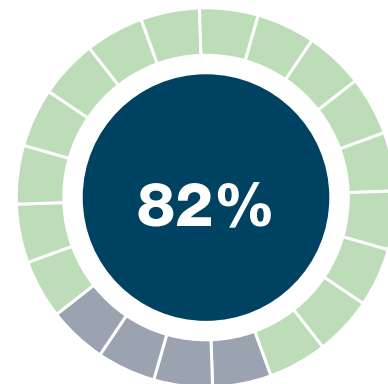
The Long-Term Care Ombudsman Program is administered under the authority of the Older Americans Act and the Oklahoma Long-Term Care Ombudsman Act. The Area Agencies on Aging are the providers of this program and provide supervision for ombudsman volunteers. Ombudsmen act to find solutions to complaints made in long-term care settings. This program is highly dependent on volunteers from the community. Ombudsman supervisors are responsible for volunteer recruitment, training, monitoring and problem solving. Volunteers work in a variety of long-term settings that include nursing homes, assisted living communities and residential care homes. Their duties are to prevent problems, resolve complaints related to the quality of care and life of residents, explore resolutions and recommend corrective action. These volunteer ombudsmen are priceless to the residents of long-term care facilities.

COMPLAINTS INVESTIGATED BY OMBUDSMAN SUPERVISORS

Complaints 2,572



Verified

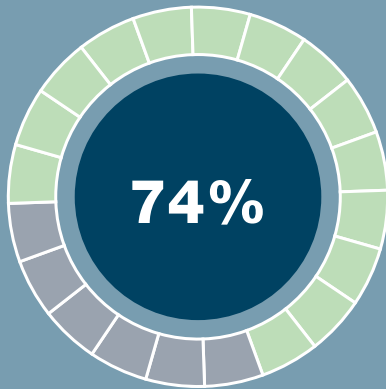


Fully or Partially Resolved

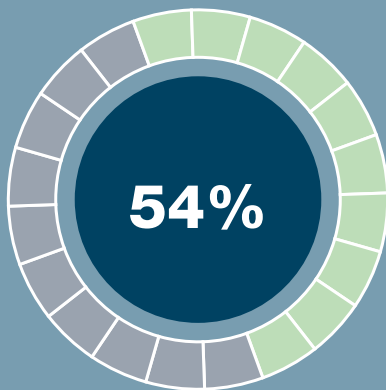
one percent - required a referral to other state agencies or programs for enforcement action or further investigation

COMPLAINTS INVESTIGATED BY OMBUDSMAN VOLUNTEERS

Complaints 3,025



Verified



Fully or Partially Resolved

116 - greatest number of certified volunteers for SFY 2015

7,881 - hours donated to the program by volunteers for SFY 2015

\$164,555.28 - value of donated hours

four percent - referred to ombudsman supervisor

STATEWIDE AGING NETWORK PARTNERS

Without the more than 200 statewide partners, many of the services for persons over the age of 60 would not exist. Aging Services collaborates with the 11 Area Agencies on Aging (AAA) to administer the Older Americans Act Programs. The agency continues to place focus on developing meaningful partnerships with other agencies across the state. Several examples this year include:

Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS). This is a statewide suicide awareness and prevention partnership, which will train hundreds of aging network professionals on how to recognize suicidal tendencies and where to send clients for help. Oklahoma ranks 23rd nationally and continues to struggle with older adult suicide rates. Males 85 years and older, for example, have the highest rate of suicide of all of the age groups.

Oklahoma State Department of Health (OSDH) on the Governor's Healthy Aging Initiative. This initiative focuses on improving the health indicators for the state, given Oklahoma's senior health ranking of 46th in the nation. There is a tremendous need to address important variables such as food insecurity and falls prevention. According to the United Health Foundation, Oklahoma has a fall rate of 32.6 percent for those 65 and older, which is more than double the national average of 14.5 percent.

Oklahoma Bureau of Narcotics (OBN) to distribute free safes to seniors. Through grant funding, OBN approached Aging Services about collaborating to distribute 400 complimentary safes to seniors throughout the state. The primary goal is secure storage of prescription medications. Misuse and theft of prescription drugs by a perpetrator, careless handling, or accidental consumption by a residing grandchild, remains a significant challenge in Oklahoma.

Alzheimer's Association – Oklahoma Chapter. Aging Services is working to update the Alzheimer's State Plan. The governor issued an executive order for Aging Services to help address how the state will tackle the growing struggles of the 60,000 Oklahomans with this brutal disease.



Child Care Services

Young children experiencing a high-quality early childhood education are better prepared to enter school and have more positive outcomes throughout their lives. Child Care Services' mission is to ensure Oklahoma families have access to licensed, affordable, high-quality child care where children have the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment. Child Care Services (CCS) works in partnership with child care providers, Smart Start Oklahoma, community organizations, tribes, state agencies and other stakeholders to develop services for child care in the community and assist child care facilities in achieving maximum standards. CCS measures the number and quality level of programs and their capacity in order to evaluate access and choice of care for families.



Oklahoma Child Care Services is **RANKED #1** in the nation for standards and oversight of child care homes and #4 for child care centers.

59,239

children received subsidized child care so their parents or caregivers could work or go to school.

A monthly average of

3,558

child care facilities were licensed each month with a combined average capacity for

126,123 CHILDREN

CHILD CARE PROGRAMS

CCS also tracks the use of subsidized care to evaluate the percentage of children enrolled by quality criteria level. The number of child care programs and capacity are based on the changing needs of families and can vary greatly based on the local market.

In SFY 2015, an average of 3,558 child care homes and centers were licensed by CCS each month. These programs provided a monthly average capacity for 126,123 children. CCS issued an average of 34 permits per month to new child care program applicants.

LICENSING SERVICES

A well-trained licensing staff and regular monitoring visits increase the likelihood of positive outcomes in children's physical, emotional and cognitive development. In addition to monitoring programs a minimum of three times annually for compliance with licensing requirements and Stars quality criteria, licensing specialists investigate complaints and maintain a database for accountability and parent referrals.

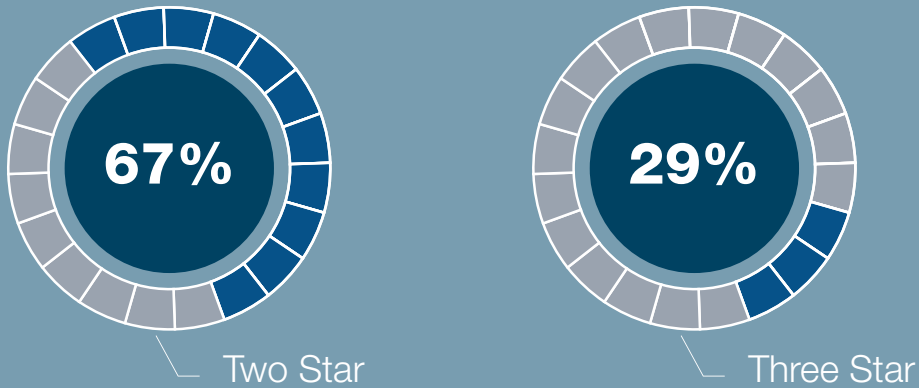
PROFESSIONAL DEVELOPMENT REGISTRY

CCS maintains the Oklahoma Professional Development Registry to provide valuable information about Oklahoma's early childhood workforce, such as child care professional turnover, number of professionals in the industry, credentials and professional development needs. In addition, the registry improves the process of approving and tracking professional development of child care professionals.

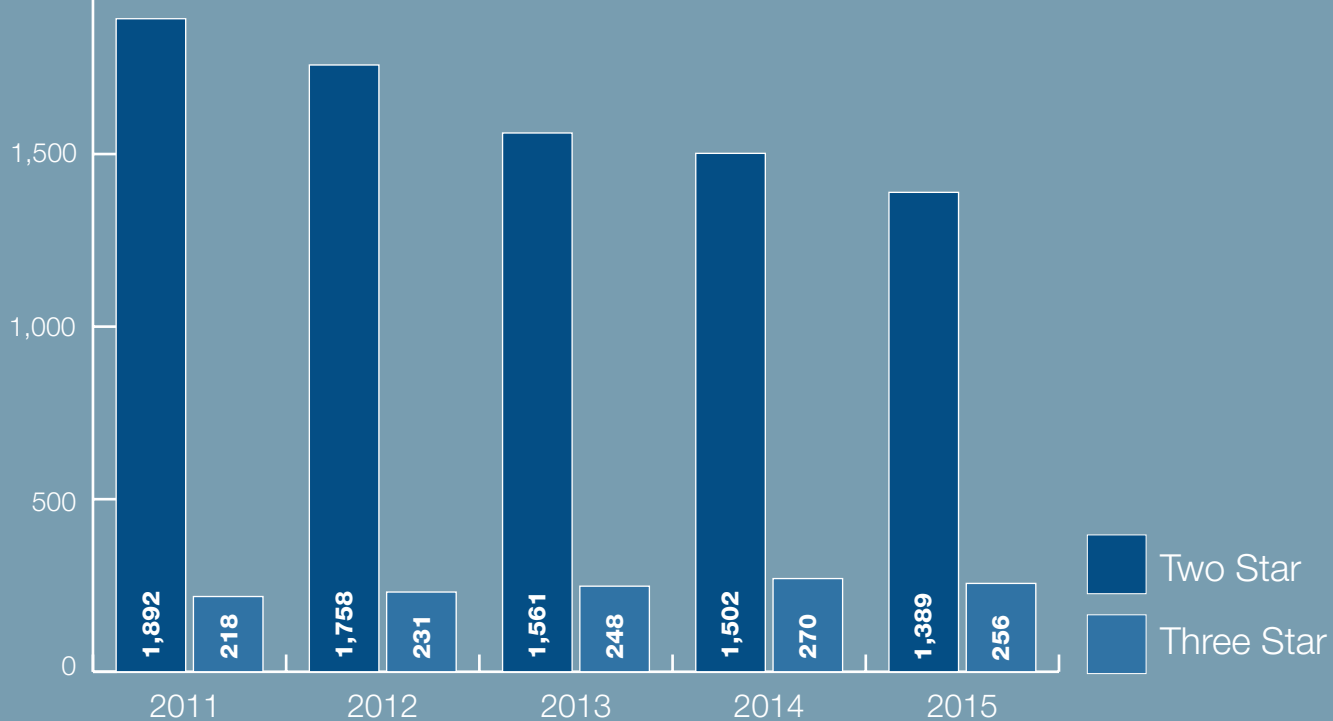
REACHING FOR THE STARS

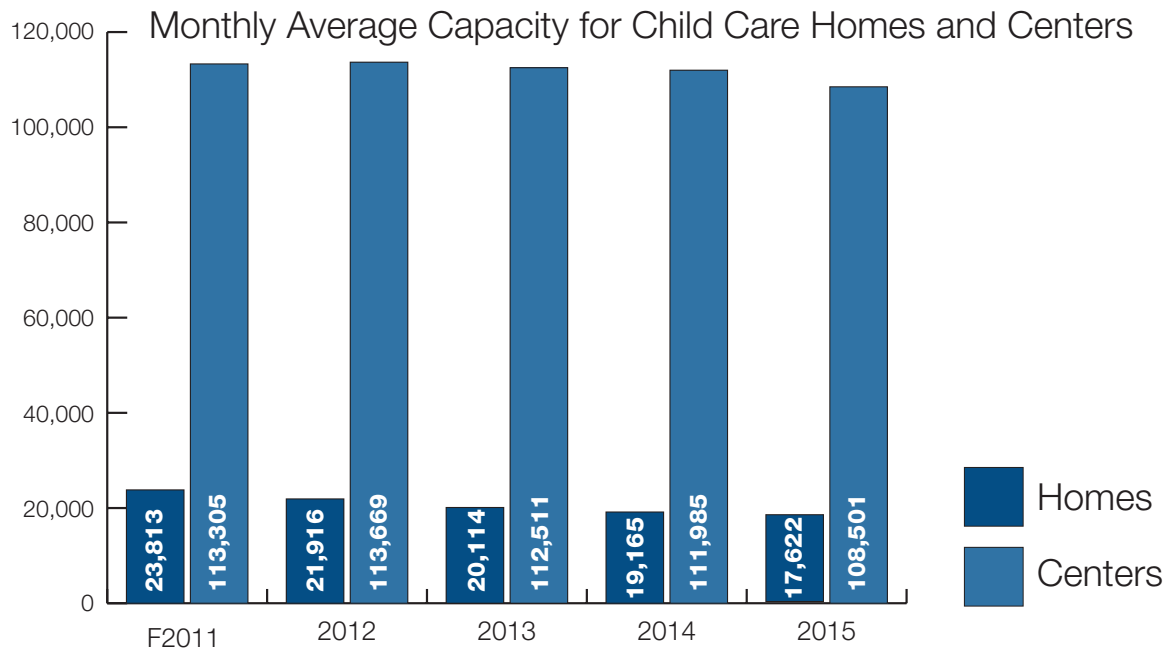
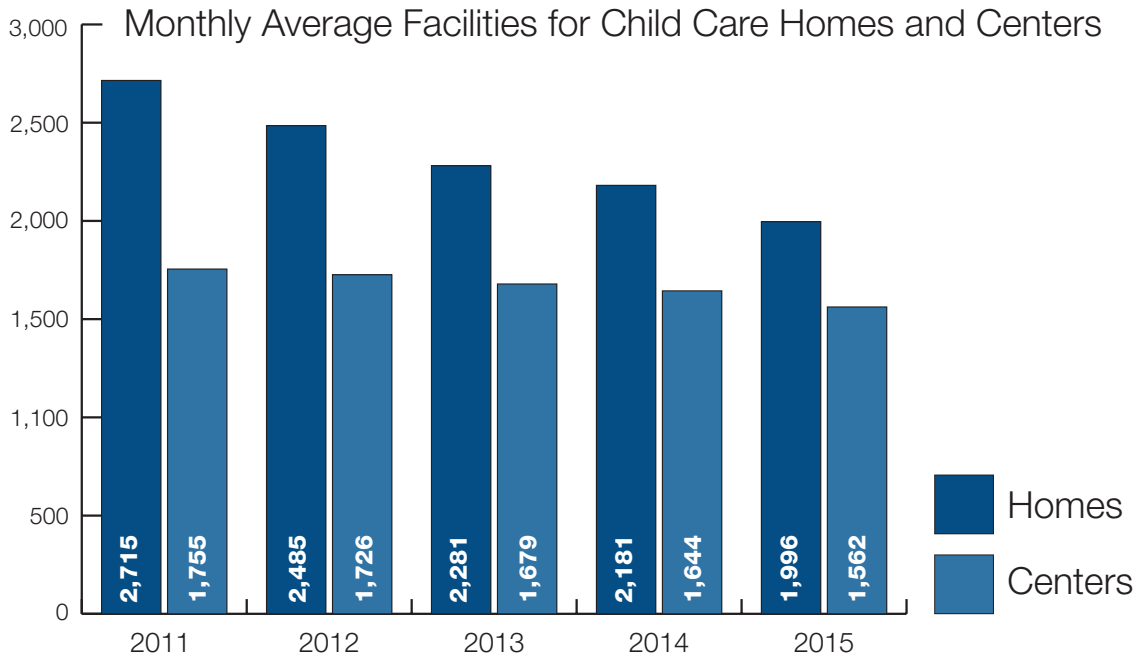
Oklahoma was the first state to successfully implement a Quality Rating and Improvement System based on quality criteria and tiered reimbursement. The program, called Reaching for the Stars, helps child care providers succeed in improving child care quality. Licensed programs that meet quality criteria receive a star rating level and higher reimbursement for child care services. There are four levels within the stars program: One Star, One Star Plus, Two Star and Three Star.

Percent of Children Receiving Child Care Subsidies in Two and Three Star Facilities at the end of SFY 2015



Number of Two and Three Star Child Care Facilities as of June 30





CRIMINAL BACKGROUND REVIEWS

Changes to the Oklahoma Child Care Facilities Licensing Act requiring a national criminal history investigation that includes the submission of fingerprints for child care personnel became effective Jan. 1, 2014.

The Licensing Records Office processed 26,200 requests for criminal background reviews in SFY 2015. Information attained is evaluated to determine if the individual is prohibited from employment with or residing in a child care facility.



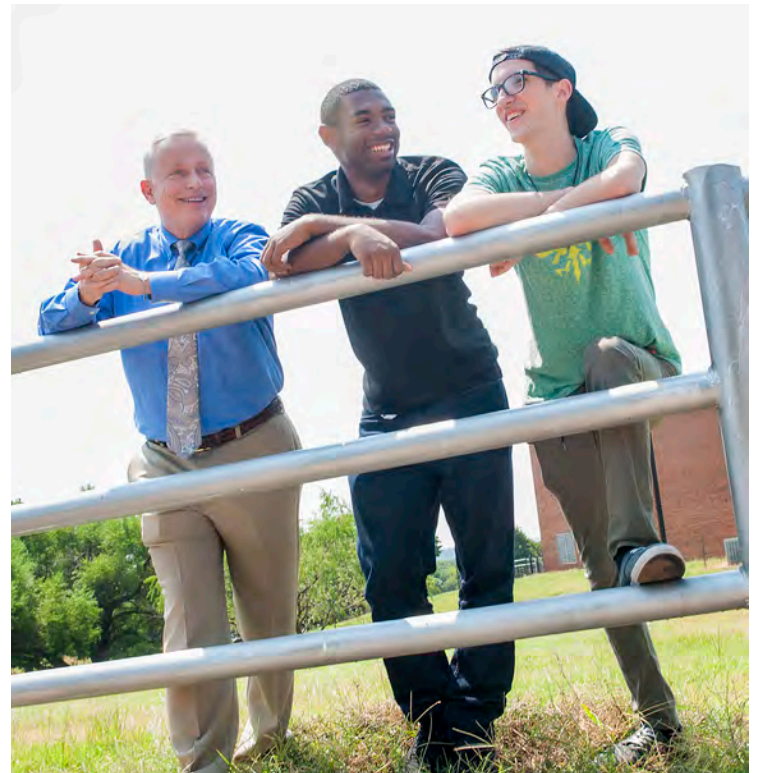
It's a warm summer

morning when Austin Gallimore and Brendan Nutter make their way through the gates leading up to Boys Ranch Town. The two young men spent much of their growing-up years at this home-away-from-home on the outskirts of Edmond.

In fact, Austin still lives on the ranch in the Transitional Living quarters. When he's not working at his job at the local Walmart or attending college classes, he spends his time with the animals he has grown to love.

"When I first came here, I got to work with the new agriculture director, and I got to do stuff with horses and cows," he said. "That was stuff I didn't really get to do before, so I had lots of fun."

Like Austin, Brendan says his time on the ranch taught him to be a better person and respect authority. Now he is enrolled in college, studying music production, and he hopes to become an audio engineer



“When I moved here, they didn’t really put up with my childish activities,” he said. “So they really set me straight and made me have more respect for people older than me that have been through what I’m going through.”

Boys Ranch Town is part of four Oklahoma campuses housing boys and girls and offering a variety of residential programs. The Department of Human Services oversees the licensing and standards of the facilities, as outlined in the Licensing Act of 1963.

“The Licensing Act created the Child Care Advisory Committee,” said Rod Phillips, vice president for operations and programs at the Oklahoma Baptist Homes for Children. “That committee’s sole purpose was to draft and structure new standards. The neat thing about that is, in Oklahoma, the service providers sit around the table and create the standards themselves, as opposed to the state doing it for them.”

Phillips says Oklahoma is unique in that no other state has the Child Care Advisory Committee or the partnership between DHS and the service providers.

“In Texas, for example, when I worked in a children’s home, there I had a DHS worker that showed up one day and said, ‘Here are your new licensing standards.’ They had to be implemented that day. I had no involvement; no one asked me any questions. They just gave me the new set of standards. That’s how other states work.”

When service providers make up the licensing standards, Phillips says they are often more strict than if DHS would have drafted them, because the service providers know specifically what needs to be done.

“There’s been a lot of talk in the last few years about the hardships of DHS and what DHS has been going through, and the rebuilding of the agency,” Phillips said. “One thing I would say is that the licensing branch of DHS has maintained a strong partnership with service providers.”

“They’re a very strong part of the DHS organization,” he added. “Faith-based, non-faith-based — all have a strong partnership in Oklahoma. We have many, many things to be proud of. And the Licensing Act and the licensing workers, and the division of licensing at DHS, are one of those things to take great pride in.”





Child Support Services

Nothing is more important than children. If you agree, and are committed to improving outcomes for children and families in Oklahoma, Child Support Services would like to work with you. Our impact is huge: We ended state fiscal year 2015 with 208,128 families in our caseload. With your help, our potential for good is limitless.

Our mission is to promote healthy families. We establish, monitor and enforce reliable support while encouraging self-sufficiency and strengthening relationships.

We do this by:

- Locating parents
- Establishing legal fatherhood (paternity)
- Establishing and enforcing fair support orders
- Increasing health care coverage for children
- Removing barriers to payment, such as referring parents to employment services, supporting healthy co-parenting relationships, supporting responsible fatherhood, and helping to prevent and reduce family violence

Child support is paid by parents for the care and support of children of a relationship that has ended. Noncustodial parents are legally obligated to provide child support. Custodial persons receive child support. The child support program helps families become stronger and more self-sufficient, while decreasing reliance on public assistance.

DETERMINING PATERNITY

CSS can help determine the parentage of a child who is born to an unmarried couple. We work with Oklahoma hospitals to help their staff be ready to answer questions from fathers who want to acknowledge paternity of their newborn children.

NUMBER OF BIRTHS, BIRTH RATE & PERCENTAGE OF BIRTHS TO UNMARRIED WOMEN

The births to U.S. unmarried mothers has grown dramatically from 1940 to 2009 and decreased very nominally and gradually since then. In Oklahoma, we saw our highest percentage in 2008 at 42 percent and have hovered around the same rate since then.

The Oklahoma State Department of Health's final data for 2014 shows 22,470 births to unmarried mothers and 30,795 births to married mothers. Child Support Services determines paternity through court proceedings in state district court and administrative hearings handled by our 41 offices statewide. For 2015, CSS established paternity for more than 19,000 children through a combination of our hospital acknowledgement program and court proceedings.

In SFY 2014, CSS collected \$5,283,580 in cash medical support payments for the Medicaid program under the Oklahoma Health Care Authority. When families do not stay together, the support orders we ask the courts to establish give their children the best chance of meeting their needs as they grow, while responsibly recovering taxpayer dollars.

PATERNITY ESTABLISHMENT

Oklahoma achieved the highest statewide paternity establishment performance measure of all the states in 2005, 2006, 2007, 2008, 2010, 2011, 2012, 2013 and 2014, and was ranked second in 2009.

SUPPORT ORDER ESTABLISHMENT

During the last decade, the Oklahoma support order establishment rate has improved, moving from 70 percent in FFY 2004 to 82 percent in FFY 2014. The national average was a decrease of 10 percent over the same 10-year period.

CURRENT SUPPORT COLLECTIONS

Between FFY 2004 and FFY 2014, Oklahoma improved in the current support collections performance measure, moving from 49 percent in FFY 2004 to 55 percent in FFY 2014. Oklahoma also maintained the second-highest compound annual growth rate of all states in current support collections dollars from FFY 2004 to FFY 2014.

LOCATING PARENTS AND PAST DUE-SUPPORT

The hardest part of enforcing many child support orders is locating parents who are completely disengaged from their children. The Oklahoma Child Support Most Wanted and Missing Parent Program led to seven arrests while aiding in the location of 42 most wanted and 56 missing parents in SFY 2015, resulting in \$104,701.07 in child support collections.

Although overall collections have increased, uncollected support is increasing even faster — well over \$2 billion to date. CSS will continue working with employers and other community partners to find solutions and better long-term outcomes for the parents with whom we work.

FOLLOWING UP ON ARREARAGES

Children benefit most from regular, reliable support. When support is not paid, an arrearage — or past due-support — accumulates. CSS has many tools and remedies available under state and federal law, including:

- License revocation
- Passport suspension
- Seizure of financial accounts
- Liens against real estate and personal property
- Intercepts of tax refunds
- Possible incarceration for contempt of court, if nonpayment is willful

CSS uses these remedies when necessary, regardless of whether the arrearages are owed to the family or to the state for reimbursement of welfare funds they have received. If left unpaid, Oklahoma law also provides that overdue support payments draw interest at the rate of 10 percent per year.

CASES WITH ARREARS SUPPORT COLLECTED

For the last decade, Oklahoma advanced in the arrears support collections performance measure (cases) by almost 7 percent. Oklahoma also had the highest compound annual growth rate of all states in arrears support collections dollars.

PERFORMANCE MEASURES

The federal government provides incentive payments to states meeting child support enforcement program goals. States are evaluated for federal incentive funds based on five performance measures:

- Paternity establishment percentage
- Percent of cases with a child support order
- Current support collected vs. total current support owed
- Arrearage collections
- Cost effectiveness (distributed collections compared to expenditures)

OKLAHOMA'S RESULTS

Paternity Establishment Percentage – 110.82 percent (comparing one year's out-of-wedlock births with acknowledged and court-ordered paternities from the next year)

Support Orders Established – 82.52 percent of caseload

Current Support Collected – 55.04 percent of amount due

Arrears Support Collected – 62.01 percent of cases had collections

Medical Support Orders Established – 93.19 percent of all cases with support orders also had medical support orders established

Cost-Effectiveness Ratio

\$5.02

was recovered for each dollar expended on the program.

TOTAL COLLECTIONS

Oklahoma maintained the nation's second highest compound annual growth rate in total collections from 2004 to 2014. This rate of 7.9 percent is more than three times the national average.

Also during the last decade, Oklahoma was ninth in the nation in improvement in collections per ordered case, with a 33 percent increase from 2004 to 2014. This 33 percent increase was almost twice the nation's average

GETTING SUPPORT TO FAMILIES

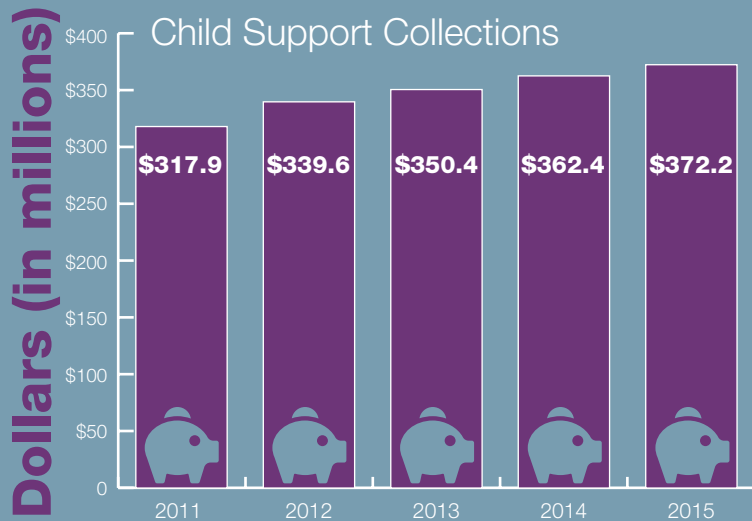
In SFY 2015, CSS collected more than \$372 million for our customers and the taxpayers — our highest collections ever. In most situations, we distribute support collected for custodial persons within two days of our receipt. Our efforts this year resulted in Oklahoma children, on average, receiving more than \$1,792 in child support per case. Once a court order is established, collections per ordered case rise to \$2,167.

WORKING WITH COMMUNITY RESOURCES

The best tool or remedy a child support program can have is a good job for the parent obligated to pay. For those who are not in compliance, sometimes our last resort is working with our Court Liaison Program. With the approval of the court, these special child support workers establish a one-on-one relationship with noncompliant customers and make referrals to community resources, such as employers, social service agencies, literacy programs and the like, helping customers remove barriers to their success. CSS also contracts with several nonprofit community organizations across Oklahoma to help our customers work out visitation arrangements; studies have shown that parents who are involved and interacting with their children are more likely to willingly contribute to their support. Much of the strength of our program's ability to make a positive difference is due to the quality of the partnerships we have made and continue to make.

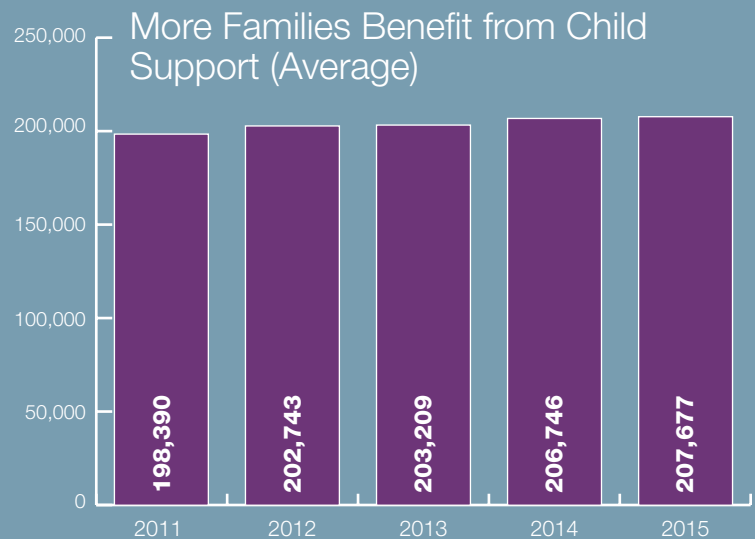
CUSTOMER SERVICE AND EDUCATION

Research shows customers who are informed about their cases and how child support works are more likely to be compliant with the court's orders. Our CARE call center provides access to trained customer service representatives who can answer questions and discuss case information. The Oklahoma Employer Services Center offers similar help to businesses, our greatest partner in child support collection. More than 64 percent of all child support collected in Oklahoma is withheld from employee payroll and remitted by employers.



CASELOAD GROWTH

In Oklahoma, demand for Child Support Services continues to grow while resources have not kept up. Front-line caseworkers have an average of 457 cases each and the need for our services is only expected to grow. Caseload has grown by 27 percent over the last decade. In 2005, CSS offices were responsible for 163,244 cases at year-end. This increased to 208,128 cases in only 10 years. During this same period, our resources have not kept pace with increased demand.



FINANCIAL EDUCATION PROGRAMS

To help our customers become more financially capable, CSS has developed a statewide network of financial education partners. In the past year, CSS implemented a highly successful financial education program for staff through the use of periodic fiscally fit boot camps and monthly webinars. Working with partners, CSS developed a customer/client financial education program called OK CHOICE\$ - Money Beyond Today, which is targeted for initial implementation next year.

To date, more than 1,000 DHS staff have benefited from the Staff Financial Education Program, preparing them to better assist the agency's clients and customers with their own financial challenges. Some of our initial staff outcomes show that:

- Over 85 percent agreed or strongly agreed that they knew more after the class than they did before the class.
- Approximately 80 percent agreed or strongly agreed that what they learned will help them in their jobs.
- Almost 90 percent agreed or strongly agreed that they now know how to use the information presented in the class.
-

Staff input is proving invaluable as we develop and continually improve our OK CHOICE\$ - Money Beyond Today offering for agency customers.

CHALLENGES

Child Support Services has made remarkable improvement over the years, but we also face challenges. America's child support programs now touch more than one-fourth of the nation's children, from all socioeconomic backgrounds, reaching more than any other federally funded program except Medicaid. Although the federal Office of Management and Budget has characterized the child support program as "one of the highest-rated block/formula grants of all reviewed programs government-wide," local programs are having a hard time keeping up with the need for services.

BARGAIN FOR TAXPAYERS

Because Congress foresaw the nation's child support enforcement programs as essential to personal responsibility and lessening reliance on welfare, CSS today is a bargain for state taxpayers. The federal government matches each state dollar appropriated for the program with two more, and coupled with the funds that we recover to reimburse the state for welfare previously paid out and the incentives that we earn for our performance, the CSS \$68 million annual budget costs the state only \$13.6 million in state appropriations.

CSS share of annual incentives grew by 136 percent during the last decade, due to our improved performance. Our cost-effectiveness is now \$5.02 in collections for each dollar in total cost. With our growth and improvements, every Oklahoma dollar appropriated for CSS by the legislature brings back over \$27 for our customers and our program each year!



Bobby Jacks seemed to

have it all: a wife, two adorable daughters, and a good job as an emergency medical technician for a local ambulance company. Then Jacks and his wife separated and ultimately divorced. That left him grieving for the life he once had and the daughters he used to cradle in his arms.

Fast-forward a few months and Jacks said he made one of the biggest mistakes of his life when he smoked meth for the first time.

“When my girls were born, I remember holding each one of them in the middle of the night,” Jacks said. “It was the most awesome, peaceful thing I ever experienced. Just holding them and looking at them. I remember praying with everything in me that they not have an addiction or pain that would last a lifetime.”



The despair and loneliness he felt from losing his family began taking its toll. One night he was at a bar and someone offered him drugs.

“When I was young, I had experimented with drugs, but like others my age I grew out of it,” he said. “So this one night, a guy handed me this funny-looking pipe. It wasn’t like anything I had ever seen back in the ‘80s. I said ‘no’ several times, but finally, after a few drinks, I smoked it. And it sucked the soul right out of me. I had been searching for something to take away the pain I felt from not having my daughters, and that seemed to be the answer.”

After that one encounter with smoking meth, Jacks said he was hooked. He lost his job, moved in with his father, and spent his days and nights looking for his next fix. He also lost all contact with his girls.

“As I was sitting in my car one night, I had people around me I never dreamed I would associate with,” Jacks said. “I remember looking in my rear-view mirror and seeing people smoking pipes and doing drugs. Then I remembered that’s the same backseat where I once had two car seats and a wife sitting beside me.”

Jacks said when he worked for the ambulance service he would occasionally go on calls for people who were using meth and needles.

“One night, I stood in a living room where this person was laying on the couch and looked like death. He was just skin and bones. My concern wasn’t so much on him, I just remember looking around the room wondering who had called and wasted my time on this trash. And then I became that very person I despised.”

Through the years, Jacks had dodged calls from Child Support Services, only talking to his caseworker, Mike Smith, when absolutely necessary. Then one day, he said, he knew he couldn’t go on any longer.

“I had three choices,” Jacks said. “Switch drugs, kill myself or get help. So when Mike Smith called, I just blurted out ‘I’m a meth addict.’ There was absolutely no judgment on his part. He simply said ‘OK, we need to get you some help.’”

That was the turning point.

“I knew we had to get him in a better place,” Smith said. “I could tell his voice was flat and monotone, and he was severely depressed. At that point, my job wasn’t about collecting child support. It was about getting this man the help he needed, making him a productive member of society again. Once that happened, I knew we could concentrate on the child support payments.”

Jacks checked into the Salvation Army rehab center, where he spent six months getting clean and sober.

“One day, I was in the kitchen working and they told me someone from the state was there to see me,” Jacks said. “When I went out front, there was Mike Smith. He had driven all the way from El Reno just to meet me and check on me. Outside of my family, Mike is the only person in my life to have ever said ‘I’m proud of you.’”

Today, Jacks is rebuilding a relationship with his daughters. He took them to Whitewater Bay to swim last summer and to a Christian rock concert in the fall. He has a promising new job and is beginning to make an earnest effort to pay child support.

“For my birthday in August, I got \$140 in cash,” Jacks said. “My ex-wife told me to keep it because it was my birthday money. But I gave every penny of it to her. It feels so good to be able to help her with my daughters’ living expenses. Had it not been for my faith in God and help from the DHS and Mike Smith, I don’t think I would be here today. Life really is good.”





Child Welfare Services

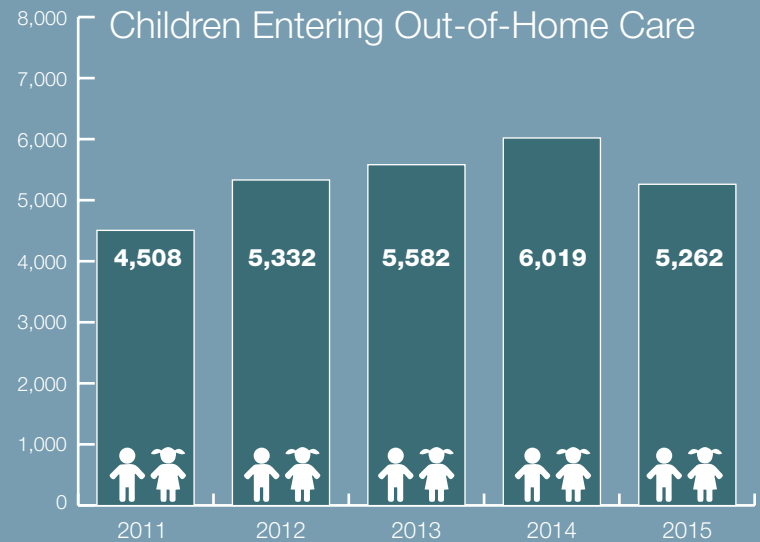
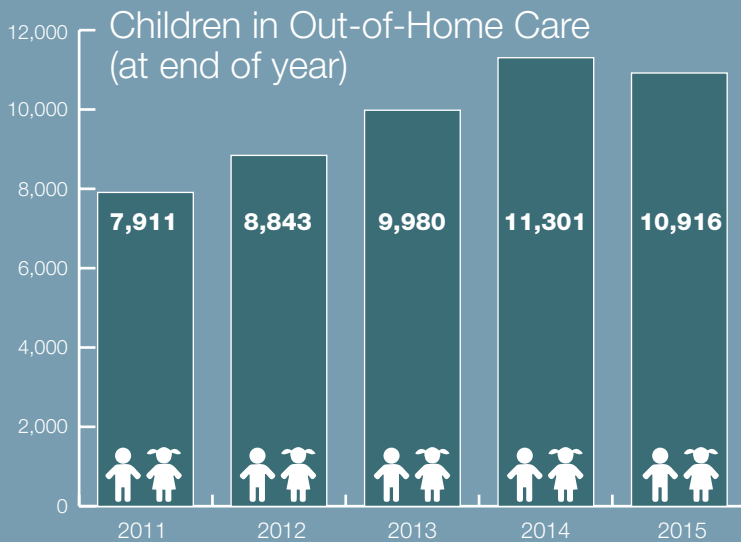
Child Welfare Services (CWS) is committed to improving outcomes for children and families served by DHS. In order to thrive, children need to be safe and remain with caring and loving families.

When a child is found to be unsafe, CWS intervenes to assist the family with making necessary changes. In SFY 2015, DHS received 76,476 reports of alleged child maltreatment. Of those reports:



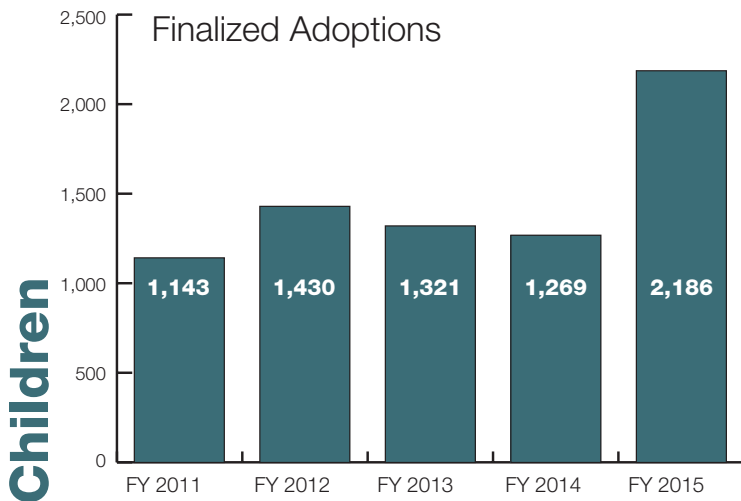
OUT-OF-HOME CARE

Out-of-home care is a term describing all kinds of care offered to children in state custody, including foster care, inpatient care, trial adoption, trial family reunification and similar services. DHS has seen a decrease of 3.4 percent in the number of children in care over the last year. The most common goal for children in out-of-home care is to return home.



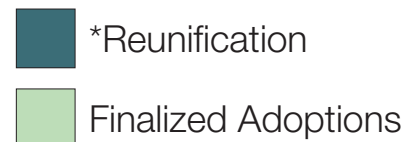
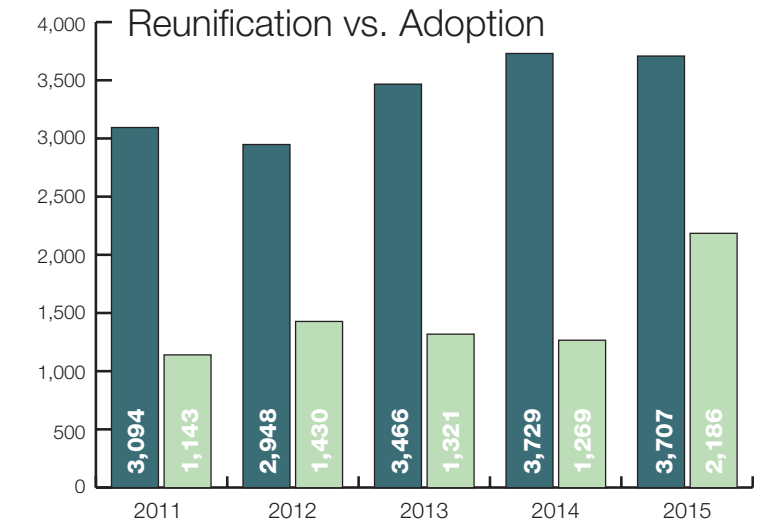
FOSTER FAMILIES

The goal of CWS is to protect children from abuse and neglect. When a child cannot safely remain with his or her parents, a match is made with an appropriate foster family. The foster family may be related to the child, have a previous relationship with the child, or be a nonrelated foster family. Many foster families become the child's adoptive parent or legal guardian if reunification fails. Increasing the number of foster families to meet the needs of children in care is a priority. Focused efforts to recruit and support foster families will continue in the next year.



ADOPTIONS

When a child cannot be safely returned to his or her own home, adoption is considered to provide permanency for the child. In SFY 2015, DHS staff finalized 2,186 adoptions. In a few cases, adoptions do not work out. In SFY 2015, there were 19 adoption dissolutions (less than 1 percent of finalized adoptions). On average, these dissolved adoptions lasted 78 months.



*Includes Trial Reunification

CHILD ABUSE & NEGLECT HOTLINE

DHS manages and maintains a 24-hour, statewide-centralized child abuse and neglect hotline for any person who believes a child younger than 18 years of age is a victim of abuse, neglect or both. Targeted recruitment and hiring has increased staffing levels at the hotline, resulting in more answered calls and less call wait time. Improved processes have been developed to increase the speed at which imminent-threat referrals are identified and assigned to the local offices. Record numbers of child abuse and neglect referrals were answered in SFY 2015.

COMMUNITY PARTNERSHIPS

In 2011, DHS began developing initiatives to strengthen community partnerships through collaboratives focused on the improvement of CWS. As a result, child welfare collaboratives were established in some communities with more scheduled in the next year. CWS continues to build strong and meaningful internal and external partnerships to promote the success of children and families. State agency partners, as well as national partners, including the Annie E. Casey Foundation and Casey Family Programs, provide supports for these partnerships to develop innovative solutions. These solutions promote safety, well-being and permanency for children and families involved in the child welfare system.

Zane Oliver is very protective

of his older brother, Aiden. He calls him “Bubba” and likes to pull Aiden around the backyard in their little red wagon.

Aiden has cerebral palsy, and is a happy, friendly child. Zane is a curious little boy, always wondering about the world around him.

Their mother, Susan Oliver, was a nurse at the Pauline E. Mayer shelter when the boys’ biological parents dropped them off.

“Aiden was about 2-and-a-half years old at the time and weighed 15 pounds,” Oliver said. “His parents brought him into the shelter in an infant car seat. He had no hair, he had never been fed food by mouth and his cerebral palsy had not been addressed, so he was very constricted.



“Zane, too, was small for his size,” she added. “He was about 1-and-a-half years old and we suspected he was completely deaf because he made no sounds at all. Both boys looked rough.”

Originally, the goal was reunification, but Oliver said it soon became apparent that was not going to happen because of Aiden’s very intense medical issues. The boys became permanent residents at the shelter, and Oliver said it was heartbreaking.

“As they sat there day after day, I watched other children come in and go out but these boys stayed and stayed,” Oliver said. “It hurt my heart that nobody wanted them... I wanted them.”

Oliver says she talked to her husband and they made the decision to become foster parents. But, as the case went on longer and longer, she says it became clear the biological parents were not going to be able to provide for the boys.

“So they came to us privately and said they were going to relinquish their parental rights,” Oliver said. “They told us it was their hope that we would adopt them. I looked at this young mom who obviously loved her children very much and didn’t want her to spend the rest of her life wondering what happened to her kids.

“We made a conscious decision to make them part of our lives,” Oliver added. “Once a month, they come to our home and have dinner with the family. I keep them updated with pictures, and on doctor’s appointments, and how things are going at school. We really feel like the kids have two moms and two dads.”

Life is busy for Oliver and her husband. She has been a child welfare nurse with the Department of Human Services for about five years. She has three older biological children of her own, and two stepchildren. Besides Aiden and Zane, Oliver said she is now fostering a 10-month-old baby girl.



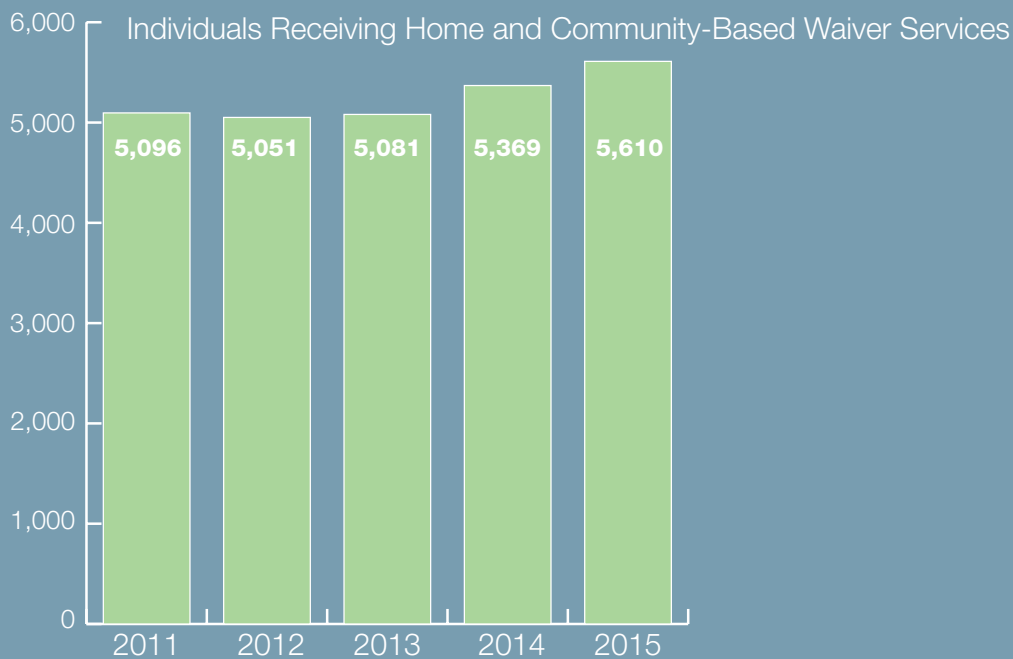
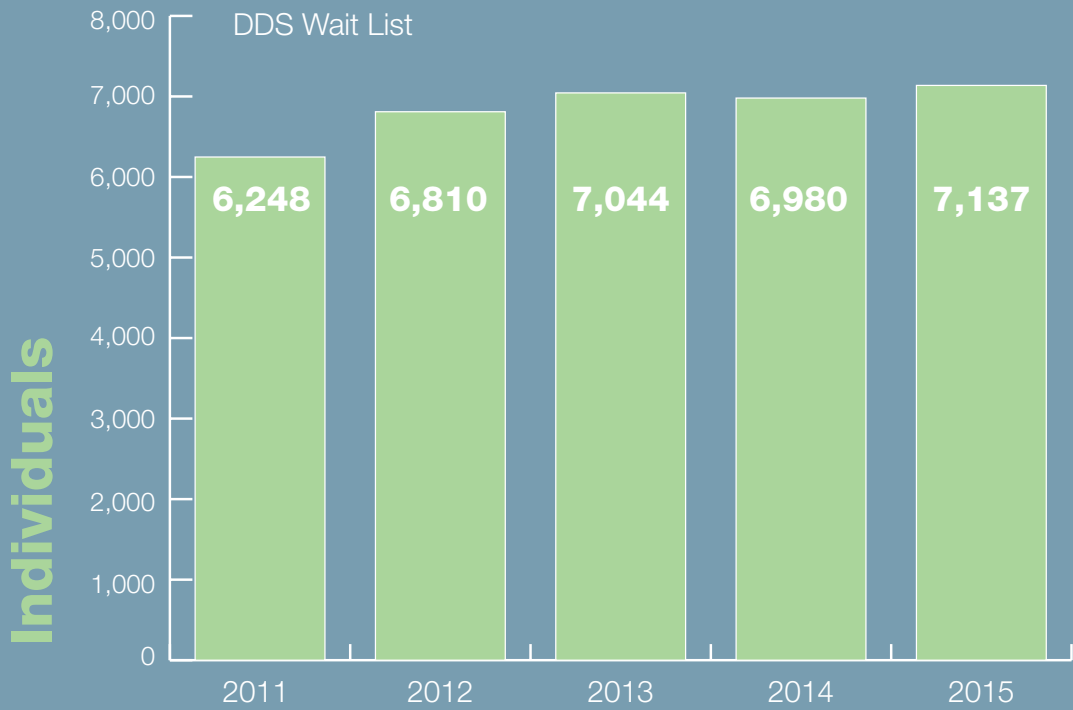
“It’s been an amazing experience watching Aiden and Zane grow,” she said. “We do the normal things like school and T-ball. The impossible things in life aren’t impossible. Aiden is a child who, at birth, the doctors said if he lived he wouldn’t speak; he wouldn’t do anything independently. Life didn’t look very good. And this is now a child who spells his name, counts to 10, and has a little power-wheel set we’ve modified so he can drive around the yard. No, the impossible isn’t impossible at all.”



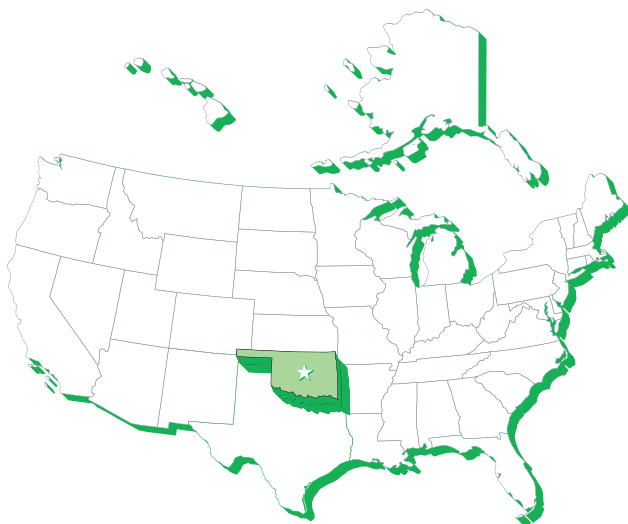
Developmental Disabilities Services

Developmental Disabilities Services (DDS) partners with federal, state and local agencies, nonprofits and other community-based services to help individuals with developmental disabilities and their families lead safer, healthier, more independent and productive lives.

DDS operates four Medicaid home and community-based waiver services programs for people with intellectual and/or other developmental disabilities. DDS case managers and area staff facilitate and coordinate the state-funded or Medicaid-funded services that are helping many people with developmental disabilities live and work in their communities. Community services support people with developmental disabilities and their families to live in their family homes in cities and towns across the state. DDS maintains a waiting list for Medicaid waiver services. When additional state funds are made available, individuals are offered access to services.



Developmental Disabilities Services focuses on a path toward community employment for the people they serve through Employment First policies. As a result, DDS continues to be ranked second in the nation with 60 percent of adults served being employed in community businesses. Through participation in the State Employment Leadership Network (SELN), partnerships are strengthened and systems are further developed and refined to improve employment outcomes for people with developmental disabilities.



Developmental Disabilities Services **RANKED #2** in the nation for individuals with intellectual disabilities who participate in employment.

DDS began implementation of new, federal regulations regarding home and community-based services. These new rules define home and community-based settings requirements, as well as person-centered planning requirements. Policy defining the settings requirements was developed. Settings must be integrated in and support access to the community, provide opportunities to seek employment in competitive integrated settings, engage in community life, and ensure the individual receives the same degree of access to the community as those who do not receive services. All settings where home and community-based services are provided must comply with the requirements no later than March 17, 2019. DDS worked with the Oklahoma Health Care Authority to develop the transition plan required by the rule. The transition plan has been submitted to the Centers for Medicare and Medicaid Services, but has not yet been approved. The rules also define the requirements for use of a person-centered planning process. Policy was revised to incorporate new requirements and Individual Plan templates were revised. Statewide training was provided to facilitate implementation of the new process. The person-centered planning process is currently being implemented.

RESOURCE CENTERS

DDS successfully closed the Northern Oklahoma Resource Center of Enid (NORCE) on Nov. 17, 2014, and the Southern Oklahoma Resource Center (SORC) in Pauls Valley on July 10, 2015. Individuals who once lived at these public institutions are now served in community homes by service providers that provide 24-hour care in cities and towns across Oklahoma. With the closure of all state institutions, Oklahoma joins 14 other states in a national movement to provide a better life for people with disabilities through community-based care.



(SORC)



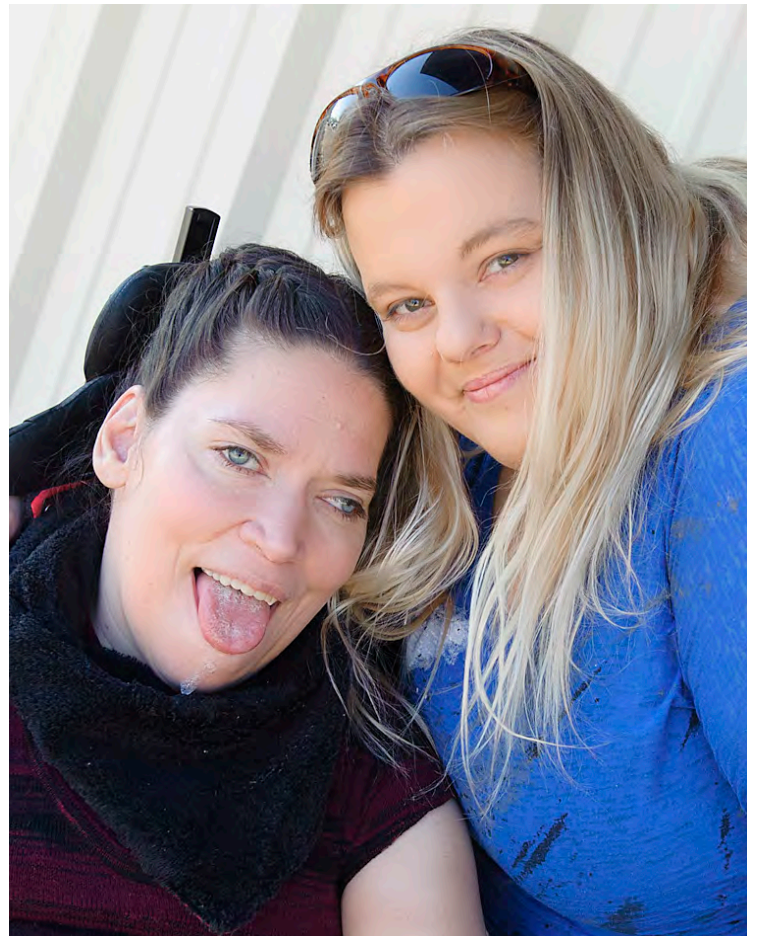
(NORCE)

Lisa Houston is a direct

support supervisor with Central State Community Services. They contract with the Oklahoma Department of Human Services to provide care to individuals the agency serves with developmental disabilities.

Houston has worked with her friend, Tracy, for 13 years. She understands Tracy's needs and communicates them to others. Recently, Tracy made it clear she wanted to live independently, so Houston made sure everyone knew.

"Tracy was very adamant that she wanted her own house in Pryor," Houston said. "So that was kind of a heated debate for a while, but that was what she wanted."



Tracy had been living with her foster brother, and they knew each other from the Hissom Memorial Center. While she loved her brother, Tracy still longed for a place of her own where she could assert her independence.

“I just felt like I had to help her fight for what she wanted,” Houston said.

So she worked with Tracy’s Developmental Disabilities Services case manager and her service-planning team to help Tracy’s dreams become a reality.

As a result, Tracy’s life is now much more fulfilling. She has her own home in Pryor, attends church, and, with Lisa’s help, she operates a vending business called “Tracy’s Tidbits.”

Houston and Tracy also collect cans for recycling, and the proceeds benefit the Oklahoma People First Green Country Chapter. It is a nonprofit self-advocacy group for people with developmental disabilities. Tracy is a member of that organization and served as an officer for two years.

“For Tracy, that was kind of a ‘Hey, this is my life and I can do what I want to do with it,’” Houston said. “It helped her self-esteem to be built up more, and to make her own choices and let herself be known.”

Houston said Tracy’s fearless spirit has led to some unexpected discoveries, including the fact that Tracy loves the roller coasters and spinning rides at Frontier City.

“Tracy is willing to try anything,” she said. “Somebody asked her the other day if she wanted to go sky diving and she nodded ‘Yes!’ I said ‘OK, there’s the line, Tracy. I am not skydiving,’” Houston said with a laugh. “But I know she would probably give it a try. She’s pretty fearless.”





Office of Inspector General

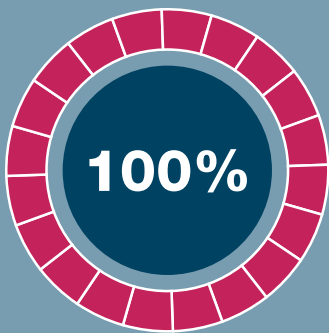
The Office of Inspector General oversees and preserves the integrity of DHS programs and services through prevention, detection and prosecution of fraud, waste or abuse by DHS clients, vendors, employees or the public.

\$90,583.09

in cost savings were identified through audits for compliance with policies and regulations, for performance, and for financial viability.

\$731,319.83

in savings to the U.S. Department of Agriculture SNAP program for closed retailer SNAP trafficking investigations.



OIG accuracy rate in SNAP quality reviews.

ADMINISTRATIVE REVIEW UNIT

The Administrative Review Unit had a 100 percent “Federal Agree” rating on USDA Food and Nutrition Services re-reviews for federal fiscal year 2014 and, so far, in FFY 2015. Re-reviews are part of the quality control process to determine error rates.

INTERNAL AUDIT UNIT

The Internal Audit Unit continues to help ensure accountability and compliance by conducting a variety of audits throughout DHS and of subcontractors, including Title III Nutrition Projects.

SECURITY & EMERGENCY MANAGEMENT UNIT

The Security and Emergency Management Unit continues to review office or division plans for continuity of operations to ensure essential operations could continue in an emergency or disaster. The unit is also developing a physical security program and a more comprehensive information security awareness program for DHS.

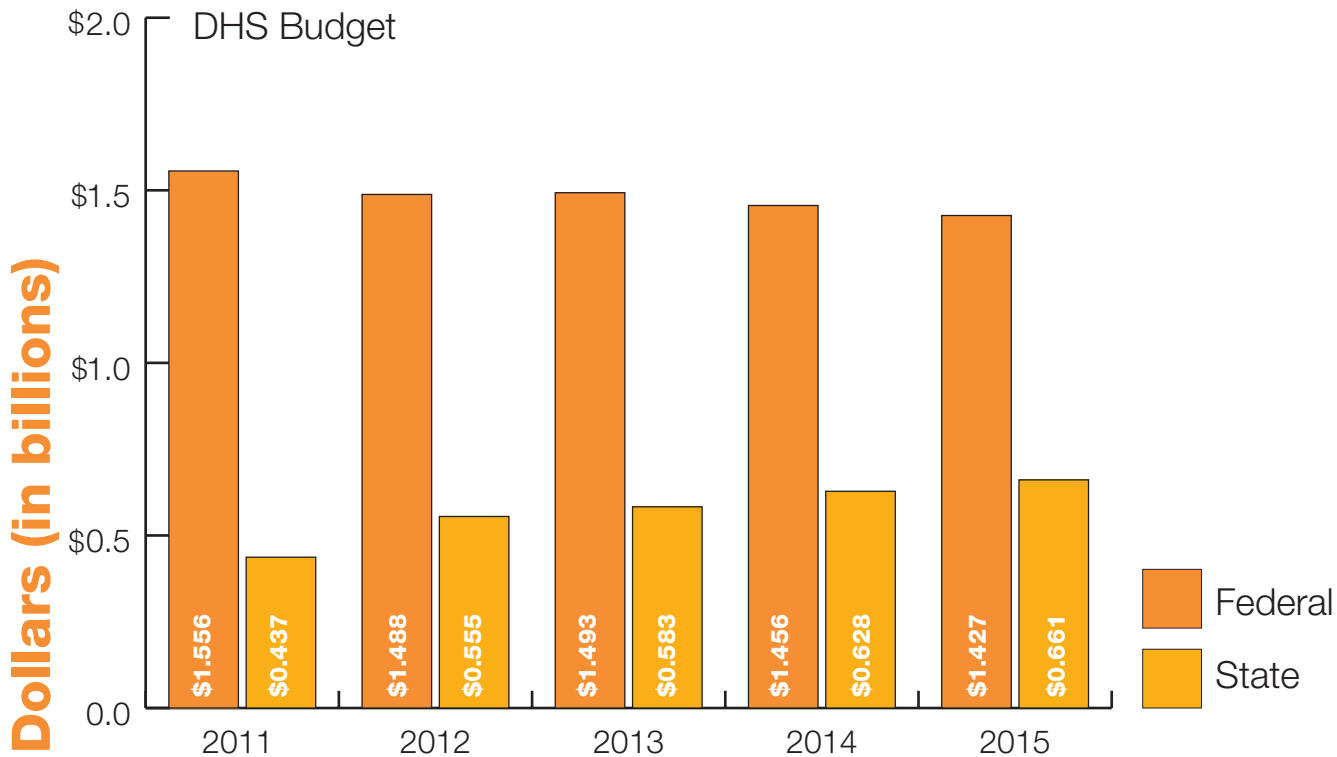
INVESTIGATIONS UNIT

The Investigations Unit implemented a redesigned investigative case management system that is more reliable and accessible, and that includes a more robust reporting capability

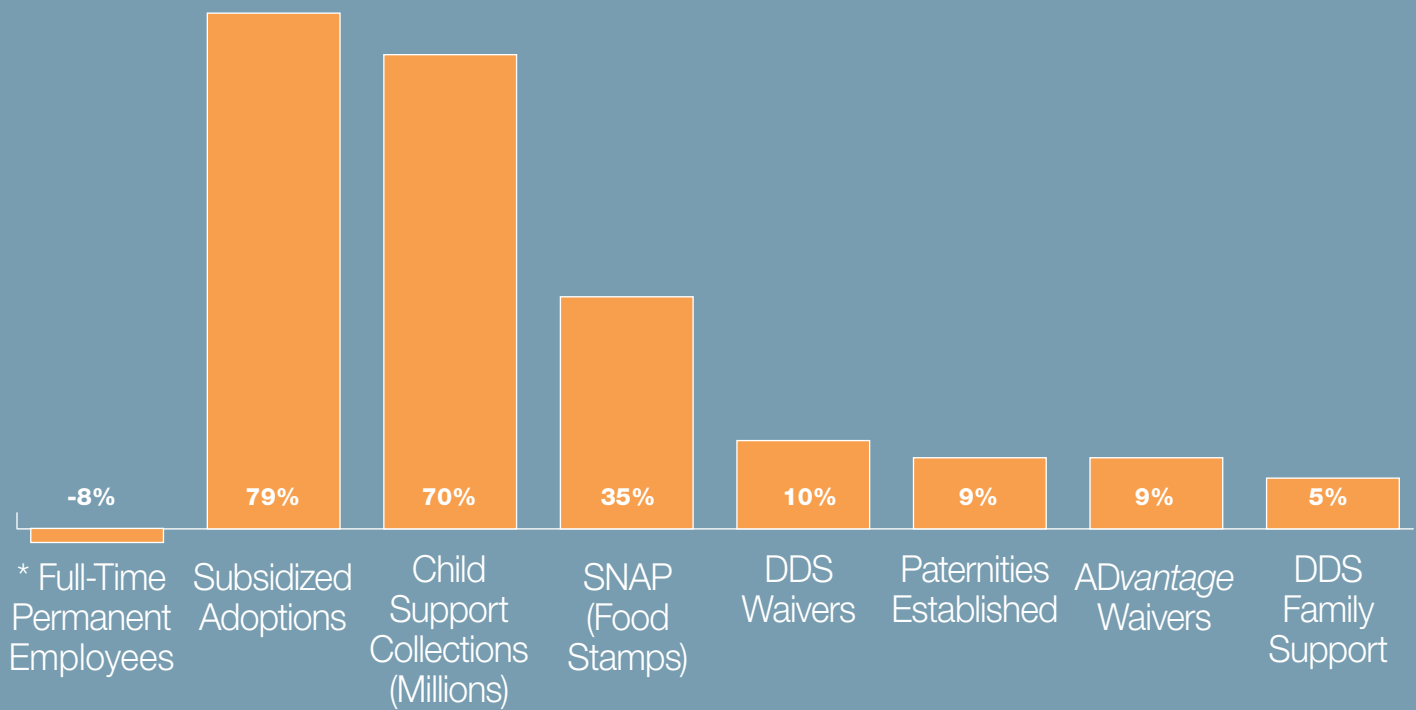


Accountability

DHS continues to improve operational efficiencies to meet the needs of Oklahomans. There is an increasing number of individuals receiving services with fewer DHS employees. This is accomplished through staff training, automating processes, and identifying process improvements. The aim is to improve timely and accurate delivery of services at the lowest cost.



DHS Productivity Gains SFY 2006 vs SFY 2015



2006	7,648	8,587	\$219.3	641,698	5,118	17,942	18,856	2,077
2015	7,003	15,333	\$372.2	867,968	5,610	19,578	20,641	2,185

* Does not include temporary or part-time employees

DHS Full-Time Equivalent Employees



*Total FTEs 7,408.2

*Includes Temporary and Part-Time Employees

DHS Expenditures



Total DHS Expenditures \$2,225,555,826



STATISTICAL SUMMARY

State Fiscal Years 2015, 2014

Programs	SFY 2015	SFY 2014	Percent Change
DHS Expenditures	\$2,225,555,826	\$2,216,740,332	0.40%
Authorized Adoption Placements (SFY)	2,181	1,464	48.9%
Adoptions Finalized (SFY)	2,186	1,269	72.26%
Adoption Subsidies (EOFY)	15,333	14,123	8.57%
Adult Protective Services, Investigations (SFY)	14,807	15,010	-1.35%
Adult Protective Services, Substantiated (SFY)	6,186	7,112	-13.02%
Child Care, Services Provided (MA)	32,336	33,322	-2.96%
Child Care, Licensed Facilities (MA)	3,558	3,825	-6.98%
Child Care, Licensed Capacity (MA)	126,123	131,150	-3.83%
Child Protective Services, Substantiated (SFY)	15,252	14,172	7.62%
Child Support Services, Collections (SFY)	\$372,188,406	\$362,470,719	2.68%
Child Support Services, Cases (QA)	207,677	206,746	0.45%
Elderly Support Services, ADvantage Meals (SFY)	3,499,439	3,228,709	8.39%
Elderly Support Services, Congregate Meals (SFY)	1,495,369	1,502,655	-0.48%

STATISTICAL SUMMARY

State Fiscal Years 2015, 2014

Programs	SFY 2015	SFY 2014	Percent Change
Elderly Support Services, Home-Delivered Meals (SFY)	1,329,377	1,324,717	0.35%
Out-of-Home Care Placements (EOFY)	10,942	11,301	-3.18%
State Supplemental, Cases (MA)	88,156	89,200	-1.17%
State Supplemental, Persons (MA)	88,160	89,206	-1.17%
State Supplemental, Expenditures (SFY)	\$39,471,445	\$38,813,658	1.69%
SNAP (Food Stamp), Cases	386,974	398,962	-3.00%
SNAP (Food Stamp) Program, Persons	867,968	894,346	-2.95%
SNAP (Food Stamp) Program, Value (SFY)	\$859,698,221	\$900,724,879	-4.55%
TANF, Cases	12,087	12,411	-2.61%
TANF, Persons	29,141	29,701	-1.89%
TANF, Expenditures (SFY)	\$17,831,279	\$17,941,242	-0.61%

SFY = State Fiscal Year MA = Monthly Average EOFY = End of Fiscal Year QA= Quarterly Average







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