



2022
Annual Progress and Services Report (APSR)
to the
2020-2024 Child and Family Services Plan (CFSP)



Child Welfare Services
Oklahoma Department of Human Services

June 30, 2021

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Attachments

- (1) OKDHS Executive Organizational Chart
- (2) CWS Executive Team Organizational Chart
- (3) CWS Regions and Districts Map
- (4) CWS Organizational Chart
- (5) Clinical Team Update March 2021
- (6) OKDHS CWS Tribal Program Contacts
- (7) Oklahoma Federally Recognized Tribes
- (8) Oklahoma Tribal ICW Contact List
- (9) Oklahoma Child Death Review Board 2021 Recommendations
- (10) Oklahoma Domestic Violence Fatality Review Board 2020 Annual Report
- (11) Oklahoma Advisory Task Force Board on Child Abuse and Neglect Three-Year Assessment & Recommendations (2021-2024)
- (12) Annual Report of Education and Training Vouchers Awarded
- (13) Oklahoma Child Welfare Services Health Care Oversight and Coordination Plan Update
- (14) Training Plan with Cost Allocation
- (15) Oklahoma FY 22 CFS-101 - Excel
- (16) Oklahoma FY 22 CFS-101 - PDF
- (17) Oklahoma FY 21 CFS-101 Reallotment

General Information

State Agency Administering the Programs

Oklahoma Human Services (OKDHS) is the state agency designated to administer Title IV-B and Title IV-E programs, the Child Abuse and Prevention and Treatment Act, and the Chafee Foster Care Program for Successful Transition to Adulthood. OKDHS, an umbrella agency, was established by the state legislature in 1936. Support programs and services currently provided statewide in 77 counties include Child Welfare Services (CWS), Temporary Assistance for Needy Families, Medicaid (SoonerCare), Supplemental Nutrition Assistance Program, Aging Services, Developmental Disabilities Services, Child Care Services, and Child Support Services.

CWS is the OKDHS division responsible for administering the state's child welfare services and operates under the direction of CWS Director Deborah Shropshire, M.D. The CWS Director reports directly to the OKDHS Senior Director of Children's Services who reports to the OKDHS Chief of Staff and Operations. The Chief of Staff and Operations reports to the OKDHS Director, who reports directly to the Governor's Office. See the attached ***OKDHS Executive Organizational Chart***.

Within the CWS organizational structure is the CWS Director and two assistant CWS directors, one responsible for field operations and the other responsible for program operations. The CWS Executive Team, comprised of the CWS Director, assistant CWS directors, 10 deputy directors, and a director of clinical operations leads the CWS division. See the attached ***CWS Executive Team Organizational Chart***. Five regional deputy directors oversee the state's five regions that provide Child Protective Services (CPS), Family-Centered Services (FCS), and Permanency Planning (PP) services. Another deputy director oversees Foster Care and Adoptions (FC&A) services that are provided in all five regions. The 47 district directors cover 27 state districts aligned according to district attorneys' responsibilities and report to the five regional deputy directors, as shown in the attached ***CWS Regions and Districts Map***. To support the critical work in the five regions, five teams, each led by the CWS Director, a deputy director, or the clinical director, are responsible for CWS Placement Programs, CWS Programs, CWS Community Partnerships, CWS Operations and Business Processes, and Clinical Operations. See the attached ***CWS Organizational Chart***.

- The CWS Placements Program team is responsible for policy, procedures, and programs for:
 - FC&A – manages recruitment, retention, and training of all resource families who provide foster care, including therapeutic foster care, for children in temporary OKDHS custody. FC&A assists in securing a safe, permanent home for children in permanent OKDHS custody through a comprehensive array of services that identifies, approves, matches, and supports adoptive families.
 - Post-Adoptions – administers financial and medical benefits, child care, Interstate Compact on Adoption and Medical Assistance, Confidential and

- Intermediary Search, reunion and paternity registries, and provides case management service to all who finalize adoption of a child or youth in out-of-home placement.
 - Interstate Compact on the Placement of Children – ensures protection and services to children who are placed across state lines.
 - Specialized Placements and Partnerships – oversees residential placements, shelter care, developmental disabilities, and education-related services.
- The CWS Programs team is responsible for the policy, procedures, and programs for:
 - Hotline and CPS – oversees OKDHS Abuse and Neglect Hotline, CPS investigations and assessments, and Child Abuse and Neglect Information System inquiries.
 - Permanency, Prevention, and Well-Being – oversees PP services, FCS, Oklahoma Children's Services, and Appeals. Permanency and Well-Being staff regularly communicate with other state agencies to ensure an integrated system of health exists for children and families.
 - Successful Adulthood Services – manages the Chafee Program and all related education, training, and services for OKDHS custody children aging out of care.
 - Training – develops CWS training programs and trains child welfare (CW) staff.
 - Quality Assurance (QA) – ensures the quality of work in CPS, PP, and FCS as well as division-wide continuous quality improvement processes. QA staff also conducts Child and Family Services Reviews, qualitative case reviews across the state, and contract performance reviews of the contracted foster care level placement providers and above.
 - Project Management – manages CWS child welfare-related business projects, program initiatives, and federal and Pinnacle Plan reports.
 - CWS Nurses – assists caseworkers, biological families, and foster families in understanding and meeting the medical needs of children, including assistance during investigations.
 - Prevention Services – provides oversight and management of the Family First program in order to ensure successful completion of the Title IV-E Prevention Program.
- The CWS Community Partnerships team is responsible for the policy, procedures, and programs for:
 - Community Collaboratives – empowers communities to develop a self-sustaining collaboration to solve specifically-identified community problems or needs.
 - Tribal Coordinators – collaborates with the 38 federally-recognized tribes in Oklahoma to coordinate services, Title IV-E and Title IV-B funding to tribes, and training to tribal and CW staff on Indian Child Welfare Act practice.

- Community Coordination – engages and connects partners outside of CWS, including private, governmental, and the public, with each other and the appropriate CW staff to create opportunities for resources and support for families and children.
- The Operations and Business Processes team is responsible for the policy, procedures, and programs for:
 - Basic administrative support – includes CWS division-related human resources, payroll, and budget; contracts and purchasing; coordination of services related to Title XIX, Title IV-B, Title IV-E, Medicaid, and Social Security; and coordination of CWS-related state and federal fiscal programs with the OKDHS Financial Services Division.
 - Technology and Governance – manages the CWS Statewide Automated Child Welfare Information System (SACWIS) known as KIDS, including system development and maintenance; SACWIS compliance; KIDS Helpdesk; KIDS application training; federal, state, and Pinnacle Plan mandated data and reporting; and all internal and external requests for KIDS-related data. Technology and Governance also manages the transition from the SACWIS to the Comprehensive Child Welfare Information System (CCWIS), currently in development.
- The Clinical Operations Director is responsible for providing support for youth and families in the Oklahoma CW system by offering clinical expertise and guidance to CWS programs, specialists, and community partnerships. To enhance and support best practices in mental and physical health system wide, the Clinical Team consists of the clinical team director, a pediatric psychologist, a pediatrician, mental health consultants, nurses, and an adoption specialist.

Collaboration

Oklahoma has engaged in substantial, ongoing, and meaningful collaboration with families, children, youth, tribes, courts, and other partners in the assessment of the current functioning, and analyses of strengths and areas of need in the CW system. Information gathered from focus groups, community meetings, workgroups, reviews, and reports was compiled and served as the basis for the development of the Oklahoma 2020-2024 Child and Family Services Plan (CFSP). Continual engagement with families, children and youth, tribes, courts, and other partners occurs on a regular basis as do focus groups, meetings, and workgroups.

CWS continues to ensure stakeholders are actively involved in CFSP implementation through ongoing meetings and work groups, along with partnering with other sister agencies to hold at a minimum, annual stakeholder meetings. A key component of continuous quality improvement in CW practice is the input provided by stakeholder engagement. As implementation moves forward and additional information is gathered through case reviews and other methods, qualitative information sheds insight as to the effectiveness of the collaborations that are ongoing, the results of communication

occurring between service providers and CWS, and most importantly, the access and quality of services provided to children, youth, and families.

Although not a comprehensive list, involved stakeholders are:

- Biological parents
- Child Protection Coalition in Tulsa County
- Child Welfare Professional Enhancement Program
- Court-appointed special advocates
- Court Improvement Project
- Faith-based partners, including Project 111 and Count Me in 4 Kids
- Foster and adoption parent associations and support groups
- Juvenile Judges Oversight Advisory Committee
- Legislative workgroup
- Oklahoma Advisory Task Force Board on Child Abuse & Neglect
- Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board
- Oklahoma Commission on Children and Youth
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Indian Child Welfare Association
- Oklahoma Institute for Child Advocacy
- Oklahoma Office of Juvenile Affairs
- Oklahoma State Department of Education
- Oklahoma State Department of Health
- Oklahoma Therapeutic Foster Care Association
- Post-Adjudication Review Board
- Resource parents
- Service providers
- Special Review Committee
- Stakeholder focus groups, such as CW Policy and Practice Group
- Tribal/State Collaboration Workgroup
- Tribes
- University of Oklahoma
- Young adults previously in care
- Youth service agencies
- Youth in care

Further details regarding collaboration and stakeholder involvement are found throughout other sections of this 2022 Annual Progress and Services Review report, including but not limited to, the **Update to the Assessment of Current Performance**, **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, **Quality Assurance System**, **Update on the Service Descriptions**, and **Consultation and Coordination Between States and Tribes**.

Vision Statement

The OKDHS mission is to improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent and productive lives. OKDHS provides help and offers hope to vulnerable Oklahomans through stronger practices, involved communities, and a caring and engaged workforce.

OKDHS is working towards a goal of redefining what it means to be a public human service organization. This involves drastically altering the agency's presence within the community. OKDHS is dedicated to changing the public's perception of the organization to one that is creative, innovative, and focused on deconstructing systemic barriers which prevent the agency from serving where and when needed – before families are in crisis. Leadership is committed to finding pathways to partner with communities and identify creative ways to serve and invest in meeting unique needs as defined by the communities themselves. This commitment involves everything from how OKDHS designs service delivery with an intentional inclusion of client voice/human-centered design, close physical locations in service to families, and leveraging opportunities to blend funding sources.

Within OKDHS, the CWS division's purpose is to improve the safety, permanence, and well-being of children and families involved in the CW system through collaboration with families and their communities. The CWS vision is to promote strong Oklahoma families together.

To achieve this mission and vision, CWS, in partnership with stakeholders, must strengthen families and prevent child maltreatment and unnecessary family separation and trauma to children and their parents. Reaching children and families sooner through prevention is the key to avoiding unnecessary trauma, disrupting intergenerational cycles of maltreatment, and achieving better outcomes for children and families. The goals, objectives, and strategies outlined in the 2020 – 2024 CFSP, through a fundamental cultural shift within the system that focuses on trauma-informed, prevention-based care, ensures the practice, procedures, and policies in place continue to be enhanced and create sustainable, desired outcomes for Oklahoma children and families.

CWS has invested a large number of resources to safely reduce the number of children entering foster care, a trend that resulted in a 30 percent decline over a six-year time period. This decline is the direct result of a continuum of care strategies aimed at serving families preventatively and designed to reduce barriers to reaching permanency. However, when children must be removed from their homes, CWS supports the use of family-based foster care to ensure permanency and stability in their living situations and continuity of family relationships and connections. The services and treatment programs are focused on the family as a whole, working with families as partners in identifying and meeting individual and family needs to improve their functioning and well-being. Services promote the healthy development of children and youth, promote permanency, and help prepare youth for self-sufficiency and independent living.

Services and treatment are community-based and accessible to children and families and organized as a continuum, sufficient to keep children safe and meet the needs of children and families. Capacity to serve children and families that need prevention and reunification services is increased through strong family-centered practices involving the implementation of revised training and structured and supportive supervision that focuses on understanding and treating safety needs and trauma; strengthening parental protective capacities; and increasing mindfulness towards the goal of improving child and family outcomes. Strong family-centered practices establish the direction, expectations, and values from which the workforce operates, resulting in more empowered families and an agency that knows where it is going and why. CWS expects this approach to lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. Further, community capacity increases by capitalizing on partnerships to meet child and family needs through the availability of effective services. Evidence-based or evidence-informed services continue to be identified and/or developed at a community level to promote child well-being, safety, and permanency, and enhance the service array.

Update to Assessment of Current Performance in Improving Outcomes

Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) continues to undertake case record reviews utilizing the Child and Family Services Reviews (CFSRs) process implemented by the Children's Bureau (CB) of the Administration for Children and Families (ACF) within the United States Department of Health and Human Services (DHHS). As per the CB's goal, the CFSRs are conducted with the intent to improve the child welfare (CW) services to best achieve the outcomes of safety, permanency, and child and family well-being. The CFSRs are used to assess state performance on seven outcomes resulting from an assessment of 18 individual items and seven systemic factors. Data collected from the CFSRs are also used as performance indicators within the Goals and Objectives of the Oklahoma's Plan for Enacting the State's Vision and Progress Made to Improve Outcomes per the 2020-2024 Child and Family Services Plan (CFSP).

CFSR Child and Family Outcomes

CFSR case reviews are conducted over a six-month period using a randomized sample of 65 cases that were either open or opened within an Adoption and Foster Care Analysis and Reporting System (AFCARS) period which include 40 children in foster care and 25 families receiving in-home services. The case review process covers interviews with key case participants comprised of parents, other caregivers, children, resource parents, and caseworkers. An Onsite Review Instrument (OSRI) is used to collect the case information and data via an Online Monitoring System (OMS) supported by the CB's CFSR Portal.

The 130 cases resulting in the data discussed in this Annual Progress on Services Report (APSR) were open or opened within AFCAR Periods 19B or 20A and included 80 children in foster care and 50 families receiving in-home services. The CFSR case reviews occurred from 4/1/2020 – 3/31/2021 with periods under review ranging from 4/1/2019 – 3/31/2021. Other data included in the discussion is from Oklahoma's Statewide Automated Child Welfare Information System (SACWIS) known as KIDS. Within each item discussed, the data's source is identified.

Unless otherwise indicated, the CFSR item data is a statewide total. As addressed in this APSR under the **General Information**, State Agency Administering the Program, CWS is divided into five geographical regions across the state within which are 27 districts aligned according to court jurisdictions. There may be wide variances between regions due to leadership, staff turnover and vacancies, and staggered rollout of statewide initiatives. Regional variances may also occur due to other dynamics including population density, driving distances, and availability of local services, to name a few. These variances will be noted under those items where it is significant.

The impact the COVID-19 pandemic, which occurred during the reporting period's time frame, may have had on the case review process, on the rating of items, and on other included data is unknown. Face-to-face interviews with participants were replaced with telephone or virtual interviews. The CFSR staff completing the case reviews were

suddenly moved from offices to teleworking from their homes. Families, whether they were CW staff, parents, other caregivers, children, or resource families, were living under stressful circumstances with employment uncertainties, children attending virtual school from home, loss of in-person supports and services, virus-related illness, and even death.

Safety

The safety of children is paramount within Oklahoma's CW system. Safety is a priority beginning at the time a child maltreatment report is received, throughout the safety assessment process, and until a child is determined to be safe in his or her own home. Efforts to align safety assessment practices are ongoing across all CWS programs, including the Abuse and Neglect Hotline (Hotline), Child Protective Services (CPS), Family-Centered Services (FCS), Foster Care and Adoptions (FC&A), and Permanency Planning (PP).

As discussed in the 2020-2024 CFSP, through root cause analysis within all safety, permanency, and well-being outcomes, CWS identified consistency and quality supervision as areas paramount to improving overall child welfare practice. As a result, work continues in order to support the ongoing implementation, sustainability, and fidelity of the Safety through Supervision Framework, which is addressed in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1, Objective 1.5. The framework's goal is to increase the accessibility, practicality, and relevancy of daily supervision to ensure better safety, permanency, and well-being outcomes within all programs. The Safety through Supervision Framework's intent is to impact all outcomes discussed below.

Safety Outcome 1

Children are first and foremost, protected from abuse and neglect.

Item 1: Timeliness of Initiating Investigations

In Oklahoma, all reports of child maltreatment are processed by the centralized Hotline to determine whether a report is accepted and assigned for a CPS investigation or assessment (Alternative Response). A response time is also determined based on the severity and immediacy of the reported maltreatment. Reports that indicate a child is in present danger and at risk of serious harm or injury is assigned as a Priority 1 (P1) and a CW specialist's response occurs on the same day. A Priority 2 (P2) designation is assigned to all other accepted reports with a response time based on the child's vulnerability and risk of harm. Response time on P2 investigations occurs within two to five-calendar days and on P2 assessments within two to 10-calendar days.

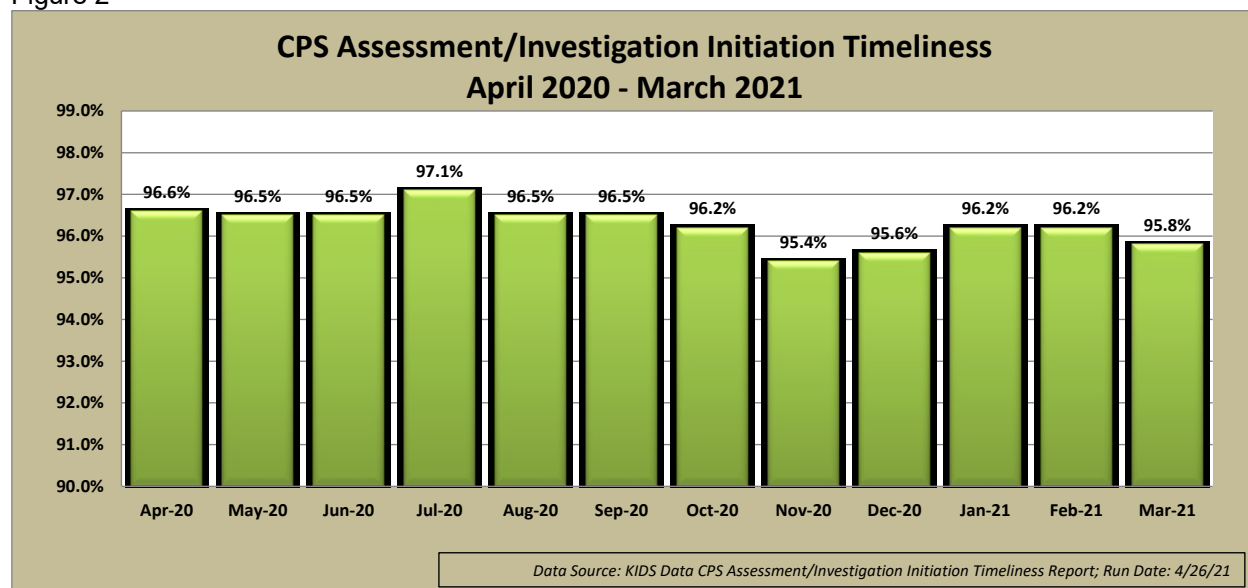
Timely initiation of CPS investigations and assessments is evidence of a commitment to safety. Oklahoma CWS defines initiation as the moment the first attempt is made to contact the child victim(s) face-to-face. Initiation timeliness is consistently a strong area for Oklahoma. Figures 1 and 2 reflect the state quantitative data for the reporting period of 4/1/2020 – 3/31/2021.

Figure 1

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	TOTAL
% Within Policy	96.6%	96.5%	96.5%	97.1%	96.5%	96.5%	96.2%	95.4%	95.6%	96.2%	96.2%	95.8%	96.2%
# of Reports	3278	2142	2218	2488	2524	2631	3003	2623	3058	2675	2366	2934	31940
# Within Policy	3166	2066	2140	2415	2436	2539	2888	2502	2924	2574	2276	2811	30737
# Not Within Policy	112	76	78	73	88	92	115	121	134	101	90	123	1203
Average Length of Time to Initiate (Days)	3.4	3.4	3.4	3.4	3.4	3.5	3.4	3.5	3.5	3.6	3.6	3.6	3.5

Data Source: KIDS Data CPS Assessment/Investigation Initiation Timeliness Report; Run Date: 4/26/21

Figure 2



There is a difference in the above KIDS quantitative data which indicates initiation timeliness at 96.2 percent between 4/1/2020 – 3/31/2021, a 12-month timeframe and the qualitative case review data in Figure 3 which indicates initiation timeliness at 81.1 percent between 4/1/2019 – 3/31/2021, a 24-month timeframe. The case review data includes both timely initiation and timely face-to-face contact with all alleged victims in all accepted reports for the family. The family may have had multiple CPS investigations with differing initiation time frames for contact with the family, as well as for timely face-to-face contact with all child victims. In comparison to the case review data reported in June 2020 that reflected initiation timeliness at 85.27 percent, Oklahoma CWS' statewide average performance decreased by 4.17 percent for this item.

Figure 3

CFSR Case Review Data: 04/2019-03/2021		Performance Item Ratings			Outcome Ratings			
Applicable Cases: 127	Strength ☐	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA	
<u>Safety Outcome 1</u> : Children are, first and foremost, protected from abuse and neglect.				81.1% n=103	0% n=0	18.9% n=24	n=3	
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.1% n=103	18.9% n=24	n=3					
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21								

While the initial response time to accepted child maltreatment reports is timely overall, follow-up attempts to make face-to-face contact with all alleged child victims, per CWS policy, continues as a focus area for improvement. Identified practices and barriers that impact this outcome include a lack of follow-up attempts to complete face-to-face contacts when failed attempts occur and/or a lack of face-to-face contacts with all alleged child victims within the specified policy requirements.

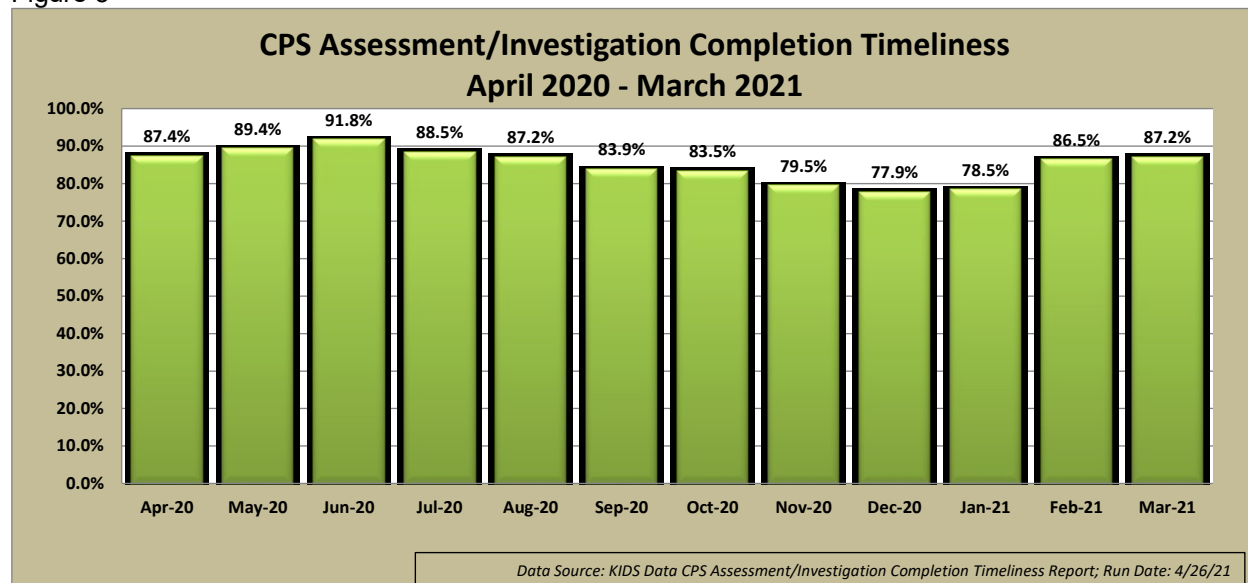
In previous case reviews these practices were reported to be impacted by lengthy drive time in rural Oklahoma, staff vacancies, and variances in caseload distribution. In this reporting period, regional variances ranged from a high of 96 percent timeliness to a low of 73 percent. The regions with the lowest rates of timeliness involved metro areas where the COVID-19 virus rates were the highest and restrictions were enforced in regard to face-to-face contact. The metro areas also have the highest turnover rate in CW staff, thus necessitating new staff onboarding and training. New staff training was canceled for a period of time in April – June 2020 so that it could be changed from an in-person to a virtual format.

In addition to initiation, timely completion of CPS investigations and assessments is also an indicator of ensuring child safety. From April 2020 – March 2021, CWS completed 84.9 percent of 31,821 CPS investigations and assessments within required time frames, as seen in Figures 4 and 5. CWS' completion timeliness of 84.9 percent is a 7.7 percent improvement for this reporting period compared to the June 2020 report of 77.2 percent.

Figure 4

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	TOTAL
% Within Policy	87.4%	89.4%	91.8%	88.5%	87.2%	83.9%	83.5%	79.5%	77.9%	78.5%	86.5%	87.2%	84.9%
Completed	3258	2133	2211	2474	2517	2614	2990	2611	3051	2669	2361	2932	31821
# Within Policy	2848	1906	2030	2190	2195	2194	2497	2077	2377	2095	2042	2557	27008
# Not Within Policy	410	227	181	284	322	420	493	534	674	574	319	375	4813
Average Length of Time to Complete (Days)	43.7	39.1	37.9	41.7	43.1	43.6	44.8	47.2	48.6	48.1	43.3	43.7	44.0
Data Source: KIDS Data CPS Assessment/Investigation Completion Timeliness Report; Run Date: 4/26/21													

Figure 5



Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

Figure 6 case review data for Safety Outcome 2, at 44.62 percent substantially achieved, reflects an increase of 3.8 percent in ensuring safety for children as compared to the June 2020 report of 40.77 percent. This continues to be a direct result of multiple strategies CWS put in place that focus on the improvement of safely maintaining children in their homes, whenever possible and appropriate.

Figure 6

CFSR Case Review Data: 04/2019-03/2021				Performance Item Rating		Outcome Ratings			
Applicable Cases: 130				Strength ☐	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.							44.62% n=58	25.38% n=33	30% n=39
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care				68.97% n=60	31.03% n=27	n=43			
Item 3: Risk and Safety Assessment and Management				45.38% n=59	54.62% n=71	n=0			

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care

As per Figure 7, Safety Outcome 2, Item 2 indicates that in 60 of 87 applicable cases, services to protect the child(ren) in the home and prevent removal or re-entry into foster care is a strength in 68.97 percent of cases. This represents a decrease of less than one percent for this reporting period when compared to the June 2020 report of 69.79 percent. There is significant regional rating variance for this item, ranging from a strength of 94.74

percent in a region that is entirely metro to a low of 33.33 percent in a region that is largely rural. Metro areas tend to have a larger array of readily available services which provides families with safety supports to prevent removal. Other factors may impact this disparity in performance between regions, which is being assessed per several strategies found in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes** and the **Quality Assurance System**.

Figure 7

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 87		Strength ☐	Area Needing Improvement	Cases NA
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.				
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care		68.97% n=60	31.03% n=27	n=43
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

As indicated in Figure 8, removing children from their home increased slightly this reporting period when compared to the June 2020 report.

Figure 8

Month	Removed at Beginning of Month	Removed During the Month	Exited During the Month	Removed at End of Month
Mar 2021	7864	357	365	7856
Mar 2020	7761	305	284	7782
Mar 2019	7966	351	350	7967
Mar 2018	8741	334	425	8560
Mar 2017	9392	518	526	9384
Data Source: Removals By Month Report; Run Date: 4/27/21				

As seen in Figure 9, which reflects new FCS cases opened each month during this reporting period, CWS continues to enhance and expand prevention efforts as well as improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification to prevent re-entry into care.

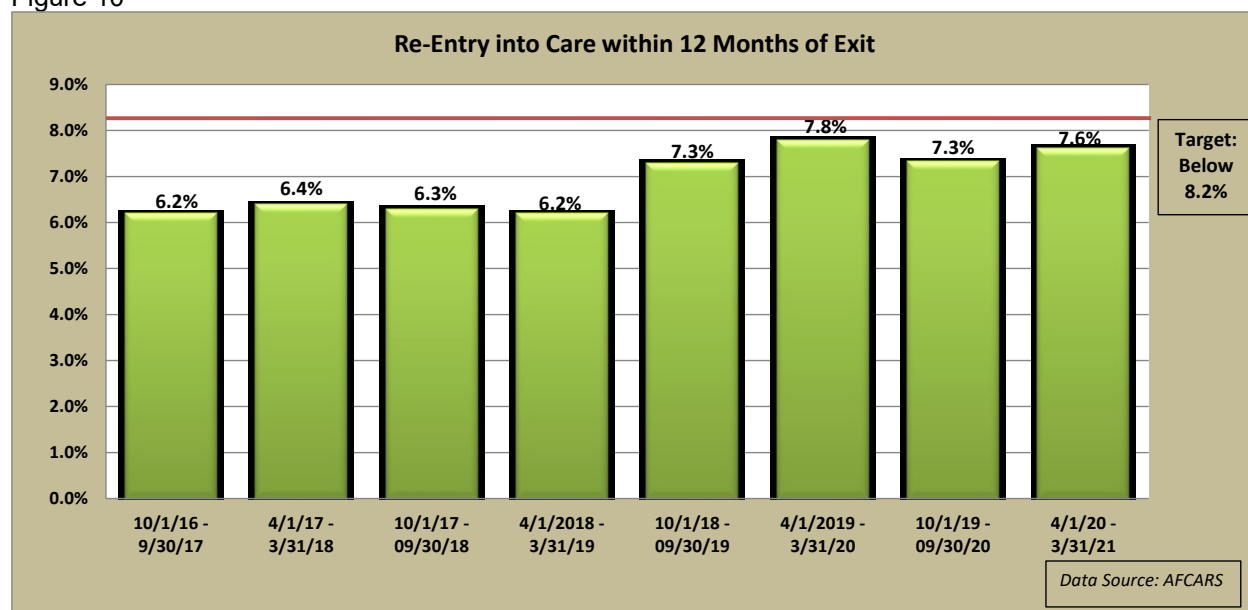
Figure 9

New Family-Centered Services (FCS) Cases Open at Least 7 days by Month											
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
115	96	127	128	103	101	128	97	116	101	94	107
Data Source: KIDS Data - New FCS Cases Report; Run Date: 4/30/21											

For the current period, 2,265 families were served through FCS, an increase of 241 families compared to the June 2020 report. Comprehensive Home-Based Services (CHBS) and Intensive Safety Services (ISS) continue to meet the complex needs of families being served preventively. Through resources provided through the Family First Prevention Services Act (FFPSA), CWS continues to increase prevention services for children at risk of entering the CW system through evidence-based treatment modalities. CWS continues collaboration efforts with the Oklahoma State Department of Health (OSDH) primary-prevention efforts as well as with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Further information on resources and FFPSA is provided in other sections of this APSR including, but not limited, to the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

As per Figure 10, re-entry into care remains below the CWS target rate of 8.2 percent and below the national performance of 8.1 percent per the CB's February 2021 CFSR Round 3 State Data Profile.

Figure 10



Item 3: Risk and Safety Assessment and Management

CW practices in the area of risk and safety assessment and management are related to both the initial and ongoing assessment of safety and the prevention of further harm to the child. Ongoing assessment is a continued evaluation of the initial identified safety concerns as well as concerns that may be present during visitation with parents or other family members and in the foster care placement. This ongoing assessment provides information to determine when a child may be safely reunified with his or her family of origin or when alternative means of permanency must be pursued due to a lack of substantial behavioral changes or failure to correct the safety concerns. In addition, this ongoing assessment ensures a child's safety while in out-of-home care.

Case reviews indicate a common factor affecting this area is engagement in critical conversations with all parties involved including children, parents, caretakers, foster parents, collaterals, and external stakeholders. The assessment of risk and management of safety threats are major factors that impact multiple items in the CFSR case review process.

As seen in Figure 11, case review data for Safety Outcome 2, Item 3, indicates that of 130 applicable cases, risk and safety assessment and management is a strength in 45.38 percent of cases reviewed. This is an increase of 4.61 percent compared to the June 2020 report of 40.77 percent as a strength.

Figure 11

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 130		Strength ☐	Area Needing Improvement	Cases NA
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.				
Item 3: Risk and Safety Assessment and Management		45.38% n=59	54.62% n=71	n=0
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

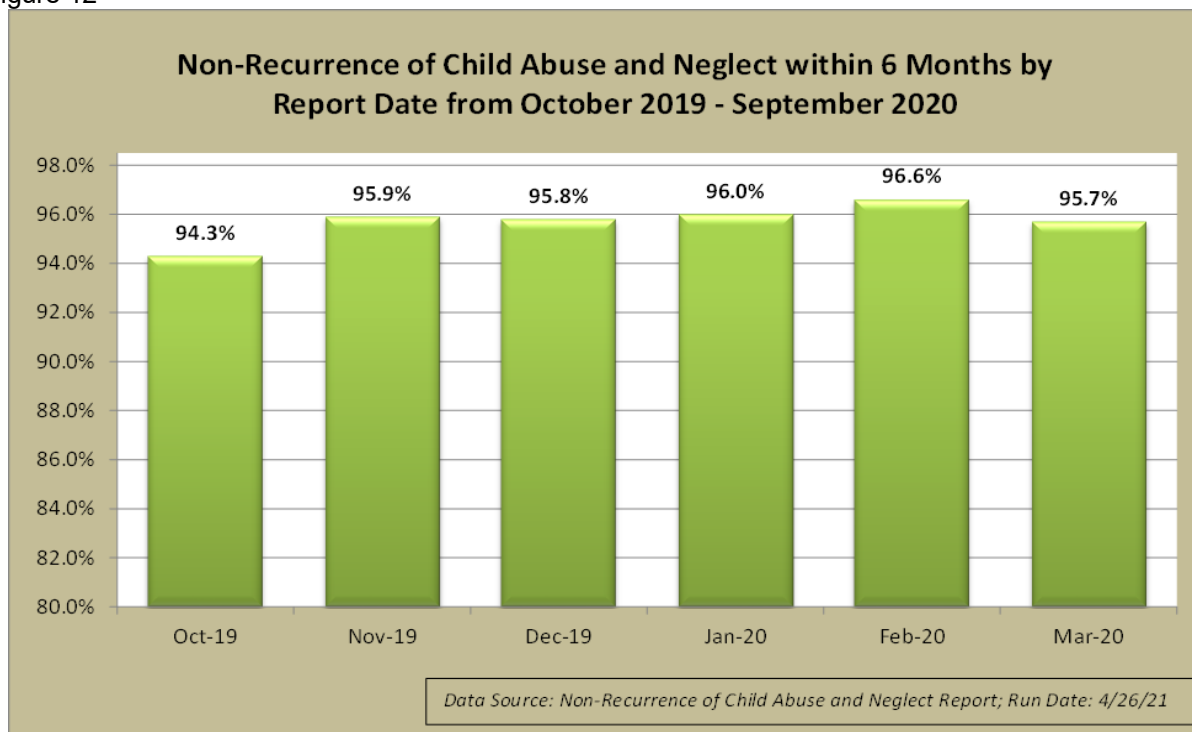
The regional rating variance for this item ranges from a strength of 23.08 percent to 76.92 percent. The region with the lowest percent of cases with a strength rating for risk and safety assessment and management struggles with high turnover and a disparity in workload distribution. Strategies were put in place to manage and redistribute cases; other factors that impact this item are being assessed. This region was one of the last to undergo the Safety through Supervision Framework rollout in late 2019 and early 2020, which was also at the same time the COVID-19 pandemic began. Thus, this region has not had the same opportunity as other regions to implement training into practice, nor has it received the same intense follow-up as other regions. Assessment and remedies to address this are discussed in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes** and the **Quality Assurance System**.

CWS continues to utilize multiple strategies across the state toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats and provide appropriate services to eliminate safety threats throughout the life of the case.

CWS tracks non-recurrence of child maltreatment by calculating of all children who were victims of a substantiated report of child maltreatment, what percentage were not victims of a substantiated report within six months. Figure 12 indicates that of all child victims in each month of October 2019 – March 2020, the noted percentage of children were not victims within six months. For example, of all child victims in October 2019, 94.3 percent

were not victims in the following six months of November 2019, December 2019, January 2020, February 2020, March 2020, or April 2020.

Figure 12



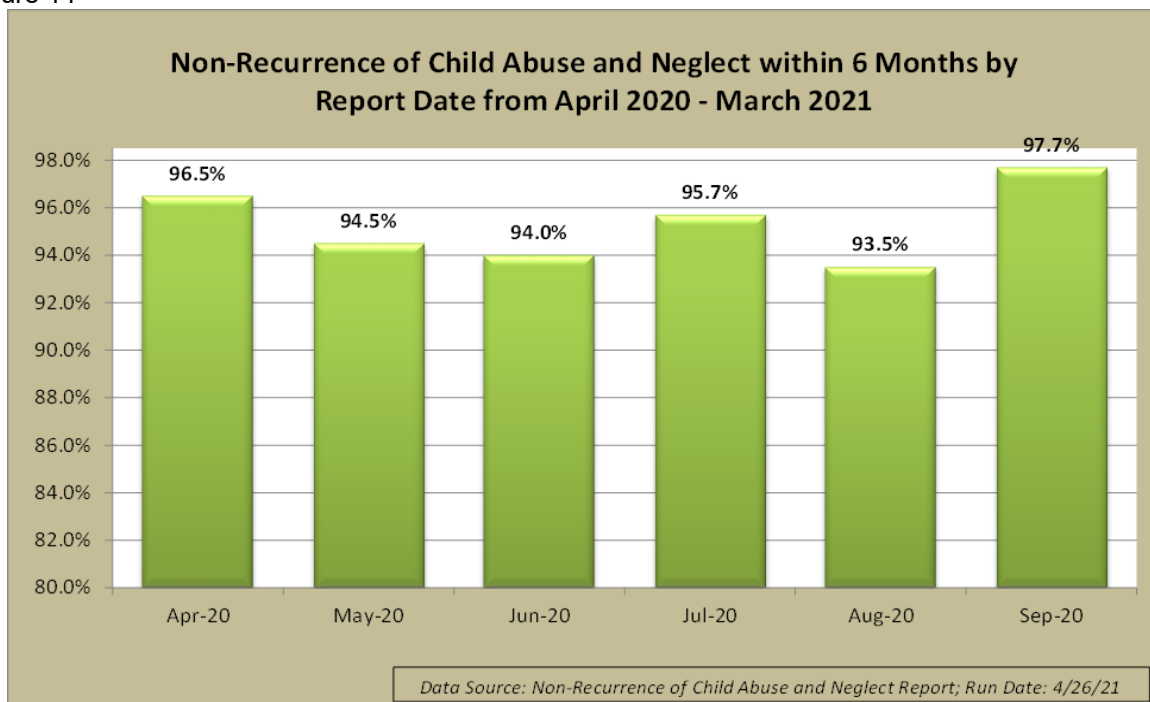
In Figure 13, additional details are provided as to how the calculation of non-recurrence was determined plus a Total column that provides a monthly average of non-recurring victims at 95.7 percent. This table also indicates that for substantiated child victims in October 2019 – March 2020, when recurring maltreatment did occur, it occurred within an average of 97 days or about 14 weeks.

Figure 13

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
% Non-Recurrence	94.3%	95.9%	95.8%	96.0%	96.6%	95.7%	95.7%
# of Confirmed	1449	1174	1240	1528	1243	1083	7717
# of First Confirmed	1443	1159	1216	1479	1195	1030	7522
# of Non-Recurrence	1361	1112	1165	1420	1154	986	7198
# of Recurrence	82	47	51	59	41	44	324
Average Length of Time to Recurrence (Days)	101	103.1	98.5	93	100.2	86.7	97.4
<i>Data is for Reports Received During First 6 Months of the Selected Period</i>							
<i>Run Date: 4/26/21</i>							

Figure 14 indicates that of all child victims in each month of April – September 2020, the noted percentage of children were not victims within six months.

Figure 14



In Figure 15, additional details are provided as to how the calculation of non-recurrence was determined plus a Total column that provides a monthly average of non-recurring victims at 95.2 percent. This table also indicates that for substantiated child victims in April – September 2020, when recurring maltreatment did occur, it occurred within an average of 85 days or about 12 weeks.

Figure 15

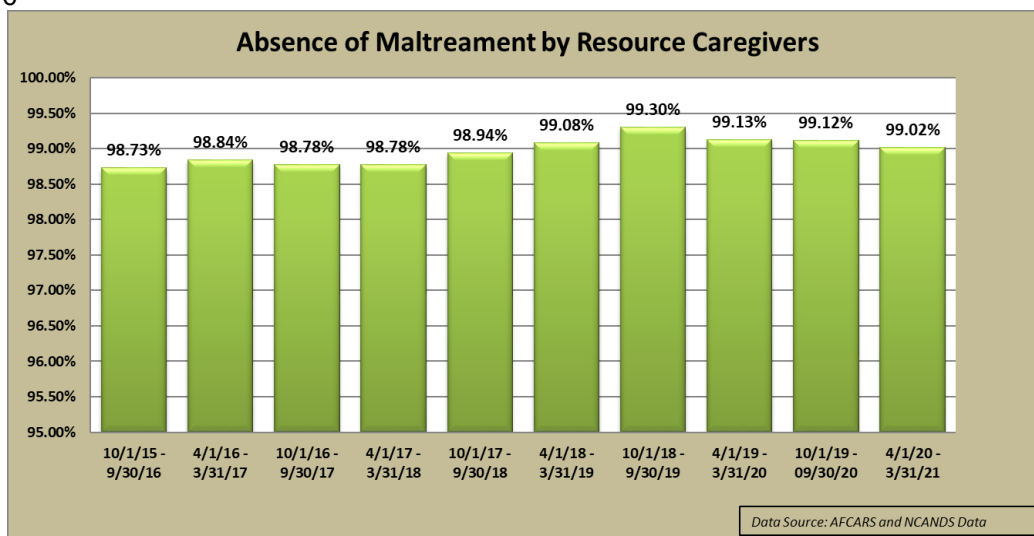
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	TOTAL
% Non-Recurrence	96.5%	94.5%	94.0%	95.7%	93.5%	97.7%	95.2%
# of Confirmed	995	1231	1267	1238	1306	1188	7225
# of First Confirmed	990	1226	1240	1201	1250	1110	7017
# of Non-Recurrence	955	1159	1165	1149	1169	1084	6681
# of Recurrence	35	67	75	52	81	26	336
Average Length of Time to Recurrence (Days)	83.4	88.3	95.7	77.3	81.9	84.2	85.9
<i>Data is for Reports Received During First 6 Months of the Selected Period</i>							
<i>Run Date: 4/26/21</i>							

Ensuring the safety of children placed in OKDHS custody continues to be CWS' paramount priority. Specific strategies, such as completing qualitative-regional reviews

of unsubstantiated and substantiated reports in home-like settings; sharing the outcomes of the reviews with CW specialists and supervisors to create group learning; specific targeted strategies within group homes; and enhanced practices and guidance for quality monthly contacts are in place to reduce the incidences of maltreatment of children while in OKDHS custody. Online training is also required of all CW staff outlining contributing factors and how to utilize resources and other consultation to support staff in reducing maltreatment in care. Updates and progress on these strategies and activities is found in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1, Objective 1.4, and Goal 1, Objectives 2.8 and 2.13.

Per Figure 16, during this reporting period the rate of absence of maltreatment by resource caregivers is 99.02 percent. The data reflects the percent of all children served in out-of-home care during the 12-month reporting period that were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member.

Figure 16



Permanency

CWS continues efforts towards preventing unnecessary family separation by keeping families safe, healthy, and together whenever possible before remedial efforts become necessary. This is evident by the decreasing number of children that have entered out-of-home care within the last five years, as seen in Figure 19. CWS continues efforts to safely achieve permanency for children and serve families preventively, whenever possible and appropriate. CWS remains committed to focusing on completing quality safety assessments to ensure the right safety intervention is made with the family. As the population of children entering care decreases, CWS is committed to enhanced efforts to support timely permanency of children in OKDHS custody.

Permanency Outcome 1

Children have permanency and stability in their living situations.

Improving and strengthening outcomes in permanency and stability is an ongoing commitment. These outcomes are ensured through focused efforts in three areas:

- stability of foster care placement;
- permanency goal of the child; and
- achieving reunification, guardianship, adoption, or other planned permanent living arrangement.

Overall, as per Figure 17, case review data outcome ratings indicate children with permanency and stability in their living situation was substantially achieved in 21.25 percent, partially achieved in 65 percent, and not achieved in 13.75 percent of 80 cases reviewed. This indicates a decrease of 7.5 percent for substantially achieved ratings, an increase of 6.25 percent of partially achieved ratings, and a slight increase of 1.25 percent of not achieved ratings when compared to the June 2020 report of 28.75 percent substantially achieved, 58.75 percent partially achieved, and 12.5 not achieved.

Figure 17

CFSR Case Review Data: 04/2019-03/2021	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 80	Strength ☐	Area Needing Improvement	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Permanency Outcome 1: Children have permanency and stability in their living situations.				21.25% n=17	65% n=52	13.75% n=11	n=0
Item 4: Stability of Foster Care Placement	60% n=48	40% n=32	n=0				
Item 5: Permanency Goal for Child	56.25% n=45	43.75% n=35	n=0				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	38.75% n=31	61.25% n=49	n=0				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/2							

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Item 4: Stability of Foster Care Placement

Stability in foster care placements includes not only the number of moves a child experiences but also an evaluation of the reason for the move. All moves were examined thoroughly to determine if a move was planned, purposeful, and meaningful with the intent to improve the child's permanency outcomes. Figure 18, Permanency Outcome 1, Item 4, reflects placement stability as a strength for 60 percent of 80 cases reviewed. This result is a decrease of 3.75 percent, compared to the June 2020 report of 63.75 percent placement stability.

Figure 18

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating	
Applicable Cases: 80	Strength □	Area Needing Improvement	Cases NA
<u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.			
Item 4: Stability of Foster Care Placement	60% n=48	40% n=32	n=0
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21			

Regional rating variance for this item ranges from a strength of 31.25 percent to 81.75 percent. The region with the lowest percent of cases with a strength rating for placement stability is the same as for Items 1, 2, and 3. The strategies, assessments, and remedies are also the same.

Across all regions, appropriate and stable placements are integral to successful outcomes for children and ongoing efforts by CWS continue in increasing placement stability. Updates to statewide placement stability efforts are addressed in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 2.

Additionally, ongoing placement stability efforts continue to be a primary focus of the Continuum of Care development by identifying and addressing gaps in the placement and service array system that prevent children and youth from thriving in foster care. Updates to the Continuum of Care development is addressed in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Implementation and Program Supports.

Item 5: Permanency Goal for Child

Timely identification of an appropriate permanency goal for the child impacts safety, achieving timely permanency, and overall positive outcomes for the child's family. KIDS quantitative data reflects the number children in OKDHS custody with an initial documented goal established per CWS policy timeframes. Per Figure 19, for the period April 2020 – March 2021, 98.9 percent of children had a case plan goal documented in KIDS, which is an increase of 0.1 percent when compared to the June 2020 report.

Figure 19

CFSR Item 20 - Period Ending 03/31/2021 - 20B - 21A				
Period	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage with a Case Plan Goal
15B - 16A	16,616	15,499	15,340	99.0%
16B - 17A	15,817	14,763	14,584	98.8%
17B - 18A	14,446	13,645	13,489	98.9%
18B - 19A	13,503	12,673	12,578	99.3%
19B - 20A	12,675	11,917	11,775	98.8%
20B - 21A	11,706	11,073	10,951	98.9%
Data Source: KIDS Removals Table (Period 20B - 21A covers 4/1/20 - 3/31/21)				

Case reviews assess case circumstances, the appropriateness and timely establishment of all goals in effect during the period under review, and compliance with the Adoption and Safe Families Act (ASFA) regarding termination of parental rights (TPR) or TPR exceptions. Per Figure 20, case reviews for Permanency Outcome 1, Item 5, indicate this as a strength at 56.25 percent, which is a decrease of 11.25 percent in performance when compared to the June 2020 report of 67.5 percent.

Figure 20

CFSR Case Review Data: 04/2019-03/2021	Performance Item Rating		
Applicable Cases: 80	Strength ☐	Area Needing Improvement	Cases NA
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 5: Permanency Goal for Child	56.25% n=45	43.75% n=35	n=0
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21			

The above strength rating requires that all elements must have occurred including the goal documented in the case record, establishing timely, appropriate to the child's needs, and meeting ASFA requirements, when applicable. In looking at the individual elements of the 80 cases reviewed, all goals were established timely in 73.75 percent of cases; all goals were appropriate for 73.75 percent of cases; and TPR was filed timely or an exception applied in 68.18 percent of applicable cases.

Permanency goal strength ratings in four regions decreased anywhere from 6 to 43 percent during this reporting period while one region's strength rating increased by 18 percent. The reason for this is unknown at this time; it could be an anomaly or related to a lack of engagement due to the COVID-19 pandemic restrictions on face-to-face visits with the child and the child's parents. Updates as to targeted strategies pertaining to family engagement are found in this report under **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes** under Goals 1, 2, and 3.

Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

CWS is committed to achieving permanency in a timely manner for children in out-of-home care. The goal is to safely reunify children with their families, when appropriate, within 12 months of entering care. When reunification is not in the child's best interest, CWS strives to achieve permanency for the child through adoption, guardianship, or another permanent living situation.

As per Figure 21, of the 80 cases included in case reviews, Permanency Outcome 1, Item 6, 38.75 percent made concerted efforts toward permanency. This number is a 5 percent decrease in performance compared to the June 2020 report of 43.75 percent.

Figure 21

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 80	Strength ☐	Area Needing Improvement	Cases NA	
<u>Permanency Outcome 1</u> :Children have permanency and stability in their living situations.				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	38.75% n=31	61.25% n=49	n=0	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Of the 80 cases reviewed, indications included:

- 29 children with a goal of reunification - OKDHS and the court made concerted efforts to achieve timely reunification in 11 cases;
- 1 child with a goal of guardianship - OKDHS and the court did not make concerted efforts to achieve timely guardianship in one case;
- 49 children with a goal of adoption - case reviews found 19 had concerted efforts; and
- 1 child with a goal of other planned permanent living arrangement - OKDHS and the court made concerted efforts to achieve permanency in one case.

Regional strength ratings for this item varied from 31.25 percent to 50 percent, decreasing by as much as 30 percent in three regions and increasing by as much as 30 percent in two regions.

Figure 22 reflects the permanency timeliness of all children in out-of-home care during this reporting period.

Figure 22

Permanency Timeliness			
	# Reunifications	Reunifications In < 12 Months	% Reunifications Timely
Reunifications in Less than 12 months	1768	902	51.0%
	# Guardianships	Guardianships In < 18 Months	% Guardianships Timely
Guardianships in Less than 18 months	239	135	56.5%
	# of Finalized Adoptions	Adoptions In < 24 Months	% Adoptions Timely
Adoptions in Less than 24 months	1415	563	39.8%
Data Source: AFCARS Composites			

Several systemic factors directly impact the permanency rate, specifically judicial case reviews. Holding timely court reviews and permanency hearings, as well as addressing parental rights per required provisions, are vital to timely permanency outcomes for children. Per Figure 23, KIDS quantitative data for AFCARS periods 20B – 21A reflects 92.7 percent of Periodic Hearings were held timely, a decrease of 3.2 percent. For the same period, KIDS quantitative data in Figure 24 reflects 85.6 percent of Permanency Hearings were held timely, a decrease of 3.4 percent. There is sufficient reason to believe that these type hearings were impacted by the closure of court houses and delays in non-emergency court hearings during the COVID-19 pandemic statewide shutdown in the months of March, April, and May 2020. In some jurisdictions, delays were ongoing for several additional months.

Figure 23

CFSR Item 21 - Period Ending 03/31/2021 - 20B - 21A						
Period	Children in Care	Number of Periodic Hearings Due	Number of Periodic Hearings Made	Percent of Periodic Hearings Made	Number of Periodic Hearings Made Timely	Percent of Periodic Hearings Made Timely
15B - 16A	16,616	25,391	25,006	98.5%	24,466	96.4%
16B - 17A	15,817	23,971	23,679	98.8%	23,260	97.0%
17B - 18A	14,446	22,046	21,832	99.0%	21,525	97.6%
18B - 19A	13,503	20,430	20,269	99.2%	20,014	98.0%
19B - 20A	12,675	18,665	18,157	97.3%	17,905	95.9%
20B - 21A	11,706	17,759	17,143	96.5%	16,470	92.7%
Data Source: KIDS Removals Table (Period 20B - 21A covers 4/1/20 - 3/31/21)						

Figure 24

CFSR Item 22 - Period Ending 03/31/2021 - 20B - 21A						
Period	Children in Care	Number of Permanency Hearings Due	Number of Permanency Hearings Made	Percent of Permanency Hearings Made	Number of Permanency Hearings Made Timely	Percent of Permanency Hearings Made Timely
15B - 16A	16,616	10,735	9,713	90.5%	8,845	82.4%
16B - 17A	15,817	10,939	10,352	94.6%	9,936	90.8%
17B - 18A	14,446	9,953	9,400	94.4%	9,029	90.7%
18B - 19A	13,503	9,165	8,615	94.0%	8,270	90.2%
19B - 20A	12,675	8,145	7,559	92.8%	7,247	89.0%
20B - 21A	11,706	8,029	7,230	90.0%	6,873	85.6%
Data Source: KIDS Removals Table (Period 20B - 21A covers 4/1/20 - 3/31/21)						

A commitment from both the courts as well as the CW system must be made to adjust and improve strategies. Collaborative efforts with the Court Improvement Project (CIP) to engage with court systems in understanding the fundamental importance of scheduling timely court and permanency reviews are ongoing as an objective under the State's Vision. Updates are addressed in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 2.

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

Maintaining the continuity of family relationships and preserving the continuity of family relationships and connections for children is also a CWS commitment; and is accomplished through a comprehensive approach to five different opportunities:

- placement with siblings;
- visiting with parents and siblings in foster care;
- preserving connections;
- relative placement; and
- relationship of child in care with parents.

Of the 80 qualifying cases reviewed, Figure 25 case review data indicates an achievement of 60 percent, which is a 2.5 percent increase when compared to the June 2020 report of 57.5 percent.

Figure 25

CFSR Case Review Data: 04/2019-03/2021				Performance Item Rating				Outcome Ratings			
Applicable Cases: 80				Strength ☐	ANI	Cases NA		Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.								60% n=48	35% n=28	5% n=4	n=0
Item 7: Placement With Siblings				65.52% n=38	34.48% n=20	n=22					
Item 8: Visiting With Parents and Siblings in Foster Care				58.06% n=36	41.94% n=26	n=18					
Item 9: Preserving Connections				57.5% n=46	42.5% n=34	n=0					
Item 10: Relative Placement				81.01% n=64	18.99% n=15	n=1					
Item 11: Relationship of Child in Care With Parents				81.63% n=40	18.37% n=9	n=31					

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Item 7: Placement with Siblings

CWS understands the life-long value of sibling connections and the need for siblings to be placed together. Homes that can provide for the care and supervision necessary to ensure safety while meeting the sibling's permanency and well-being needs are essential and strategies are continuing to meet this need. Figure 26 case review data, Permanency Outcome 2, Item 7, shows siblings placed together in 65.52 percent of 58 applicable cases, which is a decrease of 3.23 percent when compared to the June 2020 report of 68.75 percent. Regional variances in strength ratings ranged from 44.44 percent to 75 percent, with an increase in two regions and a decrease in three regions in comparison to the last reporting period.

Figure 26

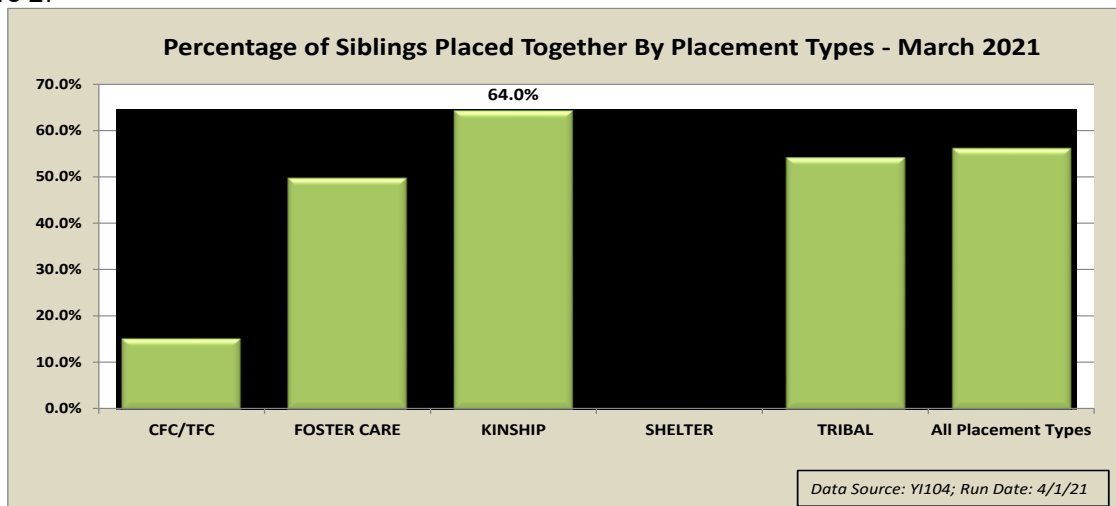
CFSR Case Review Data: 04/2019-03/2021				Performance Item Rating		
Applicable Cases: 58				Strength ☐	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.						
Item 7: Placement With Siblings				65.52% n=38	34.48% n=20	n=22

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Initiatives within CWS continue to strengthen sibling placements through intentional case review of siblings not placed together. Throughout the life of the case, ongoing efforts to search for a resource home to accommodate the sibling group are required in cases when siblings are not placed together. Ongoing foster care recruitment activities continue to include the search for resource homes willing and able to care for sibling groups.

As indicated in Figure 27, for April 2020 – March 2021 sibling groups are more frequently placed together in kinship placement types. Actively Seeking KINections (ASK) efforts continue to be a priority as outlined in this report under Goal 2, Objective 10, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes.**

Figure 27



Item 8: Visiting with Parents and Siblings in Foster Care

Case review data in Figure 28 regarding Permanency Outcome 2, Item 8, indicates frequent and quality visitation with parents and siblings in care as a strength in 58.06 percent of 62 applicable cases reviewed. This number is a 2.5 percent decrease in performance when compared to the June 2020 report of 60.56 percent.

Regional case review ratings for this performance ranged in strength from 36.36 percent to 80 percent. Four regions decreased performance and one region increased performance during this reporting period.

Figure 28

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 62		Strength ☐	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 8: Visiting With Parents and Siblings in Foster Care		58.06% n=36	41.94% n=26	n=18
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Item 9: Preserving Connections

CWS recognizes the importance of identifying and maintaining the child's permanent connections to kin, culture, and community. Efforts to improve practice in identifying and maintaining important connections for children continue. Figure 29, pertaining to Permanency Outcome 2, Item 9, indicates a strength of 57.5 percent in 80 applicable cases, which is an increase of 3.75 percent in performance compared to the June 2020 report of 53.75 percent. Regional variances in performance are less noticeable for this item as strength ratings only range between 50 and 62.50 percent during this reporting period.

Figure 29

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 80	Strength ☐	Area Needing Improvement	Cases NA	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 9: Preserving Connections	57.5% n=46	42.5% n=34	n=0	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Connection to the tribe is the child's right and compliance with the Indian Child Welfare Act (ICWA) must be adhered to. CWS maintains and continues improvement efforts to meet ICWA compliance by:

- recognizing partnership with tribal partners is necessary;
- enhancing regional partnerships with tribes by facilitating and supporting regional tribal and state workgroups to promote cooperation, communication, consistency, and educational awareness of ICWA through case consultation, identification of resources, and sharing of information to keep Native American children connected to their cultures;
- designating staff in each of the five regions as tribal liaisons; and
- appointing a statewide tribal liaison.

Further analysis of the case review data indicates that sufficient inquiry to determine if a child was eligible for tribal membership occurred in 100 percent of cases reviewed. For children whom this inquiry indicated a child may be eligible for tribal membership, timely notification of the tribe's right to intervene occurred in 100 percent of cases. Where ICWA was found to apply, concerted efforts to place the child within the ICWA placement preference were found in 86.67 percent of cases.

Item 10: Relative Placement

Early identification of appropriate and stable kinship placements for children helps improve outcomes for children and families. Figure 30 case review data, Permanency Outcome 2, Item 10, reflects that placement with a relative was a strength in 81.01 percent of 79 cases, which is a decrease of 5.24 percent in performance when compared to the June 2020 report. Regional performance varied in strength ratings from 68.75 percent to 93.33 percent. Three regions had improved performance and two regions had decreased performance during this reporting period.

Figure 30

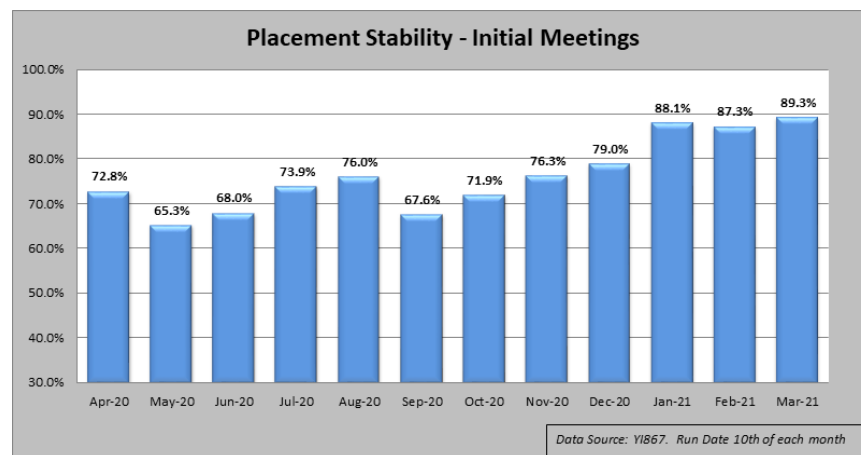
CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating	
Applicable Cases: 79	Strength ☐	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 10: Relative Placement	81.01% n=64	18.99% n=15	n=1

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Efforts to support family engagement through the Family Meeting Continuum (FMC) begins by completing a Child Safety Meeting (CSM) with the family to determine the best level of intervention. When the child is brought into custody, an Initial Meeting (IM) is held between the parents, resource parents, and CWS to share information about the child and how the resource family can best care for the child, as well as to outline expectations surrounding visitation, the case plan, and whatever other support the family needs.

Figure 31 indicates that statewide in March 2021, IM's were held for 89.3 percent of children, an increase of 15.6 percent in comparison to March 2020. Regional differences in improvement are due to the staggered rollout of the strategies developed to increase IM completion for every child entering custody. While compliance in completing an IM is important in impacting this outcome, significant efforts continue to be made to improve IM quality as outlined in Goal 2, Objective 1, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

Figure 31



Item 11: Relationship of Child in Care with Parents

Case review Permanency Outcome 2, Item 11, data in Figure 32 indicates sufficiency of building and maintaining the child's relationship with parents outside of visitation is a strength in 81.63 percent of cases reviewed, an increase of 16.63 percent compared to the June 2020 report. Regional variances in performance for this item include strength ratings ranging from 66.67 percent to 88.89 percent during this reporting period.

Performance ratings improved in four regions and slightly decreased in one region. When determining the quality of the visits that occur, the focus is on a positive visitation experience for the child and ensuring quality interactions with the mother or father and siblings.

Figure 32

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating	
Applicable Cases: 49	Strength ☐	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 11: Relationship of Child in Care With Parents	81.63% n=40	18.37% n=9	n=31
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21			

Promoting, supporting, and/or maintaining a positive relationship between the child in foster care and his or her mother and father, or other primary caregivers, from whom the child was removed, with activities other than just arranging for visitation, continues as an area of significant importance. Analysis of the case reviews indicates concerted efforts toward sufficient frequency, quality, and promotion of the positive parent/child relationships were more often present with mothers than with fathers. Concerted efforts for mothers were found in 91.49 percent, an increase of 20.06 percent compared to the June 2020 report. Concerted efforts for fathers were found in 77.14 percent of applicable cases reviewed, an increase of 13.73 percent compared to the June 2020 report.

Progress in continuing to improve the frequency, quality, and promotion of positive parent/child relationships with both mothers and fathers is found in this report under Goal 2, Objective 14, of the **Update to the Plan for Enacting the States Vision and Progress Made to Improve Outcomes**.

Well-Being

The multiple components of this outcome demonstrate the connections of CWS practice throughout the life of the case to achieving successful permanency outcomes for children.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

The quality of CW staff engagement with the family in assessing strengths and needs, joint case planning, and identification and provision of appropriate services is critical in shaping the ultimate outcome of each case. The case review data for this outcome, seen in Figure 33, represents an increase in substantially achieved performance of 0.77 percent when compared to the June 2020 report of 29.23 percent.

Figure 33

CFSR Case Review Data: 04/2019-03/2021	Performance Item Rating			Outcome Ratings			
Applicable Cases: 130	Strength ☐	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				30% n=39	36.15% n=47	33.85% n=44	n=0
Item 12: Needs and Services of Child, Parents, and Foster Parents	36.15% n=47	63.85% n=83	n=0				
Item 12A: Needs Assessment and Services to Children	60.77% n=79	39.23% n=51	n=0				
Item 12B: Needs Assessment and Services to Parents	46.23% n=49	53.77% n=57	n=24				
Item 12C: Needs Assessment and Services to Foster Parents	66.67% n=50	33.33% n=25	n=55				
Item 13: Child and Family Involvement in Case Planning	53.17% n=67	46.83% n=59	n=4				
Item 14: Caseworker Visits with Children	52.31% n=68	47.69% n=62	n=0				
Item 15: Caseworker Visits With Parents	40.57% n=43	59.43% n=63	n=24				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21							

Practice areas impacting this outcome include initial and ongoing assessment of needs and provision of appropriate services to children, parents, and foster parents; family involvement in case planning; and sufficient frequency and quality of caseworker visits with children and parents. The FMC provides opportunities to have structured and transparent conversations with children, parents, and foster parents at key points throughout the life of a case. Ongoing strategies and updates regarding the FMC are included in other sections of this report.

Item 12: Needs and Services of Child, Parents, and Foster Parents

For families to have enhanced capacity to provide for their children's needs, CWS must accurately assess and provide appropriate services to meet the individual needs of the children, parents, and foster parents. Both initial and ongoing assessment of children, parents, and foster parents to adequately address the relevant issues and to attain case plan goals is critical to achieving positive outcomes. As seen in Figure 34, Well-being Outcome, Item 12, case review data indicates a strength in 36.15 percent of the cases reviewed, which, in comparison to the June 2020 report of 35.38 percent, is an increase of 0.77 percent. Regional performance varied from a strength rating of 11.54 percent to 61.54 percent.

Figure 34

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 130		Strength ☐	Area Needing Improvement	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				
Item 12: Needs and Services of Child, Parents, and Foster Parents		36.15% n=47	63.85% n=83	n=0
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

To receive a strength rating, no sub-item can be an area needing improvement. Individually, as described in the following narrative, improvement is reflected in the assessment of needs and provision of services in each sub-item.

Item 12A: Needs Assessment and Services to Children

The assessment of the child in relation to this outcome focuses on needs other than those related to the child's education, physical health, and mental/behavioral health. Assessment of needs in the area of social and emotional development may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills. In addition, assessment and provision of services occurs for Successful Adulthood for youth age 14 and older.

Case review data, Well-Being Outcome 1, Item 12A, as seen in Figure 35, reflects the needs assessment and services for children in foster care and in-home cases is a strength in 60.77 percent of the 130 cases reviewed, which represents a decrease of 1.54 percent when compared to the June 2020 report of 62.31 percent. Regional variation in performance ranged in strength ratings from 46.15 percent to 84.62 percent.

Figure 35

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 130	Strength ☐	Area Needing Improvement	Cases NA	
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.				
Item 12A: Needs Assessment and Services to Children	60.77% n=79	39.23% n=51	n=0	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Further analysis of the case review data indicates that 72.31 percent of children reviewed had a comprehensive needs assessment that accurately assessed the child's needs, which indicates a decrease of 10.19 percent when compared to the June 2020 report. Services provision to meet those needs was 53.33 percent, a 10.85 percent decrease when compared to the June 2020 report. The assessment and provision of services for all out-of-home safety plan monitors' needs related to care and protection of the child is included in this area.

Item 12B: Needs Assessment and Services to Parents

Parental needs assessment, whether formal or informal, focuses on having an in-depth understanding of the parents' individual needs related to their ability to provide appropriate care and supervision to ensure the safety and well-being of the children. Case review data, Well-Being Outcome 1, Item 12B in Figure 36, reflects assessment of needs and provision of appropriate services for parents is a strength in 46.23 percent of 106 applicable cases reviewed. This review data indicates a 10.62 percent increase in performance when compared to the June 2020 report of 35.96 percent. Regional performance varied greatly with strength ratings ranging from 22.73 percent to 85 percent.

Four regions improved their performance, one improving by 47 percent. One region's performance declined by 34 percent.

Figure 36

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 106	Strength ☐	Area Needing Improvement	Cases NA	
<u>Well-Being Outcome 1</u> : Families have enhanced capacity to provide for their children's needs.				
Item 12B: Needs Assessment and Services to Parents	46.23% n=49	53.77% n=57	n=24	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

A concerted effort to accurately assess the mother's needs and address those needs was a strength in 58.82 percent of cases, an improvement of 3.08 percent compared to the June 2020 report. Efforts to accurately assess the father's needs and address those needs were a strength in 45.78 percent, a 2.14 percent decrease when compared to the June 2020 report.

Empowering families involves engagement at all avenues throughout the life of a case. Focusing on improving parent assessments impacts parental engagement and child safety, as well as enhancing parental protective capacities; thus, reducing repeat maltreatment and improving timely permanency. Focused strategies continue toward improving engagement with parents to positively impact this outcome as outlined in Goal 2 of the **Update to the Plan for Enacting the States Vision and Progress Made to Improve Outcomes**.

Item 12C: Needs Assessment and Services to Foster Parents

Thorough assessment of foster parents' needs focuses on identifying what services and supports are needed to enhance their capacity to provide appropriate care and supervision to the children in their homes. Adequate assessment of these needs and provision of appropriate services are critical to maintaining a child safely in a stable placement and in achieving case plan goals. This area is captured in Well-Being Outcome 1, Item 12C. Case review data in Figure 37 indicates needs assessment and services to foster parents as a strength in 66.67 percent of 75 applicable cases, which represents a 1.68 percent decrease compared to the June 2020 report of 68.35 percent. Performance per region ranged in strength from 37.5 percent to 100 percent.

Figure 37

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 75	Strength ☐	Area Needing Improvement	Cases NA	
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.				
Item 12C: Needs Assessment and Services to Foster Parents	66.67% n=50	33.33% n=25	n=55	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Item 13: Child and Family Involvement in Case Planning

FCS and PP policies require the development of all plans in collaboration with the family and further require active efforts to locate both parents and involve them in case planning. In addition to the parents, FCS and PP procedures require the caseworker to encourage the participation and involvement of other family members and substitute care providers in individualized service plan (ISP) development. CWS remains focused on utilizing the assessment of child safety and understanding protective capacities as a way to identify individualized services for parents, as well as engaging with the parent on an ongoing basis to ensure the services are of quality and effective in meeting the parent's needs.

In Figure 38, case review data, Well-Being Outcome 1, Item 13, reflects a strength in 53.17 percent of 126 applicable cases that involve the child and the family in case planning, which results in a 5.11 percent increase in performance when compared to the June 2020 report of 48.06 percent. Regional performance variations in this item range in strength from 30.77 percent to 80.77 percent. Performance improved in three regions and declined in two regions during this reporting period.

Figure 38

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 126	Strength ☐	Area Needing Improvement	Cases NA	
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.				
Item 13: Child and Family Involvement in Case Planning	53.17% n=67	46.83% n=59	n=4	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

The increased quality of visits with parents raises their level of involvement in case planning, the progress of which is discussed under Goal 2, Objectives 2.14 and 2.15, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

Item 14: Caseworker Visits with Child

FCS policies and procedures require weekly visits with children during the initial provision of in-home services. Based on case circumstances, the number of visits may be reduced to twice monthly. PP policy requires CWS to visit each child in custody at least monthly

with no more than 31-calendar days between visits. Additionally, both policies require that the frequency of visits increase as needed based on individual case circumstances.

CWS maintains a high percentage of cases meeting the standard of at least monthly visits based on KIDS data. For Federal Fiscal Year (FFY) 2020, 94.9 percent of monthly caseworker visits with children in foster care were completed timely as seen in Figure 39. CWS is committed to shifting the culture away from compliance only and continuing to focus on quality to improve safety, permanency, and well-being outcomes for families and children.

Figure 39

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	Percentage Completed
FFY2016	95.1%
FFY2017	95.0%
FFY2018	95.0%
FFY2019	95.2%
FFY2020	94.9%
<i>Date Source: KIDS WebFOCUS Caseworker Contacts</i> <i>Federal Measure 1</i>	

The Well-Being Outcome 1, Item 14, case review data in Figure 40 indicates a need for ongoing improvement in the quality of visits with children in addition to an appropriate increase in visit frequency when circumstances indicate the need. During this reporting period, caseworker visits with children occurred at 52.31 percent, a decrease of 3.07 percent when compared to the report in June 2020 of 55.38 percent. Regional variations in performance range from 34.62 percent to 80.77 percent.

Figure 40

<i>CFSR Case Review Data: 04/2019-03/2021</i>	Performance Item Rating		
Applicable Cases: 130	Strength ☐	Area Needing Improvement	Cases NA
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.			
Item 14: Caseworker Visits with Children	52.31% n=68	47.69% n=62	n=0
<i>Date Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21</i>			

For a case to have a strength rating, the caseworker visit must meet both frequent and quality standards based on the case's circumstances. In looking at the standards separately, caseworker visit frequency was sufficient in 68.46 percent of the applicable reviewed cases, a decrease of 1.54 percent when compared to the June 2020 report. The quality of those visits was found to be sufficient in 63.85 percent, which remains unchanged when compared to the June 2020 report.

Guidance on completing quality caseworker contacts with a child continues to be provided to CW staff and includes messaging around information to be gathered before, during, and after a visit. Before a visit, caseworkers contact service providers, medical providers, Developmental Disabilities Services (DDS), educational providers, the CW Resource specialist, and any other professional or collateral to obtain more information on how the child is functioning within the household. Caseworkers are encouraged to obtain as much information as possible before visiting the child to be able to address conflicting information during the safety assessment or to verify and support the current safety assessment. During the visit, caseworkers gather information surrounding child functioning, discipline, parenting, and adult functioning from all individuals residing in the home. Caseworkers also discuss the permanency plan and ongoing efforts to achieve permanency including services provisions, visitation with the person(s) responsible for the child (PRFCs), and any additional supports the foster family needs. The Child Behavioral Health Screener (CBHS) is utilized during the monthly contact to screen for behavioral services for the child. After the visit is completed, expectations are outlined for quality documentation. CW supervisors review documented contacts and partner with caseworkers on evaluating the information's quality and sufficiency to support the child remaining safe in the out-of-home placement.

The increased quality of visits with children and youth is a strategy within the Oklahoma 2020-2024 CFSP Plan for Enacting the State's Vision. Progress regarding improving quality visits with children is discussed in this report under Goal 2, Objectives 2.14 and 2.15, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

Item 15: Caseworker Visits with Parents

As seen in Figure 41, case review data for Well-Being Outcome 1, Item 15, indicates caseworker visits with parents is a strength at 40.57 percent, which is an improvement of 5.48 percent when compared to the June 2020 report of 35.09 percent. Performance in each region varies widely, ranging from 18.18 percent to 80.00 percent. Case reviews found two regions whose performance improved and three regions in which performance declined.

Figure 41

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 106	Strength ☐	Area Needing Improvement	Cases NA	
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				
Item 15: Caseworker Visits With Parents	40.57% n=43	59.43% n=63	n=24	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Data continues to indicate that the frequency and quality of caseworker visits with both parents remains a practice needing continued improvement. Face-to-face caseworker visits with parents are required at a minimum of once per month; however, the applicable case review data indicates this occurred in 63.73 percent of cases for mothers and 52.5

percent for fathers. Sufficient quality of caseworker visits occurred at 62.75 percent with applicable mothers and 53.16 percent with applicable fathers.

As with children and youth, the increased quality of visits with all parents is a strategy within the Oklahoma 2020-2024 CFSP Plan for Enacting the State's Vision. Progress towards improving quality visits with parents is discussed in this report under Goal 2, Objectives 2.14 and 2.15, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

Item 16: Educational Needs of the Child

Per Figure 42, case review data, Well-Being Outcome 2, Item 16, indicates CWS accurately and thoroughly assessed and met the educational needs of children in 75.58 percent of 86 cases reviewed. This indicates an increase in performance of 0.31 percent when compared to the June 2020 report of 75.27 percent. Regional performances for this item ranged from 55.56 percent to 100 percent.

Figure 42

CFSR Case Review Data: 04/2019-03/2021	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 86	Strength ☐	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.				75.58% n=65	4.65% n=4	19.77% n=17	n=44
Item 16: Educational Needs of the Child	75.58% n=65	24.42% n=21	n=44				

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

The above rating includes both the accurate assessment of educational needs, which was sufficient in 80.23 percent of applicable cases, and provision of services to meet identified needs, which was sufficient in 66.67 percent of applicable cases.

A correlation exists between placement stability and positive educational outcomes for children. When a child remains safe and stable in a placement, support services including educational services remain consistent for the child. Continued focus on placement stability results in improved educational, behavioral, and physical outcomes for a child. CWS continues using the Child's Passport to provide resource parents with access to educational records on an ongoing basis. Improved caseworker training includes how to conduct critical conversations with children, parents, placement providers, and service providers. Training also details continued enhancements to the Child's Passport and other KIDS system educational enhancements, including direct linkage to the Oklahoma State Department of Education (OSDE) information to improve the ability to accurately assess and provide for the child's educational needs.

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs.

Accurately assessing the physical and mental/behavioral health needs of children is essential to ensure each child receives appropriate services addressing the identified needs, ensuring safety, maintaining placement stability, and increasing timely exits to permanency. The case review data in Figure 43, Well-Being Outcome 3, indicates CWS achieved a rating of 36.8 percent substantially achieved in 125 applicable cases. This number reflects an increase of 1.64 percent compared to the June 2020 report of 35.26 percent.

Figure 43

Figure 10

CFSR Case Review Data: 04/2019-03/2021	Performance Item Rating			Outcome Ratings			
Applicable Cases: 125	Strength ☐	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
<u>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</u>				36.8% n=46	27.2% n=34	36% n=45	n=5
Item 17: Physical Health of the Child	45.36% n=44	54.64% n=53	n=33				
Item 18: Mental/Behavioral Health of the Child	56.2% n=68	43.8% n=53	n=9				

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/22

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Understanding and accurately assessing the physical and mental and/or behavioral health needs of children continues to remain at the core of many collaborative efforts.

Item 17: Physical Health of the Child

Well-Being Outcome 3, Item 17, includes the needs assessment, provision of appropriate services to meet identified needs related to the child's physical health, and the appropriate oversight of medication to address needs. The Figure 44 case review data indicates accurate assessment and appropriate services provided to meet the child's physical health needs is an area of strength in 45.36 percent of applicable cases. This number represents a decrease of 1.37 percent when compared to the June 2020 report of 46.73 percent. Regional performance variations occur with the strength rating for this item ranging from 19.05 percent to 65 percent.

Figure 44

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 97		Strength ☐	Area Needing Improvement	Cases NA
<u>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</u>				
Item 17: Physical Health of the Child		45.36% n=44	54.64% n=53	n=33
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21

Assessments of physical health were found in 68.04 percent of applicable cases reviewed and in 52.5 percent of cases pertaining to dental health. Provision of appropriate services

to meet identified physical health needs were found in 65.59 percent of applicable cases and in 48.72 percent of applicable cases for dental health needs. Appropriate oversight of medication was present in 88.57 percent of applicable cases reviewed, an increase of 19.34 percent above what was reported in June 2020.

Currently, CWS nurses partner in meeting children's health needs and the overall CWS mission goals of safety, permanency, and well-being. The nurses primarily focus on CPS cases; however, FCS and PP cases with medical needs are also often addressed by the nursing staff. Incoming referrals with medical allegations are triaged by the nurse manager for high, moderate, and low-risk medical concerns and a CW nurse is assigned accordingly. CWS staff is also responsible for notifying the nurse team when medical concerns arise during the course of an investigation or case. The CWS nurses perform the following duties as needed and specific for the child's needs:

- chart review and interpretation for caseworkers;
- chronologies for near-death and death cases;
- home visits to provide education, training, and oversight to families and foster families that includes medications, medical equipment and supplies, nutritional needs, growth and development monitoring, medical treatment plans, and emergency measures;
- medical representation at court;
- coordination of health and medical resources;
- collaboration with medical providers; and
- hospital and doctor's appointments, as warranted.

Ongoing analysis supports CWS in expanding the use of CWS nurses to further support the medical and physical well-being of children served. Additional information and updates are discussed in the Health Care Oversight and Coordination, **Updates to Targeted Plans within the 2020-2024 CFSP**, an attachment to this report.

Item 18: Mental/Behavioral Health of the Child

Well-Being Outcome 3, Item 18, considers assessment of mental/behavioral health needs, provision of appropriate services to meet those identified needs, and the appropriate oversight of medication to address needs. Figure 45 case review data indicates accurate assessment and appropriate service provision to meet the mental/behavioral health care needs of children was a strength in 56.2 percent of 121 applicable cases, which represents a 2.23 percent increase in performance when compared to the June 2020 report of 53.97 percent. Performance varies per region in regard to this item with strength ratings ranging from 30.43 percent to 88.46 percent.

Figure 45

CFSR Case Review Data: 04/2019-03/2021		Performance Item Rating		
Applicable Cases: 121	Strength ☐	Area Needing Improvement	Cases NA	
<u>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</u>				
Item 18: Mental/Behavioral Health of the Child	56.2% n=68	43.8% n=53	n=9	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/10/21				

Further analysis of the applicable cases reviewed found accurate assessment of mental/behavioral health occurred in 64.46 percent with appropriate services provided in 53.64 percent of applicable cases. Sufficient oversight of prescription medication related to mental/behavioral health needs occurred in 93.1 percent of applicable cases, which is an improvement of 26.43 percent since the June 2020 report of 66.67 percent.

Ongoing use of CBHS, quality engagement with children, parents, caregivers, and resource providers, and partnering with CWS mental health consultants continues to occur to ensure appropriate services are in place to meet children's physical and mental health needs. Additional strategies, efforts, and progress is provided in this report under the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Implementation and Programs Supports and Goal 3, Objectives 1-8.

CFSR Systemic Factors

Statewide Information System

CWS' Statewide Automated Child Welfare Information System (SACWIS), referred to as KIDS, is a comprehensive case management tool used by CW staff for documentation. The KIDS application functions as a case management system that serves as the electronic case file for children and families served by CWS. The KIDS application, which was the nation's first SACWIS, has been operational statewide since June 1995.

All CWS programs are incorporated into the KIDS application, which includes: Abuse and Neglect Hotline, Child Protective Services (CPS), Family-Centered Services (FCS), Foster Care and Adoptions, Training, Office of Client Advocacy (OCA), Interstate Compact for the Placement of Children (ICPC), Permanency Planning (PP), and the Successful Adulthood program. Policy contains Instructions to Staff on the data entry into KIDS and is updated as policy changes. KIDS is adapted to reflect practice and policy changes through quarterly updates. KIDS is the child's official electronic case record with supporting paper documents. A File Cabinet function allows users to store documents and photographs into the KIDS case record. Interfaces exist for Child Support, Eligibility, Financial Management, Human Resources, Oklahoma Healthcare Authority (OHCA), Oklahoma State Department of Education (OSDE), and Juvenile Justice Services to pull information onto the KIDS screen for a smooth, ongoing data exchange.

Application Strengths and Challenges

The KIDS application, designed and built using the older client server framework 25 years ago, is now a major challenge. This framework has many inherent disadvantages over the newer N-tiered web-based systems. Client server applications are more difficult to maintain and more cumbersome to adjust. Currently, when an adaptive change is made to KIDS, a new version of KIDS must be pushed out in a scheduled release to every server in the state.

One of KIDS' main strengths is that it has a mature maintenance phase of the Software Development Life Cycle (SDLC). The KIDS Technology and Governance Unit, has dedicated information technology (IT) staff assigned solely to the KIDS project with years of experience working on the KIDS application. The IT staff is actively involved in monitoring and validating all data within the KIDS system, as well as any data coming into the system from external sources, such as OHCA and OSDE. The IT staff also monitors data exported from the system into all of the various regular reports. The Technology and Governance Unit has dedicated program staff co-located with the IT staff. Program and IT staff have open access to one another and collaborate to resolve issues and answer questions that come up regarding the application process and data issues.

Data Quality

Another critical part of CWS' SACWIS is the ability to generate quality data from KIDS. CWS has analysts directly assigned to work with developers and business users to accurately identify data and work through complex data structures and equally complex

practice dynamics to best define data requirements. These analysts are also tasked with identifying and addressing data quality issues with field and programs staff.

CWS has specific analysts dedicated to various reporting responsibilities including federal-mandated reporting. Using software that identifies reporting errors on a regular basis, the analyst assigned to the Federal Reports Unit monitors the various federally required reports, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD).

Data elements for all CW federal reporting systems are integrated in KIDS and extracted to meet federal submission requirements. Data compliance, data quality, and the frequency utilities are run on a weekly basis for AFCARS. An automated AFCARS error notification is distributed weekly by email to CW supervisors and district directors. This notification includes an attached spreadsheet and contains errors for elements: 5 - periodic review, 23 - date of placement entry, and 43 - case plan goal. Guidance to understanding the error is included with the error notification, along with instructions to help supervisors enable the content and distribute it to staff. The weekly error notifications are reinforced by emails to CW specialists and supervisors by the Federal Reports staff. The email content identifies a particular AFCARS error, provides guidance for data entry, and also includes contact information when assistance is needed.

In addition, the KIDS system includes an AFCARS screen within the child's case at the child-client level. The AFCARS screen has several nodes that display data fields related to the child including information on the child's diagnosed disability information, removal, termination of parental rights (TPR), placement, foster family, court hearings, permanency plan, tribal custody, and finance. The screen allows for some direct data entry and can also display data entered from other screens. The Federal Reports Unit is responsible for running the AFCARS utilities weekly, monitoring the data compliance and quality. The unit developed a macro for its "AFCARS Spreadsheet" that combines the data compliance and quality utilities information into a user-friendly tool for efficient monitoring and follow-up by the staff. The Federal Reports Unit strives to ensure that all elements are consistently under the two percent error threshold at the time of the data's submission. CWS is repeatedly commended on its "continued commitment to ensuring high data quality."

The Federal Reports Unit also uses the NYTD Data Review Utility (NDRU) for monitoring the NYTD reporting system. The NDRU may be run up to three times weekly. Weekly error notifications are generated for NYTD elements: 17 - adjudicated delinquent, 18 - education level, and 19 - special education. The unit developed additional reports to assist with monitoring NYTD data. These reports are distributed to Successful Adulthood program staff and to designated contract staff for the follow-up 19 and follow-up 21 report periods.

For all three reporting systems, AFCARS, NYTD, and NCANDS, combining the use of the federal utilities with state developed reports and exception reports improved the state's

ability to monitor both compliance and data quality. Effective strategies for improving data quality are an ongoing challenge; however, data validation that involves direct contact with CW staff provides the opportunity to educate and encourage proper, thorough documentation. Ongoing data validation keeps the unit in touch with the functioning of both the KIDS application and the federal reporting extracts. The state has two WebFOCUS reports to monitor federally mandated CW visitation: Caseworker Contact–Federal Measure 1 and Caseworker Contact–Federal Measure 2. These WebFOCUS reports update daily and are available to CW staff internally from a reports dashboard. The reports summarize compliance with the mandated standard and provide the staff detail of children with missed visits. A "How-To" document is available to assist staff in understanding the two reports. The Federal Reports Unit is available for consultation, guidance to staff, management on understanding errors and related data field, and in assisting staff with corrections of data entered incorrectly, when needed.

The Federal reporting data quality process was adopted by the other reporting units at KIDS, as well. Specifically, CWS' Pinnacle Plan Reporting Unit was created to meet the data demands that resulted from the class action lawsuit settlement agreement. Many of the measures that CWS is mandated to report on, as outlined in the Pinnacle Plan, are taken directly from Federal CFSR Round 2 composite component measures, the federal worker visitation measure, federal data profile elements, and other sources. All detail data including CWS' NCANDS and AFCARS submission files are submitted monthly or semi-annually to the monitoring organization's data team for independent verification. In October 2014, the Pinnacle Plan monitors, known as Co-Neutrals, granted a finding of "Data Sufficiency" in assessing the progress on reporting on the agreed upon Pinnacle Plan Metrics. This finding was maintained for each subsequent reporting period.

The Foster and Adoptive Parent Online Child Passport Access Portal was created to provide access to the most accurate and up-to-date health and educational information for placement providers. This interface to KIDS from OSDE and OHCA databases allows easier access by the field and placement providers to a child's past and present health and educational history. The interface with OHCA and the OSDE includes an agreed upon set of predetermined data regarding all custody children. The data provided through the interface goes through a validation process to ensure the data's accuracy and confirmation that all data elements were transmitted.

KIDS staff offers statewide assistance for data cleanup that specifically targets AFCARS and NYTD data elements, while also providing field staff with guidance on any other data entry questions. Within KIDS, mandatory fields for federal data elements are highlighted and a caseworker cannot bypass the field without entering the data element. KIDS also has programmed edits that prompt caseworkers to review missing federal data elements. These data elements are also found in the specialized screens listing all of the AFCARS data elements that show missing data fields and a summary of all AFCARS data elements pertaining to the child(ren) in the case.

Trainings are provided to new staff in the CW Core Academy that include using KIDS, and instructions on the importance of accurate documentation of those federal data

elements. Additional training in accurate documentation of the child's case record is provided by KIDS staff on an ongoing basis or specifically when identified as needed by CWS program or management staff.

CWS program and field staff access numerous reports through WebFOCUS, which is an easy-to-use web-based reporting tool that allows the user to customize the screen view. CW supervisors and managers receive training in the use of data contained in the reports, as well as in the use of management screens within KIDS. Additionally, one-on-one or group reports training provided by KIDS staff is available upon request.

Statewide Systemic Data Elements

SACWIS requires tracking of four Statewide System Data Elements, the child's status, demographic characteristics, location, and goals for placement of every child. Several items are in place to ensure the information is documented into KIDS. For example, a child's removal begin date must be entered in KIDS to identify the child as being in out-of-home care and subsequently entered into a placement.

KIDS information about a child's status can be reported at any time. Currently within the KIDS system, the 21A AFCARS population for 10/1/2020 through 3/31/2021 indicates: 9,797 children are in the population and 9,783 or 99.9 percent with a documented legal status of Emergency, Temporary, Permanent, or Voluntary Custody; 1,234 or 12.6 percent of children in that population with TPR to one parent only; and 2,278 or 23.3 percent with TPR of two parents.

The child demographic information has many procedural checks in place, as previously discussed, to ensure that all AFCARS and NCANDS required information is complete for a child or identified when the information is missing.

The location of a child in care or "placement" is required by policy to be documented within two-business days of placement. A child's placement must be documented in KIDS for the placement provider to be reimbursed for services rendered. A report identifies all children in out-of-home care that have not had a documented placement in more than 48 hours. The Data and Strategy Analysis Unit at KIDS sends this report out weekly to notify CW staff about the missing placements.

For each placement documented within a child's case, the specific placement provider's resource information is in the child's case within KIDS. The placement provider's resource information contains more detailed information on the resource's demographics, such as address, phone number, and household member(s). When a resource is contracted through a contracted agency and not through OKDHS, then the contracted agency along with the contracted home is also identified in KIDS. This way, a child's exact location is identified within KIDS. For example, during the time period of 4/1/2020 – 3/31/2021, there were 11,360 children served in care. Of those, 7,505 children were still in care on the last day of the reporting period, and 7,493 of those children, 99.8 percent, were in a documented placement in KIDS.

A child's case plan goal (CPG), Element 43, must be identified and documented within 60-calendar days of removal. A weekly error notification for Element 43 is generated when there is no approved CPG for a child who has been in care for 60-calendar days or longer. The approved CPG must be within the current removal episode and established after the date of the current removal. Of the 11,360 children in the served population during 4/1/2020 – 3/31/2021, 10,867 children, 95.7 percent, had a documented CPG as of 3/31/2021. Of the 493 children without a documented CPG, 421 are listed as "not yet established," which indicates that the child was in care less than 60-calendar days, and 72 children were in care longer than 60-calendar days without a CPG documented in KIDS. Of the 72 children without a documented CPG, 28 children were still in care, 0.2 percent, of the total population served.

The ongoing validation efforts of the KIDS reporting units help identify missing information for children in the case record. KIDS also has the capability for programmers to run special data pulls that include compliance data based on transaction dates, such as the percent of caseworker visits that were documented within five-business days of the completion of the visit and the percent of placement moves documented into the KIDS placement screens within two-business days, per policy.

Upon approval, the 2022 APSR will be available at <https://oklahoma.gov/okdhs/library/data.html>. The contact person is Sherry Skinner at (405) 312-0594 or Sherry.Skinner@okdhs.org.

Case Review System

Updates regarding the case review system requirements related to development of written case plans, periodic review of children in foster care, timely permanency hearings, and termination of parental rights are embedded in other sections of this APSR including, but not limited to, the above CFSR Child and Family Outcomes, the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, the **Quality Assurance System**, and the **Update on the Service Descriptions**.

There are a number of existing case review system requirements to ensure that resource parents, including foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in deprived court reviews and hearings. These include state statutes and agency policies that require general notices of these rights be provided upon placement of a child and periodically thereafter. Specific notices pertaining to the child's individual court hearings are also required. When caseworkers document court hearings into the child's electronic case, the KIDS system automatically generates a notification letter which is mailed to the resource parent informing them of the next court hearing and opportunity to participate. Ongoing training is available, including an *Advocating without Being Adversarial* webinar, that promotes resource parents as being an integral part of the CW system and educates them on effective communication with caseworkers and court team members. The OKDHS Foster Care Ombudsman also provides *Foster Parents and the Courts* training that describes

how CW cases proceed through the judicial system, do's and do not's connected to attending court hearings, and frequently asked questions.

Updates during this reporting period include the creation and training of a *Resource Parent Report to the Court* fillable document. This report is the result of state statutes that requires the court receive all evidence helpful in deciding issues including but not limited to written reports. Provisions of this report to the court does not take the place of or prohibit the resource parent from attending the court in person. This report ensures that the resource parent is heard via a written report in the same manner as reports provided to the court by caseworkers and Court Appointed Special Advocates.

During this reporting period, a *Guide for Monthly Resource Home Contact* was created for use by Resource specialists. Resource specialists are caseworkers specifically responsible for resource parents and are the key person providing necessary information to the resource parents and assisting them in navigating the CW system. These caseworkers are required to have monthly contact with the resource parent. The guide specifically includes inquiry as to whether the resource parent has been notified of court hearings and whether the resource parent has any questions about the court proceeding or status of the case.

Quality Assurance System

Updates regarding the quality assurance system are located in this APSR under **Quality Assurance System**.

Staff and Provider Training

The functioning of the provider training system is monitored by CW staff. The monitoring process ensures training occurs statewide for current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E. State-licensed facilities include group homes. The monitoring process assures that the training provided addresses the skills and knowledge base needed to carry out their duties for foster and adopted children.

Resource Homes

OKDHS continues to use Guiding Principles, a trauma-informed curriculum, for the required 27 hours of pre-service resource family training (RFT). This training continues to be provided for foster, adoptive, and kinship families through a contract with the University of Oklahoma (OU) National Resource Center for Youth Services (NRCYS). Resource family partner (RFP) agencies are responsible for conducting pre-service training for their prospective resource parents. Guiding Principles is used by NRCYS and all current RFP agencies.

NRCYS provides a year-end report that outlines statistical data on the number of participants and what they gained from the training. The State Fiscal Year (SFY) 2020

year-end report is a recap of the most relevant information captured during the year from CWS information systems reports, NRCYS databases, event pre/post-survey results, and training evaluations. CWS receives quarterly reports throughout the contract year. During SFY 2020, 79 trainings were completed prior to the cessation of in-person events in mid-March 2020 due to the COVID-19 pandemic restrictions. These trainings were available on a variety of dates statewide. Figure 1 provides a breakdown of the participant numbers and types.

Figure 1

Participants by Type for Initial In-person Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	1,063	76%
Foster	227	16%
Adoptive	94	7%
Other	10	1%

Data Source: National Resource Center for Youth Services

NRCYS typically offers four Training of Trainers each year; however, due to COVID-19 restrictions related to travel, social distancing, and masking, only two trainings occurred in SFY 2020. A total of 25 participants attended the two training sessions. Other trainings offered through the RFT contract included in-service training for current kinship, foster, and adoptive parents. These were provided in a virtual format with a total of 16 webinars offered during SFY 2020. Topics offered included *Three Moves*, *Communicating with Youth about Sex*, and *Supports and Services for Teens in Foster Care*. All webinars were recorded and are available for resource parents on the NRCYS website.

CWS and NRCYS offer online RFT that contains the same information as the classroom training and provides an alternative format in which to participate and complete training. Training is presented in a blended format. Attendees read and complete assignments, including quizzes, online and then participate in review calls with an assigned trainer. This permits those enrolled to move at their own pace, while covering the same material. The online format is designed to take the same number of hours as the in-person trainings to complete. If both parents select to complete the training online, they must complete it individually. This option was invaluable when in-person trainings were unavailable and allowed many resource parents to complete their training requirements. Feedback from families who completed the online training continues to be positive. Figure 2 is a breakdown of the participants for the SFY 2020 pre-service online training.

Figure 2

Participants by Type Pre-service Online Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	1,031	71%
Foster	315	22%
Adoptive	60	4%
Other	39	3%

Data Source: National Resource Center for Youth Services

During SFY 2020, CWS and NRCYS actively continued their work with the non-profit agency Spaulding for Children on a pilot pre-service training project for resource families, the National Training and Development Curriculum. Pilot classroom sessions began in the first quarter of SFY 2021.

State Licensed/Approved Facilities

Pressley Ridge was selected and implemented as the pre-service Therapeutic Foster Care (TFC) and Intensive Treatment Family Care (ITFC) training model in July 2018. All new TFC/ITFC families approved since that time have received Pressley Ridge training. This training consists of 36 training hours and equips families with skill-based competencies when accepting placement of a child with significant behavioral health needs. If a traditional foster family chooses to become a TFC/ITFC home, in addition to the 27 hours of Guiding Principles they previously completed, they are required to complete six of the 12 sections of Pressley Ridge. The six sections provide those families with the additional skills and information necessary to assist them in successfully parenting children with more complex needs than typically found in traditional foster care placements.

During the COVID-19 pandemic, TFC/ITFC providers were able to successfully provide Pressley Ridge training via virtual platforms. As of 3/31/2021, the five agencies that held a TFC contract had a total of 41 families complete Pressley Ridge training from 4/1/2020 – 3/31/2021, as seen in Figure 3. These numbers do not fully account for families that completed training through the two TFC agencies who ended their contracts in January 2021. Each TFC contractor is responsible for ensuring all pre-service training is completed prior to the home's approval.

Figure 3

TFC/ITFC Families That Completed Pressley Ridge April 2020 – March 2021

Choices for Life (CFL)	Homebased Services & Resources (HBSR)	Oklahoma Families First Inc. (OFFI)	Open Arms	TFI
5	12	9	13	2

Data Source: CFL, HBSR, OFFI, Open Arms, TFI

TFC homes continue to be required to complete 18 hours of in-service training. ITFC homes are required to complete 20 hours of in-service training with six of those hours designated for trauma-related training. The TFC/ITFC agencies work with families to develop individualized training plans to address specific training needs. The agencies are responsible for monitoring annual training hours and ensuring that their families are in compliance with training requirements.

CWS requires contracted group home provider agencies to receive pre-service training in accordance with Child Care Licensing (CCL) mandates. Group home agency staff must complete orientation within 30-calendar days of employment. Orientation includes, but is not limited to, training in the areas of: confidentiality; resident grievance processes; fire and disaster plans; suicide awareness and protocol; emergency medical procedures; organizational structure; program philosophy; personnel policy and procedure; mandatory

reporting of child abuse; and administrative policy and procedure regarding behavior management. CCL also requires staff training in cardiopulmonary resuscitation (CPR) and first aid within 90-calendar days of employment and prior to staff being solely responsible for caring for youth. CCL requires 12 hours of continuing education per calendar year for social services staff and 24 hours per calendar year of staff development courses for child care staff.

Contractually, CWS requires additional ongoing training. The contract reads "In addition, to meeting minimum training requirements for Child Care Licensing (CCL), Contractor's clinical staff and residential child and youth care professionals may choose from the following topics: youth- guided/family driven practice, stress management; coping skills; anger management; crisis intervention; typical childhood development and the effects of abuse, neglect, and traumatic stress on development; grief and loss issues for children in out-of-home placements; treatment of survivors of physical, emotional, and sexual abuse; treatment of children with disruptions in attachment; treatment of children with hyperactivity or attention deficit disorders; treatment methodologies for children with emotional disturbances; treatment of children with challenging behaviors; treatment of children and families with substance use or chemical dependency disorders; and group activities."

Additionally, group home contracts require clinical staff and residential child and youth care professionals to receive initial and ongoing training, at a minimum annually, in procedures for reporting suspected child abuse or neglect and treatment approaches based in positive youth development and behavioral support that include prevention and early intervention strategies and non-pain producing passive physical techniques when intervening in crisis situations.

Updates regarding CW staff training are located in other sections of this APSR including, but not limited to, the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes** and the **Updates to Targeted Plans within the 2020-2024 CFSP, Training Plan**.

Service Array and Resource Development

Within the broader service array are statewide core services provided by a number of provider agencies to children and families. These services are available to all children and families residing in Oklahoma to both prevent entry into the CW system as well as to provide ongoing support upon exit.

	OKDMHSAS TANF/ Child Welfare Outpatient Substance Abuse Programs	Attorney General Certified Domestic Violence and Sexual Assault Programs	Attorney General Certified Batterer's Intervention Programs	Sexual Abuse Treatment	Parent Assistance/ Parent Education	Oklahoma Systems of Care
Region 1	Alva	Alva	Clinton		Cheyenne	Alva
	Clinton	Buffalo	El Reno		Clinton	Barnsdall
	El Reno	Clinton	Elk City		Cordell	Clinton
	Elk City	El Reno	Enid		Guthrie	El Reno
	Enid	Elk City	Guthrie		Medford	Elk City
	Fairview	Enid	Mustang		Perry	Enid
	Guthrie	Guymon	Stillwater		Ponca City	Guthrie
	Guymon	Ponca City	Woodward		Sayre	Guymon
	Pawhuska	Selling	Yukon			Harper
	Perry	Shattuck				Kingfisher
	Ponca City	Stillwater				Laverne
	Stillwater	Woodward				Medford
	Watonga					Pawhuska
	Woodward					Pawnee
						Perry
						Ponca City
						Stillwater
						Watonga
						Woodward
Region 2	Ada	Ada	Ada	Norman	Altus	Anadarko
	Ardmore	Altus	Altus		Duncan	Altus
	Chandler	Ardmore	Anadarko		Norman	Ardmore
	Chickasha	Chandler	Ardmore		Purcell	Chandler
	Duncan	Chickasha	Chickasha			Duncan
	Hobart	Duncan	Lawton			Hobart
	Lawton	Lawton	Madill			Lawton
	Norman	Marietta	Norman			Madill
	Purcell	Norman	Pauls Valley			Norman
	Shawnee	Shawnee	Shawnee			Pauls Valley
			Tishomingo			Shawnee
						Sulphur
						Walters
Region 3	Oklahoma City	Oklahoma City	Midwest City	Oklahoma City	Oklahoma City	Oklahoma City
			Oklahoma City			
Region 4	Antlers	Antlers	Atoka			Antlers
	Hugo	Durant	Durant			Atoka
	Idabel	Eufaula	Holdenville			Durant
	McAlester	Hugo	Idabel			Eufaula
	Muskogee	Idabel	McAlester			Holdenville
	Okemah	McAlester	Muskogee			Hugo
	Okmulgee	Muskogee	Okmulgee			Idabel
	Poteau	Okmulgee	Poteau			McAlester
	Sallisaw	Poteau	Sapulpa			Muskogee
	Sapulpa	Sallisaw	Seminole			Okemah
	Tahlequah	Sapulpa	Tahlequah			Poteau
	Wagoner	Seminole				Sallisaw
	Wilburton	Stigler				Sapulpa
		Stillwell				Stillwell
		Tahlequah				Tahlequah
		Wagoner				Tallhina
						Wagoner
						Wewoka
Region 5	Claremore	Bartlesville	Bartlesville	Tulsa	Tulsa	Bartlesville
	Grove	Claremore	Claremore			Commerce
	Jay	Grove	Grove			Grove
	Kansas	Jay	Miami			Miami
	Nowata	Miami	Tulsa			Nowata
	Pryor	Pryor	Westville			Pryor
	Tulsa	Sand Springs				Tulsa
	Vinita	Tulsa				Vinita

Updates regarding the service array and resource development, both local and statewide, are in other sections of this APSR including, but not limited to, the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes** and the **Update on the Service Descriptions**.

Agency Responsiveness to the Community

The CWS Community Partnership program, as discussed in the previous report and continuing during this reporting period, conducted an assessment of the community model it is currently utilizing, the CW Community Collaborative, and determined a different community-based model is preferred that could provide statewide support to CWS. Due to challenges with the current model's intensive nature, the resources required to

administer, and the CWS goal of a statewide community program, the CWS Community Partnership team is exploring other community models.

Based on this recommendation, during the past 18 months the CWS Community Partnership team is continuing to transition staffing resources from two of the three local collaboratives under the CW Community Collaborative, the Lincoln County Partnership and the Pottawatomie County Collaborative. CWS assisted with this transition by providing a one year contract with a community development professional to assist the Lincoln County Partnership. Additionally CWS is entering into the second year of a contract with Shawnee Youth & Family Services to support the Pottawatomie County Collaborative by providing funding for a coordinator for the Coordinated School-Health team, the collaborative's project.

The CWS Community Partnership program continues to staff the third CW Community Collaborative, Citizens for Children and Families Council in Oklahoma County, which has projects in various stages of implementation. The Family T.R.E.E. project utilizes a multidisciplinary team approach with the goal of shortening the length of time to reunification, in addition to increasing reunification rates. The projects' evaluation is still underway. The Foster Care Task Force continues to support the plans for implementation of the Mockingbird Family Model project and the Infant Early Childhood Mental Health Consultation program in Oklahoma County. This past year these projects experienced some challenges in moving forward; however, the projects are back on track. The Road to Independence (RTI) project serving youth 14 years and older, is currently under review by CWS Community Partnership programs due to consistent challenges in staffing the project with specialized caseworkers.

The determination was made in early 2020 to assign a CWS Community Partnership program staff person to each of the five CWS regions to assist with community-related programs, projects, and partnerships within the region, as well as support the local CW staff. These assignments allow the CWS Community Partnership staff to develop relationships with CW staff within the regions, and to also become familiar with regional resources and community partners. The decision was also made to review community development/engagement models to identify a model that may better serve CWS' needs.

The work of the CWS Community Partnership team was redirected much of the past year due to the COVID-19 pandemic. The team secured a grant to provide technology to children and youth in congregate care settings so the children and youth could maintain contact with their families, caseworkers, attorneys, and others when face-to-face contact wasn't allowed. The team supported OKDHS on a broader scale by assisting with the Service First project, a new service delivery model which includes the closing of many local offices and the development of partnerships in these same communities and surrounding area. The team also assisted with the Holiday Hope program which utilized a new electronic platform to ensure children and youth in care safely received a gift during the holiday season.

The CWS Community Partnership team continues to administer and expand the School-Based Services program, which is a contractual partnership between OKDHS and local school districts to share the cost of a school-based specialist. The School-Based Services program provides critical services to at-risk students and families in the schools. The program currently has 22 school-based specialists, serving 15 school districts.

Other Community Efforts

CWS partners with the Global Orphans Project to offer the CarePortal, which is a technology platform that serves to connect local faith-based organizations to meet the tangible needs of OKDHS families and youth. Originally piloted in 2015, a contract was established with The Global Orphan project in Calendar Year (CY) 2019 for SFY 2020 to allow the entire state to utilize the platform. The CarePortal is currently open in 23 counties statewide and continues to expand. A local non-profit, the 111Project acts as the implementing partner, recruiting and training church partners as to how to respond to requested needs on the platform. Once a county reaches a certain ratio of churches to the local county CW supervisors, 111Project launches the opening of the county.

The CarePortal allows CW specialists and supervisors to make requests for identified tangible needs or service needs of families. The CarePortal serves biological parents, guardians, foster families, safety plan monitors, adoptive families, as well as youth. The program's goal is to expedite CPG achievement. The usage of CarePortal continued to increase and thus far in SFY 2021, of the 1,866 requests, 1,465 were met with an estimated economic impact of \$1,179,607 dollars. Churches are meeting the needs of local families in their communities by meeting CarePortal requests at a 78.5 percent rate. To-date, the met percentage is the highest achieved as a state. These 1,465 met requests affected and benefited 3,009 children.

When the COVID-19 pandemic began in the spring of 2020, requests declined sharply and then slowly increased due to the subsequent economic crisis. Temporary protocols were put in place to protect families and church responders from in-person contact, including the ability to have items directly shipped to families and other touchless methods. The COVID-19 pandemic also required a restructure of the CarePortal training required for CW staff and was converted to a completely online modular training that is available on demand for staff. Due to Centers for Disease Control and Prevention personal contact recommendations, the volunteer portion of CarePortal was placed on hold.

CWS continues to partner with OK Foster Wishes, a program of the Oklahoma Institute of Child Advocacy; as well as Fostering Connections, formerly known as the Tulsa Advocates for the Protection of Children. This past year Fostering Connections received a grant to implement the Mobile Connections Bus to assist with serving children and families in the outlying communities. Mobile Connections will visit rural Tulsa County as well as Creek, Muskogee, Pawnee, Okmulgee, Osage, Rogers, and Wagoner Counties, and provide the same resources Fostering Connections provides at the onsite resource center. The Foster Family Resource Center provides immediate access to required basic

needs including beds, cribs, clothing, car seats, diapers, toys, and other items at initial placement and continued monthly support as needed.

Count Me In 4 Kids (CMI4K) continues as an interest group in Oklahoma County focused on discussion and collaboration around at-risk children and youth. The group continues to meet quarterly to network and share information. CMI4K's most recent project was the partnership to assist with the initial launch of the Be A Neighbor program. Be A Neighbor is an electronic platform to connect Oklahomans seeking assistance to community resources and services. The Be A Neighbor platform is also utilized by OKDHS staff to search for resources and services to meet a customer's needs within their respective community.

Safe Families continues to experience program growth and expansion. The program began by serving Oklahoma County, and recently expanded to Cleveland and Pottawatomie Counties. Additionally, the program expanded to include serving as safety plan monitors, and is partnering with OKDHS Adult and Family Services Division to assist families participating in intensive workforce readiness programs.

Updates pertaining to ongoing consultation with tribal representatives, consumers, service providers, foster parents, the juvenile court, and other public agencies applies to other sections of this APSR including, but not limited to, the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, the **Quality Assurance System**, the **Update on the Service Descriptions**, and the **Consultation and Coordination Between States and Tribes**.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Standards Applied Equally

Resource Homes

CWS utilizes the standards detailed in policy, which helps to assure equal application of all standards in foster and adoptive homes.

Foster Care policy in Oklahoma Administrative Code (OAC) 340:75-7-10.1 and Adoptions policy in OAC 340:75-15-84 and OAC 340:75-15-87 provide direction for the screening process and requirements for prospective foster and adoptive families. Specifically policy states, "The requirements described in OAC 340:110-5 serve as the framework for families and OKDHS in the mutual assessment process used to select the most suitable home for the child in OKDHS custody in need of foster care." The requirements for foster homes are enumerated in this policy. Exceptions to some policy requirements are allowed after thorough assessment. Upon an applicant's or CW specialist's request, CWS, at its discretion, may grant an exception of specific rules or standards that do not compromise a child's safety or well-being and does not violate federal or state statutes. Exceptions may be granted, provided adequate standards affording protection for the health, safety, and welfare of the child exist and are met in lieu of the exact requirements

of the rule or standard in question. Requests for exceptions can be made for requirements listed in OAC 340:75-7 Part 2, Development of Resource Families.

The Foster Care and Adoptions (FC&A) programs team continues to provide ongoing training to new and transfer staff both internally at CWS, as well as staff with the RFP agencies. All new and transfer staff are required to attend an introductory level course, FC&A Resource specialist training. This two-day course covers the basic requirements for kinship and traditional foster homes and provides a hands-on approach to assessing a prospective foster family. By opening this training up to RFP agencies, CWS ensures that the foster home standards outlined in policy are applied the same internally and externally.

CWS continues to work closely with RFP agencies to build consistency through the licensing, recruitment, and retention process by including them in trainings, meetings, and workgroups. RFP agency staff attends Resource Family Assessment (RFA) training prior to being allowed to complete RFAs and must also complete the annual RFA update training. The objective of both trainings is to provide information to enhance RFA quality and the initial assessment process for kinship, traditional, and adoptive homes. RFP agency staff is invited to attend the training of trainers for the pre-service training, Guiding Principles, as well.

As previously reported in the 2021 APSR, an FC&A Quality Assurance (QA) team developed specifically for the FC&A program was established in 2018. The QA team focused on reviews of approved kinship and traditional homes to ensure that the home met compliance requirements and all safety issues were addressed. Due to staffing changes, the original FC&A QA team's responsibilities were transferred to another program within CWS and the Contract Performance Review (CPR) team under the Continuous Quality Improvement (CQI) program took over the FC&A QA reviews. The QA CPR team has over 20 years of combined CW experience as well as over 15 years of experience in completing reviews for QA purposes.

The CPR team worked closely with FC&A program staff from April – June 2020 to revise both the comprehensive review tool as well as the review process. The CPR team officially began conducting reviews in October 2020 of resource homes opened July – September 2020. The CPR team reviewed nine resource homes per region for a total of 45 CWS resource homes and one resource home from each of the 15 RFP agencies for a total of 15 RFP or supported resource homes. The nine resource homes reviewed in each region were broken down between three kinship relative resource homes, three kinship non-relative resource homes, and three traditional resource homes. The CPR team debriefed the completed review tools with each regional CW field manager and identified any areas needing follow-up. The CW field manager then completed a transfer of learning session with their assigned staff using the completed review tool. Any identified follow-up was completed within 30-calendar days.

The initial results from the first round of QA reviews identified that CW staff continue to struggle with some aspects of the records check process. The FC&A program team was

able to use the information from the reviews to enhance both the Records Check Guide and the Records Check training. Another area identified during reviews was the quality of the RFAs that are completed by RFA contractors. FC&A programs were able to give specific feedback to the RFA contractors about the RFA content and discuss areas for improvement, as well as encourage CW staff to follow-up with the next question if the contractor fails to ask. The first round of reviews were encouraging as it appeared CW staff made significant improvements from reviews completed by the previous FC&A QA team. This outcome indicates that the QA process is working since FC&A staff are able to correct areas identified as concerns and continue to complete quality work and safe assessments.

Residential Facilities

Approximately 97 licensed residential facilities are in the state, which include children's shelters, residential child care facilities, independent living programs, and residential treatment facilities. All the facilities have specific licensing requirements to follow, regardless of the funding type. These facilities are monitored throughout the year by OKDHS Child Care Licensing (CCL) staff, which completes one announced visit and two unannounced visits per year. During the COVID-19 pandemic, some visits and personal interactions were replaced by electronic record reviews and virtual meetings for safety purposes; however, CCL has since returned to their standard operating procedures. Additional visits are made as needed. When non-compliance with licensing requirements is found, a plan of correction is initiated immediately and completion dates are included in the overall plan. CCL staff conducts a follow-up with the facility to ensure that the plan of correction was met. All facilities that want to be licensed must follow the licensing requirements standard for the program's type. The stages of progression are application, permit, additional permits, when needed, and then a non-expiring license.

Child-placing agencies are licensed to recruit and approve foster and adoptive homes. Specific licensing requirements are standard for each agency type. Approximately 49 licensed adoption and foster care agencies operate in the state. OKDHS CCL audits child-placing agencies twice a year. Any areas of non-compliance identified during the monitoring visit result in a plan of correction on the date of the visit, and follow-up, when necessary.

Additional processes exist for negative actions when a facility or agency fails to complete a plan of correction. A Notice to Comply may then be issued for a serious non-compliance issue, which requires a more specific plan of correction with a short completion timeframe. When failure to meet the agreement outlined in the Notice to Comply occurs, an office conference may be held to discuss the current status of their facility or agency, which may affect their license.

Requirements for Criminal Background Checks

CWS adheres to Oklahoma Administrative Code (OAC) 340:75-7-15 Foster Care policy and OAC 340:75-15-84.1 Adoptions policy for background information searches and assessment of results for all household members in a prospective foster or adoptive home. To stay up-to-date on any changes since the prior year and to assist with

conducting thorough criminal background checks and documenting results, FC&A programs updated the Records Check Guide in March 2021. The guide assists with completion of the records check documentation form and assessment of criminal history results of all household members to ensure a child's safety when placed in the home.

The FC&A programs team developed two trainings to assist with conducting thorough CW and criminal background checks, quality results assessment, and approval at the appropriate level.

The first training, Records Check training, is beginner level offered to new and/or current CW Resource specialists in need of a refresher, and develops skills related to searching and documenting records in a quality manner. The training is offered to CW Resource staff, RFP agencies, and Therapeutic Foster Care (TFC) agencies. The training is conducted experientially in a computer lab and participants are given a training book that includes step-by-step instruction for conducting criminal background searches, assessment tip sheets, the Records Check Guide, and examples of quality records check documentation forms. Training was put on hold for a few months due to the COVID-19 pandemic; however, in-person training resumed in the fall of 2020 and continues monthly.

The second training, Records Check Review and Approval training, is a leadership level training required for all CW specialist IIIs, CW supervisors, and CW field managers. This training is offered to CW Resource staff, RFP agencies, and TFC agencies. This training is designed to assist in crafting skills related to reviewing and coaching staff for quality records checks, and approval at the appropriate level. The training participants are given a training book that includes coaching highlights, assessment tip sheets, the Records Check Guide, and examples of quality records check documentation forms. Since the majority of CW staff were trained in the first two months of 2020, only two additional sessions were held virtually later in the year. This training will be offered semi-annually moving forward, unless additional sessions are needed due to staff turnover.

State Use of Cross-Jurisdictional Resources for Permanent Placements

ICPC is a means to ensure protection and services to children who are placed across state lines. ICPC establishes orderly procedures for the interstate placement of children and affixes responsibility for those involved in the child's placement.

The timeliness of home study decisions from other states impacts permanency for Oklahoma children. The number of home study decisions received by Oklahoma ICPC from other states for the period of 4/1/2020 – 3/31/2021 for foster care, relative placement, and adoptive placements, within 60-calendar days is 75 out of a total of 244 requests sent, for a 30.7 percent timeliness rate. The number of home study decisions received between 61-75 calendar days added 30 additional home study decisions to the 75 completed within 60-calendar days for a total of 105 out of a total of 244 requests sent or a 43.03 percent timeliness rate of decisions received within 75-calendar days.

The CWS ICPC unit uses an internal Access database to track all incoming and outgoing ICPC requests. The ICPC unit has maintained the database since June 2001. The database was issued by the American Public Human Services Association and has an entry for each child involved in an ICPC case. The ICPC unit operates separate databases for public CW cases and private/independent adoptions.

Before calculating the number of home study requests, the database was filtered by:

- selecting all outgoing foster, relative, and adoption requests;
- removing any cross-references of siblings going to the same out-of-state placement so only the number of home studies, not children referred, are accounted for; and
- obtaining a list of all home studies referred out-of-state from 4/1/2020 – 3/31/2021 and counting the total number of requests referred during that period. Any requests that are not yet due at the time data is pulled for this information are excluded from the total number of requests sent.

The calculations for timeliness rate involved:

- counting the number of studies referred that were returned within 60-calendar days;
- counting those home studies completed within 61-75-calendar days;
- selecting home study decisions received within 60-calendar days divided by total studies referred out to arrive at the timeliness rate for home study decisions received within 60-calendar days of referral; and
- adding the number of studies completed within 61-75-calendar days to the total studies completed within 60-calendar days divided by total number of requests sent to arrive at the timeliness rate for home study decisions received within 75-calendar days of referral.

The timeliness rate of home studies received by Oklahoma from other states within 60-calendar days declined 7.6 percent when compared to the previous reporting period. The timeliness rate of home studies received by Oklahoma from other states within 75-calendar days declined 0.77 percent when compared to the previous reporting period. This decline is likely due to the multiple impacts on CW systems due to the COVID-19 pandemic. As a result of the COVID-19 pandemic, the ordinary foster care and adoption certification/licensing procedures were interrupted for most states, including limitations on a state's abilities to complete home studies, fingerprinting services, and in-service training for prospective placement resources.

In addition to delays associated with the ongoing COVID-19 pandemic, it is important to consider that the timeliness of an ICPC request decision is also a reflection of how quickly other states are able to complete home study decisions in their states for placement of Oklahoma children. Per Regulation 2 of the Interstate Compact on the Placement of Children, "8. Decision by receiving state to approve or deny placement resource (100A) (a). Timeframe for final decision: Final approval or denial of the placement resource request shall be provided by receiving state Compact Administrator in the form of a signed ICPC-100A, as soon as practical but no later than one hundred and eighty (180) calendar

days from receipt of the initial home study request. This six (6)-month window is to accommodate licensure and/or other receiving state requirements applicable to foster or adoption home study requests."

The timeliness of home studies received by Oklahoma from other states depends upon how each other state's ICPC programs and CW systems as a whole are functioning, and several factors must be considered when reviewing these statistics.

- Outgoing ICPC requests are reviewed by the Oklahoma ICPC office within two-business days of receipt. Once the Oklahoma ICPC office determines an outgoing packet is complete, it is immediately forwarded to the receiving state for completion.
- During this reporting period, Oklahoma was able to scan home study requests to receiving states due to changes in protocols associated with the COVID-19 pandemic; however, like Oklahoma, many states reported difficulties receiving requests electronically, and in some instances due to formatting or file size issues, duplication of some steps in the transmission process for outgoing requests was needed.
- Generally, when a request is sent as "foster care" or "adoption" these types of requests are going to take longer to process as most states require these types of resource requests to become licensed. Many states already have lengthy licensure processes, and the COVID-19 pandemic-related delays contributed to slower response times during the current reporting period.
- Oklahoma requests updates on any outgoing home study requests that are more than 60-calendar days old on a monthly basis to inquire as to the status and expected completion date. Some states are not responsive to these status requests.

Oklahoma's ICPC response rate to other states' requests for home study decisions continues to be higher compared to the rate of timeliness at which Oklahoma receives home study decisions from other states. The number of home study decisions sent by Oklahoma ICPC to other states for the period of 4/1/2020 – 3/31/2021 for foster care, relative placement, and adoptive placements, within 60-calendar days is 113 out of a total of 301 requests received, for a 37.5 percent timeliness rate. The number of home study decisions received between 61-75-calendar days added 38 additional home study decisions to the 113 completed within 60-calendar days for a total of 151 out of a total of 301 requests received, for a 50.2 percent timeliness rate for decisions received within 75-calendar days.

Before calculating the number of home study requests, the database was filtered by:

- selecting all incoming foster, relative, and adoption requests;
- removing any cross-references of siblings going to the same out-of-state placement so only the number of home studies, not children referred, are accounted for; and
- obtaining a list of all home studies received from out-of-state from 4/1/2020 – 3/31/2021 and counting the total number of requests received during that period.

Any requests that are not yet due at the time data is pulled for this information are excluded from the total number of requests sent.

The calculations for timeliness rate involved:

- counting the number of study decisions sent to the sending state within 60-calendar days;
- counting those home study decisions completed within 61-75-calendar days;
- home study decisions sent within 60-calendar days divided by total studies received to arrive at the timeliness rate for home study decisions sent within 60-calendar days of referral; and added the number of home study decisions sent within 61-75-calendar days to the total study decision sent within 60-calendar days divided by total number of requests received to arrive at the timeliness rate for home study decisions sent within 75-calendar days of referral.

Oklahoma began reporting on the timeliness of home study decisions issued to other states during the 2017-2018 reporting period; at that time decisions issued within 60-calendar days were at 42.18 percent while decisions issued within 75-calendar days were at 54.47 percent. During the 2018-2019 reporting period, Oklahoma provided home study decisions within a 60-calendar day timeframe on 46.33 percent of cases, and provided home study decisions within a 75-calendar day timeframe on 61.02 percent of cases. For the 2019-2020 reporting period, Oklahoma provided home study decisions within a 60 day timeframe on 55.1 percent of cases and within a 75-calendar day timeframe on 62.5 percent of cases.

The data for the current reporting period, 2020-2021, reflected a significant decline in timely decisions on incoming ICPC requests – a 17.6 percent decline in decisions issued within 60-calendar days, and a 12.3 percent decline in decisions issued within 75-calendar days. The significant decline in timeliness on ICPC decisions issued by Oklahoma was most heavily impacted by the disruption of routine and ordinary operating procedures within OKDHS CWS due to the COVID-19 pandemic.

Updates regarding diligent recruitment of foster and adoptive parents is located in the **Updates to Targeted Plans within the 2020-2024 CFSP**, Foster and Adoptive Parent Diligent Recruitment Plan section of this APSR.

Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Implementation and Program Support

The following provides an update as to Oklahoma Human Services (OKDHS) Child Welfare Services' (CWS) status in preparation for and submission of the Family First Prevention Services Act (FFPSA) Plan; and updates on initiatives to support the State's Vision, which includes the Continuum of Care (COC), the Building Bridges Initiative (BBI), and the Dave Thomas Foundation for Adoption (DTFA). A new initiative this year is the Child Welfare Policy and Practice Group. Also provided below is an update to the ongoing program supports that include the Capacity Building Center for States (the Center) and Continuous Quality Improvement (CQI).

FFPSA

With the passage of the FFPSA, CWS continues to enhance and expand prevention efforts through Family-Centered Services (FCS) cases, as well as improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification to prevent re-entry into care.

CWS submitted Oklahoma's FFPSA Plan to the Children's Bureau on 5/14/2021. Oklahoma has many collaborative partners that are key for success in the CWS Vision. To encourage their involvement in the FFPSA implementation planning process, an FFPSA Steering Committee comprised of external stakeholders and internal staff was formed and met twice in 2020. The FFPSA Steering Committee continues to meet to discuss the prevention provisions, particularly focusing on the candidacy definition and available prevention services that will meet the Title IV-E Clearinghouse criteria, as well as the congregate care provisions and the qualified residential treatment program (QRTP) requirements. The FFPSA Steering Committee was apprised of the final definitions regarding candidacy as well as the service providers Oklahoma would be utilizing, SafeCare® and Youth Village Intercept®. OKDHS Executive Team members reached out to tribal partners in November 2020 to discuss the FFPSA and inform them of the FFPSA provisions, as well as the financial components related to FFPSA. Collaboration with tribal partners will continue as OKDHS moves forward with both prevention and QRTP plans.

OKDHS continues to build upon several initiatives, *True North Goals*, within the agency aimed at moving all social services "to a space of prevention, going 'upstream' to build" supports for families before they are in crisis. During 2020, OKDHS partnered with several community providers to create Community Hope Centers (CHCs) across the state. This approach is based on the Family Resource Center (FRC) model by the National Family Support Network, in combination with the Science of Hope developed by Chan Hellman, Ph.D. Evidence of the impact of both the FRC model and Science of Hope suggests the implementation of CHCs across the state have a strong potential to improve outcomes for children and families.

COC

The COC strategies and workgroups as previously described in the 2021 Annual Progress and Services Report have not changed. During this reporting period, a COC Steering Committee was established by CWS, comprised of internal and external stakeholders. The Steering Committee will meet in the coming months to discuss the goals of each workgroup moving forward. Some workgroups completed relevant tasks and reached their intended outcome. CWS is currently discussing options and strategies to further develop and fully implement Enhanced Foster Care (EFC) and the entire COC going forward.

A centralized multidisciplinary team (MDT) was created in December 2019 to identify and assess children for the EFC program and other therapeutic placements and services. After reassessing the utilization of a centralized MDT, it was determined regional MDTs would be developed to staff children and youth that have complex needs, are in unstable placements, or require intensive supports and resources. The regional MDT's goal is to identify the children that fit these criteria and use regional supports and resources to positively impact the child's well-being and permanency.

A regional MDT process was implemented June – September 2020 and was fully functioning in each region by October 2020. A regional MDT facilitator was assigned to each regional MDT to focus on facilitation, follow-up, and data analysis. The regional MDT teams include representatives from Permanency Planning (PP) programs, CWS Clinical Team, tribes, OKDHS and private agency foster care staff, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Health Care Authority (OHCA), the Education Services and Developmental Disabilities program, Specialized Placements and Partnership Unit (SPPU), COC programs, Community Partnerships, and others as needed.

The regional MDTs focus on:

- children or youth who experience a shelter placement;
- legally-free youth ages 16 or 17 who have not achieved permanency; and
- children and youth in group homes over four months or in residential settings over 90-calendar days with no post-placement plan.

Since implementation of the regional MDTs through December 2020, 442 children statewide were staffed as part of a regional MDT. Many successes occurred in staffing these populations through the MDT process, as the CW specialist has a regional team supporting them identify the service array, the most appropriate level of care, and PP efforts. Additionally, this team of individuals works closely together to streamline efforts for the child or youth by developing actionable goals for completion to support the child or youth's placement, permanency, and well-being goals. Data collection is a critical component and a new database was created to track outcomes and trends for MDT-staffed children and youth.

BBI

Efforts to strengthen work with families for youth placed in congregate care treatment

settings occurred during this reporting period through collaboration and work with the BBI. CWS began working with BBI and all OKDHS-contracted group homes in June 2020 with six programs selected for program-specific technical assistance and all programs participating in collaborative learning sessions provided by BBI. This work concludes July 2021 when the six programs present their results related to family engagement and implemented aftercare activities to OKDHS leadership and the other group home providers.

Child Welfare (CW) Policy and Practice Group

CW Policy and Practice Group subject matter experts provide support in OKDHS' efforts to develop and implement a safety science-based critical incident review process in CWS. This group is working in Region 5 to develop and implement a standardized review process for when a critical incident occurs and allow for all CWS staff to experience a transfer of learning, not just those involved in the critical incident, to identify areas of need and system improvements. The plan is to begin piloting this process in other regions during 2021.

DTFA

The Adoption Transition Unit, now known as Youth Transition Services (YTS), entered into discussions with Wendy's Wonderful Kids (WWK) and the DTFA about bringing the evidence-based WWK model to Oklahoma in early 2019, and fully implemented the model in September 2019. The WWK model contains eight major components, all of which are required to maintain model fidelity and positively affect outcomes identified through the research behind the model. YTS works diligently with DTFA staff and the assigned CWS WWK adoption program manager for ongoing training and guidance through each step along the way. YTS is reviewing all adoption and permanency efforts to ensure the ongoing work falls within the model's scope. Those items that do not fall within the model's guidance will be reviewed to determine if the work is needed or can be retooled for a better fit within one of the model's components.

The Center

Collaboration efforts were conducted between the Center and Annie E. Casey to assist CWS in developing a single point out-of-home placement process for children in OKDHS custody. The Center provided consultation to guide CWS Programs staff in gathering information about children and youth in care. The Center held two focus groups on 10/7/2020 and 10/9/2020 involving a total of seven young people. The first group represented former foster youth with the oldest being 28 years of age. The second group represented older youth currently in foster care. Each group reported they had experienced multiple placements and as many as 13 moves. The focus groups were conducted to explore the perspective of young people throughout their placement process experience. Out of these focus groups it was determined that additional information about the child or youth needed to be included when CW staff make a request to the Placement Line for out-of-home placement. The additional information included a description of who the child or youth is, what they enjoy, things they want to share, and their connections; all of which should also be shared with the potential foster family. This was subsequently

embedded in the existing Child Placement Interview guide for CW specialists to utilize during placement request calls.

CQI

The CWS CQI/Quality Assurance (QA) program was utilized regularly throughout this reporting period as a support to field staff in measuring progress of the Child and Family Services Plan (CFSP) goals. This included the compilation and sharing of the statewide practice profile and regional practice profiles created from the 130 Child and Family Services Review (CFSR) case reviews as described in this report under **Update to Assessment of Current Performance in Improving Outcomes**, CFSR Child and Family Outcomes. Information in these profiles was shared with the CWS Executive Team in addition to regional leadership teams and at the CQI Statewide Implementation Team meetings.

CWS CQI program staff continued as regular members of the regional leadership teams, attending their monthly team meetings to provide consultation, feedback, and support based on data derived from completed reviews across various areas of work including ongoing monitoring of certain data elements identified in each regional practice charter. CWS CQI leadership intends to continue these processes to further measure and track progress on CFSP goals and advise on developing and revising regional charters in an effort to sustain and surpass the progress realized up to this point.

In April 2020, a unit within the CWS CQI program, the Contract Performance Review (CPR) Unit, undertook and began a QA review process related to Foster Care and Adoption (FC&A) resource home approvals. Reviews occur on a quarterly basis to allow for frequent feedback to FC&A staff. This approach is a single review type that provides a look at current, overall FC&A field practices for newly approved traditional and kinship resource homes. This transparent partnering between programs and the field enriches FC&A Resource staff growth and development across the state, while furthering CQI efforts in this practice area.

Additionally, the CWS CQI program received technical assistance during this reporting period from the Center in the areas of peer-to-peer support related to the CQI program, as well as the sustainability of the Safety through Supervision Framework within CWS in a fully integrated CQI process. Work related to the peer-to-peer support included facilitation of discussions and information sharing with other state CQI process systems to include Utah, Kentucky, and Missouri followed by debriefings and technical assistance from the assigned Center consultant. As a result of this technical assistance, plans are currently underway to restructure and redefine several areas of work and processes within the CWS CQI team. Work related to the Safety through Supervision Framework completed during this reporting period consisted of ongoing technical assistance from the assigned Center consultant in the form of team role, function, and goal development, problem exploration, and planned revisions of implementation plans and strategies.

Goals and Updates to Objectives

CWS is committed to improving the safety, permanency, and well-being of children and families served by the Oklahoma CW system. The objectives and progress made on the goals submitted as part of the 2020-2024 CFSP follow.

Goal 1: Decrease the number of unnecessary family disruptions by increasing prevention efforts in order to strengthen families, prevent child maltreatment, and keep children safely in their own homes.

Impacts: Safety 1 and 2, Permanency 1 and 2, Well-being 1, 2, 3 and Items 1 through 18, 25, 26, 27, 29, maltreatment in care, timely permanency, and placement stability.

Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Foster care entry rate per 1,000	5.3	4.2	4.0	NCANDS
Families who received preventative services from the state during the year – Family-Centered Services	2,024	2,265	2,500	KIDS Data
Absence of maltreatment in care	99.08%	99.02%	99.68%	NCANDS and AFCARS
Safety Outcome 2: Item 2: Services to family to protect children in the home and prevent removal or re-entry into foster care	51.06%	68.97%	95.00%	CFSR
Safety Outcome 2: Item 3: Risk and safety assessment and management	18.46%	45.38%	95.00%	CFSR

Objective	Progress
1.1 Increased use of Intensive Safety Services (ISS) developed through the IV-E Waiver Demonstration Project, and other well-supported or promising prevention services to keep children safely in their own home. Increased use of services will be monitored annually over the five-year period, with a goal to increase the number of ISS services each year. As other well-supported and	1.1 After Oklahoma's Title IV-E Waiver Demonstration project ended on 9/30/2019 with reports of positive outcomes and cost savings from the project, CWS continued the utilization of ISS statewide. The same procedures and process remain in effect for determining ISS eligibility for families who are at moderate risk and, if not for intensive service availability, would likely have their child(ren) removed into out-of-home care for safety reasons. A predictive risk model for ISS (PREMISS) selection is used to assist with determining eligibility and a referral to ISS. Only cases when a Child Protective Services (CPS) specialist recommends child removal are run through the PREMISS algorithm. Input from the initial CPS investigation, along with prior CPS history and some general family and case characteristics, are utilized in this algorithm. The CPS specialists and supervisors receive training on the requirements and steps for PREMISS and ISS.

promising prevention services are identified, a target for use will be established. (a) Enhance the use of Comprehensive Home-Based Services (CHBS), Safe Care, ISS, and Motivational Interviewing to preserve families. Use of services will be monitored annually over the five-year period, with a goal to increase the number of families served through the identified evidence-based interventions each year.	Families are eligible for ISS when a CPS specialist recommends child removal, and the PREMISS score falls in the range of eligibility (moderate, but not high-risk), and when they don't meet any of the following additional exclusion criteria: the family previously received ISS; the referral was because of the birth of a baby when there are already older siblings in state custody; the referral was the result of a child death; and the referral has new allegations of abuse of children who already are in state custody. The ISS intervention targets those families and children where the risk of entering foster care is higher and therefore CHBS alone is not appropriate nor meets the needs of the families and children. ISS is intended to complement the existing infrastructure of evidence-based prevention services, currently SafeCare®, and the CWS Family-Centered Services (FCS) prevention structure throughout the state. CWS, post-Waiver, initiated a Phase II evaluation of ISS focused in the two most populous regions of the state, Regions 3, Oklahoma City, and 5, Tulsa, in partnership with the University of Oklahoma Health Sciences Center's (OUHSC) Department of Pediatrics, Center for Child Abuse and Neglect (CCAN), and Department of Sociology for the purposes of building the evidence base that meets the Title IV-E evidence-based standard requirements in Section 471(e)(4)(C) of the FFPSA toward approval by the Title IV-E Prevention Services Clearinghouse. The first annual report for the second phase of the ISS evaluation covering the period from 10/1/2019 – 9/30/2020, for Regions 3 and 5 only, showed 527 cases involving 838 children were referred to ISS and eligible according to PREMISS. More than half of these went to "Services as Usual," suggesting some capacity issues. The primary outcomes involving removals, re-reports, and reunifications are the key indicators of success. Those who received ISS had a significantly lower removal rate of 3.5 percent compared to 30 percent with "ISS Not Workable" and 49.8 percent "Services as Usual" respectively. Significant testing for the other outcomes was not conducted as they did not occur frequently enough for results to be meaningful. The preliminary results in the Phase II evaluation are promising and reflect the findings observed in the original Waiver evaluation. It is critical to note that both continued implementation and data collection were affected by the COVID-19 pandemic and adaptations were necessary. By the middle of March 2020, state agencies, schools, and private agencies altered their policies and practice due to the state of emergency declared by Oklahoma's governor. These actions impacted ISS implementation and data collection and the challenges of data collection further limited the set of analyses that could be completed for the first annual evaluation report. In Federal Fiscal Year (FFY) 2020, \$1,356,782.39 of state funds were used to provide ISS. The costs included \$331,577.35 for evaluation and \$1,025,205.04 for direct service. 1.1a CHBS gives extra weekly supports in the home, along with the FCS specialist. This can be in addition to or a step down from ISS. This contracted service uses an evidence-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
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	paraprofessional through CHBS, known as Parent Aide Services (PAS), also provides basic parenting skills to caregivers. CHBS continues to be 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. Periodic reports, tracked by service waiting list liaisons, indicate that service capacity is not completely adequate to service needs. The state's ability to respond to the need for increased capacity is dependent on budget constraints. While no gaps exist in service statewide, the immediate availability of services can be an issue when the contractors reach capacity on the number of cases they can accept. From 4/1/2020 – 03/31/2021, 1,585 families received CHBS services, excluding the case type of reunification. 5,411 unique, non-duplicated, children in 1,820 families were served through FCS. Less than 2 percent of children, 58, had a subsequent removal and less than 1 percent, 36, had a subsequent FCS case after original FCS case closure. This finding is representative of the served numbers in previous years. Figure 1 illustrates the number of children, already in OKDHS custody, who received CHBS services for the purpose of Maintain Placement. Figure 1 <table><tr><th colspan="3">Children Receiving Comprehensive Home-Based Services (CHBS) - Maintain Placement Services April 1, 2020 - March 31, 2021</th></tr><tr><th>Children Referred for Services</th><th>Children Receiving Services</th><th>% of Children</th></tr><tr><td>218</td><td>112</td><td>51.4%</td></tr><tr><td colspan="3">Data Source: KIDS Data; Run Date: 4/27/21</td></tr></table>	Children Receiving Comprehensive Home-Based Services (CHBS) - Maintain Placement Services April 1, 2020 - March 31, 2021			Children Referred for Services	Children Receiving Services	% of Children	218	112	51.4%	Data Source: KIDS Data; Run Date: 4/27/21		
Children Receiving Comprehensive Home-Based Services (CHBS) - Maintain Placement Services April 1, 2020 - March 31, 2021													
Children Referred for Services	Children Receiving Services	% of Children											
218	112	51.4%											
Data Source: KIDS Data; Run Date: 4/27/21													
Objective	Progress												
1.2 Increase access to evidence-based programs and services to support and prevent maltreatment and unnecessary family separation. Evaluation will occur through number of services available, relationship, and community collaborative. (a) mental health and substance abuse prevention and treatment services – number of services offered/clients served annually;	1.2a The OKDHS and Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) collaborative relationship building between CWS districts and ODMHSAS contracted providers, which has strengthened local partnerships, continues. These partnerships assist with accessible and quality evidence-based mental health treatment for children and families to help mitigate maltreatment and family separation. A report provided by ODMHSAS indicates 11,995 adults engaged in substance abuse treatment and 5,226 adults were referred to mental health treatment from June 2020 – March 2021. During April 2020 – March 2021, 1,511 children were served through Systems of Care (SOC) to support and provide resources and services to assist in preventing maltreatment and unnecessary family separation. Of these children, 1,048 were under the age of 12. ODMHSAS provided 1,909 mental health consultations												

(b) in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling – number of services offered/clients served annually; and (c) partner with Domestic Violence programs to stop family violence – number of services offered/clients served annually.	to OKDHS clients from 4/1/2020 – 4/1/2021 with the majority being participation in a case staffing. Of these consultations, 422 resulted in referrals for mental health services. 1.2b Services beyond CHBS and ISS through SafeCare®, SoonerStart, and other mental health services available to children in out-of-home care are the same as those with in-home FCS cases. However, the capacity around the availability of those mental health services for infants and young children is limited. Oklahoma continues to work toward increasing the workforce through the second round of the SOC grant, SOC^2, and the Project Launch grant through ODMHSAS and the Oklahoma State Department of Health (OSDH). Community-Based Child Abuse Prevention's (CBCAP) mission is to prevent child abuse and neglect by strengthening protective factors and mitigating risk factors. OSDH is the lead agency for the CBCAP grant. CBCAP funds continue to support a number of Tier 1 evidence-based child abuse prevention efforts, such as Children First - Oklahoma's Nurse Family Partnership (NFP) program, The Incredible Years Parent groups, The Incredible Years Treatment groups, The Incredible Years Classroom groups, Circle of Security, and Parent Child Interaction Therapy. Other activities supported in State Fiscal Year (SFY) 2020 through the CBCAP include: • Contracting with OUHSC on child sexual abuse prevention, focusing on preventing youth from sexually acting out on other children; • Ongoing development of the Oklahoma Family Resource Center Network, including membership and continued training for participants on the importance of the Standards of Quality for Family Strengthening Support; • Funding the Facilitating Attuned Interactions Training; • Funding the Circle of Parents groups across the state; • Ongoing work on the five-year Oklahoma State Plan for the Prevention of Child Abuse and Neglect including collaboration with OKDHS on biannual meetings; • Funding the Behavioral Risk Factor Surveillance System Survey; • Co-sponsoring the 26th Annual Child Abuse and Neglect Conference; and • Providing the ROAR program through The Care Center, which is a child-based education program that teaches children how to protect themselves from abuse. The effectiveness and efficiency of the services are enhanced through the partnership between OSDH and the public and private program providers. OSDH and OKDHS CWS collaborate to ensure that the goals of CBCAP, CFSP, and APSR are aligned. OSDH is mandated through the Child Abuse Prevention Act, in Section 1-227 of Title 63 of Oklahoma Statutes (63 O.S. § 1-227), to house the Office of Child Abuse Prevention (OCAP). OCAP provides funding through a request for proposal process to community organizations to provide evidence-based home visiting services. During SFY 2020, a total of 648 families received
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	at least one home visit. Nine state-funded sites provided services in 28 counties. The Maternal, Infant, Early Childhood, and Home Visiting funded sites serve an additional four counties for a total of 30 counties where families received home visitation services using the Parents as Teachers Model. 1.2c From 10/1/2019 – 9/30/2020, the domestic violence crisis hotline received 22,465 calls. During this same period, 5,088 people were served in shelter through the Attorney General's Office certified domestic violence programs, comprising a total of 128,633 shelter nights. An additional 16,530 persons were served with non-shelter services. Of those served in the shelter, 1,926 were children and 3,090 were women. Of all children served in both shelter and non-shelter services: 2,362 were age 12 or younger; 1,673 children received crisis intervention services; 1,363 children received victim advocacy services; 1,177 children received individual or group counseling support; and 340 youth 13 – 17 years of age received services as the result of being a victim of dating violence. This data does not include those served through tribal programs. A representative from the Oklahoma Native Alliance Against Violence reported no centralized data system records services provided by each tribal program. OKDHS contacted numerous individual tribal programs about their specific data regarding the population served; all declined to provide data. CWS facilitates the Child Welfare and Domestic Violence Statewide Collaboration, which continues to meet quarterly to address statewide trends and promote support between CWS, community partners, and service providers. Tulsa County and Muskogee County continue collaborations for their specific areas and actively participate in the statewide collaboration. Pottawatomie County has a multidisciplinary team specific to domestic violence that meets monthly.
Objective	Progress
1.3 Improve the quality of safety decisions through enhanced policy followed by training and support to the field. All action steps are aligned with the CFSR Performance Improvement Plan (PIP) and will be implemented by June 2020. (a) This will include updates to the Child Welfare Safety Guidebook to include safety guides for all programs. (b) All CORE trainings and Supervisor Academy training will be updated to focus on enhanced safety practices outlined within the CFSR PIP.	1.3a This objective is completed; however, refer to Goal 1, Objective 1.5 for further information regarding updates and ongoing sustainability. 1.3b Completed. 1.3c CWS placed a priority on having a trauma-informed system over a decade ago and documented its capacity to provide services to and on behalf of children and families through a trauma-informed structure and treatment framework by infusing knowledge, awareness, and skills into organizational culture, policies and practices. In the fall of 2019, OKDHS began strategic planning to become the first hope-centered and trauma-informed state organization creating a child and family well-being network that is grounded in the science of hope. Hope Theory provides an evidence-based approach and common language that can be used by social service providers, educators, and community leaders who are seeking ways to reduce the harmful impact of adverse childhood experiences (ACEs). The Hope Theory is important for all Oklahomans and

(c) Increase understanding, recognizing, and responding to the effects of all types of trauma in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.	creates unlimited opportunities to improve well-being for a lifetime through education, economics, community safety, and health and human services. Trauma-informed practices are necessary to help children and families overcome and recover from ACEs and a hope-centered, trauma-informed child and family well-being network ensures the utilization of trauma-informed practices as tools to elevate hope and promote resiliency and well-being. A hope-centered, trauma-informed CW system approach enhances system-wide capacity, allows for application of the Science of Hope through a trauma-informed lens, and sustains the supports, resources, and services provided to children and families preventively, as well as more rapidly reunites families whose children are in out-of-home care. The foundation of a hope-centered, trauma-informed approach is a knowledgeable workforce who can assess need and connect through referring children and families to a service array that meets their needs, and monitor and evaluate the continuing appropriateness of the services provided. A strong, competent workforce is critical to achieving CWS' mission and goals, building upon the successes thus far in system improvements to align with the vision of Family First, and improving the safety, permanency, and well-being of children and families involved with the CW system. CWS has a targeted Training Plan for all CW staff with already established training, support, and resources to ensure a competent, skilled, and professional trauma-informed CW workforce that can identify and meet the needs of children and families, determine the appropriateness of the services array, and engage in broader CW decision-making and case planning. Trauma-informed principles are woven into the existing CW training to prepare CW staff in understanding, recognizing, and responding to the effects of all types of trauma. The curriculum describes the impact of trauma on child development, including brain and emotional development, attachment, and how those impacts can affect relationships. Additionally, trauma-focused foundational learning, in the areas of Motivational Interviewing and crisis de-escalation, was included to build on in future level courses. CWS will continue the trauma-informed training that already exists in the required CW training for CW specialist and supervisors, and infuse it with the Hope Theory and its application to: buffer the effects of ACEs; help create and support pathways and sustain willpower for families to preserve and strengthen protective capacities and assist the family in safely caring for the child(ren) in their own home and achieve their goals; and promote hope, recovery, and resilience through engagement, empowerment, and collaboration.
Objective	Progress
1.4 Qualitative maltreatment in care reviews will continue for a portion of unsubstantiated investigations of maltreatment in each region, as well as on all substantiated investigations by CPS Programs and regional leadership. Results of data analysis will be compiled quarterly and communicated to the field.	1.4 Maltreatment in care (MIC) quality assurance reviews of unsubstantiated and substantiated CPS investigations involving children in out-of-home care continue on a monthly basis. Beginning in January 2021, the MIC strategy work was moved under the CQI program to enhance consistent quality assurance practices. MIC strategy staff continue to review all substantiated CPS investigations on resource homes, as well eight randomly assigned unsubstantiated investigations. These reviews are utilized to identify contributing factors to MIC and areas where enhanced practice may reduce and/or prevent MIC. MIC programs staff identifies opportunities

Qualitative reviews will occur in each region every quarter to support specialists in improving practices to better outcomes.	for transfer of learning (TOL) while conducting these reviews, which are included in the "final review notes" section. These opportunities are identified to assist district directors and field managers with coaching and facilitating TOL with their staff to help them understand how practice can impact MIC, and to improve practice in the field. During the February 2021 MIC Leadership meeting, MIC strategy staff sought feedback from the regional MIC leads about the efficacy of the TOL process. As a result, MIC strategy staff is currently receiving support from CQI staff to streamline the TOL process and identify ways MIC strategy staff can support field staff in their learning from the reviews. Data analysis from these reviews is conducted on an ongoing basis. The information gathered during these reviews is entered into Qualtrics, which provides a real-time data dashboard that can be filtered by region and district. A comprehensive statewide analysis and written report was compiled in February 2021. Region specific data was also compiled, and MIC strategy staff are currently presenting both state and regional data to regional leadership teams. Data analysis continues to indicate for substantiated MIC investigations that the lack of quality visits continues to be the number one contributing factor to MIC, followed by the lack of totality of information, and an unapproved person in the home. It was noted that these contributing factors were identified in a lower percentage of MIC reviews conducted. In addition, both the number and percentage of investigations where threat of harm was the only substantiated allegation has increased. This may be an indication that field staff are becoming increasingly aware of a potential safety threat to children in out-of-home care and are taking necessary actions to ensure the safety of children before a maltreatment incident actually occurs. As OKDHS continues to focus on improving the quality of visits and the assessment of child safety, an increase in threat of harm only substantiations is likely as staff become more adept at identifying potential threats and risk. In addition to the MIC program reviews, the CW district directors and field managers continue to conduct an independent monthly review of at least one MIC investigation from their assigned district(s). To ensure consistent review completions, the MIC Leadership team developed a method for tracking the review assignments and completions. This process was implemented in March 2021. Resource family partners (RFPs) continue to participate in the review process as well. These reviews are also entered into Qualtrics, providing real-time, readily available data that can be accessed by regional leadership as needed. Focus on the MIC contributing factors is believed to be one of several causal factors impacting CWS' continued reduction in MIC incidents. With lack of quality visits consistently remaining the number one contributing factor to MIC, additional efforts are being made across programs to improve practice in this area. A plan to develop a review of caseworker visits by supervisors was initiated, and the review process is being implemented. This process streamlines the review of visits identified as an action item in four of the five regional MIC reduction plans developed in 2019. With this process in place, supervisors will be able to utilize the review as an opportunity
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	to provide coaching to staff regarding quality of visits and the safety assessment, as well as identify trends in their districts. CW supervisors will enter their reviews into Qualtrics, so there will be a data dashboard available that can be utilized by CW supervisors and leadership to inform practice trends. Each PP supervisor will be asked to review contacts for each CW specialist in their unit and provide TOL during the intentional case staffing. TOL regarding the safety assessment occurring during CW specialist visits will likely increase staff's ability to recognize risk factors before MIC incidences occur. The MIC Leadership team was established to facilitate information sharing about MIC between CW field staff and programs, discuss and identify trends, develop strategies, and assist with MIC prevention efforts. Members of the team include an MIC lead from each region, MIC program staff, FC&A programs staff, CW field managers, PP programs, CWS Training staff, CPS programs, RFP programs, CQI staff, CWS tribal liaisons, and the KIDS data team. The team continued with bi-monthly meetings via a virtual setting. These meetings were vital for gathering and providing feedback regarding MIC trends and strategies. MIC strategy staff is also in collaboration with the Contract Performance Review (CPR) unit to determine any areas of overlap between the reviews, and, in conjunction with FC&A staff, to discuss how information from both MIC and the respective reviews can be used together to see if there is any correlation between information identified in the CPR reviews, as well as to inform practice. MIC regional leads began the process of presenting a case analysis to their regional staff in early 2019. MIC regional leads work alongside their regional CW district directors, CW field managers, and in many cases, supervisors to present an MIC case analysis to the region's leadership team and/or steering committees. Upon the presentation's completion, clear direction is provided to the participants with specific takeaways to utilize in a subsequent TOL with CW supervisors and CW field staff. The key factors utilized in the TOL process with CW field staff are the specific opportunities identified by the leadership team that would enhance risk assessment skills, safety assessments, and prevention strategies for all programs. Discussions also include any identified practice strengths. Feedback from each region expressed a growing comfort with conducting case analysis and focus will begin to shift toward ensuring quality TOL is occurring sufficiently and consistently throughout the state. Case analysis was paused briefly during the COVID-19 pandemic as CW staff transitioned to telework. At this time, each region identified a method for conducting the case analysis in either a virtual or limited in-person setting and case analysis has resumed. Case analysis was added as a re-occurring agenda item for the MIC Leadership meetings with each regional MIC lead reporting on the status of their case analysis process for the quarter. Previously no template or guidance existed to complete any written report of the case analysis. MIC strategy staff developed a template for documenting the TOL opportunities identified during the analysis. This template will assist MIC strategy staff with ensuring analysis completion, as well as provide insight to the TOL opportunities identified through the case analysis process.
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	Since RFP agencies experience lower MIC rates than other placement types, it was determined in March 2020 that two times per year, each agency must select one of their own homes that experiences an MIC investigation and complete a case analysis. With Therapeutic Foster Care (TFC) merging under the RFP umbrella, it was determined that TFC/Intensive Treatment Family Care (ITFC) should be incorporated into MIC efforts already in place for supported agencies. This includes safety calls, MIC case analysis, and MIC case reviews. These efforts went into effect in April 2021. A meeting was held with TFC/ITFC agency partners in March 2021 to inform them about this new process and provide guidance on how the process will be implemented. Refer to Goal 2, Objective 2.13 for further information regarding additional practices related to MIC reduction.
Objective	Progress
1.5 Supervisors will utilize the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making in order to understand and treat safety needs, decrease trauma, and strengthen parental protective capacities. Full implementation of the Supervisory Framework will occur by June 2020.	1.5 As reported in the 2021 APSR of 6/30/2020, statewide implementation of the Supervisory Framework was achieved at the end of May 2020, which coincided with the conclusion of Oklahoma's CFSR Round 3 PIP. In July 2020, the CWS CQI program assumed the responsibility for implementation support and sustainability of the Supervisory Framework. This resulted in the finding of inconsistencies, gaps, and framework model drift across the regions which indicated a need for a measure of fidelity to the framework. Establishing fidelity measures also allows for a better sense of the targeted efforts needed to assist and support staff with ongoing TOL and appropriate application of the framework. The CQI QA team, with assistance from the Center, is in the process of identifying implementation issues to refine and refocus framework activities in all five regions to ensure consistency and develop a process to measure fidelity so that CW specialists continue to improve practice with children and families. This joint work also consists of consultation between the Center and the CQI QA team on the development of implementation sustainability practices for the Supervisory Framework. The CQI QA team, with coaching provided by the Center, is working to develop measurement strategies to model fidelity to allow for targeted guidance and direct support to CW supervisors to ensure consistency in applying the Supervisory Framework. Deeper comprehension of and fidelity to the Supervisory Framework is expected to strengthen critical thinking and assessment planning skills with the desired impact on improving outcome practices in safety, permanency, and well-being for families and children. To more accurately capture the current CW supervisor's grasp and usage of the framework, a survey was deployed to all CW supervisors in February 2021. A total of 364 CW supervisors participated in the survey which consisted of the following questions (results included):

	1. I understand the goals of the Supervisory Framework? • 5 percent Disagree; • 65 percent Agree; and • 30 percent Strongly Agree 2. I understand the casework skills that are required to implement the Supervisory Framework? • 5 percent Disagree; • 67 percent Agree; and • 28 percent Strongly Agree 3. Please indicate how often you complete the task of the Supervisory Framework? • Monthly Conferences – 35.35 percent do it often; • Intentional Case Staffings – 40.18 percent do it often; and • Field Observations – 20.37 percent do it often. 4. The Safety Framework has contributed to improving overall practice in my unit? • 6 percent Strongly Disagree; • 25 percent Disagree; • 62 percent Agree; and • 8 percent Strongly Agree The survey results were then utilized as talking points for the CQI QA team to gather more in-depth feedback from regional leadership, which consisted of regional deputy directors, CW district directors, and CW supervisors to realize how this information could be used by CQI QA to provide support and guidance to CW staff with the Supervisory Framework. The collected information suggested support and guidance is needed to create a deeper understanding as to the holistic approach with the Supervisory Framework since CW staff presently report the framework process seems overwhelming and repetitive because it is used as more of a tracking and task-oriented procedure instead of a way to approach everyday work. This may be the result CW staff currently utilizing the guides as compliance-oriented forms, instead of discussion guides as intended. Feedback reveals a need for a universal staffing guide due to multi-staffing's on a case in different settings to avoid repetitive staffing's for a case. Also, the intentional case staffing guide is heavily geared towards children with a goal of return to home and needs to be expanded to include all permanency goals. Currently, the CQI QA team is in the process of creating a one-page framework tip sheet for CW supervisors and district directors to provide guidance and support from the CW district director to the CW supervisor to the CW specialists based on the survey's results and feedback. Effective integration of the CW district directors into the implementation process is needed, which will begin with the creation of their tip sheet.
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	Guidance for documentation on the guides as well as the Statewide Automated Child Welfare Information System (SACWIS) for the framework is also an apparent need. This support needs to occur prior to developing a fidelity measurement in order to have documentation accessible for evaluating consistency. Planning for next steps at this time includes updating the framework guidebook, making revisions to the intentional case staffing guides, and planning for approaching framework TOL refreshers for all CW staff to be conducted by the CQI QA team with the support of CWS program and regional leadership. The CQI QA team is cognizant of the need to ensure consistency statewide with communication and execution of all plans regarding future framework activities to successfully sustain its application in producing the outcomes for which it was intended.
Objective	Progress
1.6 The CQI Program will partner with other CWS programs to compose combined reviews over statewide and regional practices impacting quality safety decisions and positive safety outcomes. Information outlining areas of practice requiring focus, also referred to as regional practice summaries, will be provided to the region every six months so that regional leadership understands current barriers and practice areas needing improvement and can be intentional on the focus of improving outcomes in the areas identified.	1.6 Regional CFSR case review practice profiles were created and shared with the CWS Executive Team and regional leadership staff for the Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting periods 19A, 19B, and 20A to provide detailed practice information regarding specific regional CFSR outcomes. The CFSR case review practice profiles are created from the 65 CFSR case reviews completed for each AFCARS period under review. The profiles include identification of strengths and areas needing improvement on all safety, permanency, and well-being outcomes, items 1-18, for each of the five regions. The CFSR case review practice profiles were reviewed by the CQI regional teams during the CQI statewide implementation team meetings throughout this reporting period. As a result of this practice, each region created a regional practice charter, which identifies areas of regional practice focus. The regional practice charters are reviewed regularly by regional charter teams for the purposes of monitoring progress and are updated accordingly based on data from the ongoing monitoring and tracking of charter activities in addition to data contained in each practice profile provided.
Objective	Progress
1.7 Increase the completion of Family Service Agreement (FSA) at the time a Safety Plan is completed ensuring that services are timely, flexible, coordinated, and accessible to families and are organized as a continuum, linked to a wide variety of supports in order to meet children and families' ongoing needs. Full implementation is in alignment with CFSR PIP action steps and will occur by	1.7 Training was developed in conjunction with the Safety through Supervision Framework series training and was completed statewide in all regions, as was previously reported. During this reporting period, 130 CFSR quantitative and qualitative case reviews were completed statewide. Due to the COVID-19 pandemic, face-to-face evaluations were instead conducted virtually. These evaluations, called a debriefing, of each case was conducted by the CFSR reviewer with the case participants that included caseworkers, supervisors, district directors, field directors, and regional deputy directors from CPS, FCS, PP, and FC&A programs. Each case evaluation covered practice trends that impacted all safety, permanency, and well-being outcomes, items 1-18.

June 2020. Ongoing evaluation of the quality and appropriateness of completed Family Service Agreements and Safety Plans will occur through the qualitative review process of CFSR's. Outcomes of the completed reviews will be added to the regional practice summaries presented by the Continuous Quality Improvement Program CFSR team.	Refer to Objective 1.6 regarding CFSR case review practice profiles.
Objective	Progress
1.8 Enhance the family meeting continuum in each region to improve the assessment of child safety and increase family involvement early on and throughout the life of the case through child safety meetings (CSMs), Initial Meetings (IMs), and ongoing family meetings throughout the life of a case. Full implementation is in alignment with the CFSR PIP action steps and will occur by June 2020. Ongoing evaluation to occur through qualitative review process through CFSR's, CSM reviews, and ongoing placement stability reviews.	1.8 As of November 2020, the family meeting continuum (FMC) was implemented region wide in Regions 3, 4, and 5, along with two districts each in Regions 1 and 2. In February 2021 Region 2 expanded the FMC to include District 20; in April 2021, Region 1 expanded to include District 9. All full-time facilitators were trained in the identified regions and districts that are utilizing the FMC. Approximately 50 CW specialists were trained as facilitators. Each of these facilitators were also trained in the CSM model. In October 2020, CW field staff that were starting the FMC were trained on their roles as CW specialists during a family meeting (FM). The training also incorporated the importance of using the FMC with an emphasis on purposeful and quality meetings. An FM practice guide was also developed and provided to CW field staff in the regions where the FMC was implemented. In FFY 2019, it was reported that the FM program lead would reach out to Regions 4 and 5 identified families for a QA review to include how they perceived these meetings and gather feedback as about how CWS can improve FMs; the benefits of having one assigned facilitator; and working around any barriers to the FMC process. However, due to the COVID-19 pandemic this activity was not completed due to gathering feedback was supposed to be completed in-person. In FFY 2020, a QA survey was in the beginning stages of development and was to be used in every region upon finalization. Due to COVID-19 restrictions, the survey was restructured to an electronic format for implementation in FFY 2022. The survey is to gather participant's feedback about their FM experience, and the results will be used to improve training for future facilitators and CW staff. All new CPS and FCS specialists attend the CSM training to learn how to describe the safety concerns and how family engagement benefits the child, family, CWS, and community. Technical assistance and training by CWS programs is also available upon any region's request and this continued to occur in FFY 2020. PP staff were also trained on the FMC and were provided the FM Practice Guide. A statewide training is under development for CW field staff and community partners. A training workgroup was created that focuses on specific training for facilitators without

	CPS or PP experience. This training will help the facilitators become more comfortable in the language they are using during the meetings. The workgroup is also preparing a training for all levels of field staff including leadership, resource specialists, court partners, tribal partners, and other community partners. This training will be delivered in-person to each region during their quarterly staff meetings. The Fidelity Review Tool was revamped for CSMs and the ongoing meeting process. This tool is expected to be ready for the FM program lead to test by 6/1/2021. An FMC report was developed in FFY 2021 and can be pulled by CW staff through the internal WebFOCUS dashboard. Each FM supervisor was trained on how to utilize the CSM and FMC reports. The FM program lead attends weekly FMs to observe the meeting process and provides feedback to CW staff regarding any observation of practice trends. Ongoing evaluation will continue to occur through qualitative reviews to include data review and reports in collaboration with the CQI program to focus on good safety decision-making and ensure each family in the CW system has purposeful and timely FMs. From a qualitative analysis review, relatives were also consistently involved in attending the CSMs. This process is still ongoing. Refer to Objective 1.7 for information related to qualitative case reviews.
Objective	Progress
1.9 Increase community collaborative with the Oklahoma State Department of Health (OSDH), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and Court Improvement Project (CIP) utilizing mental health consultants as a liaison between local CWS district offices and community service providers to increase preventive and ongoing services to children and families. Implementation is in process as outlined through the CFSR PIP. Ongoing evaluation of community collaborative will occur annually during the five-year evaluation period.	1.9 Refer to the attached <i>Clinical Team Update March 2021</i> for information pertaining to OKDHS CWS Clinical Team's goals and work. Mental health consultants (MHCs) are used as a liaison between CWS districts and the regional SOC sites. MHCs provide updated information to CWS on SOC sites and services available to meet the complex needs of children and family. As part of the OKDHS CWS Clinical Team, MHCs continue to bridge the gap between CWS districts and SOC sites. SOC sites provide services to children and families in each of Oklahoma's 77 counties. Each MHC serves as a liaison between their identified CWS districts, SOC sites, and Community Mental Health Centers within their identified regions. Each MHC trains and educates CW staff, and resource and adoptive families on local mental health and substance abuse providers that provide evidence-based treatment. In addition, each MHC actively participates in all meetings requested by CW staff to ensure linkage and referrals to mental health services. Meetings include, but are not limited to, CSMs, IMs, FMs, permanency safety consultations, provider treatment team meeting, or adoption disclosures.

Goal 2: Decrease trauma experienced by a child who enters the child welfare system by ensuring stability of placement, enhancing family engagement and decision-making, decrease maltreatment in care, and enhancing efforts to achieve timely permanency.

Impacts: Safety 1 and 2, Permanency 1 and 2, Well-being 1, 2, and 3 Items 1 through 18, 25 through 30, 35, 36, maltreatment in care, timely permanency, and placement stability

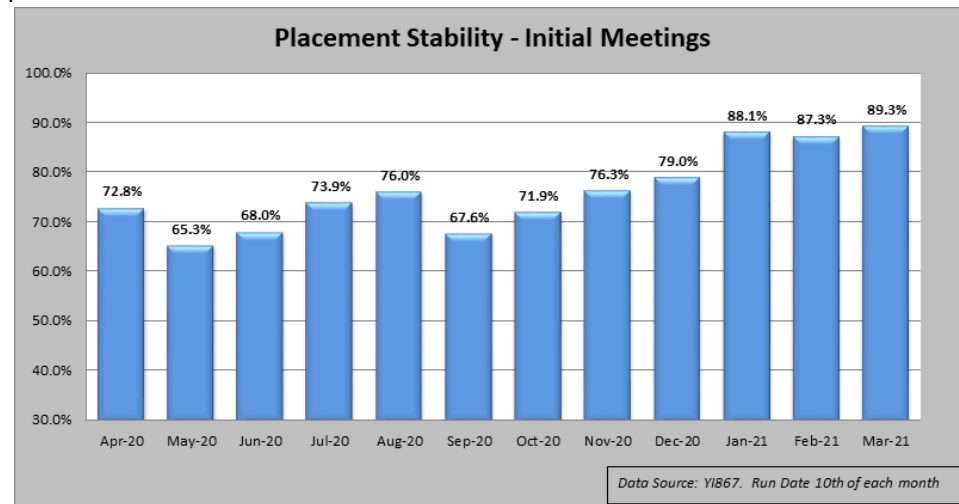
Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Two or fewer placement settings for children in care for less than 12 months	79.8%	79.9%	88.0%	AFCARS
Two or fewer placement settings for children in care for 12 to 24 months	61.0%	65.4%	68.0%	AFCARS
Two or fewer placement settings for children in care for 24+ months	33.0%	36.6%	42.0%	AFCARS
Initial placement as kinship	47.2%	50.6%	55.0%	KIDS Data
Reunification in less than 12 months	55.5%	51.0%	69.9%	AFCARS
Guardianship in less than 18 months	59.8%	56.5%	65.0%	KIDS Data
Adoption in less than 24 months	45.9%	39.8%	54.5%	AFCARS
Absence of maltreatment in care	99.08%	99.02%	99.68%	NCANDS and AFCARS

Objective	Progress
2.1 Enhance focus on ensuring as many supports and connections are present during CSMs and IMs. Ensuring that not only are meetings scheduled within policy, but that they are of good quality. Full implementation is in alignment with the CFSR PIP action steps and will occur by June 2020. Ongoing	2.1 For ongoing evaluation, see Goal 1, Objective 1.7 qualitative case reviews. The IM provides an opportunity for the biological parents to share information with the resource parents related to the child's needs so 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.

evaluation to occur through qualitative review process through CFSR's, CSM reviews, and other qualitative reviews completed by CQI.	The meeting participants include, but are not limited to, the PP specialist, Resource specialist, the child, biological family, and resource family. This meeting is on a date and time that accommodates the schedules of these mandatory participants. Every effort is made to ensure that the child, child's parents, 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 Child and Resource Family Support Plan (Plan) to ensure placement stability. The Plan is reviewed and agreed upon by the child's biological parents and resource parents. When issues come up concerning the Plan, the PP and Resource specialists work with the biological and resource families to develop an effective and agreed upon Plan to ensure stability. When a child experiences more than one placement, the PP specialist schedules and conducts the IM within 30-business days of placement. The meeting's participants include the PP specialist, current and previous Resource specialists, biological parents, and the current and previous resource parent. A Plan is developed that details the child's needs. Placement stability efforts are continually examined and explored to ensure a CQI approach is taken to improve outcomes. Striving towards a proactive self-correcting system is vital to encourage forward-thinking and continued improvement in placement stability for children. Collecting information to learn what is working to improve outcomes, and offer supports and resources to address areas needing improvement, is carried out by analyzing monthly the available qualitative and quantitative data. Placement stability efforts had a positive impact resulting in fewer placement moves in FFY 2021. On a monthly basis, the CQI QA team reviews IM quality by using gathered and shared documentation along with the Plans created during IMs. The individual case specific information from the reviews, which points out both strengths and areas needing improvement, is then provided directly back to the CW staff assigned to the cases. Emails notifying assigned CW staff of missed IMs are sent out on a weekly basis to the Placement Stability Leads as a proactive way of identifying Resource Parent Check-In Calls and IMs that still need documenting in KIDS to be captured for the Compliance report. These emails are sent out prior to the monthly leads meetings to allow time for the leads to review and report to the group on what practice trends are observed, what might be causing them, and what the region can do to improve data trends. IM reviews are conducted to determine if this change resulted in an increase in mandatory participants, the child's parents in particular, as well as the quantity of Plans created and uploaded into KIDS. An FMC report was created this year and captures parent participation for each meeting.
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As seen in Figure 1, the number of completed IMs increased steadily from September 2020 and reached its highest percentage in March 2021 at 89.3 percent. The largest increase of completed IMs occurred from December 2020 to January 2021 which could be attributed to the FMC implementation that occurred in November 2020.

Figure 1



Objective

2.2 Ensure Resource Parent Check-In Calls and Child and Resource Support Plans are completed and of good quality. Ongoing annual reviews will occur throughout the five-year evaluation period. Outcomes of reviews will be added to the regional practice summaries presented by the Continuous Quality Improvement Program CFSR team.

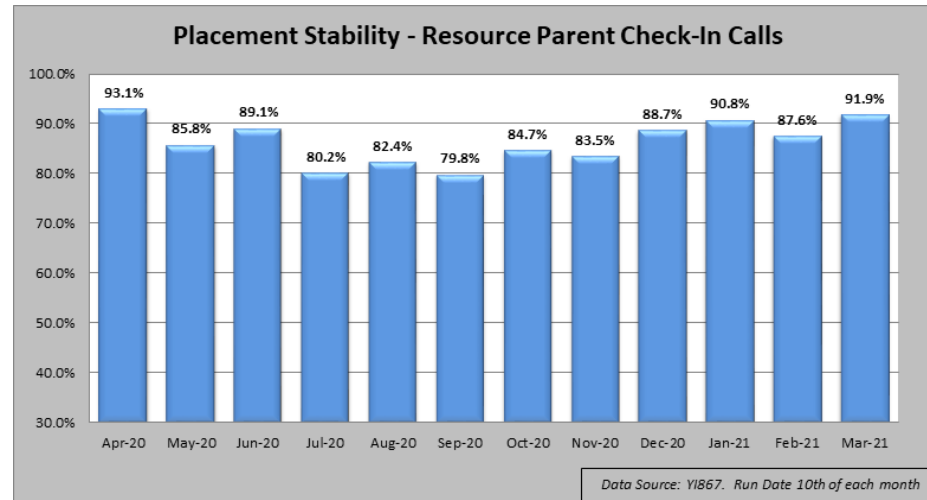
Progress

2.2 For review of outcomes, see Goal 1, Objective 1.6 CFSR case review practice profiles.

Refer to Objective 2.1 for information regarding Child and Resource Family Support Plans. When a child enters placement upon removal, 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 to provide for the child and is aware of the next steps in the case process. The Resource Parent Check-In Call Guide, provided to all CW staff, was designed to facilitate meaningful conversation between staff and the resource family.

The number of completed Resource Parent Check-in Calls varied month-to-month as seen in Figure 2 with April 2020 being the highest month with a completion percentage of 93.1 percent. From November 2020, the number of completed calls steadily increased when the FMC Continuum was implemented and increased the focus on family engagement including resource parents.

Figure 2

**Objective**

2.3 Implement strategies of CWS resource recruitment and retention goals. Full implementation to occur by July 2020. Ongoing evaluation to occur annually throughout the five-year evaluation period.

Progress

2.3 General Recruitment: The Oklahoma Foster Care and Adoption Support Center is the point of contact for all interested individuals related to foster care and adoption. Contact is made with families in the approval process to ensure any barriers to timely approval are addressed. OKDHS CWS recruitment goals include both CWS and RFP agencies. Oklahoma is a pilot site for the National Training and Development Curriculum that tests new and progressive pre-service training for resource parents.

Targeted Recruitment: Ten Recruitment Units statewide are led by the Recruitment field administrator. Each team develops yearly recruitment plans that are updated every quarter using monthly data provided to help guide strategies. As of April 2021, preliminary data for new foster homes reports OKDHS at 65 percent of the goal of 880 homes. See details in the Foster and Adoptive Parent Diligent Recruitment Plan under **Updates to Targeted Plans**.

Child Specific Recruitment: CWS continues its focus on placing children with kin when possible. CW staff inquires about possible kin at the time of removal, during the IM, and continuously throughout the family's involvement. To better match children with families that can meet their needs, CWS developed an Enhanced Foster Care (EFC) program in which the family is provided with wraparound services to meet that child's needs, additional training, and a higher reimbursement rate. An EFC initiative is to identify families with the skills and experience that can work with a child with a higher level of needs when supports are made available. There are multiple layers to the ongoing expansion of the EFC program; however, it is already serving over 350 children in OKDHS custody. CWS hopes that as the EFC program grows, it will assist with

	placement stabilization and also possibly provide another avenue for permanency for children that are unable to return home. CWS partnered with Wendy's Wonderful Kids to focus on the child and their current and previous connections which includes interviews and extensive case mining. During the current reporting period, some limitations were experienced by both OKDHS and the public due to the COVID-19 pandemic. Even through these challenges, from November 2019 through March 2021, approximately 33 percent of adoption finalizations were connected to a search or the child's network. Retention: Oklahoma remains committed to retaining foster and adoptive parents through multiple avenues. Staff make monthly contacts with resource homes to provide support and identify if there are any needs from the resource parent or child in placement. At the beginning of July 2020, exit surveys ended and transitioned to the new annual survey method. This proactive shift analyzes why foster parents choose to stay, to more readily identify trends that can be assessed and corrected, and to have a more consistent sample size. After the data through 6/30/2021 is received, a new baseline will be established for ongoing annual surveys based on quarterly results and annual reviews. When a resource home closes, retention calls continue to be made; however, to better support the CW specialists who were working directly with the family making that call is now their responsibility. If the family still wishes to close their resource, the CW supervisor makes a call to thank them for their service as a foster family. Resource parents in Oklahoma also have access to an exclusive benefit program for resource families. Benefits include discounts at restaurants, movie theaters, amusement parks, sports functions, and local attractions in various communities throughout Oklahoma. CWS also works closely with the Foster Care and Adoptive Association of Oklahoma board to develop strong relationships that keep CWS apprised of challenges resource parents may face and how CWS and RFP agencies can better support resource families. CWS partners with the Oklahoma Foster Care and Adoption Support Center to maintain the Oklahoma Fosters webpage and handle all initial inquiries made by prospective resource parents. CWS appointed a CW specialist to work as a liaison to various social media platforms to help retain foster families by connecting the families with the information or staff member they were trying to contact. In comparing the number of open homes at the beginning of State Fiscal Year (SFY) 2021 on 7/1/2020, to the number of open homes as of 4/1/2021, there is a net loss of 98 homes. This is a noticeable decrease after positive net gains over the past few years; however, during the entirety of SFY 2021 the state was impacted by the COVID-19 pandemic. This influenced both foster home closures, as well as the number of new homes recruited. Of the families who closed their foster
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	home during the year, 39 homes informed OKDHS or the RFP agencies that their closure was in part, or entirely, due to the COVID-19 pandemic.
Objective	Progress
2.4 Continued focus on enhanced safety discussion and collaboration, and consistency of safety decisions made across all programs, including Foster Care and Adoptions. All action steps are aligned with the CFSR PIP and will be implemented by June 2020. (a) Any practice guidance will be updated in the Child Welfare Safety Guidebook. (b) Updated CORE and Supervisory Academy training to reflect enhanced safety practices updated through the CFSR PIP.	2.4a A safety guidebook was developed and completed in 2018 to better direct CW specialists in conducting high quality safety practices across programs. This compilation provides definitions, examples, and guidance on the appropriate way to assess and document comprehensive safety decisions from the initial call all the way through the case until case closure. In FFY 2021, this guidance continues as a tool for CW staff to utilize when assessing the protective capacities of the person responsible for the child's (PRFC) health, safety, and welfare. The guidebook continues to ensure collaboration across all programs and replaced former practice guides. The guidebook is provided across the state to ensure content and quality assessment and documentation practice. CW supervisors continue to use these guides to help hold CW specialists accountable for best practice, assess quality documentation, and provide support, coaching, and mentoring as needed. New KIDS revisions were completed in FFY 2019 to coincide with the guidebook, such as the quality contact with a child and parent. The guidebook is still given to all CW program specialists as they attend new CW specialist trainings. An updated guidebook was finalized in February 2020 and remains the most current version in FFY 2021. 2.4b See Goal 1, Objective 1.3b for details of the PP CORE training for new staff. The CWS Supervisor Academy was revised in FFY 2019 to further provide guidance to supervisors regarding the importance of quality contacts with a child and parent to continuously assess safety and remained part of the training in FFY 2020.
Objective	Progress
2.5 Supervisors will utilize the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making. Full implementation of the Supervisory Framework will occur by June 2020.	2.5 Refer to Goal 1, Objective 1.5 for information related to the Supervisory Framework.
Objective	Progress
2.6 Monitor and enhance contracts of Systems of Care (SOC) and mobile response to ensure that if a child in foster care is in crisis, appropriate services can be provided without disruption to the child's placement. Strategy is in alignment with the CFSR PIP and will be evaluated annually throughout the five-year evaluation period.	2.6 CWS refers children to SOC to provide support and services to the family in order to stabilize the child in their out-of-home placement. From 4/1/2020 – 4/30/2021, SOC had 1,511 clients enrolled. Of those, 45.9 percent were for service coordination and 41.4 percent were seeking wraparound services for the child and family. The ages of the clients varied for both service coordination and wraparound services with the largest population of children ages 6-11 with a total of 682 clients. The second largest group was ages 12-15 with 364 clients and third was ages 4-5 with 209 clients. Children under three years of age consisted of 157 clients and ages 16-18 included 88 clients. SOC is the provider assigned to families who were approved for EFC as part of the COC strategy work. SOC had 228 EFC clients enrolled for the same time period of 4/1/2020 – 4/30/2021.

	Mobile response and stabilization received 1,216 calls from 12/1/2019 – 3/31/2021. • 1,035 calls where the child/youth was in OKDHS custody • 587 calls made by OKDHS caseworkers • 295 calls made by foster parents • 366 calls noting Foster Disruption as the reason for the call • 195 calls with a risk factor of Change in Custody • 441 calls with a risk factor of Change in Placement • 364 calls where OKDHS was on the scene As seen in Figure 3, a total of 1,759 mental health consultations were completed by MHCs between 4/1/2020 – 3/31/2021. The majority of the consultations were for service for children in out-of-home care. Through consultation, the MHCs review cases to ensure children or adults are properly diagnosed and receive the correct treatment for the diagnosis. In addition, the MHCs assist CW staff in ensuring children and families are receiving quality treatment from private and contracted providers. In the event that children and families are not receiving quality treatment or are misdiagnosed, the MHCs inform both CWS and ODMHSAS leadership and the issues are resolved with the provider to ensure children and families get quality treatment. Figure 3 <table border="1" data-bbox="1081 802 1562 1065"> <thead> <tr> <th>OKDHS Region</th><th>Total Consultations</th></tr> </thead> <tbody> <tr> <td>1</td><td>290</td></tr> <tr> <td>2</td><td>650</td></tr> <tr> <td>3</td><td>229</td></tr> <tr> <td>4</td><td>198</td></tr> <tr> <td>5</td><td>392</td></tr> </tbody> </table>	OKDHS Region	Total Consultations	1	290	2	650	3	229	4	198	5	392
OKDHS Region	Total Consultations												
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5	392												
Objective	Progress												
2.7 Increase utilization of the CarePortal to access resources for resource homes in order to meet need and safety care for children in OKDHS custody. The number of needs met by use of the CarePortal will be monitored annually.	2.7 During this FFY, the CarePortal report was sent monthly to CWS leadership. The report updates monthly and captures important information, such as children legally-free for adoption, youth at-risk of aging out, children placed outside their county of jurisdiction, and children placed in shelters. The report details provide staff with the opportunity to target populations of children who could benefit from CarePortal requests. More information regarding the CarePortal can be found in this report under Update to Assessment of Current Performance in Improving Outcomes, Agency Responsiveness to the Community.												
Objective	Progress												
2.8 Improve collaboration and communication with resource family	2.8 Several key opportunities exist for ongoing communication between resource family partners, CWS, and community stakeholders. Frequent communication to address concerns or identified												

partners (RFPs), contracted agencies, by including RFPs in ongoing child welfare training pertaining to safety, permanency, and well-being outcomes as well as including RFPs as key stakeholders to inform and support updates to safety related practices.	needs for the child and resource parent allows CWS to continue to improve working relationships which results in better care for children in foster home placements. Some of those critical points in a case where collaboration is imperative for successful outcomes for children and families are: • 10-day staffings; • screen-out consultations; and • monthly safety calls to address written plans of compliance, policy violations, referral follow up, and safety action plans Trainings and ongoing efforts and supports offered to CW staff and RFP staff to improve collaboration and communication include: Trainings • Resource Family Assessment; • Annual Update; • CWS Level One trainings always offered on a voluntary basis for agencies; • Foster Care and Adoptions Policy Update; • Guiding Principles; • Records Check Review and Approval training for supervisors; • Records Check and Background Documentation training for all agency staff; • Maltreatment in Care training on the review process and consultation; and • MIC 1, 2, and Training of Trainers required for staff. Ongoing efforts • RFP agency directors were conducting MIC reviews monthly on two unsubstantiated and two substantiated referrals; however, this practice was modified. RFP directors now conduct a MIC review monthly for a substantiated referral, if applicable. If an agency has no substantiated referrals, it completes a review of one unsubstantiated referral. • Starting SFY 2021, agencies conduct two case analyses per fiscal year. They have completed one analysis to date. • During any audit or review when any safety concerns are identified, they are addressed immediately with the RFP agency. • Additional training is offered to RFP agencies at any time to assist with their needs. Ongoing efforts related to RFP recruitment and retention • Provide recruitment training overall for recruitment strategies, along with how to utilize the recruitment template. • Provide monthly recruitment data from the KIDS system to agencies. • Require new plans each SFY with quarterly updates for which CWS provides review, consultation, and approval.
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	• Incorporate the SFY recruitment goal, retention percentages, and projected net gain in the plans. • Provide preliminary data monthly as to the performance of each RFP agency towards recruitment goals achieved. • Provide resource information for retention numbers. • Conduct monthly pipeline calls with RFP agencies to gain updates on their recruitment status and assist with any identified barriers. • When progress towards recruitment goals is not sufficient, RFP agencies could be requested to participate in monthly recruitment progress collaboration meetings. Additional consultation and training is provided to agencies as required.
Objective	Progress
2.9 Use of Child Behavioral Health Screeners (CBHS) for children in out-of-home placement to ensure that a child's educational, developmental, physical, and mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely. Implementation is ongoing. Evaluation will occur annually throughout the five-year evaluation period. Qualitative and Quantitative data will be presented annually to the regions.	2.9 CWS sustained CBHS administration and utilization within practice to ensure continued identification of children's needs and access to services through monthly administration and follow-up with service providers. CW specialists continue to administer the CBHS during caseworker visits with children residing in family-like placements, such as foster family care, adoptive homes, their own home in trial reunification, an FCS case, and most recently in FFY 2021 youth in group home settings. The OKDHS CWS Clinical Team, in partnership with OUHSC, is involved in guiding ongoing application and evaluation of information gained from screener administration to ensure not only that the tools themselves are evidence-based, but that the application and use of the information is sound. While the focus on improved identification of children's needs and access to services remains, implementation surrounding the CBHS is transitioning to include an additional focus on utilizing the CBHS in treatment planning and placement decision-making. In January 2019, a CBHS developed for use with children placed in congregate care was piloted, with intentions to draw conclusions about the needs of youth in congregate care, such as group homes Level D and above. The congregate care screener differed from the original CBHS in that it screened self-reported answers from youth as opposed to answers from a caregiver. The screener results were incorporated into the treatment planning for those youth. Clinical team members involved in the pilot also participated in the treatment planning discussions and provided assistance in interpreting and applying the screener results. A qualitative review of the project's outcomes resulted in the determination that the CBHS could be administered using child/youth self-report, as opposed to only obtaining information from a caregiver, for children and youth ages 11 and older in placement settings up to Level E group homes. Expanding CBHS' use to children and youth in congregate settings will assist in ensuring they receive appropriate services as they step down to family placements. Training materials are available to support continued utilization of the CBHS in the form of a KIDS How To and a self-led training available for all CW staff in the OKDHS Learning Management

	System. In January 2021, a webinar was released that is part of a mandatory placement stability training that builds upon the initial CBHS training and provides examples of how monthly CBHS outcomes can be utilized in case planning, mental health assessments and treatment, ongoing communication with mental health providers, and monitoring the youth's progress. Regular CBHS administration is an important factor in identifying which children and foster families could benefit from additional support through COC EFC and expediting the approval process to access EFC supports. The EFC approval process incorporates CBHS results by considering two elevated screeners as one of the certification criteria. CW specialists assigned to children and youth with four consecutive screeners warranting a referral for services are contacted directly by the EFC team to offer support through EFC. Efforts also began on incorporating the Child and Adolescent Needs and Strengths (CANS) assessment components for use as a complementary tool alongside the CBHS to aid in placement decision-making. The target date for the CANS tool launch is July 2021 as part of the FFPSPA which focuses on children placed in congregate care settings through QRTPs.																																																								
Objective	Progress																																																								
2.10 Focus Actively Seeking KINnections (ASK) efforts within each region to enhance strategies in building permanent connections and locating family for the child in OKDHS custody. Objective is aligned with the CFSR PIP. Full implementation will occur by June 2020 and the effectiveness will be evaluated annually by the amount of kinship placements used as first placement for a child.	2.10 CWS values the importance of placing children with both relative and non-relative kinship families. Kinship placements can provide placement stability for the child which directly impacts timely permanency. As seen in Figure 4, kinship foster care had more total placement days for children ages 0-17 in the twelve-month period ending 3/31/2021. Ongoing diligent searches for family or kin connections remain a key component of case planning. Figure 4 <table><tr><th colspan="7">Placement Days by Resource Type for 12 Months Ending March 31, 2021</th></tr><tr><th></th><th>Age 0-2</th><th>Age 3-5</th><th>Age 6-12</th><th>Age 13-17</th><th>Total</th><th>TOTAL</th></tr><tr><td>REGULAR FOSTER CARE</td><td>373504</td><td>250639</td><td>293883</td><td>89786</td><td>1007812</td><td>38.2%</td></tr><tr><td>KINSHIP FOSTER CARE</td><td>431701</td><td>262929</td><td>416233</td><td>169758</td><td>1280621</td><td>47.1%</td></tr><tr><td>TFC</td><td>0</td><td>4230</td><td>33913</td><td>6858</td><td>45001</td><td>1.7%</td></tr><tr><td>CONGREGATE CARE</td><td>4816</td><td>4638</td><td>44833</td><td>127886</td><td>182173</td><td>7.0%</td></tr><tr><td>OTHER</td><td>39255</td><td>24620</td><td>38032</td><td>45543</td><td>147450</td><td>6.0%</td></tr><tr><td>TOTAL</td><td>849276</td><td>547056</td><td>826894</td><td>439831</td><td>2663057</td><td>100.0%</td></tr></table> <i>Data Source: Measure1c - Placement Days by Resource Type Report; Run Date: 4/5/21</i> Designated regional staff continue to access specific online search engines which allow them to complete a national search for relatives of children coming into OKDHS custody and throughout their time in out-of-home care.	Placement Days by Resource Type for 12 Months Ending March 31, 2021								Age 0-2	Age 3-5	Age 6-12	Age 13-17	Total	TOTAL	REGULAR FOSTER CARE	373504	250639	293883	89786	1007812	38.2%	KINSHIP FOSTER CARE	431701	262929	416233	169758	1280621	47.1%	TFC	0	4230	33913	6858	45001	1.7%	CONGREGATE CARE	4816	4638	44833	127886	182173	7.0%	OTHER	39255	24620	38032	45543	147450	6.0%	TOTAL	849276	547056	826894	439831	2663057	100.0%
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This Connection Report for Removed Children tracks ASK efforts related to each child in each case, not just those cases assigned to ASK specialists. The report tracks:

- the dates of the most recent maternal and paternal diligent search efforts;
- the total number of connections identified to date, including a count of relatives and non-relatives;
- the number of connections identified in the current month, which measures continuing efforts;
- the most recent connections contact date; and
- a count of various outcomes, for example, wants placement, declined placement, or declined placement but wants contact.

The PP program developed an ASK training and partnered with the University of Oklahoma (OU) to create the online training. The training was initially intended to be required for all new CW staff and optional for all CW staff. However, in FFY 2020 the training was made mandatory for CPS, PP and FC&A specialists, CW supervisors, district directors, field managers, and deputy directors as part of a four-part training series for shelter reduction and placement stability efforts. Following completion of the training series, Transfer of Learning (TOL) will be scheduled with CW supervisors, field managers and district directors beginning in June 2021. The TOLs will be a follow up to the four trainings and connect each aspect of practice to achieving positive outcomes for children.

One of the many benefits associated with placing children with kin is the increased likelihood that siblings are placed together. Figure 5 shows kinship homes are the largest placement type and have the highest percentage of siblings placed together at 64.0 percent.

Figure 5

Siblings Placed Together by Placement Types			
Resource Type	Together	TOTAL	%
CFC/TFC	14	93	15.0%
FOSTER CARE	1031	2080	49.5%
KINSHIP	1481	2313	64.0%
SHELTER	0	38	0.0%
TRIBAL	41	76	53.9%
TOTAL	2573	4600	55.9%
Data Source: YI104: Run Date: 4/1/21			

Objective	Progress
2.11 Develop parent stakeholder group to gather and apply feedback from parents and relatives in improving ASK efforts. A parent feedback group will be developed by June 2020. Objective is aligned with the CFSR PIP. Full implementation will occur by June 2020 and the information obtained from parent stakeholders will be used to guide strategies in building permanent connections and locating families for children in OKDHS custody.	2.11 The OKDHS website was revised in FFY 2019 to include a web page where parents can access information about various CWS programs, including ASK and family engagement. The page includes a means for parents to provide feedback, including questions, concerns, suggestions, compliments, complaints, or ideas for improvement. Feedback regarding ASK efforts is routed to the appropriate CWS program staff for consideration and possible implementation. In FFY 2020, a parent exit survey was finalized for sending to a parent 30-calendar days after being end-dated in a CW case related to their child's placement in OKDHS custody. The survey will be sent to both parents whose child(ren) returned to their custody through successful reunification and to those whose parental rights were terminated or relinquished. Survey questions inquire about the child's placement to gain a better understanding from a parent's perspective on positive interactions and more. The PP program will partner with OKDHS Innovation Services to compile the data and analyze for trends to use in developing training and enhancements to strategies for improvement. The survey also asks the parent if they have any interest in being part of a CWS stakeholder group, and if so, asks for their contact information. The survey deployed in June 2021 and is sent via email. Other methods for obtaining parent feedback will be explored in the future as response rates are evaluated.
Objective	Progress
2.12 Use case reviews to develop qualitative assessments that analyze key indicators of maltreatment to present to staff on a quarterly basis, using current data to inform decisions on trends of practice that are identified within the reviews. Results of data analysis will be compiled quarterly and communicated to the field. Qualitative reviews will occur in each region every quarter to support CW specialists in improving practices to better outcomes.	2.12 Refer to Goal 1, Objective 1.4.
Objective	Progress
2.13 Enhance communication between programs who are involved with resource families in use of resource alerts, written plans of compliance, screen-out consultations, injury alerts, and ten-day staffings in order to prevent maltreatment in care. Ongoing evaluation through the five-year evaluation period will occur through qualitative reviews including CFSR's,	2.13 For ongoing evaluation, see Goal 1, Objective 1.7 qualitative case reviews. During this reporting period, staff continued to find ways to enhance communication in order to prevent MIC. CPS program staff continues to review every out-of-home screen-out referral to ensure CWS policy guidelines are adhered to in the Hotline referral disposition process. KIDS also continues to capture the review process when CPS program staff documents concurrence with the screen-out

maltreatment in care reviews, and any other type of review.	disposition. When CPS program staff does not concur with the referral's disposition, they override the original disposition and assign it for investigation. Screen-out consultations consistently maintained a compliance rate of 100 percent over the past year. FC&A program staff emails a report bi-monthly to aid in the timely completion of screen-out consultations. Additionally, FC&A program staff worked with KIDS staff to develop enhancements to the screen-out consultation guide and case documentation to allow for additional options, such as resource alert, to select as an outcome of the screen-out consultation. Screen-out consultations continue to include the Resource specialist and supervisor, the PP specialist and supervisor, as well as any other individuals associated with the case that may have relevant information. The importance of conducting quality screen-out consultations was highlighted during both a FC&A supervisor meeting and field manager meeting this past year. Another focus area this reporting period was identifying potential resource alerts that should be added to open resource homes. When a resource alert is added to a resource home in KIDS, a notification is automatically generated to all PP specialists assigned to a child placed in the resource home. FC&A staff then discuss the resource alert monthly with the assigned PP specialist to determine if any additional concerns were identified or if the original concern was resolved. Resource alerts improved communication between CWS programs not only when a concern is initially identified, but also as an outcome of any screen-out consultation or 10-day staffing. Adding a resource alert after one of these higher level staffings allows for all CW staff to heighten their attention to and awareness of concerns in the resource home, as well as opportunities for additional support for families. CPS, PP, and FC&A staff continue to collaborate for 10-day staffings that occur after an investigation on a resource home. During the COVID-19 pandemic, the staffings transitioned to virtual instead of in-person and no significant drop off in participation occurred. Discussions during the 10-day staffing consist not only of what was identified during the investigation, but also what, if any, type of follow-up is needed for the family, which may include a resource alert, a written plan of compliance, or supports in the home. CW staff are required to review all previous CW history on the home, such as injury alerts, resource alerts, policy violations, written plans of compliance, and previous referrals or investigations. This review brings CW staff up-to-date regarding the home's history and helps inform decisions made during the staffing. Over the past two years, a stronger collaboration between the CPS, PP, and FC&A program teams has emerged. Representatives from the teams frequently met together to discuss potential ideas for CW field staff and what that may look like for each respective program. Each program area is also part of the larger MIC workgroup which brought a more focused MIC mindset to each program. The teams also partnered together in identifying and developing training for CW field staff, especially related to MIC.
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	Absence of MIC rates held steady at greater than 99 percent over the last four reporting periods, which indicates that strategies currently in place are resulting in a stable baseline. For more details regarding MIC efforts, see Goal 1, Objective 1.4.
Objective	Progress
2.14 Provide ongoing training for staff surrounding quality worker visits with children and parents and use of qualitative reviews to inform practice. Training is in alignment with the CFSR PIP. Ongoing training updates will occur by June 2020. (a) Update CORE and Supervisor Training to reflect practice changes surrounding quality worker visits. (b) Update Supervisor Training to ensure supervisors are able to utilize data and reports to assess outcomes of quality worker visit measurements.	2.14a Training for all CW staff is continuously updated to reflect the policy revisions for quality safety assessments and changes to case contacts for both a child and parent. Support continues to be offered by CWS Programs staff as needed through global email addresses for each program area as an avenue to quickly answer questions on safety practice changes. PP CORE training for new staff continues with curriculum specific to updated policy and practices, the importance and benefits of father engagement, improved emphasis on parent engagement, review of the Permanency Safety Consultations Guidebook, and utilization of the CW Safety Guidebook specific to permanency addressing the Ongoing AOCs Guide, ISP Guide, and Quality Contacts with a Child and Parent. CWS Supervisor Academy remains updated to further provide guidance to supervisors about the importance of quality contacts with a child and parent to continuously assess safely and achieve timely permanency. 2.14b The CWS Supervisor Academy training continued in FFY 2021 and remains a quality and positive learning model for CW supervisors. All training for CW staff continues to be reviewed and updated to align with efforts and strategies aimed at MIC reduction, placement stability, timely permanency, and FFPSA/Q RTP requirements.
Objective	Progress
2.15 Make changes within the KIDS system to reflect expectations of parent visitation. Including updates with reports and tracking to ensure parents are being engaged often and consistently. Changes to the KIDS system is in alignment with the CFSR PIP. Changes will be fully implemented by March 2020.	2.15 All targeted changes are completed. Ongoing changes during this reporting period include the interactive Parent Summary form that promotes quality engagement with parents and asks for the parent's input on their services. The Parent Summary will be added to KIDS and is slated for a fall 2021 release date. In October 2020, PP programs began pulling the Parent/Worker Contact report each month and sending it to regional leadership teams. The report tracks the percent of parents visited each month, attempted visits to see the parent, and exceptions if the parent is unknown or incarcerated. CWS leadership remains committed to improving parent engagement efforts and as such, set a target of 95 percent completion efforts to visit parents in FFY 2021. The 95 percent target includes parents visited, attempted, and those with exceptions. Messaging to the leadership team continues to focus on quality contacts with parents utilizing the Quality Contact Guide. As permanency within 12 months remains a key permanency strategy focus, the report is a resource that leadership and CW supervisors can use as they work to enhance parent engagement.

Objective	Progress								
2.16 Use of Permanency Safety Consultations (PSCs) to assess for safety in a team approach at key junctures of the case and throughout the life of the case while the case plan goal is reunification. The PSC fidelity review tool will be utilized for transfer of learning and debriefing purposes during sessions that Continuous Quality Improvement Program support staff are present. Practice trends will be presented to regional leadership quarterly.	2.16 The PSC guidebook continues to be utilized to clearly outline the purpose, roles of participants, and expectations of and accountability for CW specialists, supervisors, district directors, and field managers. The PSC Guidebook is updated as needed and is given to staff as requested. Ongoing support about PSC practice guidance is given to the districts as needed or requested. In FFY 2021, as an effort to enhance permanency outcomes, the PSC Coordinator began visiting districts to participate in PSCs. Districts performing lower than the state average are selected for additional practice guidance through TOL sessions. The TOL sessions are held once a month for three months. The TOL's focus is to tie conversations held during the PSCs with quality practice to achieve timely permanency outcomes. This selection process continues to be evaluated for its effectiveness. PSC Fidelity Reviews remain a critical component for continuous quality improvement. Practice trends gathered during the reviews bring focus to practice changes that need enhancement to achieve positive outcomes for children and families. The reviews are compiled in an online survey system accessible at all times by regional leadership. The PSC form was updated in FFY 2021 to bring more attention to quality parent engagement and the Fidelity Review Tool continues to be reviewed for effectiveness. As of 9/30/2020, 10,821 children had a PSC completed at least once while their case was open, as seen in Figure 6. Figure 6 <table border="1" data-bbox="1005 894 1633 1166"> <thead> <tr> <th colspan="2">Permanency Safety Consultations (PSCs) Oct 1, 2019 - Sep 30, 2020</th> </tr> <tr> <th>Number of PSCs</th><th>Number of Children Participating in a PSC</th></tr> </thead> <tbody> <tr> <td>5,761</td><td>10,821</td></tr> <tr> <td colspan="2"><i>Data Source: KIDS Data; Run date: 4/27/21. Duplicated count as a child counts in each PSC where they are identified.</i></td></tr> </tbody> </table> CWS Program staff presentations at regional Supervisor Quarterly Meetings focused on current permanency measures' performance as well as practice trends identified through PSCs and other permanency strategies.	Permanency Safety Consultations (PSCs) Oct 1, 2019 - Sep 30, 2020		Number of PSCs	Number of Children Participating in a PSC	5,761	10,821	<i>Data Source: KIDS Data; Run date: 4/27/21. Duplicated count as a child counts in each PSC where they are identified.</i>	
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Number of PSCs	Number of Children Participating in a PSC								
5,761	10,821								
<i>Data Source: KIDS Data; Run date: 4/27/21. Duplicated count as a child counts in each PSC where they are identified.</i>									
Objective	Progress								
2.17 Use qualitative reviews and ongoing training of outcomes of Initial Meetings and resource placement calls, shifting the focus	2.17 For IM and the FMC updates, see Goal 1, Objective 1.8.								

from completion of the initiative to quality of work therefore improving outcomes. Ongoing evaluation to occur through qualitative review process through CFSR's and ongoing placement stability reviews quarterly to regional leadership throughout the five-year evaluation period.	
Objective	Progress
2.18 Continue ongoing collaboration with CIP to engage staff in barriers with the court and improve relationships with court partners in order to enhance capacity of quality representation by contract attorneys, increase timely permanency outcomes, and improve relationships between CW and the courts in order to better outcomes for families navigating the CW system. Ongoing partnership will occur with CIP throughout the five-year evaluation period.	2.18 CWS Program staff continued to be part of the CIP committee in FFY 2021. Ongoing meetings occur with other community partners, including service providers, district judges, and district attorneys. This opportunity allows all parties at the table to collaborate in eliminating barriers identified that prevent timely permanency for children in out-of-home care. Due to the COVID-19 pandemic, the Judicial Conference held in October 2020 was virtual and did not provide an opportunity for any presentations by CWS Programs. The upcoming July 2021 Judicial Conference will be held in-person and CWS Programs will have a breakout session to present on permanency efforts and FFPSA, specifically the court's role for QRTP youth placements. Additionally, CWS Programs is tentatively on the agenda for the November 2021 Judicial Conference. The internal Judicial Dashboard was launched in FFY 2020 with the external dashboard launched in FFY 2021. In FFY 2021, conversations began with the CIP group regarding their five year strategic plan which includes another joint project with OKDHS. The joint project's focus will be to improve the safe and timely permanency for children in OKDHS custody.

Goal 3: Enhance capacity for children, families, and resource parents to receive adequate and timely needs assessments to ensure access to appropriate and evidence-based and/or evidence-informed services to achieve case plan goals.

Impacts: Safety 1 and 2, Permanency 1 and 2, Well-being 1, 2, and 3 Items 1 through 18, 29 through 32, maltreatment in care, timely permanency, and placement stability

Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Item 12: Needs and services of child, parents, and foster parents	21.54%	36.2%	95.00%	CFSR
Percent of children receiving a Child Behavioral Health Screener in accordance with policy	66.7%	47.1%	98.0%	OU
Improvement of children's social and emotional functioning as compared to their own baseline and throughout the duration of service provision	To be created			
Percent of families who complete Family-Centered Services (FCS) and do not have a subsequent removal within 12 months	95.1%	96.1%	97.0%	KIDS Data
Percent of children needing an intervention and served in FCS	25.0%	53.8%	50.0%	KIDS Data

Objective	Progress
3.1 Enhance family-centered practices by utilizing services that are focused on the family as a whole and are developmentally and/or culturally appropriate. Utilize service providers that will work with families as partners in identifying and meeting needs and strengthening families. Evaluation will occur through contract monitoring of the service providers by CWS Program staff in the form	3.1 With FFPSA's passage, CWS continues to enhance and expand prevention efforts through FCS cases, as well as improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification to prevent re-entry into care. Refer to Goal 1, Objectives 1.1 and 1.2 regarding progress in ISS, CHBS, and evidence-based programs and services; Objective 1.8 regarding progress in FMs; and Objective 9 regarding progress in increasing collaboration with OSDH and ODMHSAS.

of monthly reports received by the contractors, quarterly site visits/contractor meetings, and annual contract renewal process.	Refer to Goal 2, Objectives 2.1, 2.2, 2.6, 2.8, 2.10, and 2.11 regarding progress in working with families as partners. During this reporting period, OKDHS worked towards a goal of redefining what it means to be a public human service organization. This involves drastically altering the agency's presence within the community. OKDHS is dedicated to changing the public's perception of the organization to one that is creative, innovative, and focused on deconstructing systemic barriers, which prevent the agency from serving where and when needed, before families are in crisis. CWS Leadership is committed to finding pathways to come alongside communities to identify creative ways to serve and invest in meeting unique needs as defined by the communities themselves. This involves everything from how OKDHS and CWS build service delivery with an intentional inclusion of client voice/human-centered design, where agency offices are physically located to serve families, and how the agency leverages opportunities to blend funding sources. For the FFPSA to be truly effective and transformative, services and treatment must be culturally-relevant, community-based, and accessible to children and families. These services must align with an integrated, broader prevention continuum, sufficient to keep children safe and to meet children's and families' needs. Agency capacity to serve children and families for whom prevention services are needed will increase through: strong family-centered practices that focus on understanding and treating safety needs, trauma, and strengthening parental protective capacities; a hope-centered, trauma-informed systems approach; training and structured and supportive supervision; and system transformation to a child and family well-being network. Strong family-centered practices and a hope-centered, trauma-informed systems approach establish the direction, expectations, and values from which the workforce operates, thus resulting in more empowered employees. CWS envisions this approach will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. Further, community capacity increases by capitalizing on partnerships to meet child and family needs through availability of effective services. Evidence-based services are being identified and/or developed at the community level to promote child well-being, safety, and permanency, and enhance the service array. The goals, objectives, and strategies outlined in the Oklahoma Title IV-E Prevention Program Plan, through a CW system focusing on trauma-informed, prevention-based care, ensures the practice, procedures, and policies in place will continue to be enhanced and create sustainable, desired outcomes for children and families. Regular, timely, and useful feedback supports successful implementation and service fidelity, as well as contributes to the developing knowledge base about successful strategies for adopting, installing, implementing, and providing access to and sustaining evidence-based prevention services to children and families in the CW system. This approach contributes to a continuum of prevention supports and services for
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	ensuring strong and healthy well-being of children and strengthening families with an aim of diverting families from the CW system and creating a system where all families can thrive. CWS continues to make a comprehensive and systematic transformation through strategies aimed at developing tertiary prevention services and reducing entries into foster care, as well as those designed to increase the speed of exits from foster care by improving the likelihood of reunification and reducing delays for adoption or guardianship when reunification is not possible. The Title IV-E Prevention Program Plan further advances efforts toward decreasing the need for foster care as an intervention and enhance the agency's aim of becoming a hope-centered, trauma-informed organization by expanding capacity in prevention support and services for children at-risk of entering the CW system and by creating a child and family well-being network. Strengthening parents' capacities and preventing child maltreatment requires a system of care that demonstrates commitment to helping all parents through both collective and individual supports. Preventing child maltreatment and strengthening parental capacity requires more than a single public agency and service strategy, or even a series of targeted prevention services. A child and family well-being system of care must recognize all parents face common challenges and that these challenges require both a collective and individual response. With the continued support of the Governor, the legislature, and community partners, and through implementation of the Title IV-E Prevention Program Plan, Oklahoma has an opportunity to invest in a comprehensive continuum of prevention and community-based supports and resources for children and families. CWS submitted Oklahoma's Title IV-E Prevention Program Plan in May 2021 and is awaiting feedback and approval from the Children's Bureau. When approved, Oklahoma is slated to start claiming Title IV-E funds beginning in October 2021 on the two in-home parent skill-based programs, SafeCare® and Intercept®, requested for approval that are already established contracted community-based providers with a history of serving families involved with CWS. CWS aims to not bring more children into OKDHS custody, but rather improve prevention practices and enhance and expand the services and supports that allow for more families to be served in FCS. CWS continues to utilize multiple strategies toward improving safety decision-making and increasing positive outcomes for children and families, while also building capacity to accurately identify safety threats, provide appropriate services to eliminate safety threats, and improve parental protective capacities. Implementation activities are underway to ensure changes to the Comprehensive Child Welfare Information System (CCWIS), along with revisions to training, policy, and procedures that are all in place upon the plan's approval. CWS, in preparation for QRTP requirements and in support of overall child well-being, continued work this reporting period to better assess the needs of youth entering congregate care and to make timely discharges through the use of an evidence-based assessment tool. Work in this
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	regard occurred with pilot implementation of the CANS tool for assessing needs of youth ready to step down from congregate care, which was completed in the summer of 2020. The analysis of the pilot assessment data allowed for the algorithm's refinement to ensure for accurate identification of the most effective and appropriate level of care for a child in the least restrictive environment for a child placed in foster care. Full CANS implementation is slated to begin in July 2021 by an independent contracted provider for all children with treatment needs that can no longer be met in the child's own home, relative/kin home, or foster family home and are in need of more therapeutic supports and services through EFC, TFC, ITFC, or Community-Based Residential Care (CBRC)-QRTP placement. Efforts to strengthen work with families for youth placed in congregate care treatment settings occurred this reporting period through collaboration and work with BBI. CWS began interactions with BBI and all OKDHS contracted group homes in June 2020 with six programs selected for program specific technical assistance and all programs participating in collaborative learning sessions provided by BBI. This work will conclude July 2021 when the six programs present their results related to family engagement and aftercare activities implemented to OKDHS leadership and the other group home providers. All congregate care treatment providers contracting with CWS are either currently accredited or working towards accreditation in line with upcoming QRTP requirements. CWS is supporting this process through its Trauma-Informed Care Project contract with OU National Resource Center for Youth Services (NRCYS) who provided training to the various providers on the accreditation process. OU NRCYS is also supporting the congregate care treatment providers in the other requirements to be designated as a QRTP as it relates to trauma-informed care models and principals. Revisions to the provider contract was completed to align with the QRTP provisions and will go into effect October 2021. OU NRCYS initiated weekly technical assistance opportunities for the OKDHS contracted providers to implement the new contract requirements.
Objective	Progress
3.2 Evaluation of providers understanding of children, families, and resource parents needs and effectiveness of services provided through information gathered by community stakeholders during the annual stakeholder meetings in partnership with OSDH and CIP. Findings will be assessed to develop and identify solution-focused plans for increasing collaboration between CWS and providers to achieve better outcomes for children and families. Information will be distributed to	3.2 Refer to Goal 1, Objective 1.9 regarding progress in increasing community collaboration with OSDH and Objective 3.18 regarding CIP. Bi-annual stakeholder meetings held in partnership with OSDH took place this reporting period with the first occurring 10/8/2020 and the most recent occurring 4/1/2021. Due to the ongoing COVID-19 pandemic, both meetings were held via a virtual format. Stakeholder meeting details are provided in this report under the Quality Assurance System.

executive and regional leadership and CW staff.	
Objective	Progress
3.3 Support and enhance a competent, skilled, and professional trauma-informed child welfare workforce to identify and meet the needs of children and families; determining the appropriateness of the services array and broader CW decision-making and case planning. Support will be provided during CFSR case review debriefings with leadership, supervisors, and specialists. Regional case review summaries, as well as other qualitative review summaries, will be provided to the Executive Team and regional leadership that identify practice trends impacting quality outcomes.	3.3 The CWS CORE curriculum includes trauma-focused foundational learning for new CW staff. Work is in progress to build on this foundation through future Level courses. Trauma-informed training for CW supervisors includes simulation training during CWS Supervisor Academy, with a focus on Motivational Interviewing Experience and Indirect Trauma Sensitive Supervision (ITSS). For additional information in this regard see the Training Plan, Updates to Targeted Plans within the 2020-2024 CFSP. Refer to Goal 1, Objective 1.7 regarding progress in qualitative case reviews and Objective 1.6 for CFSR case review practice profiles and support provided through the debriefing process and practice profile summaries shared with the CWS Executive Team and regional leadership.
Objective	Progress
3.4 Utilize outcomes from CFSR reviews to inform and enhance the quality and timeliness of the Child Behavioral Health Screener to better serve the needs of children. Information will be shared through CFSR case debriefings and regional case review summaries.	3.4 Refer to Goal 2, Objective 2.9 regarding progress in CBHS usage. Refer to Goal 1, Objective 1.7 regarding progress of qualitative case reviews and Objective 1.6 regarding the CFSR case review practice profiles information sharing and utilization of outcomes.
Objective	Progress
3.5 Effectively use IMs to support family involvement in assessing needs of the child and resource family by identifying and providing appropriate services to support placement stability. Ongoing evaluation through CFSR's and placement stability qualitative reviews will identify areas needing improvement to enhance the quality and effectiveness of IMs and Resource Parent Support Plans.	3.5 For more information related to ongoing IM and Support Plan qualitative reviews, see Goal 2, Objective 2.1 and Goal 1, Objective 1.8.
Objective	Progress
3.6 Build community partnerships with the education system through school-based	3.6 The School-Based Services program is a contractual and collaborative partnership between OKDHS and local school districts. Through the partnership, a School-Based Specialist (SBS) is

social workers to adequately identify appropriate prevention services for children and families in need. Ongoing collaboration and decision-making will occur during annual stakeholder meetings.	placed in the school with the dedicated purpose of providing a human service connection and support to the children and families served by the school, as well as the school's teachers and administrators. The SBS connects students and their families to local and state resources that can offer the family help and hope. This compassionate and professional support assists students in navigating out-of-classroom obstacles that would affect their classroom success and allows teachers to focus on teaching. The SBS makes a significant impact on their community's well-being by improving outcomes and reducing risk factors for the students and families they serve. This academic year, the School-Based Services program expanded to 22 SBS across the state. Although the school year looked different due to the COVID-19 pandemic, SBSs played an integral role in supporting students, their families, teachers, and administrators in the assigned school districts. Many of the students attended classes virtually at least part of the year which created some challenges including the lack of a computer or stable internet, students caring for younger siblings, food insecurities, and/or families being evicted and forced to relocate. Some students dropped out because they found online learning too challenging to keep up with, especially since many had justifiable obstacles and some schools stopped grading and taking attendance. The SBS assisted in alleviating these issues by locating missing students, making home visits, and assisting with any barriers the student or family may be having. The SBS tracked students' life situations and emotional health, and made referrals for services when necessary. CWS is in the process of collecting program feedback from stakeholders for the 2020 – 2021 academic school year. OKDHS looks forward to increasing the number of partnerships with schools for the 2021 – 2022 academic school year.
Objective	Progress
3.7 Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) to identify and link through referral for necessary medical and behavioral health treatment. The EPSDT will support CWS in early identification of medical and behavioral interventions.	3.7 During this FFY, CWS continued to utilize the Medicaid EPSDT schedule. Oklahomans under 21 years of age who are receiving medical benefits may receive the EPSDT, a set of services administered by the OHCA. EPSDT authorizes screening, and diagnostic and treatment services. Mental health services, when deemed medically necessary, qualify under EPSDT. CW policy requires that all children in OKDHS custody receive EPSDT screening according to the schedule of frequency. The CW specialist ensures, in coordination with the placement provider and/or parent when applicable that the child in out-of-home care receives timely needed routine care, per the EPSDT schedule at a minimum, and specialized medical care, including medical, dental, visual, and counseling services. Section 1-7-103 of Title 10A of the Oklahoma Statutes requires that OKDHS provide medical care necessary to preserve the child's health and protect the health of others in contact with the child.

	Health needs identified through screenings are monitored and treated, including trauma associated with a child's maltreatment and removal from home. The CW specialist may consult with the CWS Nursing team for assistance with understanding a child's medical needs and providing medical education to foster and biological parents. The CW specialist or nurse coordinates with care providers routinely during the required contact with child and placement provider.
Objective	Progress
3.8 Utilization of an evidence-based screener to determine appropriate treatment needs of children and families.	3.8 Refer to Goal 2, Objective 2.9 regarding CBHS. Refer to Goal 3, Objective 3.1 for additional information related to the CANS.

Quality Assurance System

The Child Welfare Services (CWS) Continuous Quality Improvement (CQI)/Quality Assurance (QA) program was utilized regularly throughout this reporting period as a program support to staff in CWS-related continuous quality improvement processes, as well as measuring progress of the goals and objectives for the **Plan for Enacting the State's Vision to Improve Outcomes** within the Oklahoma 2020-2024 Child and Family Services Plan (CFSP). This was primarily accomplished through the compilation and sharing of the statewide practice profile and regional practice profiles created from the 130 cases randomly selected from across the state and individually reviewed based on the Child and Family Services Review (CFSR) case review process and utilization of the federal Onsite Review Instrument (OSRI). These case reviews were either open cases or were opened during the Adoption and Foster Care Analysis and Reporting System (AFCARS) 19B and 20A combined reporting periods of 4/1/2019 – 3/31/2020 and included practice occurring during 4/1/2019 – 3/31/2021. Information from these profiles was shared with the CWS Executive Team in addition to regional leadership teams and at the CQI Statewide Implementation Team (SIT) meetings. These profiles contain identification of strengths and areas needing improvement on all safety, permanency, and well-being outcome items 1-18, for the each of the five regions. Additionally, data from other regularly occurring reviews, including but not limited to Initial Meetings (IMs), maltreatment in care (MIC), and permanency safety consultations (PSCs), was completed and shared regularly with regional leadership. This qualitative and quantitative information sharing assisted regional leadership teams in formulating and revising their regional practice charters in measuring and improving overall practice.

During this reporting period, CWS CQI program staff continued as regular members of the regional leadership teams, attending their monthly team meetings to provide consultation, feedback, and support based on data derived from completed reviews across various areas of work including ongoing monitoring of certain data elements identified in each regional practice charter. CWS CQI leadership intends to continue these processes to further measure and track progress on CFSP goals and advise on developing and revising regional practice charters, in efforts to sustain and surpass progress realized up to this point.

The CWS CQI program assumed additional responsibilities during this reporting period. In April 2020, the CQI programs' Contract Performance Review (CPR) team undertook and began a quality assurance review process related to foster care and adoption (FC&A) resource home approvals. Highlights of this process include, but are not limited to, reviews occurring on a quarterly basis to allow for frequent feedback to FC&A staff. This single review type provides a look at current, overall FC&A field practices for newly approved traditional and kinship resource homes. Transparent partnering between programs and the field enriches FC&A Resource staff growth and development across the state while furthering continuous quality improvement efforts in this practice area.

CWS supports the ability to conduct a state case review process for CFSR purposes in accordance with the Children's Bureau document *Criteria for Using State Case Review*

Process for CFSR Purposes. CWS established and follows written and consistent standards and requirements, per the CFSR Procedure Manual, which includes completion of an internal case review process that assesses statewide practice performance in key child welfare (CW) performance areas of safety, permanency, and well-being using a uniform sampling process and methodology. Individual case reviews are completed utilizing the federal OSRI and are applied to randomly selected cases across the state. The sample consists of 130 cases reviewed over two six-month periods. The sample is comprised of 80 out-of-home cases, 40 each six-month period, and 50 in-home cases, 25 each six-month period, respectively.

CWS maintains the five essential components identified in the Children's Bureau's "Information Memorandum ACYF-CB-IM-12-07" that comprise an effective quality assurance system: an administrative structure to oversee continuous quality improvement system functioning, quality data collection; a method for conducting ongoing case reviews; a process for analysis and dissemination of quality data on performance measures; and a process for providing feedback to stakeholders and decision makers in order to adjust programs, practices, and processes.

Foundational Administrative Structure

CWS maintains the capacity and resources necessary to sustain an ongoing continuous quality improvement process through a team dedicated to quality assurance activities, known as the CWS CQI program. Stability in CQI's administrative structure experienced during this reporting period resulted in greater overall development and planning. The CQI program is led by a program administrator who reports directly to the deputy director of CWS Programs. Within the CQI program, five teams have direct responsibility for activities related to the quality assurance system: the CFSR team, two QA teams, the CPR team, and the MIC team. The CFSR team is led by a program supervisor and is comprised of five program field representatives (PFRs). One QA team is led by a program supervisor with five PFRs, and the other QA team is led by a program supervisor with four PFRs. The CPR team is led by a program supervisor with five PFRs and the MIC team is currently led by the CQI program administrator with two PFRs. One CFSR team member and two QA team members are collectively assigned to each of the five regions except in Region 4 where there is one CFSR team member and one QA team member assigned. In the CFSP, plans indicated CWS would fill the vacancy; however, this has not yet happened. Efforts toward ensuring this region has a full three-member support team in place are ongoing. The CPR team's specific areas of focus regarding quality assurance work are in three areas. The CPR team is responsible for conducting quality assurance reviews for contracts associated with out-of-home placements, serves as second-level QA reviewers for the CFSR team, and is solely responsible for reviews of FC&A new kinship and traditional resource home approvals with one PFR assigned to each FC&A region. The MIC team completes quality assurance reviews, provides and CW field consultations related to MIC prevention for the entire state, develops and conducts training, and completes and distributes MIC detailed data analysis reports for dissemination to all of CWS.

Training and other supports undertaken by CQI staff to further develop and enhance their expertise during this reporting period included annual completion of Online Monitoring System (OMS) module trainings, overview of the review process (Procedures Manual), overview of conducting case-related interviews/interview guides, overview of the OSRI and instructions, overview of the Reviewer Brief, overview of Correlation Guide provided by the Children's Bureau, overview of any updates to the Frequently Asked Questions (FAQs) on the OMS website, and overview of Appendix C (ongoing questions/answers by third party QA) bi-annually and by CFSR team annually. The CFSR team also partnered with OKDHS staff reviewers external to the CFSR team to model one case review per external reviewer including the debriefing.

All CQI staff participated in a pilot project for an online training with JBS International for front-line CW specialists. The training's descriptor is: "With the passage of the Family First Prevention Services Act calling for the use of services and programs that meet evidence-based requirements, and higher expectations for agencies to meet established standards and improve outcomes, there is an urgent need to develop the capacity of child welfare staff to support evidence building and strengthen the field's ability to design and implement effective practices. The Building Evidence Training (BET) Project is a Children's Bureau-funded effort to develop courses that help prepare child welfare frontline staff to participate in developing, implementing, and evaluating child welfare interventions. The BET project has created two courses. The first, *Evidence Building Strategies in Child Welfare*, prepares staff to apply practical strategies to support evidence building in child welfare. The second course, *Designing and Implementing Evidence-Supported Interventions in Child Welfare*, demonstrates how frontline staff can contribute to evidence building by participating in intervention development, adaptation, and implementation processes. Together, these courses help prepare child welfare staff to build evidence for the field and support the successful implementation of evidence-supported and promising interventions that will improve outcomes for children and families." JBS specifically requested CQI's assistance for the second BET course in order to provide feedback on the pre-post assessments, the pre and post-tests, and the post course completion survey. The training included six modules and a transfer of learning (TOL) component. All CQI staff completed the pilot in May 2020.

During this reporting period, the CPR team participated in the webinar hosted by the Capacity Building Center for States (the Center) titled "Understanding Outcomes and Applying Lessons Learned: Monitoring and Evaluation in Implementation".

The QA team completed the CQI Training Academy sponsored by the Center. The training consists of e-learning modules which provide foundational training for individuals with responsibility for agency continuous quality improvement. The modules consist of: (1) The CQI Cycle in Public Child Welfare: Using Data to Solve Problems, (2) The Foundations for a Systematic CQI Process, (3) Identifying and Understanding Issues, (4) Choosing and Developing Solutions, (5) Implementing Solutions, (6) Monitoring and Assessment of Solutions, and (7) Taking Action to Drive Improvement.

Overall, the course explains the continuous quality improvement cycle in public CW and helps participants develop key continuous quality improvement job competencies. This training design is self-directed learning; however, the QA team completed this training together as a team to utilize it as a group learning opportunity. Virtual meetings to discuss learning from each module after its completion were held to include use of the knowledge gained and application of the learning to daily continuous quality improvement work.

Quality Data Collection

CWS collects data, both quantitative and qualitative, from a variety of sources to support its current quality assurance system. Oklahoma's Statewide Automated Child Welfare Information System, also known as KIDS, is a comprehensive, automated case management tool that supports CW practice. KIDS is used to collect and extract accurate quantitative and qualitative data and is intended to hold a state's official case record that includes a complete, current, accurate, and unified case management history on all children and families served by the state's Title IV-B and Title IV-E entities. CWS utilizes additional sources to assess current functioning within multiple components of the CW system.

Case level data is collected through the CFSR process from the current federally-approved OSRI. Data collected in this process is done so it's consistent with the instrument, consistent across reviewers, and is properly implemented across the entire state. Assurance of consistency and proper implementation is overseen by CQI program leadership and is maintained through the various audit and quality assurance mechanisms outlined in the CFSR Procedure Manual. The various audit and quality assurance mechanisms summarily consist of standardized training for all staff within the CQI program regarding OSRI application. Further support for consistency of ratings across multiple sites and reviews is built into the process by: the CFSR team program supervisor debriefing and discussing items and outcomes as well as the OSRI scoring logic with staff conducting case reviews; third party second-level quality assurance reviews conducted by trained staff from the CPR team; and by CQI staff's involvement in debriefing every completed review.

Additional quantitative and qualitative case level data were collected directly by the CQI program as part of the QA team's role in completing reviews of IMs, Support Plans, first placement kinship reviews, PSCs, quality caseworker visits and contacts, and Child Protective Services (CPS) Safety Consultations, when requested by regional leadership staff and other activities identified in regional practice charters. During this reporting period the QA team was involved in work to support the regions in Safety Science reviews, MIC, and Family Time.

CWS acknowledges that meaningful data does not only come from the processes outlined above. CWS utilizes additional sources to assess current functioning within multiple components of the CW system. These components include evaluations, surveys, and focus groups with both internal and external stakeholders, as well as additional case reviews for purposes of CPS appeals, MIC reduction, resource home approvals, and PSCs. Standardized data gathering and analysis in these additional areas to inform the

broader ongoing quality assurance activities in a holistic manner remain a work in progress. CQI program leadership remains committed to ensure this occurs going forward and to ensure both quantitative and qualitative data are used to improve practice and outcomes for families and children, consistent with best practice, and from all areas in which regular reviews are conducted and data is available.

Case Review Data and Process

CWS established an ongoing case review component that includes reading case files of children served by CWS and interviewing parties involved in the cases.

Analysis and Dissemination of Quality Data

CWS is able to collect quality data from a variety of sources as outlined above and maintains mechanisms to gather and track information over time. Consistent and standardized organization, analysis, and data dissemination continued to occur during this reporting period regarding the sharing of bi-annual trend and outcome practice profiles for both the state as a whole and for each region, with regional deputy directors, the CWS Executive Team, the regional leadership teams related to CFSR outcomes data, and the CQI SIT. Plans continue for combining the CFSR trend and outcomes data with additional data related to all other regularly completed ongoing reviews and available practice data in other program areas, and to create a holistic trend and data report for the purposes of measuring and improving practice across CWS. CQI leadership, through technical assistance provided by the Center in the form of peer-to-peer facilitation with other states, developed a plan for making progress in this area with expectations of the plan being realized more fully during the upcoming reporting period.

Feedback to Stakeholders and Decision-Makers and Adjustment to Programs and Process

As previously noted, bi-annual trend and outcome reports are shared with internal decision-makers at the statewide and regional leadership levels. This is in addition to the regular sharing of data and trend reports along with consultation provided by CQI staff through their inclusion and involvement in regularly occurring regional leadership meetings. The CQI SIT is a venue to share results; inform training, policy, and practice; and develop the link between results and daily casework practices. CQI leadership continued this practice as a valuable, critical, and effective component of the broader continuous quality improvement system throughout this reporting period.

CWS facilitated, in conjunction with the Oklahoma State Department of Health (OSDH), bi-annual stakeholder meetings during this reporting period on 10/8/2020 and 4/1/2021. During these meetings various CWS information and data was shared and stakeholders' recommendations were received for consideration of practice and system improvement. The 10/8/2020 meeting included cross sector and agency stakeholders and included information sharing to allow participants learn about the work OSDH and OKDHS are doing together to build a child and family well-being system of care; how Family First Prevention Services Act (FFPSA) implementation is a part of a much broader body of work stakeholders are undertaking to keep families together; and how the prevention work, as part of FFPSA, will begin to progress in the state. During the 4/1/2021 meeting,

CWS shared progress made on measures established as part of the CFSP Goals 1, 2, and 3. During the presentation, CW staff requested the stakeholders in attendance provide feedback related to CFSP goals, objectives, and progress made. In May 2021 CWS distributed stakeholder surveys to elicit feedback from community stakeholders which included those in attendance at the April 2021 stakeholder meeting, as well as tribal partners, foster parents, biological parents, and youth involved in the Successful Adulthood program. Survey results will be used to inform not only the progress of CFSP goals and objectives, but also to enhance opportunities and plans for collaboration with each of these groups toward overall improvement of the CW system.

Update on the Service Descriptions

Stephanie Tubbs Jones CWS Program (Title IV-B, subpart 1)

The Stephanie Tubbs Jones Child Welfare Services (CWS) Program provides funds for Oklahoma's CWS programs directed toward the goal of keeping families together. The programs include preventive intervention so that, when possible, children will not have to be removed from their homes. When this is not possible, children are placed in foster care and reunification services are available to encourage the return of children who were removed from their families. CWS utilizes these funds to provide the following services all of which are available statewide:

Child Protective Services (CPS) - a child welfare (CW) service provision that focuses on preventing, identifying, and treating child abuse and neglect to ensure child safety. Efforts are made to maintain and protect the child in his or her own home when safety threats can be managed and controlled. CPS intervention's primary purpose is to protect the child, assess family strengths and needs, and provide services to remedy the conditions and behaviors that created threats of abuse or neglect. When a safety threat is identified and there is no person responsible for the child (PRFC) with the capacities to protect the child, the CW specialist may open a Family-Centered Services (FCS) case when safety planning can prevent removal, or a Permanency Planning (PP) case when court involvement is required to ensure the child's safety. During April 2020 – March 2021, 34,676 CPS investigative and assessment services were conducted statewide.

Foster Care Maintenance - foster family care is a planned, goal-directed service that provides full-time substitute care and supportive services to children in an approved foster family home pending realization of permanence. Foster family care is considered the least-restrictive setting outside of the child's own home, a kinship home, or the home of tribally-defined extended family members. Foster care maintenance payments cover the cost of food, clothing, medical care, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of institutional care, foster care maintenance payments include the reasonable costs of administration and operation of such institution. On any given day an average of 7,770 children and youth, in the care and custody of the Oklahoma Human Services (OKDHS) CWS, receive this service.

Adoption Subsidy – adoption subsidy is assistance that helps to secure and support safe and permanent adoptive families for children with special needs. Adoption assistance is designed to provide adoptive families of any economic stratum with needed social services, and medical and financial support to care for children considered difficult to place. Federal and state law provides for adoption-assistance benefits including Medicaid coverage, a monthly adoption-assistance payment, special services, and reimbursement of non-recurring adoption expenses. Approximately 20,046 children and their adoptive families receive adoption assistance payments.

Services for Children Adopted from Other Countries

CWS Post-Adoption Services continues to provide referral services for families who adopt children from other countries; and also continues to provide caseworkers who assist families in accessing appropriate community resources to support the needs of their children. Some services also include access to respite funds that are dependent upon available funding. Access to respite funds is based on the same criteria set forth for CWS resource families. Respite funding is not means tested and is based on the family's circumstance.

Inter-Country Adoptions

No new children with a prior adoption from other countries entered into OKDHS custody during the timeframe of 4/1/2020 – 3/30/2021.

Services for Children under the Age of Five

CWS continues to use multiple methods of identifying and tracking children under 5 years of age and their service needs. CWS uses the Adoption and Foster Care Analysis and Reporting System (AFCARS) data files, state WebFOCUS reports, and Chapin Hall Multi-State Foster Care Data Archive reports. These different reports provide multiple data viewpoints, such as point-in-time entry and exit cohorts. These data assist in targeting efforts to ensure the needs of all vulnerable children are met, including their developmental needs.

The percentage of children under 5 years of age in foster care relative to the total number of children in out-of-home care at the end of the Federal Fiscal Year (FFY) remained relatively steady over the past five FFYs. CWS has numerous projects aimed at increasing the number of children served preventatively, including continued utilization of Intensive Safety Services (ISS), Comprehensive Home-Based Services (CHBS), SafeCare®, and CWS FCS. Additional efforts include strategies implemented, sustained, and progress reported in the **Update to the Plan for Enacting the State's Vision**, Goal 1, Objectives 1.1, 1.2, 1.3, 1.5, 1.7, and 1.8. CWS also remains committed to the implementation of additional permanency strategies to reduce time in care for children as reported in Goal 2.

Citizens for Children and Families, formerly the Children and Families Council, is a CW collaborative created in 2014 as a part of the Pinnacle Plan. Since the Council's establishment, the group developed and carried out several partnership demonstration projects aimed at improving the safety, permanency, and well-being of children. The group meets monthly and includes partners from various sectors, comprised of the courts, non-profit service providers, higher education, CW, private foundations, and child advocates. This group's work resulted in two initiatives that focus on improving infant and early childhood outcomes. One initiative is modeled off the national Safe Babies Court Team program. A team of CW specialists, an age-appropriate behavioral health specialist, and court personnel work together to expedite services, shorten the time to

reunification, and improve outcomes. Safe Babies is an active program specific to Tulsa County in Region 5. The second initiative is in the planning stages with an implementation plan in place. This initiative provides for Infant and Early Childhood Mental Health Consultation in child care centers with high populations of children in foster care.

Due to the positive outcomes of the Child Behavioral Health Screener (CBHS), CWS is sustaining the utilization of the CBHS within practice to ensure continued identification of children's needs and access to services through monthly administration and follow-up with service providers. CW specialists continue to administer the CBHS during caseworker visits with children residing in family-like placements, such as foster family care, adoptive homes, or their own homes in trial reunification or prevention (FCS) cases. The OKDHS CWS Clinical Team, in partnership with the University of Oklahoma Health and Sciences Center (OUHSC), is involved in guiding the application and evaluation of information gained from screener administration to ensure not only that the tools themselves are evidence-based, but that the application and use of information is sound.

Since the CBHS is embedded into the Oklahoma Statewide Automated Child Welfare Information System (SACWIS), also known as KIDS, data from the screeners is captured in a report accessible to all CW staff. This general WebFOCUS report provides an excellent tool for field staff to manage their use of CBHS, draw conclusions, and assist in decision-making surrounding resource provision, placement stability, and children's well-being. An additional report is generated for children with four consecutive screeners warranting a referral for services and is used to identify a population of children who may be in need of additional attention to ensure their treatment needs are sufficiently met and placements stabilized.

The CBHS outcomes evaluation from data collected May 2015 – 3/31/2021 consisted of 324,956 screeners that were administered across 35,967 children. Repeated administration of CBHSs reveals information about how a child is functioning over time and assesses improvement or regression in functioning. For FFY 2020, of the 56,396 administered screeners across 11,247 children, 17,831 were scored as elevated/positive and warranted a referral for a trauma-informed mental health assessment. Of the 11,247 children administered a screener, 5,890 children or 52 percent screened had scores that warranted a referral for a clinical assessment. Of those 5,890 children, 3,697 or 63 percent screened were already receiving behavioral health services, with 2,193 or 37 percent whose score warranted a referral for a clinical assessment were reported not currently receiving behavioral health services. The data also shows of the total 11,247 children administered a screener, 5,357 or 48 percent of children with screeners had scores not warranting a referral. Of those 5,357 children, 1,428 were still receiving some type of behavioral health services, with 3,929 children reported as not receiving behavioral health services.

FCS policy directs staff to complete the CBHS on a monthly basis throughout the life of the case. All ISS cases have a FCS case as well, so they continue to receive the CBHS monthly. Children involved in FCS cases and in trial reunification are also administered the CBHS.

Children entering OKDHS custody are required to receive an Early Periodic, Screening, Diagnosis and Treatment (EPSDT) screening upon removal within 21-calendar days, and ongoing as needed, to evaluate the physical, developmental, medical, mental health, and educational needs, including health problems requiring immediate treatment, diagnosis of infections and communicable diseases, and an evaluation of injuries or other signs of abuse or neglect. A child in his or her own home eligible for a medical card is also eligible for EPSDT services. Eligibility, based on the parent(s)' income and resources, varies with each family's specific circumstances.

Services for children in both out-of-home care and those in FCS cases can include CHBS, ISS, SafeCare®, SoonerStart, and other behavioral health services. However, the capacity around the availability of those behavioral health services for infants and young children remains somewhat limited. Oklahoma was previously working to increase the workforce through the Systems of Care (SOC) grant's second round, SOC^2, and Project Launch grant through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Oklahoma State Department of Health (OSDH). While both grants have now ended, ODMHSAS continues efforts to strengthen Oklahoma's early childhood SOC through multiple efforts that fit within the goals outlined in their state plan for Infant Mental Health (IMH) that aim to:

1. Promote awareness of the significance of infant and early childhood mental health.
2. Enhance the capacity of the infant and early childhood mental health work force to effectively meet the needs of infants, children under age six, their families, and caregivers.
3. Develop and expand programs for early identification and treatment of infants, toddlers, and children under six exhibiting mental health concerns and their families.
4. Utilize research, evaluation, and performance measurement data to drive planning and implementation of effective mental health programs, services, and systems serving infants, toddlers, and children under age six. These goals remain the focus of all of the work ODMHSAS does within their grants and community engagement efforts.

During FFY 2020, ODMHSAS continued to offer training around topics specific to IMH, supported access to reflective supervision, worked to improve infrastructure to support Early Childhood Mental Health Consultation, and partnered with other child-serving agencies to increase awareness and access to services for infants, young children, and their families across the state.

SoonerStart continues to be utilized as Oklahoma's early intervention program for infants and toddlers through 36 months of age. It is designed to meet the needs of infants and toddlers with disabilities and developmental delays. All children in Oklahoma younger than 36 months of age are eligible to be screened for the services.

SoonerStart services may include:

- diagnostic and evaluation services;
- case management;
- family training, counseling, and home visits;
- certain health services;
- nursing services;
- nutrition services;
- occupational, physical, and speech-language therapy; and
- special instruction.

SoonerStart services are offered at no charge to families and provided in a natural environment, such as the home, foster home, or child care facility. This program, mandated by federal and state law, is funded through various federal and state sources. This resource helps provide insight about the child so that the child's needs are safely met. SoonerStart is Oklahoma's Part C of Individuals with Disabilities Education Act program. The lead state agency is the Oklahoma State Department of Education (OSDE). This agency provides case management with all other services provided through a contract with OSDH. SoonerStart authorizes screening to determine the qualification for early intervention services for developmental delays, particularly in areas of physical development. The instrument for the routine screening is the Ages and Stages Questionnaire. Within the last year, SoonerStart updated the process for receiving referrals from CWS. The SoonerStart CW Referral Form is now accessed on the OKDHS website Quick Links, Non-DHS Forms. This change in process is expected to ensure access to services provided to families in need continues and is readily available. OKDHS Instructions to Staff was updated to reflect this change in the referral process and a numbered memo was released to CW staff.

CWS policy requires that the CW specialist refer children younger than 36 months of age, who are victims of substantiated child abuse or neglect, for a SoonerStart assessment and to receive ongoing services when developmental delays or other conditions are identified. A SoonerStart referral is also made on CHBS cases, FCS, and PP cases. Further assessment is completed by the CHBS worker and the SafeCare® model addresses the needs of young children, as well.

In all CPS, FCS, and PP cases, the safety of each child is assessed during an initial and ongoing Assessment of Child Safety (AOCS). The ongoing assessments, which are part of the PP case, build off the initial assessment completed during the CPS investigation. During each ongoing AOCS, the CW specialist continues to evaluate each child separately with regard to the child's well-being, how the child functions, behaves on a daily basis, and the child's role in the family. The CW specialist considers each child's general behavior, emotions, temperament, and physical capacity. The CW specialist also documents the PRFC's understanding of the child's development and functioning now as compared to the time of the removal to ensure needs are being met.

- The AOCS key questions determine:
 - if the child's individual needs are being met;
 - if there are any unusual child behaviors;

- the child's sense of security;
 - the child's physical health;
 - the child's vulnerability;
 - signs of positive interaction with PRFCs; and
 - collateral information related to child functioning.
- Information gathered in this piece of the safety assessment includes the child's current:
 - capacity for attachment;
 - general mood and temperament;
 - intellectual functioning;
 - communication and social skills;
 - expressions of emotions and feelings;
 - behavior;
 - peer relations;
 - school performance;
 - motor skills;
 - physical and behavioral health;
 - functioning within cultural norms; and
 - developmental functioning.

Case contact screens now mimic the AOCS key questions as outlined in Goal 2, Objective 2.15, and focus on child functioning. The information gathered from the monthly caseworker contacts is documented in the Child Functioning tab in the child contact screens. Additionally, a Quality Contact Guide with a Child assists in gathering information related to the child while conducting monthly caseworker contacts. The Quality Contact Guide with a Child focuses on the following child needs under the functioning section:

- Discuss and consider the child's:
 - emotional/physical health;
 - development;
 - gender identity and sexual orientation;
 - relationships and role within the family;
 - mood and/or behaviors;
 - sleeping arrangements;
 - social skills;
 - education and the parent(s)' role and/or participation in the child's educational needs; and
 - functioning within cultural norms.
- Describe how the PRFC or resource parent(s) meets the child's needs.
- Obtain collateral information regarding these discussion areas.

As seen in Figure 1, the number of children under 5 years of age is approximately 44 percent of Oklahoma's population of children in care at any given point in time.

Figure 1

Children Under 5 - In Care Last Day of Federal Fiscal Year (FFY)			
Year	Children In Care Last Day of FFY	Children Under 5 Years of Age	Percentage
FFY2015	11,168	4,625	41.4%
FFY2016	10,070	4,307	42.8%
FFY2017	9,312	4,203	45.1%
FFY2018	8,628	3,995	46.3%
FFY2019	8,307	3,815	45.9%
FFY2020	8,036	3,580	44.6%
Data Source: AFCARS Data Files			

As seen in Figure 2, the racial make-up of the children under 5 years of age in out-of-home care on the last day of the FFY remained relatively steady from FFY 2015 to FFY 2019 with a 2 percent decrease in FFY 2020.

Figure 2

Children Under 5 By Race - In Care Last Day of Federal Fiscal Year (FFY)					
Year	White	Indian	Black	Asian/ Pacific Islander	Multi- Racial
FFY2015	46.9%	13.3%	9.8%	0.1%	29.9%
FFY2016	45.1%	12.7%	10.3%	0.0%	31.8%
FFY2017	44.6%	13.2%	9.5%	0.2%	32.6%
FFY2018	45.9%	13.9%	9.5%	0.2%	30.6%
FFY2019	45.7%	13.3%	9.8%	0.2%	31.1%
FFY2020	45.9%	13.2%	11.5%	0.2%	29.1%
Data Source: AFCARS Data Files					

As seen in Figure 3, the percentage of children under 5 years of age on the last day of the FFY with an indicated disability decreased from FFY 2016 to FFY 2019 with a slight increase in FFY 2020 to 9.8 percent.

Figure 3

Children Under 5 With Disability Indicated In Care Last Day of Federal Fiscal Year (FFY)			
Year	Children Under 5 Years of Age	Disability Indicated	Percentage
FFY2015	4,625	471	10.2%
FFY2016	4,307	475	11.0%
FFY2017	4,203	470	11.2%
FFY2018	3,995	372	9.3%
FFY2019	3,815	358	9.4%
FFY2020	3,580	350	9.8%
Data Source: AFCARS Data Files			

The data provided in this section underscores the continued need for Oklahoma's emphasis on service development for this particular child population, as children younger than 5 years of age remain almost half of the population of children in care.

Efforts to Track and Prevent Child Maltreatment Deaths

Preventing child maltreatment fatalities includes addressing the underlying issues of: substance abuse, behavioral health, domestic violence, family instability, poverty, infant mental health, lack of parental support, and access to resources. The prevention of child maltreatment fatalities requires a public health framework with both public and private sector partners engaged and working at both state and local levels toward positive partnerships impacting advocacy, community awareness, and systemic change. OKDHS CWS partners with public health agencies, law enforcement, child maltreatment physicians, and the courts in an effort to prevent and track child maltreatment fatalities. OKDHS CWS is a member of the Oklahoma Child Death Review Board (CDRB) and reviews their annual report to identify trends in child deaths or near deaths. OKDHS CWS uses this data to evaluate and support changes to CWS policy, practice, or training as needed. OKDHS CWS provides data and trends analysis to internal and external partners to support child safety through the addendum, Child Deaths and Near Deaths, of the annual Child Abuse and Neglect Statistics report.

In addition to a representative from OKDHS, the CDRB is comprised of representatives from the following: Oklahoma State Bureau of Investigation, OU Children's Hospital Child Protection Team, Oklahoma Health Care Authority, Oklahoma Bar Association, National Association of Social Workers, Office of Juvenile Affairs, Oklahoma Commission on Children and Youth (OCCY), Post Adjudication Review Board, Oklahoma Court Appointed Special Advocate, Office of the Chief Medical Examiner, Oklahoma Psychological Association, ODMHSAS, Oklahoma State Medical Association, Oklahoma Osteopathic Association, Oklahoma Coalition Against Domestic Violence and Sexual Assault, OSDH, Oklahoma District Attorney's Council, American Academy of Pediatrics, Indian Child Welfare, local emergency medical technician and law enforcement agencies.

OKDHS CWS attended the Child Abuse Prevention Statewide State Plan meetings in October 2020 and April 2021. OKDHS continues regular attendance and participation with the CDRB and the Board of Child Abuse Examiners.

Oklahoma House Bill (HB) 2610 (2019) directed Oklahoma Vital Records to notify OCCY of all child death certificates within 72 hours of the death. OCCY is to share those death certificates with the Chief Child Abuse Examiner so that the Examiner can assess for any possible abuse or neglect. If the Examiner believes that abuse or neglect may have been involved in the death, he or she is to request any relevant records and quickly do a records review and provide an opinion in order to aid in investigations. The findings of the child maltreatment medical review are considered prior to OKDHS CWS closing a child death investigation.

OCCY was without a Chief Child Abuse Examiner for part of 2020 and part of 2021. For this reason, no reviews were conducted during this time period. The contract position is now filled and the process for notification and opinion rendering has started. OCCY discovered that Oklahoma Vital Records is not able to provide death certificates within the 72 hours of the death; however, an alternative notification point was identified: OKDHS sends the Initial Death and Near Death Reports of all children directly to the Chief Child Abuse Examiner. While these reports may not include all deaths that the Chief Child Abuse Examiner needs to review, it does provide all deaths that are accepted for investigation by OKDHS while OCCY and the Oklahoma Vital Records continue to improve their process.

In SFY 2020, in compliance with Oklahoma HB 2610, OKDHS CWS policy was revised to include the consideration of the child maltreatment medical review upon making a finding to a CPS child death investigation. CPS specific trainings, *Specialized Child Protective Services*, *Advanced Child Protective Services*, and *Child Death Investigations*, were updated to reflect the new requirement.

OCCY maintains a list of child abuse examiners and provides an updated list of examiners to OKDHS CWS. CW staff was trained to access these providers, when available, for allegations of physical abuse, child abuse in a medical setting, severe neglect, or when the child has complex medical needs.

The Oklahoma CDRB's 2021 recommendations for OKDHS included that OKDHS ensure all child death investigations are conducted jointly with law enforcement; expansion of suicide death investigations and documentation; training and utilization of the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation (SUIDI) protocols for child death investigations; ensure all OKDHS custody children receive timely CBHS screenings; and ensure all children and families served by OKDHS have access to trauma-informed, evidence-based behavioral/mental health assessments and services. OKDHS CWS has either existing or updated policy and training curriculum's to incorporate all of these recommendations. In-person trainings were placed on hold beginning April 2020 due to COVID-19 pandemic restrictions, but are resuming in the summer and fall of 2021.

Refer to ***Oklahoma Child Death Review Board 2021 Recommendations*** for all recommendations to community stakeholders.

Supplemental Appropriations for Disaster Relief Act

Public Law (PL) 116-20 provided disaster relief funding for specific areas of the United States affected by Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, and wildfires and earthquakes occurring in calendar year 2018, and tornadoes and floods occurring in calendar year 2019 for which a major disaster or emergency had been declared. PL 116-20 provided funding under a number of different federal programs, including \$5 million for the Stephanie Tubbs Jones Child Welfare Services Program authorized under Title IV-B, subpart 1 of the Act to address disaster recovery efforts

relating to those programs. These funds are available to the identified states, territories and tribes that operated a Title IV-B program in the affected areas in FFY 2019.

Oklahoma experienced flooding in numerous counties for which a disaster or emergency was declared; and, was awarded \$112,640 in Supplemental Title IV-B funds to be used in the following activities:

1. Protecting and promoting the welfare of all children.
2. Preventing the neglect, abuse, or exploitation of children.
3. Supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner.
4. Promoting the safety, permanence, and well-being of children in foster care and adoptive families.
5. Providing training, professional development, and support to ensure a well-qualified child welfare workforce.

Oklahoma had 57 of 77 counties in the eligible geographic areas. Oklahoma is using the awarded monies to fund the portion of child welfare employees in the affected areas who had responsibilities for protecting and promoting the welfare of all children and for supporting at-risk families through services.

Supplemental Funding to Prevent, Prepare for, or Respond to COVID-19

Oklahoma was awarded \$163,077 in emergency funding for Title IV-B in Title VIII of Division B of the CARES Act. These funds were given to CW agencies to prevent, prepare for, and respond to, CW needs arising from the COVID-19 pandemic in a manner consistent with the purposes of Title IV-B subpart 1 as follows:

1. Protecting and promoting the welfare of all children.
2. Preventing the neglect, abuse, or exploitation of children.
3. Supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner.
4. Promoting the safety, permanence, and well-being of children in foster care and adoptive families.
5. Providing training, professional development and support to ensure a well-qualified child welfare workforce.

The COVID-19 pandemic created many challenges in how the state performed its basic operations. Since working in OKDHS offices was restricted for safety reasons, all agency staff were issued cell phones and laptops in order to facilitate telework. Title IV-B emergency funds were used to aid in the purchase of new laptops and cell phones for all CW staff.

MaryLee Allen Promoting Safe and Stable Families

Promoting Safe and Stable Families (PSSF) is an important funding stream for OKDHS CWS and provides the ability to better collaborate and work with tribes; to search for relatives or kin as placement options for children unable to safely live in their own home; to work with families of children that have been removed from their home; and to support local services and placements to keep children close to their home of origin, which can lead to more effective and timely reunifications. PSSF is also used to facilitate pilot projects that help decrease the time to reunification; to provide funding to overcome any barriers or obstacles to reunification; and to provide funding for services that divert families from court involvement.

The total PSSF grant is \$4,359,369 of which Family Preservation Services account for \$984,957 or 23 percent, Family Support accounts for \$1,019,268 or 23 percent, Family Reunification Services account for \$887,056 or 20 percent, and Adoption Promotion and Support accounts for \$1,032,151 or 24 percent of the grant amount. Provided in the attached **Oklahoma FY 22 CFS-101 - Excel** is the estimated number of individuals and families to be served, the populations to be served, and the geographic areas where the services will be available.

PSSF grant monies utilized to fund multiple services include contingency funds, tribal programs, drug courts, diligent searches, ISS, CHBS, FCS, and adoption respite for families. Service descriptions for ISS, CHBS, and FCS, statistics, populations served, service location, and other information is located in other sections of this APSR including, but not limited to, the **Update to Assessment of Current Performance in Improving Outcomes**, Service Array and Resource Development, and the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1 Objectives. Funding for tribal programs is located in the **Consultation and Coordination Between States and Tribes** and the attached **Oklahoma FY 22 CFS-101 - Excel**. Additionally, on average each month, 500 children in foster care and 590 adoptive children receive services funding by PSSF.

PSSF Emergency Supplemental Funding

Oklahoma was awarded PSSF emergency supplemental funding through the Supporting Foster Youth and Families through the Pandemic Act authorized by Division X of Public Law 116-260. These supplemental funds will be used for expansion of Family Support and Family Preservation Services.

Service Decision-Making Process for Family Support Services

Direct services are performed by a combination of both state agencies and community-based contract provider agencies. Family Support Services funds are awarded to local organizations and agencies that serve families with children in their communities by providing community-based infrastructure to support efforts to promote the health, safety, and wellness of Oklahoma's children and families. Contracts for federal, state, and

OKDHS funds are awarded by the Oklahoma Office of Management and Enterprise Services and are based on a fixed-rate or competitive bidding process in accordance with state law. Bids are generally awarded based on best value for OKDHS, proven records of providing quality services in the community that assist and support parents in their role as caregivers, and in alignment with the individual family strengths and needs. Each request for proposal specifies the communities and/or population targeted for services, emphasizes the use of and collaboration with community services, whenever possible, and includes outcomes and/or deliverables specific to the community and/or population's identified needs.

Populations at Greatest Risk of Maltreatment

The National Child Abuse and Neglect Data System (NCANDS), AFCARS, and the Chapin Hall Multi-State Foster Care Data Archive are routinely utilized to identify Oklahoma populations at greatest risk of maltreatment. The following section provides current data and trends related to children under 5 years of age who, by virtue of age, are identified specifically in policy and protocols to be considered "vulnerable." This age group accounts for 56.82 percent of the children who entered care in FFY 2020. Additionally, 85 percent of the cases in which abuse or neglect was substantiated occurred in the 12 years of age and under category. As reflected in both quantitative and qualitative data, substance abuse and domestic violence have a high rate of occurrence in substantiated reports of child abuse and neglect. According to NCANDS data for State Fiscal Year (SFY) 2020, 48.94 percent presented with substance abuse as a contributing factor and 33.5 percent with domestic violence.

No new legislation this fiscal year impacted the population above.

Oklahoma HB 3104 (2018) amended Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) by updating the definition of "Drug Endangered Child" and included a definition of "Plan of Safe Care". SFY 2020 policy was revised to include the statutory changes. Numerous trainings, many conducted in collaboration with the ODMHSAS, occurred between April 2019 and May 2021 for both OKDHS staff and external stakeholders. Details surrounding the specific trainings and progression of the implementation of Plans of Safe Care can be found in the **CAPTA State Plan Requirements and Updates**, Annual CAPTA Report Updates.

Oklahoma HB 2610 (2019) directs the Bureau of Vital Statistics to notify OCCY of any child death. OCCY then submits the information for a child maltreatment medical review to a child abuse examiner or a child abuse pediatrician. The findings of the child maltreatment review are forwarded to OKDHS CWS and other external state partners and CWS is to consider the findings of the child maltreatment medical review prior to the closing of a child death investigation. In SFY 2020, in compliance with Oklahoma HB 2610, policy was revised to include consideration of the child maltreatment medical review upon making a finding to a child death investigation. CW staff were provided training on the requirement and the trainings *Specialized Child Protective Services, Advanced Child*

Protective Services, and *Child Death Investigations* were updated to reflect the new requirement.

Oklahoma HB 1075 (2019) added a new section of law, 10A O.S. § 1-4-28, requiring every child taken into OKDHS custody to be given a standardized assessment within 21-calendar days of entering OKDHS custody, unless otherwise prescribed by the assessment. Children entering custody are required to receive an EPSDT screening upon removal and ongoing as needed. During SFY 2020, the EPSDT requirements were amended to requiring the exam of a child entering OKDHS custody to evaluate the physical, developmental, medical, mental health, and educational needs, including health problems requiring immediate treatment, diagnosis of infections and communicable diseases, and an evaluation of injuries or other signs of abuse or neglect. Policy was revised to include the new changes in compliance with Oklahoma HB 1075 and CW staff were provided training over the updated time frame requirement.

Oklahoma SB 833 (2019) directs OKDHS to provide the OSDH access to the identifying information of all individuals who had their parental rights terminated and the conditions which led to the termination. Oklahoma Vital Records then provides birth information to OSDH OCAP for a child born to an individual with a previous TPR. OSDH OCAP, when appropriate, provides an assessment of the family and offers services when needed. In SFY 2020, OKDHS created a monthly TPR report that contains the parent's name, date of birth, social security number, TPR date, and the substantiated allegations to the referral that was associated to that child's removal. The report is on a five-month lag, allowing time for the appeals process. OKDHS sent the first report in January 2020, which included data from May – July 2019. Each subsequent month OKDHS sent the next month's data.

In October 2018, OKDHS partnered with the ODMHSAS and OUHSC for families residing in Oklahoma County with children under 2 years of age who were impacted by parental substance use under the Oklahoma Partnership Initiative (OPI) grant. OPI's goal OPI is to intervene effectively and early to prevent and reduce the risks for children associated with parental methamphetamine and/or other substance abuse. The Oklahoma Partnership Child Well-Being Initiative Phase-3 (OPI-3) is a multi-faceted approach to address the presence of alcohol and other drug abuse within the context of Oklahoma's CW system. The project implements the Attachment and Biobehavioral Catch-Up (ABC) intervention and disseminates best and evidence-based practices on the identification of newborns with prenatal substance exposure and Fetal Alcohol Spectrum Disorder to various child-serving community stakeholders. Members of the comparison group receive business-as-usual services from community partners and CW agencies. In March 2020, the grant was expanded to include families with young children impacted by parental substance use from both Canadian and Cleveland Counties. As a result of the COVID-19 pandemic, the program ceased in-home service delivery for two weeks. While the stay at home order was issued, the TeleABC model was approved and services with families resumed. To-date, OKDHS has referred 53 families to the program. Of those, eight families completed the program, two families are in progress with treatment, and 43 families dropped out or declined services. In July 2020, eliminating the comparison group

was approved in order for more families to receive treatment and to assist with family participation. In May 2021, the grant was expanded to provide services virtually, TeleABC, to Tulsa County.

Information pertaining to children and families impacted by domestic violence can be found in the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1, and the **CAPTA State Plan Requirements and Updates**, Annual CAPTA Report Updates.

Kinship Navigator Funding

Family KINnections provides up to nine months of kinship navigation services to kinship caregivers who reside in Oklahoma County with formal CWS involvement. Services are provided in the home and community of kinship families on a voluntary basis. The kinship navigation and care coordination services assist caregivers in learning about, finding, and using community resources to meet their own needs and the needs of the children placed in the home.

Currently, the program is funded through a contract with OKDHS utilizing a grant award provided by the Administration for Children and Families (ACF). OUHSC is contracted to provide qualitative and quantitative program evaluation for Family KINnections. As part of the quantitative program evaluation mode, Family KINnections receives randomized referrals. A total of 863 referrals, an average of 18 referrals per month, were received and 207 referrals thus far were placed into the control group for outcome analysis. All referrals are from Oklahoma County CWS Foster Care and Adoptions (FC&A) and PP Units. The following data reflects the program's outcomes since implementation in 2017.

May 2017 – 4/30/2021

- 410 kinship families served representing 699 children in care.
- 81 percent of the children served have not experienced a placement disruption since services began.
- 863 referrals received.

SFY 2018

- 156 kinship families served representing 291 children in care.
- 85 percent of the children served have not experienced a placement disruption since services began.
- 190 referrals received.

SFY 2019

- 183 kinship families served representing 326 children in care.
- 87 percent of the children served have not experienced a placement disruption since services began.
- 214 referrals received.

SFY 2020

- 171 kinship families served representing 278 children in care.
- 91 percent of the children served have not experienced a placement disruption since services began.
- 213 referrals received.

SFY 2021 (7/1/2020 – 4/30/2021)

- 158 kinship families served representing 260 children in care.
- 81 percent of the children served have not experienced a placement disruption since services began.
- 200 referrals received.

The May 2017 – April 2021 data reflects unique families and children served, while the SFY 2019, SFY 2020, and SFY 2021 data reflects existing families and children and new families and children served during that fiscal year.

Monthly Caseworker Visit Formula Grants

Strategies to Meet Target Data Percentages

CWS has had specific strategies in place since 2013 to address the quality, continuity, and frequency of CW specialist contact with children in out-of-home care. A visit is required with each child in their placement two times each month within the first two months of placement, and at least one time per month thereafter. These activities continued through FFY 2020 to ensure the child's needs and safety were assessed. See Figures 1, 2, and 3.

Figure 1

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	Percentage Completed
FFY2016	95.1%
FFY2017	95.0%
FFY2018	95.0%
FFY2019	95.2%
FFY2020	94.9%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 1	

Figure 2

Measure 2: Monthly Caseworker Vists Made in Child's Home	
FFY	Percentage Completed
FFY2016	94.0%
FFY2017	94.5%
FFY2018	94.4%
FFY2019	94.1%
FFY2020	95.0%
<i>Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 2</i>	

Figure 3

Monthly Caseworker Visits - Report Items
CWS Reports on Items 1-7 during the Period Under Review
1. Aggregate number of children in the data reporting population: 11413
2. Total number of monthly caseworker visits made to children in the reporting population: 89064
3. Total number of complete calendar months children in the reporting population spent in care: 93785
4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence: 84581
5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care: 94.9%
6. Percentage of visits that occurred in the residence of the child: 95.0%
7. Percentage of visits to children in Tribal custody: 43.6% (1866)

Additionally, CWS made a commitment to substantially shift case practice by prioritizing the importance of having the same primary caseworker meet with the same child each month. This commitment supports better outcomes for children through consistent case planning by the same caseworker to secure a child's placement stability, safety, and permanency. Accompanying strategies to improve quality caseworker visits with children included enhanced policy and staff guidance; revision of training to promote behaviors and competencies needed to ensure the safety, permanency, and well-being of children; and the streamlining and alignment of practice documents and supporting tools to ensure clear and consistent messaging about practice expectations.

Details regarding data and practice-oriented improvement strategies are contained in Goal 2 of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

- Contact guides, Quality Contact Guides with Children, for caseworker visits were updated to define guidance for quality assessments by CW specialists when visiting children of varying ages, always assessing for safety throughout the life of the case. More details regarding the Quality Contact Guides with Children can be found in Goal 2.
- Enhanced training was implemented and continues on caseworker visitation through training in Level 1 Permanency courses for all CW specialists including those working in CPS, PP, FC&A, and FCS.
- CW specialists continue to use the secure email on mobile devices via the transcription feature to more efficiently and accurately document caseworker visits.
- Policy is refined yearly to offer more detailed direction to CW specialists and provide guidance on engagement with the child and caregiver.
- Changes were made in KIDS for caseworker monthly contacts with the child, which focuses on both the child and the caretaker and remains in effect.
- Ongoing improvement, monthly, quarterly, or both, is provided by districts. Exact procedures are determined by individual districts.

Monthly Caseworker Visit Grant funds continue to pay for the cost of smart phones for CW specialists. The smart phones allow CW specialists to access the web, email, and other online resources needed to meet the increasing demands of CW work. In addition, the new technology provides frontline staff better access to supervisors while allowing them to meet the critical demand of spending more time in the field. The smart phones also have high quality cameras that assist staff with more accurate documentation, resulting in more effective supervisor consultation. In FFY 2019, updated smart phones were distributed to CW staff and continue to be used in FFY 2020.

Adoption and Legal Guardianship Incentive Payments

Oklahoma received \$105,000 in adoption incentive payments for FY 2020. This funding was used within the 36-month expenditure period to fund additional CW adoption staff to continue the recruitment and licensure of homes adopting children from the Oklahoma foster care system.

Adoption Savings

Oklahoma has been calculating adoption assistance saving according to the Children's Bureau Method with Actual Amounts since FFY 2015 and plans to continue this same method. The adoption savings is a calculation of the state dollars saved by the implementation of Section 473(a)(8) of the Social Security Act by applying the "Applicable Child" criteria to adopted children that did not meet the traditional eligibility factors of Title IV-E. This was also referred to as "AFDC delinking" and expands Title IV-E eligibility to children that would have otherwise been funded with state dollars, hence the "Adoption Savings." These saved funds must be spent on Title IV-B and Title IV-E activities with 30

percent on post-adoption and post-guardianship services. Positive permanent outcomes for children at-risk of entering foster can substitute for up to 10 percent.

Since 2010, when the applicable child criterion was first implemented, Oklahoma has seen a significant growth in its adoptions and subsequent post-adoption services budget. In the past four years, Oklahoma almost doubled the number of adoptions completed each year to an average of 2,178 adoptions. This marks significant efforts and progress in obtaining permanency for children that could not return home. The expenditures also grew from \$46 million to over \$150 million in this same period. These were also years that OKDHS faced its most difficult budget years on the heels of a long overdue commitment of increasing reimbursement rates for foster care and adoptions. Adoption savings were instrumental in Oklahoma's ability to increase the post-adoption budget by 185 percent since its inception and will continue to play a valuable role in funding permanency for children in Oklahoma over the next five years.

Since FFY 2015 when the Children's Bureau methodologies were put into place, Oklahoma has saved over \$41 million and as of September 2020, had thousands of children eligible to receive Title IV-E adoption assistance because of the applicable child criteria. So far, Oklahoma reported spending \$19.6 million of the savings with another estimated \$10.1 million to be reported in October 2021 for a total of \$29.8 million in spending. The remaining \$11.4 million is budgeted for the upcoming fiscal year. There is a lag in spending savings because of the timing of identifying the expenditure on the FFY and the SFY budgeting cycle. The savings are calculated for the FFY that ends on September 30th of each year, the funds are then budgeted during the next SFY which begins on July 1st of each year.

Family First Prevention Services Act Transition Grant

The Family First Prevention Services Act (FFPSA) was enacted on 2/9/2018 as part of PL 115-123. To support FFPSA implementation and further its goals, Congress passed the Family First Transition Act as part of PL 116-94 signed into law on 12/20/2019. FFPSA Transition Grants may be used for any purpose specified in Title IV-B of the Act, the portions of the Act authorizing the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1) and the MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, subpart 2). Funds may also be used for activities directly associated with FFPSA implementation. In addition, for jurisdictions that previously operated Title IV-E CW waiver demonstration projects under the authority of Section 1130 of the Act, the FFPSA Transition Grants may be used for activities previously funded under such projects to reduce any adverse fiscal impacts associated with the end of the waiver demonstration projects and the transitioning of project activities to other funding sources. The FFPSA Transition Grants were awarded in FFY 2020, but remain available to grantees for expenditure through the end of FFY 2025.

Oklahoma received an FFPSA Transitions Grant award of \$6,989,328 and is currently working toward a 10/1/2021 implementation of FFPSA prevention services. Oklahoma intends to use the FFPSA Transition Grant to fund the implementation of FFPSA along

with using the funding for services for families when the current funding streams are expended.

Family First Transition Act Funding Certainty Grants

FFPSA, enacted 2/9/2018 as part of PL 115-123, amended many sections of Title's IV-B and IV-E of the Social Security Act (the Act). Overall, the law supports the use of evidence-based practices to promote the well-being of children, youth, and families and to prevent unnecessary foster care placements. For children who enter foster care, the law encourages use of family-based care, and places limits on the availability of Title IV-E foster care reimbursement for congregate care placements, unless they meet specific requirements.

The Family First Transition Act was enacted as part of PL 116-94 on 12/20/2019 to support implementation of FFPSA and further its goals. Among other provisions, the Transition Act authorized Funding Certainty Grants for FFYs 2020 and 2021. The grants are available only to Title IV-E agencies that operated Title IV-E CW waiver demonstration projects through the end of the waiver authority on 9/30/2019. Funding Certainty Grants are intended to replace any shortfall in Title IV-E Foster Care program federal financial participation (FFP) that may be identified for FFYs 2020 and 2021 as compared to specified funding available through the former demonstration project. The amounts of Funding Certainty Grants are to be determined based on Title IV-E Foster Care program FFP provided for FFYs 2020 and 2021.

Funding Certainty Grants may be used for any purpose specified in Title IV-B of the Act, the portions of the Act authorizing the Stephanie Tubbs Jones Child Welfare Services Program and the MaryLee Allen Promoting Safe and Stable Families Program. Funds may also be used for activities directly associated with FFPSA implementation. In addition, the Funding Certainty Grants may be used for activities previously funded under former demonstration projects to reduce any adverse fiscal impacts associated with the end of these projects and the transitioning of project activities to other funding sources. The Funding Certainty Grants are awarded after the completion of each FFY, for FFYs 2020 and 2021 only. The awarded funds, subject to adjustment based on any subsequently reported relevant Title IV-E claims for these FFYs, will remain available to grantees through 9/30/2026.

Oklahoma was operating a Waiver on 9/30/2019 and will use the Funding Certainty Grant to fund the waiver program and/or use it to expand prevention services to include more viable prevention options.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program)

OKDHS is responsible for both administering and supervising the state's Independent Living (IL) program, Oklahoma Successful Adulthood (OKSA), as described in the Chafee program, the Education and Training Voucher (ETV) program, and in Section 477 of the

Social Security Act to youth in the custody and care of OKDHS and tribal youth in the care and custody of federally-recognized tribes. OKDHS' authority to administer children and family services, such as IL, is based on 56 O.S. § 176 to provide "for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent" and 10A O.S. § 1-7-103. OKDHS is appropriated state funds based on annual budget requests to the Oklahoma legislature along with matching federal funds. The Governor of Oklahoma provides oversight. OKDHS is committed to efforts towards achieving positive outcomes for youth in its custody. OKDHS participates in the National Youth in Transition Database (NYTD) survey process to track outcomes and determine the program's effectiveness in achieving the Chafee Program's purposes.

Oklahoma's Chafee program and ETV are a part of the continuum in the full service array provided by CWS to meet safety, permanency, and well-being outcomes. OKSA program planning, management, and implementation is assigned to four full-time program staff. The program has one full-time staff person serving as the transition coordinator for youth ages 17 and above. Currently, four half-time staff, all of whom are former foster youth, work in the areas of youth engagement, academic support, credit reporting, NYTD-related activities, and the youth speakers bureau, Oklahoma Foster Youth Advocates (OKFYA). In addition, the ETV program has five full-time staff to assist in service delivery.

OKSA's focus is on youth and young adults 14 to 26 years of age as they prepare for and begin transitioning to adulthood. The program provides the same resources and services to current and former youth in OKDHS and tribal custody. All services are available on a statewide basis, unless otherwise noted. Youth who are temporarily residing outside of Oklahoma are also able to continue to access Oklahoma services by calling the youth's CW specialist, Education specialist, the Yes I Can! alumni network toll-free number, or by requesting services on the OKSA website, www.oksa.ou.edu.

OKSA participants are youth and young adults at various ages and stages of achieving permanency. They are youth currently in foster care, young adults who were in foster care at age 16 and who have not reached the age of 21, youth who entered a permanent guardianship or adoption after 16 years of age, and young adult's ages 21 to 26 who are participating in the ETV program. These youth and young adults are to be served through assessments and youth-driven planning, youth development funds, events, and alumni services. All of these activities center around the 7 Key Elements of Success, which include health, housing, education, employment, essential documents, life skills, and permanent connections. When youth and young adults have information, knowledge, and practice in these seven areas, they are more likely to be successful in transitioning to adulthood.

Youth/young adults likely eligible for the OKSA program are:

- youth ages 14 through 17 years of age in OKDHS or Tribal legal custody and in out-of-home placement;
- young adults ages 18, 19, and 20 years of age receiving voluntary extended services or were in OKDHS or tribal custody in out-of-home placement on or after their 16th birthday;

- youth who entered a permanent guardianship with kin or adoption after age 16 and have not yet reached their 21st birthday; and,
- young adults 21 to 26 years of age who on their 21st birthday were participating in the ETV program.

The estimated total number of youth and young adults likely to be eligible for the OKSA Chafee/ETV program in SFY 2022 is approximately 3,000.

Beginning at 14 years of age, youth receive a comprehensive case assessment to determine eligibility for the program and to identify those youth who will need additional supports and services to achieve self-sufficiency. Eligible youth complete a self-report assessment related to the 7 Key Elements of Success. The assessment's centerpiece is the 40 Developmental Assets, which were incorporated with the written permission of The Search Institute. Developing a tool and process that appropriately evaluates the varying needs of 14, 15, 16, and 17-year-olds is a challenge. The life skills assessment is a work in progress. After completing the life skills assessment, the youth then participates in the development and completion of his or her individual plan. Identified needs of each youth are supported by CWS, placement providers, OKSA, and community resources and services. A court review every three-to-six months for youth 14 to 18 years of age monitors the plan's progress and appropriateness and verifies that OKSA services are provided.

OKSA is currently in partnership with the University of Oklahoma (OU) Hope Research Center to create a new validated assessment tool, utilizing a trauma-informed and hope-centered framework. In SFY 2020, OKSA and the Hope Research Center completed a baseline survey with current youth, CW specialists, and CW supervisors. This baseline survey was expanded in SFY 2021 to include former foster youth and stakeholders who are providing services to current and former foster youth. OKSA and the Hope Research Center reviewed and are utilizing this data to inform the components of the new assessment tool.

In SFY 2021, the Hope Research Center and OKSA collaborated to create a draft youth assessment and planning tool based on the Science of Hope, and informed by the needs of Oklahoma's youth. OKSA worked collaboratively with the Region 1 deputy director to identify District 9 as a pilot location for these tools. CWS leadership and frontline staff completed a five week virtual training on 5/7/2021, and will begin implementation of the new assessment and planning tools during a six-month pilot period. Pre- and post-assessment data will be compared with a control group from District 21 in Region 2. Subsequent touchback sessions during the pilot will help inform revisions to the tools and process. When the pilot is complete, training and implementation will expand to other regions of the state during SFY 2022. Two of the board members of OKFYA were an integral part of initial feedback on the draft tools and curriculum development for the staff training. One of these OKFYA board members was an active co-trainer during the five-week pilot training.

Transition planning is encouraged for each youth beginning at 17 years of age and

particularly for those youth identified as needing additional supports. A mandatory family meeting is held with youth and supportive adults 120-calendar days prior to the youth's 18th birthday to discuss and initiate the 90-day transition plan. Youth are strongly encouraged to be present at all court reviews and transition meetings. When the youth is unable to be present, the youth is encouraged to provide written input for the proceedings. To strengthen the transition process, life skills and services are part of the contractual requirement for every placement provider serving youth 14 to 21 years of age. In SFY 2021, the OKSA program created the draft of a new and validated life skills assessment tool, which upon completion will lend to revision of the transition plan, based on the evaluative data.

Now that youth 14 and 15 years of age are participating in the comprehensive skills assessment and individualized planning process, the OKSA program developed resources specifically tailored for this age group to begin building life skills and addressing needs related to the 7 Key Elements of Success. Examination of monthly process data and over a longer term in aggregate, continues to indicate encouraging improvements in completion of OKSA activities with this age group.

Youth 16-21 years of age who exited care can call the Yes I Can! alumni network to request services and resources that complement the youth's plan and own efforts towards self-sufficiency. When making satisfactory academic progress, young adults 18 to 21 years of age involved in post-secondary endeavors that meet the definition of an institution of higher education can receive ETV until age 26. These young adults are assigned an Education specialist who assists the young adult in developing an education plan, meeting with college personnel to determine the young adult's total cost of attendance and eliminate any barriers to success, calculating the young adult's unmet need, requesting ETV funds, and ensuring that all requirements of the ETV program under the Chafee program are met.

Youth exiting after age 16 for guardianship or adoption are eligible for the same resources and services available to other youth in custody, except for housing youth development funds after age 18 and the Medicaid 18 to 26 option. Tuition waivers for Oklahoma state colleges and universities are available when the youth was in custody nine months or more after turning 16 years of age. The OKSA program provides a brochure outlining OKSA services, postcards for the ETV services available, location of the OKSA informational website, and a Yes I Can! alumni card containing the toll-free number. Both youth and adults can use these items to access services and resources. The OKSA program is currently partnering with OKFYA to create more relevant and accessible versions of these resources specifically for the youth served.

The greatest strength of the OKSA program service array is that the following resources and services are available statewide, easily accessible, and offer flexibility and creativity in supporting the youth's plan. Life skills events, seminars and conferences, resources, educational supports, and wraparound youth development funds are the major Chafee services. The events, seminars, and conferences are activities planned to reach an audience of 14 through 21-year-olds.

Teen Conference is the largest statewide event offered for youth ages 15-21. The event is planned and facilitated by the OKSA community contractor. When the conference is in-person, it is held on an Oklahoma college campus and offers learning through specialized skills workshops, life skills simulations, and recreational activities. The learning experiences are based on the 7 Key Elements of Success. The CW specialist, tribal workers, resource parents, group home providers, mentors, and sometimes therapists accompany the youth to the event. The conference incorporates learning IL skills within an environment that promotes networking and peer support. In SFY 2021, this event is planned as a three-day virtual conference and currently has 238 participants registered. Conferences are planned by a committee of current and former custody youth, CW specialists, community partners, and the OKSA community contractor. The conference is staffed primarily by alumni foster youth. The conference's goal is to create a safe learning environment in which youth and their adult partners can work together to develop deeper relationships while learning more about the 7 Key Elements of Success and practicing IL life skills.

Youth development funds support youth in care and youth in transition across the state.

- Preparation funds for youth 14-18 years of age include education, work, essential documents, and normalcy-related expenses. Normalcy purchases include, but are not limited to, driver education classes, purchases of laptop for schoolwork, and expenses related to high school, such as yearbooks, senior pictures, and graduation announcements. In limited circumstances, OKSA may consider matching a youth's efforts to purchase a vehicle.
- Supportive funds for young adults 18-21 years of age in transition include education, work, essential documents, and transportation-related expenses, including matching a youth's efforts to purchase a vehicle, furniture and appliances, medical expenses, and miscellaneous items.
- Housing funds for young adults 18-21 years of age who exited care at, or after age 18, and are transitioning. These funds include rent deposits and payments and utility deposits and payments.

An incentive payment of \$500.00 is issued as a youth exits care at age 18 and completes an intake assessment with Yes I Can! to establish their aftercare case. The assessment is completed to determine the immediate and future needs as the youth exits care.

The flexibility of the youth development funds made it more convenient to assist youth and young adults during the COVID-19 pandemic. With the implementation of the Division X legislation OKSA was able to increase the amount of direct funding available to youth and young adults. Since the passing of Division X legislation, OKSA has assisted 182 youth and young adults with Division X funding. Every youth and young adult that makes contact with Yes I Can! to set up a case receives a direct stipend through the Division X funding. Division X funding has allowed \$34,800 in stipends to be dispersed. As the case is set up, an assessment is conducted to determine additional needs in which the Division X funding can assist them. Transportation, housing, and assistance with technology were some of the most accessed categories. Approximately \$60,000 of the

Division X funding was used toward transportation needs and of that amount \$35,900 was used toward vehicle purchases. The fact that OKSA already had a system in place to distribute direct funding has been a huge strength and allowed youth to begin receiving money immediately.

Credit reports for each youth 14 years of age and older are obtained annually. When there is a consumer credit report, a copy is provided to the youth and the OKSA program assists with resolving any inconsistencies in the report. Policy is in place and implementation is in process.

Aftercare services are provided through the Yes I Can! alumni network. Yes I Can! assists young adults 18-21, who are no longer in OKDHS or tribal custody. Supports can be financial assistance through youth development funds, resource referrals, and case management provision. Yes I Can! is responsible for answering a technical assistance line, 1-800-397-2945, and an email address, oksa@ou.edu, made available to youth and young adults statewide.

In SFY 2017, OKSA awarded the fiscal agent contract to Acumen. While they still issue checks, OKSA also has the option of direct deposit, Visa gift cards, paycards, and store-specific e-cards for youth development funds, incentive payments, youth advocacy opportunities, and ETV. This contract provides efficient and expedient methods for getting supports to youth in a timely manner no matter the type of need, designated recipient, or vendor and allows OKSA to respond to youth, young adults, and vendors' changing needs.

The OKSA community contractor, the National Resource Center for Youth Services (NRCYS), is the program's largest contractor and the single point of contact for all CWS and tribal workers, care providers, and youth statewide to access technical assistance, resources, services, or aftercare support.

Brief List of NRCYS Services:

- Providing welcome resources as youth reach 14 years of age.
- Providing IL specialists who assist CWS and tribal CW staff.
- Providing technical assistance and consultation to professionals serving the OKSA program youth. Technical assistance may be provided by phone, email, written materials, website, or face-to-face.
- Facilitating seminars, life skills groups, events, and teen conferences so youth have opportunities to learn about and practice the 7 Key Elements of Success.
- Providing logistics for adult and youth events.
- Supporting, coaching, and maintaining a foster alumni speaker's bureau, OKFYA.
- Coordination and coaching of the foster alumni Leadership Council, providing professional experiences to youth and valuable information to CWS.
- Facilitating training and technical assistance for caseworkers in the field on transitioning youth issues, positive youth development, and trauma-informed care.
- Facilitating annual OKSA county coordinator retreat. This event ensures OKSA-specific workers in the field receive the most up-to-date information about the

program. These workers act as a resource in their offices for OKSA program details.

- Staffing the Yes I Can! alumni network, which is a resource and referral Helpline for youth, placement providers, and caseworkers.
- Maintaining the OKSA website, which is a user-friendly resource for youth and adults that provides information regarding the OKSA program process, the 7 Key Elements of Success, upcoming events and training, local resources for transition, and other youth relevant information.
- Processing and documenting youth development funds.
- Tracking outcome data.
- Documenting NYTD services.
- Maintaining the OKSA county coordinator listserv.
- Developing and maintaining community partnerships for youth resources.
- Developing and distributing outreach for the OKSA program.

The OKSA community contractor exceeds the expectations of their contract each year. NRCYS is active, visible, and quick to respond to any request for resources, services, or technical assistance.

Program Goals

OKSA's vision is to be a youth-focused and youth-driven program that serves youth at various ages and stages of achieving independence. The OKSA program emphasizes the importance of early planning for a successful transition to adulthood and promotes the importance of permanent connections by encouraging a multi-disciplinary approach using culturally-relevant and age-appropriate resources and services.

Over the course of the five-year plan, the OKSA program will continue to collaborate with other state agencies and community providers to supply and support resources and services focusing on assessment and transition planning; permanency for older youth; cultural and personal identity formation; education; employment; housing; and strengthening the OKFYA alumni network.

Assessment and Transition Planning

Goal: Create an evidence-informed tool to assess youth.

- Objective 1.1: Partner with the Hope Research Center, OU School of Social Work, to begin contract development and work on the assessment tool.
 - Strategy 1.1.a: Schedule initial meetings with the Hope Research Center.
 - Strategy 1.1.b: Negotiate and finalize contract.
 - Strategy 1.1.c: Hold bi-weekly teleconferences to set priorities and time frames.

Updates on Objective 1.1: Hope Research Center staff completed draft assessment and planning tools. OKSA program staff identified a district of the state in which to pilot these tools. An initial five-week training was completed in May 2021 and a six-month pilot period initiated. OKSA staff are collecting baseline

data on Hope for the pilot district and a comparison group from another district.

- Objective 1.2: Collect data to inform the assessment tool through a baseline survey of youth, CW staff, and focus groups of former foster youth.
 - Strategy 1.2.a: Administer the Hope scale to:
 - CW staff in first year training; and
 - CW staff designated as OKSA county coordinators during fall annual meeting.
 - Strategy 1.2.b: Administer the scale to current youth through the mail.
 - Strategy 1.2.c: Administer the scale to focus groups of former foster youth organized through the OKFYA board.

Updates on Objective 1.2: The baseline survey was completed with over 300 current and former foster youth in January 2020. The Hope Research Center and the OKSA program utilized the baseline data to create a draft assessment and training implementation plan.

- Objective 1.3: Provide training to lay the foundation for a process of working with youth based on the Hope model.
 - Strategy 1.3.a: Hope Research Center director will provide Training of Trainers (TOT) on the model to all OKSA staff.
 - Strategy 1.3.b: Integrate model training into Level I OKSA training, informed by baseline survey results.

Updates on Objective 1.3: The Hope Research Center provided an overview of the Science of Hope training to all current OKSA staff, as well as CW staff designated as county coordinators, in SFY 2020. OKSA staff completed Hope training with a pilot district in May 2021. A Science of Hope online training was rolled out in SFY 2021 and was mandatory for all OKDHS agency staff.

- Objective 1.4: Create and finalize assessment tool.
 - Strategy 1.4.a: Create a draft assessment tool.
 - Strategy 1.4.b: Gather input on the draft tool from:
 - All OKSA staff at an all staff retreat;
 - All county coordinators at annual meeting; and
 - A focus group of OKFYA members.
 - Strategy 1.4.c: Partner with the Hope Research Center to evaluate the tool.
 - Strategy 1.4.d: Create a finalized assessment tool.

Updates on Objective 1.4: The first draft assessment tool was created and is under review by the Hope workgroup and OKSA staff. A pilot of the tool began in May 2021. An ongoing feedback loop will help inform revisions with an expectation of finalizing the draft tool in November 2021.

Permanency for Older Youth

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

- Objective 1.1: Increase the percentage of youth who achieve legal permanency.
 - Strategy 1.1.a: Increase accessibility to pre- and post-adoption resources.
 - Strategy 1.1.b: Explore changes to state legislation to include Chafee services for youth who are reunified.
 - Strategy 1.1.c: Support recruitment and retention to increase placement options affirming of teens and their needs.
 - Strategy 1.1.d: Support CW field staff through educational resources and trainings surrounding the importance of legal permanency for teens.

Updates on Objective 1.1: The OKSA program created multiple print resources to provide communication and guidance surrounding legal and relational permanency. The publications, *Don't Stop That Adoption* and *What Does Permanency Mean to You?*, include definitions and examples of legal and relational permanency and dispel myths surrounding benefits provided through the OKSA program when legal permanency is achieved. The resources are provided to youth in foster care, foster parents, prospective adoptive families, CW specialists, and community partners, and are available in print and on the OKSA website. One major accomplishment toward this goal occurred during the 2021 state legislative session. Legislation that allows the state to use Chafee funds for young people ages 16-17 that are reunified passed and was signed into Law.

An initial conversation occurred with the Foster Care recruitment and retention program regarding the implementation of a teen-centered weekend respite program modeled after a program in several other states. A weekend respite program would expand foster parents perceptions and beliefs regarding teens in foster care and bring awareness to the need for foster homes willing to take teens. The goal of the weekend respite program would be to increase relational and legal permanency opportunities for teens in care.

The Permanency for Teens face-to-face training was recently converted into an online training accessible at all times through the Learning Management System. The training will be mandatory for CW specialists with a teen on their caseload ages 13 and older. The training will include topics, such as the importance of legal and relational permanency for teens, how to engage teens in permanency conversations and their own search for permanency, and how to review a case record with an eye towards permanency. The OKSA program will also provide technical assistance to staff regarding legal and relational permanency for transitioning age youth.

- Objective 1.2: Increase the number of support and resource opportunities for youth who achieve relational permanency.
 - Strategy 1.2.a: Explore the potential creation of a resource guide to connect young people with community partners and organizations surrounding the

interest and needs of a young person and create opportunities for community engagement.

- Strategy 1.2.b: Increase opportunities for young people to support one another through peer-to-peer support groups and/or events.
- Strategy 1.2.c: Support recruitment and retention of placement options for teens to increase placement options affirming of teens and their needs.

Updates on Objective 1.2: Teens in foster care are part of Oklahoma's Be A Neighbor campaign. The innovative platform seeks to identify and strengthen collaboration among Oklahoma's non-profits, faith-based groups, and community organizations across the state's 77 counties. The platform allows for community partners to offer resources and mentorship to help teens in foster care achieve lasting change. The OKSA program will explore compiling the resources that are identified with the current resources available into a resource guide that is easily accessible for young people. This resource guide would also create opportunities for community engagement. The OKSA program is also currently exploring relationships with community partners across the state to provide opportunities for young people to participate in peer-to-peer support groups and/or events. Due to the COVID-19 pandemic, face-to-face and virtual events are both being considered. Recruitment and retention of placement options for teens in care is both a relational and legal permanency effort.

Cultural and Personal Identity Formation

Goal: Young people will have the opportunity to connect with their cultural, spiritual, and personal identity.

- Objective 1.1: Increase the number of opportunities for young people, professionals, and placement providers to explore cultural, spiritual, and personal identity formation.
 - Strategy 1.1.a: Increase the number of OKSA-sponsored events that provide information related to cultural, spiritual, and personal identity formation.
 - Strategy 1.1.b: Increase the supports for young people to ease barriers to participation in events that explore cultural, spiritual, and personal identity formation.
 - Strategy 1.1.c: Review field tools and assessments to ensure cultural competence.
 - Strategy 1.1.d: Support recruitment and retention of placement options for teens to increase culturally-appropriate placement options.

Updates on Objective 1.1: Through the community contractor NRCYS, the OKSA program will continue to provide interactive workshops for participants to build capacity to offer a welcoming and inclusive environment for all youth so they can experience an inclusive space and be invited to share in the totality of their identities. This training will explore lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) history and how it impacts the LGBTQ+ community today;

provide information about current language and terminology; build awareness for specific challenges LGBTQ+ youth face; and how to access available resources. In addition to exploring how to increase opportunities within current programming for young people to obtain more information surrounding cultural, spiritual, and personal identity formation, the OKSA program is also reviewing how to incorporate and support new opportunities for young people to do so. Through the partnership with the Hope Research Center in developing the Hope assessment and planning tools, efforts will be made to ensure OKSA program staff, Hope Research Center staff, and OKFYA review and ensure cultural competence. The previously mentioned exploration of a teen-focused weekend respite program will also provide more opportunities to secure safe, affirming, and culturally-appropriate placement options.

Education

Goal: Young people will be equipped with the support and skills to attain their educational goals.

- Objective 1.1: An increased percentage of young people will attain a high school diploma or high school equivalency.
 - Strategy 1.1.a: OKDHS will create materials on important Oklahoma education laws, regulations, policy, and resources to be used by placements and caseworkers.
 - Strategy 1.1.b: OKDHS will create and maintain a listing of credit recovery and high school alternatives for students to complete high school. OKSA will consider providing funding for these options.
 - Strategy 1.1.c: OKDHS will coordinate training and/or materials on individualized education program (IEP) laws and regulations to be used by placements and caseworkers.
 - Strategy 1.1.d: OKSA will coordinate a way to track youth graduation rates.

Updates on Objective 1.1: Providing an exact number of applicable youth, youth who are of age and/or grade level to have received a diploma or equivalency, is somewhat problematic due to a lack of access to complete data. OKSA developed a tracking methodology to maximize the ability to track these outcomes. Data for youth in care is derived through a search of the database with the search tool set to identify youth listed in the 12th grade, null (meaning their current grade level is not identified in the database), and unknown. This search produced a total number of 61 in SFY 2021. OKSA then contacted each youth on the list to verify if they were working toward a high school diploma or high school equivalency and 29 youth confirmed. Such a broad search was an attempt to identify any youth who may be eligible for the ETV program and the Tuition Waiver. The actual number of youth identified as being a senior in high school was 41.

Data for youth who were adopted or entered a guardianship after the age of 16 was derived by completing a database search with the search toll set to identify youth who left care through guardianship or adoption after the age of 16. Through this search, 104 youth were identified. OKSA then attempted to contact each youth

on the list using the last known contact information available to confirm if they were graduating high school or achieving high school equivalency and 20 confirmed. This process has a few complications since the contact information is not always accurate as families move and numbers change, parents of adopted youth are not always willing to talk to OKSA, and some of the youth that appear on the list are not actually high school seniors yet.

- Objective 1.2: Increase awareness and access to higher education or training.
 - Strategy 1.2.a: OKDHS will coordinate with Upward Bound, Talent Search, and Gear Up to come up with a plan to refer young people who may be interested in pursuing education. The purpose is to create readiness for post-secondary education.
 - Strategy 1.2.b: OKDHS and NRCYS will create a youth event that will incorporate post-secondary education, technical school education, and apprenticeship options for exploration.
 - Strategy 1.2.c: OKSA and ETV staff will seek opportunities to offer skill building and information workshops to those in education systems. Those will include a Positive Youth Development and Trauma-Informed Lens.
 - Strategy 1.2.d: ETV will work to develop notification systems.

Updates on Objective 1.2: ETV staff developed workshops that were presented to Oklahoma school counselors, college staff, and foster parents. ETV staff compiles lists of seniors in care who are contacted by ETV staff to discuss post-secondary education planning and how ETV can assist them. ETV staff participates in 90-calendar day transition meetings to help finalize post-secondary education plans for youth transitioning out of care. Post-secondary education youth event planning was postponed due to the COVID-19 pandemic precautions.

Employment

Goal: Significantly increase employment opportunities for OKSA youth.

- Objective 1.1: Increase reciprocal communication with potential employers.
 - Strategy 1.1.a: Explore creation of an employment navigator position to communicate directly with potential employers.
 - Strategy 1.1.b: Develop and implement Positive Youth Development training for potential employers.
 - Strategy 1.1.c: Develop and host annual OKSA youth job fair event.
 - Strategy 1.1.d: Explore partnerships with work-based learning programs, such as trade apprenticeships statewide.

Updates on Objective 1.1: Through community contractor NRCYS, in 2020 the OKSA program hired an employment navigator. The employment navigator continues to work on building relationships with community partners and potential employers to bridge the gap in opportunities for young people in securing apprenticeship and employment opportunities. OKSA hosted a virtual career fair in May 2021 in partnership with Green Country Workforce (Formerly Workforce

Tulsa) for young adults 16-24.

The State of Oklahoma was awarded the Youth Apprenticeship Readiness Grant (YARG). OKSA is engaged in collaboration with Oklahoma Department of Workforce Development, Department of Rehabilitation Services, and Office of Juvenile Affairs to bring youth apprenticeship opportunities to the State. Efforts to increase registered apprenticeships will expand the opportunities for employment, independent life, and economic self-sufficiency for youth in foster care.

- Objective 1.2: Increase youth access to employment information and resources.
 - Strategy 1.2.a: Develop and host job fairs for OKSA youth.
 - Strategy 1.2.b: Create an online portal as a hub of information for youth employment, apprenticeship, and shadowing opportunities.
 - Strategy 1.2.c: Explore partnerships with local Workforce and Chambers of Commerce to gather and disseminate local employment resource information.

Updates on Objective 1.2: OKDHS is partnering with Salesforce to develop a statewide portal to increase employment options for youth and young adults in foster care. The statewide platform, "Be A Neighbor" is designed to connect young people with potential employers within the communities they are residing. The OKSA program partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and its Employment, Housing, and Homeless Projects Team to host a 2nd Annual Statewide Employment and Housing summit. This year the summit was held virtually and was attended by 198 community partners. Through partnerships like this, as well as through the participation in several committee and subcommittees related to employment, the OKSA program will further explore how to disseminate employment resource information across the state.

- Objective 1.3: Work with OKSA youth to increase employability.
 - Strategy 1.3.a: Work with youth to create individual employment plans.
 - Strategy 1.3.b: Create a youth workshop focusing on resume building and soft skills related to employment.
 - Strategy 1.3.c: Ensure youth have access to resources needed to secure and maintain employment including transportation and essential documents.

Updates on Objective 1.3: Through the partnership with the Oklahoma Office of Workforce Development with the Youth Apprenticeship Readiness Grant Program, OKSA is working on the creation of employment plans, youth-focused workshops to build employment skills, and support to guide potential employment. The state of Oklahoma continues to struggle with ample and reliable transportation options, specifically in the rural areas. The employment navigator continues work on solutions to this barrier and began to engage employers in this conversation.

Housing

Goal: Increase the number of safe and stable homes that support healthy well-being.

- Objective 1.1: Youth and young adults will have homes that support positive youth development.
 - Strategy 1.1.a: OKDHS will contract with NRCYS to provide professional development trainings on positive youth development.
 - Strategy 1.1.b: OKDHS will increase the number and availability of housing options that support a youth's transition plan.
 - Strategy 1.1.c: OKSA will support recruitment and retention to increase placement options affirming of youth and their needs.

Updates on Objective 1.1: OKSA has a plan for identifying and referring eligible youth to the appropriate outlets, while streamlining processes to ensure a variety of housing pathways exist with a plan to connect a young person.

- OKDHS/NRCYS has a transition team working with young adults and their care team to identify safe and stable homes while supporting healthy well-being. The transition team works closely with the Yes I Can! alumni network to connect young adults to aftercare supports to assist them in their IL goals and transition plans. OKDHS added a Transition Coordinator to their OKSA team and OKDHS/NRCYS OKSA Transition Teams expanded case staffing from 90-day to 120-day to prepare for alternate housing pathways during the COVID-19 pandemic while quickly connecting young adults to supportive services. OKSA responded to the Supporting Foster Youth and Families through the Pandemic Act by expanding emergency housing options and allowing young adults over age 18 to remain in or re-enter foster care while suspending age and education requirements for Title IV-E foster care maintenance payments for youth.
 - OKSA works with a variety of agencies in Oklahoma communities already providing housing resources, such as ODMHSAS, Community Service Council, and Youth Service providers. OKSA has a plan in place for accessing a variety of housing options for transition-aged youth.
- Objective 1.2: Increase the number of housing options for youth and young adults.
 - Strategy 1.2.a: OKDHS will continue to contract with NRCYS to provide a housing navigator to identify and facilitate access to the housing continuum available for youth and young adults.
 - Strategy 1.2.b: OKDHS will partner with the ODMHSAS to provide an Annual Housing Summit.
 - Strategy 1.2.c: OKDHS will define and facilitate Supervised IL for Oklahoma.
 - Strategy 1.2.d: OKDHS will expand its relationship with various housing authorities to increase the number of housing vouchers available to youth across the state.
 - Strategy 1.2.e: OKSA will support recruitment and retention to increase placement for youth.

Updates on Objective 1.2:

- OKDHS contracted with NRCYS to provide a housing navigator position to focus efforts on housing options and relationships. The OKSA housing navigator is in its third year. The housing navigator works with local Continuum of Care to access the Homeless Management Information System, to stay aware of local housing funds and supports for landlords and tenants. The housing navigator works with the housing authorities, landlords, and property managers to represent their interest while allowing the caseworkers and case managers to directly assist the youth. Open lines of communication between the housing navigator and case management representative exist with frequent case staffings.
- OKSA has all statewide referrals made to the Helpline to complete a housing assessment that can be completed within 120-calendar days of the youth turning 18. The housing assessment helps identify appropriate housing pathways to refer the young adult to, such as transitional living programs, housing vouchers, independent housing, and host homes, while discussing the available supports and resources in the community.
- When the youth is an appropriate candidate for a housing voucher, the Helpline completes an application and referral with the youth to submit to the respective housing authority. OKDHS has a memorandum of understanding (MOU) in place with three housing authorities in the state. Currently, a total of 16 young adults are housed through vouchers, 13 young adults are housed through Oklahoma Housing Finance Agency (OHFA) housing vouchers and three young adults are housed through Foster Youth to Independence (FYI) housing vouchers.
- A centralized point-of-contact is at each of the community housing partnerships to work with the housing navigator and the Yes I Can! teams to answer questions, receive referrals, and to inform the agency of scheduled appointments to communicate with the youth.
- OKSA implemented a data tracking system to maintain referrals, voucher usage, timelines, and housing payments.
- OKSA maintains good working relationships with the housing community to continually improve processes and share resources.
- OKSA partners with housing authorities to access landlords already in their network.
- OKSA ensures there is a plan for housing and utility deposits/future payments between the agencies and the young adult.
- OKSA implemented a quarterly Transitional Living Program (TLP) Collaboration with Statewide TLPs to streamline services and referral methods within the OKSA housing network.
- OKSA expanded emergency housing services and supports to lessen restrictions to access funding for rent and utility assistance for young adults to maintain housing.
- OKSA implemented the OKSA Rapid Housing, OKSA Room & Board Contract, and Emergency Room & Board options to expand housing pathways to stop

homelessness during the COVID-19 pandemic.

- OKSA amended their existing MOU with the statewide OHFA to include the FYI Initiative to expand the amount of housing vouchers available through the agency.
- OKSA maintains the MOU and FYI partnership with the Stillwater Housing Authority.
- OKSA requested housing bids for five-year housing maintenance contracts with two youth service providers in centralized locations of the state. Bids include Tiny Home Tracks and Scattered Site Properties for Tulsa and Oklahoma City.
- OKSA housing navigator and Oklahoma's FYI ambassador participated in a virtual celebration with Housing and Urban Development Secretary Ben Carson to bring awareness to the FYI Initiative.
- OKSA partnered with ODMHSAS and NRCYS to host the 2nd Annual Employment and Housing Summit for 198 virtual attendees.

Oklahoma Foster Youth Advocates (OKFYA)

OKFYA is a youth advisory board maintained by OKDHS. Membership is open to any youth who meets the Oklahoma Chafee definition. Core members consist of a program manager, foster alumni temporary OKDHS employees, an assistant director, and program development specialists from NRCYS, and five alumni representatives, who participate as a blended team for decision-making. Incentives are given to the group for work completed to ensure participation does not cause a financial burden. Food and meeting locations are provided through NRCYS.

Information is brought before the group for input, which ranges from policy changes to marketing materials during quarterly OKFYA meetings. In the event the project cannot wait for a quarterly meeting, OKFYA members and the blended team are consulted in a variety of ways, including email and social media.

Collaboration with OKFYA is just one way in which OKSA promotes positive youth development. The OKSA program emphasizes building on a youth's strengths. OKSA offers supports, resources, and experiences for youth, as well as promotes the building of positive relationships. OKSA is focused on providing the opportunities needed to help youth transition to adulthood in a productive, healthy manner.

Goal: Youth throughout Oklahoma will have the opportunity to have their voices heard by programs and policy makers in Oklahoma's CW system and other systems that serve youth and families.

- Objective 1.1: OKDHS will recruit and train a group of young people with foster care experience.
 - Strategy 1.1.a: The OKFYA blended team will hold quarterly events to recruit young people to fill speaking engagements and focus groups. The secondary purpose of these meetings is to give young people with foster

care experience time to build community, even when they do not plan to participate in other events.

- Strategy 1.1.b: OKFYA will provide training on topics selected by the blended team at least twice per year.
- Strategy 1.1.c: OKFYA will offer at least two Presenting with Purpose trainings per year to keep speakers trained on sharing their stories.
- Strategy 1.1.d: OKDHS and NRCYS will coordinate with the OKFYA blended team to create a facilitator training and Training of Trainers skills.
- Strategy 1.1.e: OKDHS and NRCYS will coordinate to provide professional development opportunities to help advance youth professional skills.
- Strategy 1.1.f: OKFYA blended team will create a sustainability plan to recruit and retain young people for OKFYA.

Updates on Objective 1.1: OKFYA holds monthly leadership meetings with the board to plan the year's activities and events, such as peer-to-peer groups, meet and greets, panel presentations, and conversations around advocacy. OKFYA's plan was to host face-to-face events throughout the year. Due to the COVID-19 pandemic, the leadership team shifted their focus to virtual events. OKFYA is currently holding bi-weekly events consisting of game nights, town halls, and "hang outs."

- Objective 1.2: OKDHS will coordinate with internal and external stakeholders for opportunities to have OKFYA provide training and technical assistance.
 - Strategy 1.2.a: OKDHS and NRCYS will find at least 10 speaking opportunities per year for young people to participate.
 - Strategy 1.2.b: OKDHS and NRCYS will find at least five opportunities for young people to provide feedback on new or ongoing initiatives per year.
 - Strategy 1.2.c: OKDHS will try to coordinate with its legislative liaison to provide youth a voice in pending legislation that would affect OKDHS.
 - Strategy 1.2.d: The OKFYA blended team will coordinate at least one service project per year.

Updates on Objective 1.2: OKDHS was one of 25 states selected to participate in the Youth Engagement Summit hosted by Annie E. Casey. Three OKFYA members were selected to participate in the seven-person workgroup. The Summit took place on a virtual platform in August 2020. The Oklahoma team developed a plan moving forward to increase youth engagement within OKDHS. Action steps on the plan included quarterly meetings between OKFYA and Child CWS Leadership and the Court Improvement Project; increase youth presence in the Continuum of Care plan and implementation, and add a full-time dedicated youth engagement specialist with lived experience to the OKSA staff to provide a bridge between youth voice and agency programs.

National Youth in Transition Database (NYTD)

ACF found Oklahoma in compliance with the NYTD requirements for submission of NYTD data for the period ending 4/30/2020. OKDHS frequently shares information on the NYTD

outcomes and service reports with multiple state agencies, community partners, and youth. NYTD data was shared with all of the partners of the Homeless Alliance and with the court workgroups in Oklahoma County. NRCYS distributes NYTD data to community partners on at least a yearly basis. NYTD data was shared at the annual OKSA stakeholder meeting at which tribal partners were in attendance. In SFY 2021, OKSA continued to share NYTD and related outcomes data at the Tribal/State Workgroup meetings, as well. NYTD and other outcomes data will be shared with youth and families via virtual trainings and events, including Teen Conferences. OKSA regularly shared data with OKFYA as part of collaborative efforts towards systemic improvement. In SFY 2021, OKSA continued to share data via Professional Development Trainings available to CW staff, foster families, and community stakeholders. OKSA is also beginning to share outcomes data in a new OKSA Newsletter, which is distributed quarterly to CW staff and stakeholders. NYTD data is also shared with OKDHS Communications to distribute to media venues as requested.

Collection of NYTD survey data is an effective collaborative effort within OKDHS and NRCYS. The survey process begins with a birthday card that is sent to 17-year-olds that mentions they will be getting a NYTD survey. The youth then receives the survey within a week of receiving the birthday card. A letter is also sent to the placement provider with information about the survey. OKSA is currently in the process of beginning a pilot for an online version of the survey, which should aid in expedient completion and access to completed survey data.

OKSA has one part-time position dedicated to ensuring NYTD surveys are sent out as well as follow-up to ensure the surveys are completed and received within the 45-calendar day time frame. CWS contracts with NRCYS to complete the surveying of the young adults at ages 19 and 21. The Yes I Can! alumni network, social media, and KIDS are used to maintain contact with this population to gather survey information. Response rates for the NYTD surveys consistently exceed minimum expectations. The survey outcomes data is an important part of the ongoing evaluation and continuous improvement of the OKSA program. The OKSA program consistently reviews survey outcomes data to drive improvements in staff training and service provision.

OKSA is working to improve NYTD service documentation through multiple efforts.

- Discussed NYTD survey process in all OKSA-related trainings, including specific information on services documentation in KIDS.
- Completed KIDS enhancement in SFY 2017 that now prompts entry of NYTD services when the worker enters monthly contact information.
- Increased emphasis on knowledge and skills building in areas of education and employment attainment and success with continued emphasis on the importance of permanent connections for youth. Monthly benchmark activities were designed for each age group to help support and enhance these efforts.
- Refined all NYTD contact process and protocols in SFY 2017 to maximize consistency between CWS and NRCYS.

In addition to data available via the NYTD surveys, each month OKSA staff generate a

comprehensive report of OKSA-related activities including assessment, planning, and NYTD service documentation. This report's data is pulled from a database generated from the state's Statewide Automated Child Welfare Information System (SACWIS). The report presents data at the state, region, county, and worker levels. OKDHS and contract OKSA staff utilize this data to provide targeted training and technical assistance. Analysis of these reports yielded little variation in service delivery to youth based on region or county, with the exception of dedicated units in Oklahoma County specifically focused on OKSA youth activities. Completion rates of OKSA activities in these units are an average of 10-20 percent higher when compared with statewide averages.

Three broad goals were established that support outcome achievements. In SFY 2021, OKSA continued to facilitate improvement in:

1. Percent of youth in custody that have an assessment. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 62 percent of 14 and 15-year-old youth had completed assessments and 76 percent of 16 and 17-year-old youth had completed assessments.
2. Percent of youth in custody who receive an OKSA Service Type. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 78 percent of 14 and 15-year-old youth had an OKSA Service Type completed and 95 percent of 16 and 17-year-old youth had a Service Type completed.
3. Percent of youth in custody that completed the 90-calendar day transition plan. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 80 percent had a 90-calendar day transition plan completed.

Coordinated Services with Other Federal and State Programs for Youth

Oklahoma's Promise is a unique program set up by the Oklahoma Legislature and administered by the Oklahoma Regents for Higher Education that helps pay for tuition at an Oklahoma public two-year college or four-year university. Once enrolled in the program in eighth, ninth, or tenth grade, a youth is eligible for benefits whether he or she remains in OKDHS custody, as long as the youth maintains the established behavioral and scholastic requirements, www.okhighered.org/ohlap.

Tuition waivers are provided for post-secondary education and vocational-technical programs at most institutions within the Oklahoma state system of higher education for youth who were in OKDHS or tribal custody for any nine months between the ages of 16 and 18. Tuition waivers are provided by the Oklahoma Regents for Higher Education. OKDHS provides the Regents with eligibility information by maintaining an eligible youth listing. OKDHS also provides eligibility checks upon request. Waivers are valid until the young adult reaches age 26 or completes a baccalaureate degree.

Page Week for youth 16-21 years of age is a yearly event in which OKDHS youth are invited to participate as pages for a week in the Oklahoma House of Representatives. To participate, the youth must apply and the selection process requires evaluation of the youth's participation in the OKSA program, as well as volunteer, and school activities. When selected, youth have the opportunity to learn about the legislative process and

meet with their legislators. Legislators have the opportunity to listen firsthand to issues that arise with youth in out-of-home placement. In addition, the legislature provides housing for the week, transportation, supervision, and work stipends. Page Week was canceled for SFY 2020 due to COVID-19 pandemic precautions. In SFY 2021, 10 youth from across the state were selected to participate. Participants were limited to 10 to allow for social distancing.

OKDHS and public housing authorities coordinated to utilize the FYI Initiative beginning in September 2019 through the initial meeting with the Stillwater Housing Authority. By November 2019, an MOU was established and the first youth was housed in January 2020. Discussions began with the statewide OHFA in December 2019 to amend the existing MOU to include the FYI Initiative. In March 2021, the board approved the amended MOU to include the use of FYI vouchers. OKSA continues to utilize Housing Choice Vouchers with OHFA as well. OKSA's strategies to provide or secure a commitment of supportive services for participating youth for a period of 36 months include:

1. OKSA identified agencies in local communities already providing the required services, such as Workforce offices, universities/ETV programs, credit unions, health departments, Continuum of Care, and Social Service agencies.
2. OKSA met with agencies to see where programming and resources could be shared and developed a referral process.
3. OKSA utilizes Chafee funding to provide wraparound supportive services where possible while also thinking outside the box.

Oklahoma's statewide Yes I Can! Helpline provides guidance, makes payments, referrals, and connections to service providers in the youth's local community. The housing navigator works closely with property managers, landlords, and housing authorities to provide assurances and ensure voucher execution.

Collaboration with Other Private and Public Agencies

The Oklahoma Chafee program is involved with several public and private agencies in helping youth in OKDHS and tribal foster care achieve independence.

In SFY 2016, OKDHS entered into a five-year contract with Youth Villages (YV) to provide the LifeSet program to youth ages 17.5 through the age of 21. These services are aimed at helping youth transition from care. The contract was renewed in SFY 2021 and continues to focus most of its efforts on serving youth in the two metropolitan areas of Tulsa and Oklahoma Counties. YV LifeSet is currently serving 60 teens and young adults.

OKSA is partnering with ODMHSAS to develop and train host homes. The goal is to begin housing young adults ages 18-24.

In SFY 2016, OKDHS collaborated with the OHFA to set aside 50 housing choice vouchers specifically for youth transitioning out of care. The program serves youth beginning at age 17 years and 9 months of age. Currently, 13 youth are served across the state with the OHFA vouchers.

The Homeless Youth Alliance is a committee made up of governmental agencies including the Oklahoma Department of Rehabilitation Services, ODMHSAS, OKDHS Adult and Family Services; and public and private agencies including the Oklahoma City Housing Authority, the City of Oklahoma City, and YV, as well as community service partners including NorthCare, Be the Change, Youth Services of Oklahoma County, and Hope Community Services who work together to address the youth homeless population and the special issues this population faces that put them at risk for human trafficking.

A Way Home for Tulsa is a collective of 24 voting organizations that exists to plan and implement strategies to support a system of outreach, engagement, assessment, prevention, and evaluation for those experiencing homelessness or those persons at risk of homelessness, within Tulsa City/County. OKDHS is currently a voting member.

The Oklahoma Institute for Child Advocacy (OICA) was established to create a strong advocacy network that would provide a voice for the needs of children and youth in Oklahoma, particularly those in the state's care. OKSA is currently partnering with OICA on two annual projects, Oklahoma Kids-Leadership Engagement Advocacy Development and the UP! Graduation party.

Thrive is an organization in the Oklahoma City metro area leading a public-private collaboration to reduce the teen birth rate in Central Oklahoma. Thrive uses age-appropriate evidence-based sexual health education in schools and in the community to engage youth, parents, faith communities, and youth-serving organizations in teen pregnancy prevention efforts and ensures access to teen friendly reproductive health services. OKSA is participating as one of the public collaborators.

Next Steps is a collaboration developed by a group of community service providers to create housing options for young adults over age 18 in the Lawton area. Lawton is the location of an OKDHS-contracted group home for females, as well as a large number of youth eligible for OKSA services. In 2012, the local Housing Authority Executive Board in Lawton approved using a five-bedroom unit specifically for housing female, former-foster youth. This house operates with an onsite overnight house manager, case manager, and mentor. Additional housing was also made available for males over age 18 who exited from foster care.

Project Manna House is a transitional living home in the Tulsa community that equips, guides, and supports young women during their journey to adulthood. Manna House provides stabilized housing in a dorm-style living environment. The program focuses on developing life skills, educating, mentoring, and teaching social skills. The home is currently set up to serve six young adults. YV LifeSet provides case management and Yes I Can! assists with supported services and youth development funds.

The Community Transformation Team in Tulsa is a long-established collaboration that focuses on all youth-related issues in the Tulsa metro area. The collaborative partners are ODMHSAS, Tulsa Mental Health Association, the Oklahoma Health Care Authority,

OKDHS, Office of Juvenile Affairs, the Oklahoma State Department of Health, and Youth Services of Tulsa. In the past five years, this community team encouraged the development of a Post-Adjudicatory Review Board to focus on youth transitioning from foster care in the Tulsa community, supported activities to address a healthy transition for youth with mental health issues, and supported transitional living programs through the local Youth Service agency and the Mental Health Association. This collaboration will continue to be active in the identification and development of services that support youth transitioning from custody.

Ris4 Thursday is a collaboration of higher education professionals, community members, and foster alumni college students working toward increased understanding and support of former foster youth who attend, or who graduated from Oklahoma colleges or universities. This initiative was the result of a former foster student attending Northeastern State University, a four-year college, and mentioning to a professor in the social work department the challenges for former foster youth attending college. The professor and a fellow professor at Oklahoma State University recognized the need for some type of additional support for these students and launched the Ris4 Thursday project, which began as a Facebook page www.facebook.com/Risforthursday dedicated to former foster youth at four-year higher education institutions. The Facebook page was created in February 2013. The project's initial focus was providing a place for former foster youth to share their experiences, identify obstacles in navigating college life, and provide assistance and resources to these youth throughout their journeys. This project spread to additional Oklahoma campuses where staff are identified as the contact for any student self-identifying as formerly in OKDHS or federally-recognized tribal custody after the age of 13. One identified goal is to ensure the college students connect through technology with volunteers and services on state campuses and in Oklahoma communities.

Lilyfield Inc., in conjunction with AmeriCorps, provides foster youth ages 14 and above in Oklahoma City Public Schools with Check & Connect. Check & Connect is a comprehensive, evidence-based student engagement intervention developed by the University of Minnesota. It is a structured mentoring approach "designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence" (Christenson, Stout & Pohl, 2012). The approach utilizes intensive interventions through the mentor relationship using empirically-based methods. There are two main components to Check & Connect. The Check component allows mentors to systematically monitor alterable student outcomes including attendance, behavior, and course performance. The Connect component allows mentors to employ personalized interventions focused on problem solving, skill building, and competence enhancement.

Lou Hartpence Scholarships for young adults 18-23 years of age are available through an endowment to assist youth in OKDHS custody obtain higher education. Youth are selected through an application process, must maintain a "C" or better average, and be enrolled in 12 credit hours or more. Selected youth receive \$1,000 their first and second years of college, \$2,000 for their third year, and \$3,000 of scholarship assistance for their

fourth year. The Oklahoma City Community Foundation administers the scholarship.

Youth with Promise Scholarships for young adults 18-23 years of age are sponsored by private donors, the Oklahoma County Children's League, and Oklahoma City Community Foundation to assist youth with higher education needs, such as tuition at colleges/universities, books, and fees not covered by grants or scholarships.

Transition post-adjudication review boards in Tulsa and Oklahoma Counties review court cases specific to teens in foster care to offer support and suggestions to workers.

The Road to Independence (RTI) project began in 2013, as a two-year planning grant to study the effectiveness of the CW system and local community services in preventing homelessness for foster involved youth. As a part of this grant initiative, a RTI network was established. After the RTI grant period ended, this dedicated group continued meeting and launched a pilot program to support the Oklahoma County CW offices to strengthen transition services, improve placement stability, and increase permanency for youth aged 14 to 18 years of age in OKDHS custody. The group successfully engages county offices, caseworkers, and youth in the program and are currently providing services in Oklahoma County Offices 55A and 55B. Since the project's inception, service delivery to youth in these county offices increased approximately 150 percent.

The state of Oklahoma was awarded the Youth Apprenticeship Readiness Grant (YARG). OKSA is engaged in collaboration with Oklahoma Department of Workforce Development, Department of Rehabilitation Services, and Office of Juvenile Affairs to bring youth apprenticeship opportunities to the state. The efforts to increase registered apprenticeships will expand opportunities for employment, independent life, and economic self-sufficiency for youth in foster care.

Education and Training Vouchers (ETV) Program

Oklahoma maintains four full-time CW specialist II and one full-time CW specialist IV to help students navigate post-secondary education. These CW specialists are referred to as Education specialists. One programs manager is assigned to ensure federal-requirement compliance. The Education specialists assist youth eligible for the program in their transition from custody through a post-secondary setting. Education specialists pull a listing of high school seniors each year in October from SACWIS and contact them individually to determine their plans after graduation. They work with students to develop educational and transitional plans once the student expresses an interest in furthering their education.

The application process is available online at the OKSA website. Youth can also access a paper version of any online documents by calling Yes I Can! and making a request. OKSA started taking supporting documents by email and text to further ease applications. Applications and documents are evaluated annually to ensure only needed information and paperwork are required.

The Education specialists help students face-to-face at the campus of their choice to

ensure they have the supports needed to be successful in post-secondary education. They provide resource and referral to programs on campus and in the community to meet the student's unmet needs. The program developed a procedure and expectation guide, contact guides, and training program for new specialists to ensure each student receives the same experience. Education specialists attempt to reach each young person who may be eligible for a voucher to reach maximum participation.

Education specialists confirm each student is only receiving one voucher to equal \$5,000 or less, per school year. Each specialist coordinates with either the bursar or financial aid office at the individual schools and ensures each student does not exceed the cost of attendance. No payments are made until both are verified by the school. Under Division X of the Consolidated Appropriations Act, 2021, ETV students will receive an additional \$2,500.00 for FY 21 and FY 22. Education specialists contacted all students in the ETV program and are actively providing support through Division X funding. Education specialists contacted students who left school due to COVID-19 pandemic-related matters and are providing funding assistance through Division X funding.

OKSA makes every effort to coordinate with other appropriate education and training programs in the state including programs available through the tribes and takes steps to prevent duplication of benefits under this and other federally-supported programs.

The OKSA program tracks each ETV awarded during an academic year. Oklahoma uses Excel to track each payment made on its ETV program for each defined school year. Payments are entered for each identified student and at the end of each year, the number of students who received a payment are counted. In the event this method fails, payments made on ETV can be obtained through the fiscal agent. ETV is working to get space in the new Comprehensive Child Welfare Information System to track payments.

ETV attempts to coordinate with any program on a post-secondary campus that may be supportive to the students.

List of Current Partnerships:

- Oklahoma State Regents for Higher Education
 - Foster Care Tuition Waiver and Oklahoma's Promise
 - Tuition Waiver – ETV provides eligibility information for the foster care Tuition Waiver. Processes in custody applications for Oklahoma's Promise. ETV also coordinates with financial aid to ensure each student receives every award for which he or she is eligible.
 - Ris4 Thursday
 - Network of volunteer advocates on each campus to help support former foster youth – Advocates are used as a resource and referral source for each campus.
 - Fostering Student Success
 - Program at University of Central Oklahoma serving students with foster care experience – ETV coordinates for resources and referrals to campus-based services through Fostering Student Success. ETV also

- connects students who request additional supports to program staff.
- Fostering Higher Education
 - Program at Oklahoma City Community College serving students with foster care experience – ETV coordinates for resources and referrals to campus-based services through Fostering Higher Education. This program provides student success advising, scholarships, and material resources, such as clothing and transportation.
 - Oklahoma State University-Oklahoma City Drivers Education Program
 - Program at Oklahoma State University-Oklahoma City serving students with foster care experience – ETV coordinates referrals to assist students with obtaining driver's license.
 - Oklahoma Association of Student Financial Aid Administration (OASFAA)
 - Association of Financial Aid Directors – ETV coordinates with OASFAA to ensure maximum knowledge of financial aid procedures. ETV provides technical assistance to OASFAA on issues experienced by our students.
 - Oklahoma Youth with Promise
 - Scholarship for former foster youth at Oklahoma City Community Foundation – ETV coordinates to verify eligibility and endorse students for scholarships.
 - Oklahoma Institute for Child Advocacy
 - Advocacy network for youth in Oklahoma – ETV coordinates with OICA to arrange graduation parties and provide gift cards to seniors who have experienced foster care and are graduating high school.
 - Career Tech
 - Association of state-funded technical schools – ETV coordinates to ensure students receive the Foster Care Tuition Waiver at technical schools.
 - TRIO/Oklahoma Division of Student Association (ODSA)
 - Oklahoma network of TRIO programs – ETV coordinates with Student Support Services on campuses for resources and referral. ETV is currently working with ODSA to coordinate with local Talent Search and Upward Bound programs to refer young people interested in post-secondary education.
 - National Resource Center for Youth Services (NRCYS)
 - OKSA Community Contractor – ETV coordinates with NRCYS to provide training and technical assistance to OKDHS workers.

Education and Training Vouchers

	Total ETVs Awarded	Number of New ETVs
2019-2020 School Year (July 1, 2019 to June 30, 2020)	153	64
2020-2021 School Year (July 1, 2020 to June 30, 2021)	181	55

New Awards

- Fall 2020 – 49
- Spring 2021 – 6

Graduates*

- 1 Accepted to a Doctoral program who aged out of the ETV program
- 3 Masters degrees received by students who aged out of the ETV program
- 14 Baccalaureate degrees received by students participating in the ETV program at time of graduation;
- 2 Associate's degrees; and
- 6 Technical school certificates.

*These are students currently receiving ETV or who aged out of the program in the past year. Students complete degrees after they leave the program and many chose to continue their education and obtain advanced degrees. Students who have remained in contact are listed.

Chafee Training

OKSA training is coordinated through the CWS Training Unit and is contained in that section of this APSR. A two-day overview of the OKSA program is jointly trained by OKSA and OKSA community contractor staff. OKSA and community contractor staff completed a comprehensive redesign of the two-day overview into a four session, eight-hour virtual training. To date, OKSA staff has completed three sessions of this training in SFY 2021. Per training evaluations, participant response continued to be positive. OKSA will continue this training in person when logistically feasible.

The OKSA community contractor shifted to a virtual model of professional development training in SFY 2021. These training sessions focus on knowledge and skill enhancement specific to working with adolescent youth. OKSA made these sessions available to CW staff, placement providers, service providers, and other community stakeholders. Topics included gang culture, compassion fatigue, adolescent brain development, and positive youth development. Participant response continued to be overwhelmingly positive.

OKSA County Coordinator Training is a two-day conference for all OKSA county coordinators across the state. In SFY 2021, this conference was held in virtual format, with mostly positive response. With 77 counties in the state of Oklahoma, the goal is to have at least one coordinator in each county. OKSA county coordinators have the added responsibility of making sure staff in their offices know about the OKSA program and that the youth in their counties are receiving services needed to transition into adulthood successfully. This training's goal is to support the OKSA county coordinators in their efforts and is designed to help give the coordinators an opportunity to network with one another, gather information on the OKSA program, learn about new policy changes, and new opportunities for youth and resources that are available to assist them in providing the best services possible to youth in care.

In addition to the annual coordinator training in SFY 2021, the OKSA program continued facilitation of quarterly trainings with the county coordinators in each region of the state, re-designed in virtual format. Participant response, per evaluations and feedback, was overwhelmingly positive.

Consultation with Tribes

The following are the strategies OKSA uses to coordinate with the tribes:

1. OKSA has a tribal liaison that attends all meetings listed below, performs training and technical assistance as requested, and conducts focus groups annually to determine gaps and needs.
2. OKSA participates in the Tribal/State Workgroups quarterly, Oklahoma Indian Child Welfare Association (OICWA) Conference annually, Annual Title IV-B Meeting, and Completing the Circle annually. OKSA will explore becoming a member of OICWA and attend their quarterly meetings. OKSA performs training and technical assistance upon request from tribal nations.
3. OKSA makes quarterly phone calls to tribal nations with young people in their custody and meet the OKDHS Chafee definition. OKSA explains the services and tools available and offers technical assistance to staff. OKSA targets young people who have not accessed services, just turned 14, or are 90-calendar days from transition first. This is the same process used by NRCYS for youth in OKDHS custody.
4. All services available to youth in OKDHS custody are equally available to youth in tribal custody. This includes youth development funds, training and technical assistance for workers, and all assessment and planning tools.
5. No tribes requested an agreement to administer, supervise, or oversee the Chafee program. In the event they would like to coordinate on this, OKDHS contacts its regional lead with the Children's Bureau for technical assistance.
6. OKSA is currently participating in an inter-agency Tribal Youth Workgroup, which includes representatives from OKDHS, the tribes, and stakeholders. This workgroup created a survey tool to assess service needs, specific preferences of target populations, and knowledge about current resources available to tribal youth who are in out-of-home care or are transitioning out of care. The workgroup will disseminate the survey tool in the coming weeks with a target date of August 2021 for completion. The workgroup will utilize the survey results to target outreach and service delivery efforts.

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Consultation and Coordination Between States and Tribes

The Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) Tribal Program Unit consists of a supervisor and four program field representatives, known as tribal coordinators. The program is under the OKDHS CWS Director. The Tribal Program Unit is responsible for collaborating with the 38 federally-recognized tribes in Oklahoma. Each tribal coordinator is assigned to specific tribes, arranged loosely by geographical location within the five CWS regions. These assignments provide tribes a direct contact for consultation with CWS. See attached ***OKDHS CWS Tribal Program Contacts***. The Tribal program supervisor is also the contract monitor for State Title IV-B funds provided to eligible tribes and for Title IV-E agreements with individual tribes. The Tribal IV-E Unit, under CWS Operations and Business Processes, is comprised of a program manager, four administrative program officers, and one custody specialist. The Tribal IV-E Unit works alongside the Tribal Program Unit to provide Title IV-E funding to tribes and also works administratively to provide services outlined in the Tribal/State agreements. Within the OKDHS Executive Team is a Tribal Liaison who is responsible for tribal collaboration across multiple OKDHS programs and is a support for the CWS Tribal program.

Native American children in tribal custody are provided with services consistent with children in OKDHS foster care; these services are outlined in Tribal/State agreements with the tribes. OKDHS enters into these individual agreements with the federally recognized tribes in Oklahoma to provide foster care and adoption services, Oklahoma Successful Adulthood (OKSA) services, Interstate Compact on the Placement of Children (ICPC), post-adoption and guardianship subsidies. The agreements provide for monthly foster care reimbursement payments for tribally-approved foster homes. Tribal resource placement is available for children in tribal and OKDHS custody. Through the agreements, tribally-approved foster homes are provided child care assistance and kinship start-up stipends. They also receive mileage reimbursement, access to the respite program, insurance, and difficulty of care payments for children in OKDHS custody placed in the homes. Tribal resources are maintained in the Statewide Automated Child Welfare Information System, known as KIDS, by the Tribal IV-E Unit. Currently, 440 tribal resources are in the KIDS system. The Tribal IV-E Unit also handles medical Title IV-E services for approximately 400 tribal custody children.

Tribal/State agreements require tribal caseworkers to have face-to-face contact with custody children monthly. Tribes are required to prepare written case plans for tribal children within 60-calendar days of removal. These plans are child specific and include an estimated completion date. The written case plans are required to be updated at least every six months or at the time the permanency plan changes. Tribal courts are also required to conduct review hearings at least every six months. Tribal courts are required to conduct permanency hearings to determine that reasonable efforts were made to achieve permanency. The tribal court is also mandated to consider termination of parental rights when the child has been in out-of-home care for 15 of the last 22 months, with some exceptions.

The Tribal IV-E Unit conducts trainings to tribes related to administrative functions primarily outlined in the Tribal/State agreements. Topics include how to complete the tribal custody placement documentation, Title IV-E eligibility, tribal foster care maintenance payments, daycare services, Title 18 medical services, and the Oklahoma Foster Care Voucher Program. The Tribal Program Unit and Tribal IV-E Unit staff hold regularly scheduled trainings open to all tribes to provide updates and ongoing support for the tribes in areas including ICPC, adoptions, foster care, OKSA, and IV-E guardianships; these trainings are generally presented by CWS program staff specific to each area. These trainings are provided to not only assist the tribes in accessing services, but also to promote relationship building between the tribes and CWS. The trainings were held quarterly through March 2020 at which time they were discontinued due to the COVID-19 pandemic. Beginning April 2020, the meetings switched to a virtual venue and are held bi-weekly. In addition, the trainings are recorded for future viewing and relevant documents are available online for tribal access.

OKSA services are available for tribal youth age 14 and older, and are covered in the Tribal/State agreement. Representatives of the program are actively involved in identifying those youth eligible for services. The OKSA program also provides in-service trainings for the tribes through regular meetings provided by the state tribal units. OKSA staff are also supportive and actively involved in the annual Completing the Circle event, an indigenous cultural awareness event for Native American children in care and their foster families. OKSA is currently participating in the inter-agency Tribal Youth Workgroup, which includes representatives from OKDHS, tribes, and stakeholders. This workgroup created a survey tool to assess service needs, specific preferences of target populations, and knowledge of current resources available to tribal youth who are in out-of-home care or are transitioning out of care. This workgroup will disseminate the survey tool, with a target date of August 2021 for completion. The workgroup will utilize the survey results to target outreach and service delivery efforts.

The CWS Foster Care and Adoptions program works closely with child welfare (CW) specialists to provide Indian Child Welfare Act (ICWA)-compliant homes for Native American children. An ICWA-compliant placement is one that is consistent with ICWA guidelines that outline the specific order of placements required. CW specialists request ICWA-compliant homes through a statewide process to identify tribal homes for Native American children in OKDHS custody. CW specialists also work directly with the tribes to identify family and kinship placements. The identified placements may be approved by OKDHS or the tribes as resource homes, per the Tribal/State agreements. Adoptive efforts include providing tribes with notification of criteria staffing meetings to identify adoptive placements. The Adoptive Placement Recommendation Worksheet must be signed by the tribe as a tribal agreement to a specific adoptive placement. This process assists tribes and OKDHS in helping assure children are placed in adoptive homes that will provide ICWA-compliant cultural and family connections.

The Tribal Program Unit is responsible for training both OKDHS CW staff and tribes on ICWA compliance, CWS policy, and procedures. As the CWS consultants on ICWA, the Tribal Program Unit conducts training with CWS regional offices throughout the state and

these issues are highlighted in the CWS Supervisor Academy training. The CWS Supervisor Academy is mandatory training for new supervisors and has a full-day ICWA component and includes pre-work, a pre-test, and a post-test. The trainings were held virtually in July 2020 and March 2021.

The Tribal Program Unit participates in and serves on various tribal/partner initiatives throughout the year. These include:

- Creek Nation Multidisciplinary Team (MDT)
- Tribal Towns, Seminole, and Creek Child Protection Team (CPT)
 - Tribal Towns
 - Alabama-Quassarte
 - Kialegee
 - Thlopthlocco
 - Seminole
 - Creek
- Lincoln County MDT
 - Kickapoo
 - Absentee-Shawnee
 - Sac and Fox
 - Citizen Potawatomi Nation
- Miami Tribes CPT
 - Miami
 - Quapaw
 - Peoria
 - Ottawa
 - Shawnee
 - Modoc
 - Wyandotte,
 - Seneca-Cayuga
 - Eastern Shawnee
- Kaw/Pawnee Area CPT
 - Pawnee
 - Ponca
 - Tonkawa
 - Kaw
 - Otoe-Missouri
 - Osage
- Shawnee Area Native American CPT (SANACPT)
 - Citizen Potawatomi
 - Chickasaw
 - Sac and Fox
 - Kickapoo
 - Iowa
 - Absentee-Shawnee
 - Seminole
- Southern Plains CPT (SPCPT)

- Comanche
 - Ft. Sill Apache
 - Apache
 - Kiowa
 - Wichita
 - Caddo
 - Delaware Nation
 - Cheyenne/Arapaho
- Oklahoma Indian Child Welfare Association (OICWA)
 - Legislative subcommittee
 - Substitute Care subcommittee
 - Membership subcommittee
 - Conference subcommittee
 - Training subcommittee
 - Public Relations subcommittee
 - Families First Prevention Services Act (FFPSA) subcommittee
- Family Resiliency Team meeting
 - Family T.R.E.E.
 - OKDHS
- Tribal Youth in Custody Workgroup
 - OKDHS
 - tribes
 - stakeholders
- ICWA Partnership Grant Team meetings
 - Pottawatomie Core Leadership Group
 - Oklahoma Tribal Resource Binder Workgroup
- Wagoner County Substance Abuse Task Force
- Indian County Victims Services
- Oklahoma County Judges meeting
 - OKDHS
 - tribes
 - Oklahoma County court judges
- Tulsa Indian Community Advisory Team
 - Creek Nation
 - Cherokee Nation
 - OKDHS
 - service providers
 - Events and resources for tribal youth
- Tribal/State meetings
 - ICWA Partnership Grant
 - Casey Family Programs
 - tribes
 - OKDHS Tribal Program Unit
 - OKDHS Tribal IV-E Unit
 - regional and state CW and program staff

The Tribal Program Unit is also involved in various internal and partner initiatives including maltreatment in care strategies at state and regional level, updates to the KIDS system and other process improvements, and regional MDT's. Additionally, updates on issues and initiatives from OKDHS leadership are sent to all tribes as needed to provide information and opportunity for input.

OKDHS tribal staff, including the Tribal Program and Tribal IV-E Units and the CWS Director, attended and presented at the virtual 2020 Title IV-B training for Oklahoma Tribes held on 4/21/2020 and 4/22/2020. CW staff provided information on the Families First Prevention Services Act (FFPSA), 2020 Completing the Circle event, and updates on Title IV-E and access to Child Abuse and Neglect Search for Tribes. The Tribal program supervisor is the program monitor for state Promoting Safe and Stable Families (PSSF) Title IV-B Subpart 2 program funds provided to qualifying tribes. Services to the tribes include site visits for training, contract monitoring, and ongoing support to Tribal PSSF staff. Contracts are monitored in accordance with state and federal Title IV-B funding guidelines.

The Oklahoma Annual Progress and Services Report is shared in-person with tribes at the Tribal State Workgroup (TSW) and by email to Indian Child Welfare (ICW) directors of all 38 **Oklahoma Federally Recognized Tribes**. The report is also mailed or faxed to ICW directors, as requested. Due to frequent turnover of tribal ICW staff, the Tribal Program Unit maintains a list of current ICW staff that is updated monthly and sent to all CW staff and to tribes. **Oklahoma Tribal ICW Contact List** provides the names of tribes and ICW staff that OKDHS program and grant staff consulted with throughout the year. Throughout this reporting period, all 38 tribes were contacted at various times through invitation to participate in the TSW and initiatives involving the ICWA Partnership Grant.

The fifth year of the Oklahoma ICWA Partnership grant began on 10/1/2020. Although the grant is scheduled to end on 9/30/2021, a no-cost extension will be requested to allow for completion of grant activities. The process includes development of locally led site projects and infrastructures to support sustainability that are necessary, but also time-consuming. The onset of the COVID-19 pandemic in March 2020 also contributed to delays in grant activities as processes designed to be in-person were modified to virtual platforms. The ICWA grant team consists of the principal investigator, grant manager, grant program field coordinator, and the grant evaluator. Additionally, the OICWA has a contracted staff position funded through the grant, to assist with grant activities on OICWA's behalf.

The ICWA Partnership, comprised of CWS, OICWA, and the Court Improvement Project (CIP), was developed in 2016, as an evolution of previous partnerships, and is committed to working together to strengthen ICWA practice with a shared, stated goal to "improve safety, permanency, and well-being of American Indian children and families through improved communication, training, and accountability of child welfare and court systems as it applies to ICWA". Three specific objectives were identified through the ICWA Partnership Grant to promote ICWA compliance and establish measurable outcomes.

Objective 1

To build or enhance relationships between state child welfare, the court system and tribes.

Activities

The grant team continues to provide staff support to the TSW. The COVID-19 pandemic created a need for modification to these gatherings to move from an in-person format to a virtual platform. The workgroup meetings provide an opportunity for relationship building and networking. The 12/18/2020 meeting's agenda permitted conversation about the impact of the COVID-19 pandemic from a national, tribal, OKDHS, and court perspective and was a venue for reflection on the challenges and opportunities that the year had presented. The University of Oklahoma Health Sciences Center Native American programs director presented 2020 reflections from a tribal perspective. Reflections on 2020 were also presented by the four inter-tribal CPT's and representatives from the Pottawatomie County Core Leadership Team. The TSW co-chairs are mindful of creating a meeting space in which multiple voices and perspectives are shared.

The grant team sought input from court partners on ICWA practice in the state. In partnership with CIP, the team developed a survey intended to measure ICWA practice in Oklahoma's state courts. The survey featured questions asking about the frequency with which relevant individuals attend court, the judge's engagement of ICW workers, Qualified Expert Witness testimony, culturally relevant services, COVID-19 pandemic challenges, judicial training needs, and more. The survey was sent to a sample of 97 Oklahoma judges who handle deprived cases as a part of their docket, and had a response rate of 39 percent (38 responses). A PowerPoint with the responses was prepared and presented to the September 2020 Grant Governance Committee meeting. This information will continue to be used by the grant team, as well as CIP to assist in identifying trainings and other activities to strengthen and enhance ICWA practice within the state court system.

The grant team partnered with the Tribal Programs Unit to conduct interviews with Oklahoma tribes about the COVID-19 pandemic's impact and the OKDHS transition to FFPSA. Each tribal ICW program was offered an interview. The interviewers asked a set of questions regarding the pandemic's impact on ICW programs, relationships with OKDHS, experiences with state courts, and on tribal families and children involved with ICW. The interviewers also explored the ICW Director's knowledge of the OKDHS transition to the Service First Model and thoughts on opportunities and challenges related to the Service First Model. Talking points on the Service First Model were utilized by the interviewers to provide additional information. This data was analyzed using qualitative content analysis, and distinct themes were identified and summarized to provide feedback to the Grant Governance Committee and agency leadership about the challenges and opportunities presented by the crisis. These preliminary results were summarized and presented at the Grant Governance Committee's September 2020 meeting.

Objective 2

To build or enhance ICWA compliance with clearly defined policies and procedures within state, court, and tribal systems.

Activities

The grant team supports the Pottawatomie County ICWA Partnership project. The local leadership team known as the Pottawatomie County Core Leadership Team (PCCLT) focuses on enhancing ICWA practice, communication, and collaboration on a local level. This team decided on the development and implementation of ICWA case staffing as the intervention strategy. A tool was developed and it was decided that case staffings would be held at the monthly SANACPT meetings. Both OKDHS and the tribes could request specific cases to be staffed. The grant evaluator developed an evaluation plan in which the existing measures identified in the "Wilder Collaborative Factors" and "Frey's Level of Collaboration" instrument were adapted for this project. Internally developed communications reviews process was also utilized to measure the project's impact on communication. Internal Review Board (IRB) approval for the evaluation plan was requested and received from each of the participating tribes and the OKDHS IRB. Surveys were distributed to relevant Pottawatomie County project participants for a period of six months. Case staffing was intended to be conducted in a face-to-face setting which had to be modified due to the COVID-19 pandemic. Data collection began in March 2020 and ended September 2020. The evaluation's intent was to address the professionalism and communication issues raised in the key informant interviews. The collected survey evidence supported the idea that participating in case staffing improved respondents' self-reported sense of their collaborative relationships across a wide range of measures. Communication review evidence suggests that participating in the staffing improved OKDHS-documented communication with tribal partners in cases in which the assigned supervisor had attended.

The PCCLT continues to meet on a regular basis and in addition to the ICWA case staffing project identified three other projects for continued enhancement of local ICWA practice. These projects including intentional training, quality notification, and the creation of a resource and services guide. While the intentional training and quality notification projects experienced some activity, creation of the resource and services guide had the most traction. This project evolved into the creation of a comprehensive virtual resource and services guide housed on both the OKDHS and OICWA website that includes links to tribal, state, court, and community services and resources. While initially starting in Pottawatomie County, this project is expanding across Oklahoma and comprehensively details all services available for tribal children and families across Oklahoma. As a virtual guide, updating information is timelier, easier, and will help ensure that information is current as to resource availability.

Another PCCLT achievement was the development and presentation of the OICWA Plenary Session entitled "One County's Collaborative Journey to Change." The session provided an overview of the Pottawatomie County ICWA Partnership project as well as a mock ICWA case staffing. This session was very well attended and received an

evaluation of 4.51 out of 5.0. The presentation was a great opportunity to share information about the project experience, the development of relationships, and the lessons learned from the project.

Most recently, the PCCLT with the support of the grant team, planned and held a project update meeting. This meeting was an opportunity to talk about the project's outcomes, as well as to discuss sustainability of the progress made through the project. The local leadership team's continued efforts are key to ensuring that the improvements made will continue.

While the grant teams' work with the Pottawatomie County project is winding down, initial work is underway to develop an ICWA Partnership project in Kay and Noble Counties. These sites were chosen for several reasons: an active multi-tribal CPT; multiple tribal jurisdictions; and the support of tribes' local leadership, OKDHS, and the Kay County court. The grant team is in the process of conducting the needs assessment. As with the Pottawatomie County project, a local leadership team will be identified for the project's decision-making and oversight.

Grant funding continues to be utilized for the enhancement and expansion of the OICWA conference. The pandemic presented new challenges for the 2020 conference with the need to move from an in-person conference to a virtual platform. The OICWA 2020 conference, "2020 Vision of ICWA Best Practices Through Sharing Cultural Connections," was held 11/4/2020 – 11/6/2020. Casey Family Programs provided additional funding support for technical assistance from the National Indian Child Welfare Association (NICWA). The conference featured nine sessions including the plenary, general, and workshop sessions, as well as a keynote address by the NICWA Executive Director. The conference was an opportunity for intentional development of workshop sessions highlighting collaboration, partnerships, and best practice in ICWA cases. Lessons learned from these efforts will be carried forward in planning the 2021 OICWA Conference. Conference sessions received high evaluations from the conference participants.

Objective 3

Building or enhancing current management information systems resulting in more timely and effective communication among tribes, state governments, and courts.

Activities

Other grant-supported OICWA activities include work on the OICWA website. The OICWA website officially completed Phase 1 of website development. In planning for Phase 2, the website project plan will work collaboratively with Casey Family Programs to develop an OICWA app. Additional information on partnerships and trainings will be added to the website as a part of Phase 2 of the website development.

The Tribal IV-E Unit provides several reports to tribes with Tribal/State agreements. Quarterly reports sent to the tribes include foster home annual updates that are due and

fingerprints due in foster homes. Monthly reports to tribes include claims verification reports on tribal foster homes, child care reviews due, Title IV-E reviews due, medical reviews due, and Adoption and Foster Care Analysis and Reporting System (AFCARS) errors. In addition, a report is sent to the Tribal IV-E Unit daily that identifies child custody cases that closed due to tribal jurisdiction. This report is used to determine if the child will continue in out-of-home care with the tribe and ensure that current services continue.

The Statewide Automated Child Welfare Information System, known as KIDS, is the system for data entry for CWS cases and resources, including tribal resources and child only cases for services. The KIDS data is used to compile reports through a WebFOCUS system and is used to provide reports to tribes, courts, and other entities as applicable. WebFOCUS reports are available as point-in-time and are labeled with both date and time. The data relates only to children in care on the date given and is a tool for comparison with past reports. KIDS staff also compile various reports on special request as needed to assist OKDHS, tribes, and other entities. This data is available for and shared with tribes as appropriate.

WebFOCUS reports are available for areas inclusive to OKDHS CWS and include the following reports used to monitor tribal resources, placements, and services:

- YI020 Vacancy Report
 - OKDHS and agency homes
 - Matching resources
 - Tribal identification of foster parents
- YI023 Open Resource Homes (Approved or Unapproved) Report
 - Information on all resource homes, including tribal
 - Matching resources
 - Current placement status
 - Resource type
 - Demographic data on resource homes
- YI035 Closed Resources (Tribal)
 - IV-E Report includes time frame of closure
 - Assist in providing placement information
- YI101 Judicial Report
 - Lists all children in OKDHS custody or supervision
 - Identifies missing or incorrect documentation for case records
 - Identifies target dates for permanency
 - Columns include documentation of legal proceedings
- YI103 Placement Report for Children in Out-of-Home Care
 - Children in OKDHS custody or under OKDHS supervision
 - Children with open removal
 - Total number of children in tribal custody
- YI104 Client Information Report
 - Child information includes:
 - details on custody types (including tribal)
 - sibling placements

- good cause hearing dates
 - IV-E information
 - case plan goals
 - child demographic information
- YI105 Indian Child Welfare Act Report
 - Identifies children with:
 - Native American race, primary, or secondary
 - ICWA applies or pending court finding
 - custody type tribal
 - 66 columns of case and demographic information updated daily
 - YI826 Dashboard information base
- YI826 Dashboard Report contains graphs based on YI105 data and includes:
 - Count of Native American Children
 - Count of Native American Children by Custody Type
 - Count of Native American Children by Tribe Verification Status
 - Count of Native American Children by ICWA Finding
 - Count of Native American Children in a NON-Tribal Home Placement by Head of Household with Native American Race
 - Count of Native American Children in a Tribal Placement by Resource Tribe
 - Count of Native American Children by Placement Type
 - Count of Native American Children Exiting Care by Month and Exit Reason
 - Count of Children by Primary Oklahoma Tribe
 - Count of Children by Primary NON-Oklahoma Tribe

The following charts include information from the YI826 Dashboard and are useful for determining trends in tribal children in custody, ICWA compliant placement, ICWA findings, and case outcomes.

Figures 1a and 1b show the comparison of data collected on 5/28/2020 (Figure 1a), and 5/27/2021 (Figure 1b). Four findings are reportable in KIDS regarding children identified as Native American:

1. ICWA Applies - child was determined a Native American child under ICWA and the case must follow ICWA guidelines.
2. ICWA does not apply - child in the case does not meet the definition of a Native American child under ICWA.
3. ICWA Finding Pending - a child is not yet conclusively identified as a Native American child under ICWA.
4. No ICWA finding - indicates that no finding was documented in the case. This may mean that the tribe has not responded to an inquiry on membership eligibility or the court has not made a finding.

Figure 1a

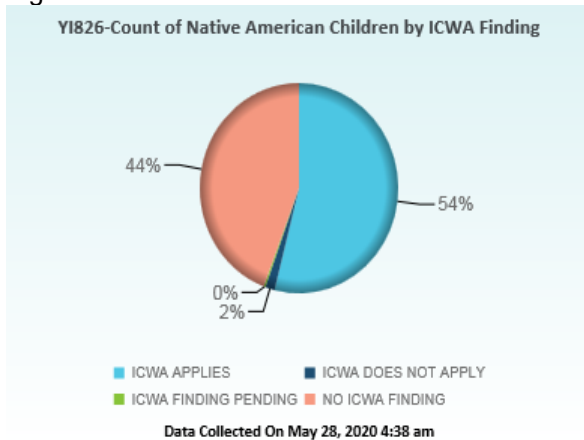
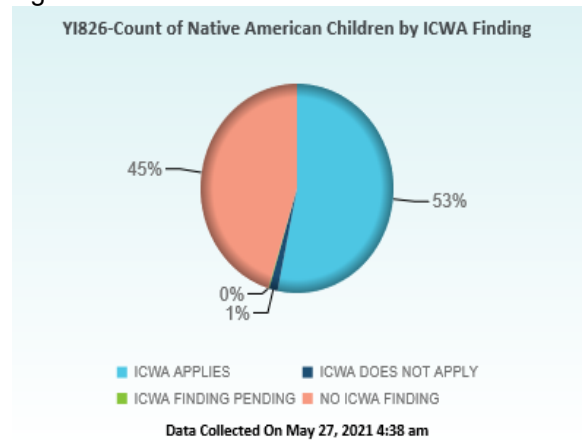


Figure 1b



The data suggests no significant change in ICWA cases as there is only a 1 percent change in all areas other than ICWA finding pending.

For Figures 2a and 2b, YI826 - Count of Native American Children in a NON-tribal HOME placement by Head of Household with Native American Race, Figure 2a data was collected on 5/28/2020 and Figure 2b data was collected on 5/27/2021. These figures show the current number of Native American children in NON-tribal HOME placements based on whether the resource home head of household is Native American. This data is used to assess current ICWA compliance, as well as a comparison to historical data to determine progress with ICWA compliance.

Figure 2a

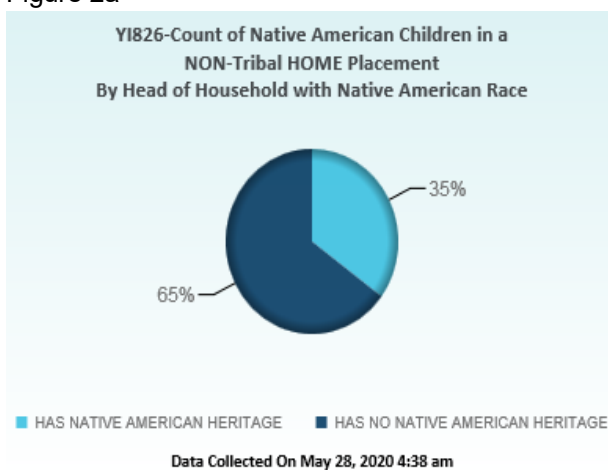
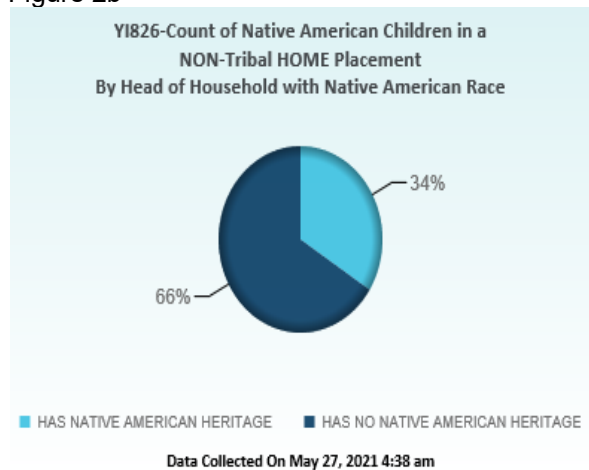


Figure 2b



Figures 2a and 2b indicate the number of children placed in homes that identify as Native American to one resource parent. The number has remained consistent to placement with a Native American home at a 1 percent negative change. These charts are useful for a point-in-time; however, further analysis may be necessary for greater accuracy as

the graph does not indicate those homes that fail to identify as tribal due to a lack of information or are ICWA-compliant non-native kinship homes.

The information can be further broken down as shown in Figure 3a and 3b. The Y1926-Count of Native American Children by Current Placement Type, Figure 3a data was collected on 5/28/2020 and Figure 3b data collected on 5/27/2021.

Figure 3a

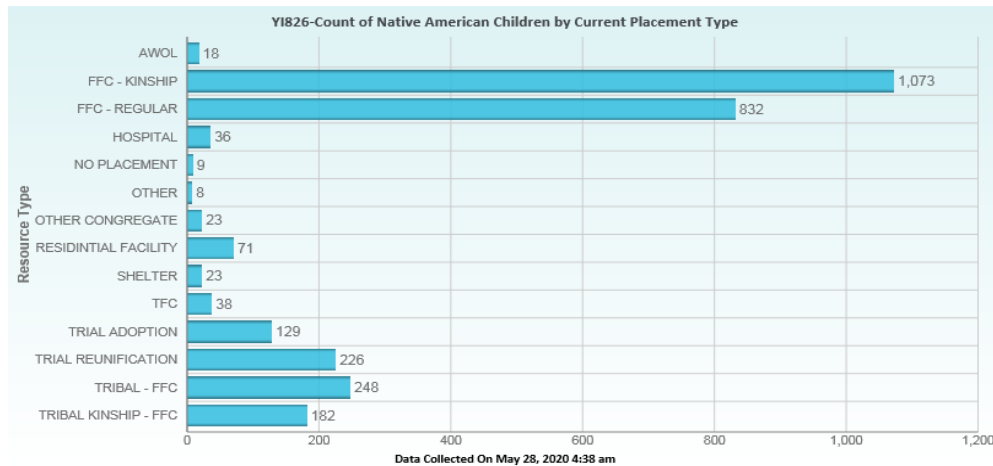
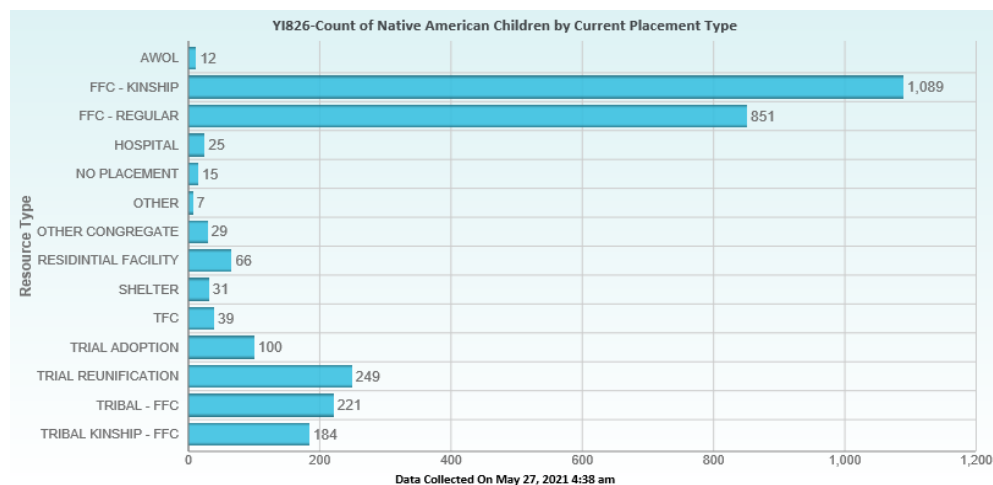


Figure 3b



The data presents a clear picture of placements of Native American children as seen in Figures 3a and 3b. Although the data does not show a complete picture of ICWA compliance, it does indicate that the largest number of placements are in kinship foster homes. A slight increase occurred in this category this reporting period.

The line graph in Figure 4a Y1826-Count of Native American Children Exiting Care by Month and Exit Reason indicates the outcomes for Native American children from May 2019 – April 2020. The Figure 4a data was collected on 5/28/2020. The second line graph, Figure 5b indicates the outcomes from May 2020 – April 2021. The data was collected on 5/27/2021. This graph conveys how many children were placed for adoption

and trial reunification as well as the number of children who exit care through: Custody Transfer to another Agency, Child Aged Out/Emancipation, Guardianship-Non-Relative, Tribal Jurisdiction, Custody to Relative, and Guardianship-Relative.

Figure 4a

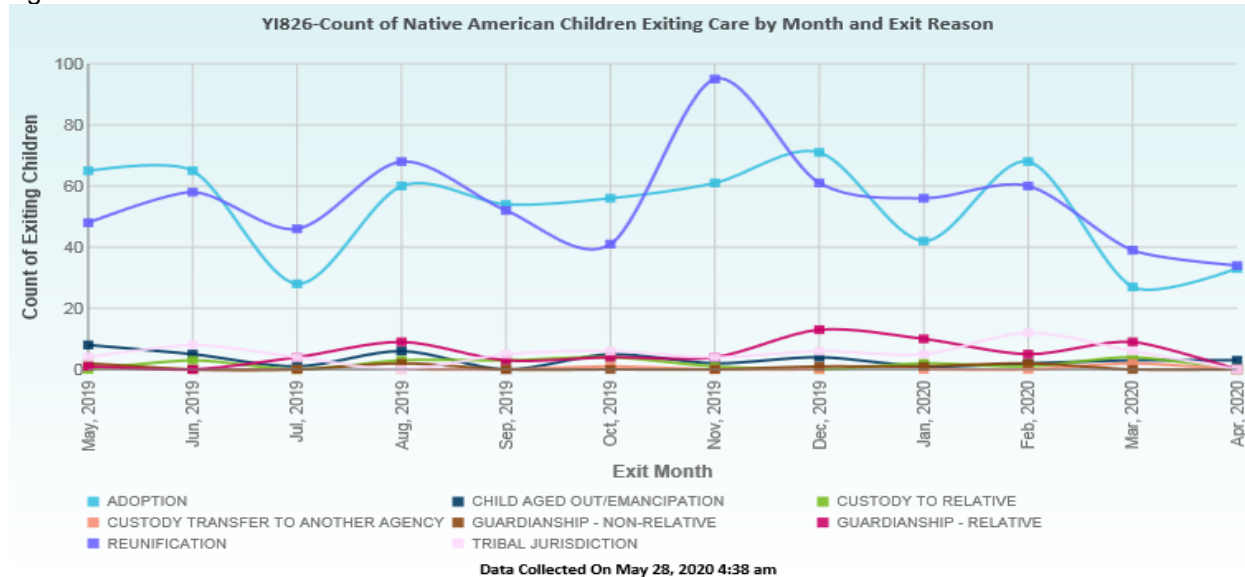
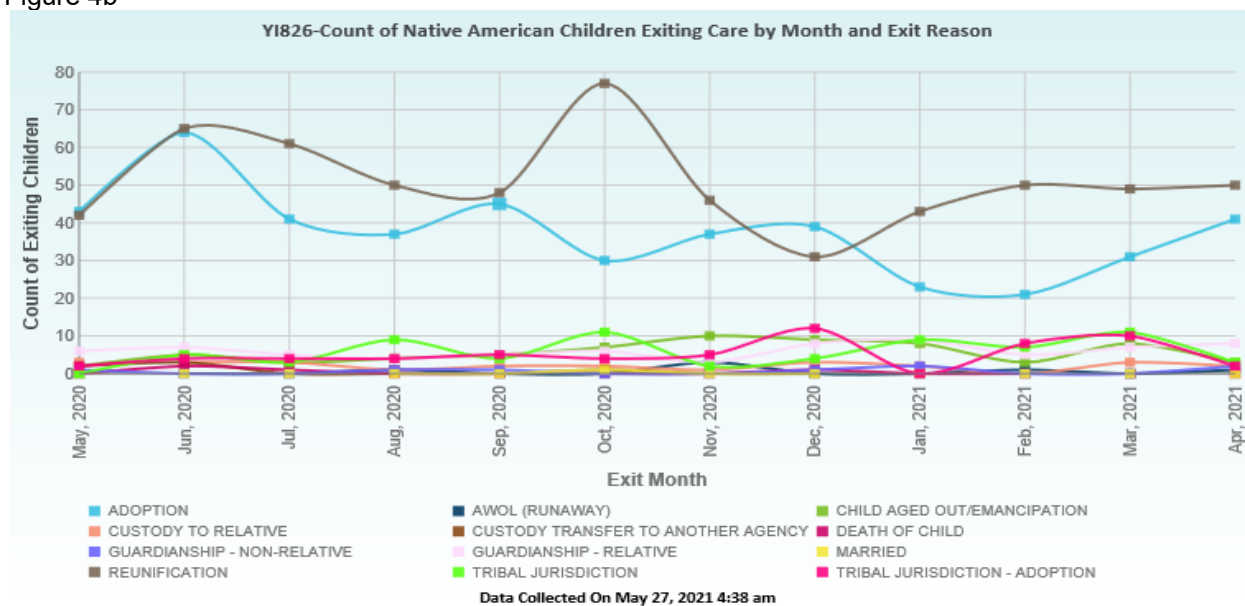


Figure 4b



Four additional data categories were added in the reporting period: AWOL (Missing from Care/Runaway), Death of Child, Married, and Tribal Jurisdiction-Adoption. Figure 4b, breaks down the Count of Existing Children into smaller segments; therefore, care must be taken to accurately evaluate the data. However, adoption and reunification remain the two most common outcomes for Native American children, with reunification remaining the highest reason for exit from care.

Tribal Collaboration and FFPSA

The intent of FFPSA aligns with the goals of the ICWA. It promotes transforming a CW system into a child and family well-being network that keeps children safe and meets the needs of children and families while also preserving culture, family, and community; and, preventing unnecessary trauma caused by the removal of children from their home. Oklahoma leveraged the well-established partnerships through the Tribal Program Unit, ICWA Partnership, the TSW, and OICWA to collaborate with tribes during the planning phase and development of the Family First Title IV-E Prevention Program Plan. A statewide Tribal Convening was hosted in November 2020 by the state in collaboration with members of the TSW and Casey Family Programs aimed toward coordination and collaboration with tribes on Family First planning. The convening was a platform to describe Family First to the tribes, explain how it can impact tribes, and facilitate small group discussion on opportunities towards continued engagement with tribes in the planning and implementation of Family First. This led to the OICWA establishing a subcommittee designated for Family First to support the collaboration and coordination of creating a comprehensive continuum of prevention and community-based supports and resources for children and families that includes culturally-relevant prevention services to promote safe, healthy, and culturally strong environments for Native American children, their families, and their tribes. The OICWA Family First subcommittee is committed to enhancing collaboration and partnership between OKDHS CWS, OICWA, and Oklahoma tribes toward developing a child and family well-being network. The OICWA Family First subcommittee, within and through the OICWA infrastructure, and individual tribes will be involved in the implementation phase and continued planning of Oklahoma's Title IV-E Prevention Program toward a broader continuum of culturally-relevant, community-based array of prevention services and support that can meet the unique needs of Native American children, families, and tribes.

CAPTA State Plan Requirements and Updates

Annual CAPTA Report Update

In 2018, Oklahoma House Bill 3104 was signed into law which changed several statutes to bring the state into compliance with the Comprehensive Addiction and Recovery Act of 2016 (CARA) and CAPTA. These changes included adding a definition of Plan of Safe Care (POSC) for reports both accepted for investigation as well as those not accepted and altering the mandated reporting statute to include the required reporting of Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorder (FASD). The policies related to POSC were fully implemented in 2018 and included infants diagnosed with NAS or FASD to be referred to a medical provider and the mother or caregiver to be referred to substance abuse services. The POSC still includes previously made plans by a medical professional to address the health and treatment needs of the infant and mother, when appropriate. Monitoring through data collection continues to ensure consistent compliance which is outlined later in this section.

According to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Child Protective Services (CPS) programs will be utilized in conducting joint training for anyone in the community or regions of the state that need information. POSC was discussed at the Children's Behavioral Health Conference, but due to the COVID-19 pandemic, the training was held virtually. ODMHSAS submitted a plan to the practice and policy academy, which was accepted. The plan consists of a state team that includes Oklahoma Human Services (OKDHS) leadership staff which helps in cross-collaboration for improving POSC response.

Oklahoma strives to provide quality services to children and families. The 2011 CAPTA plan outlined three key areas for performance improvement. Although objectives changed in the three key areas, there are no significant changes to the previously approved CAPTA plan. Updates to the three key areas since 6/30/2017, as well as how they align with the goals of the 2020 – 2024 Child and Family Services Plan (CFSP), are detailed below.

Area 3 - Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Objective: Review and evaluate current in-home services provided to families after an investigation of alleged abuse or neglect.

This area aligns with the Safety Outcomes 1 and 2 from the CFSP: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their homes whenever possible and appropriate.

Action Steps:

1. Continue to increase the number of children and families served by Family-Centered Services (FCS), which works with the family in the home with the children

remaining in parental custody. This number remained relatively steady since State Fiscal Year (SFY) 2016 with 1,902 families served in SFY 2020.

2. Expand Intensive Safety Services (ISS), the Title IV-E Waiver Demonstration Project that provides services to higher risk families in their homes through FCS cases. In October 2019, upon the Title IV-E Waiver Demonstration completion resulting in positive outcomes and cost savings from the project, CWS continued the utilization of ISS statewide and began a Phase II evaluation for the purpose of building the evidence base that meets the Title IV-E evidence-based standard requirements in Section 471(e)(4)(C) of the Family First Prevention Services Act (FFPSA) toward approval by the Title IV-E Prevention Services Clearinghouse. See **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1, Objective 1.1, for further details on the first annual report of the Phase II evaluation.
3. Continue to track recidivism on FCS cases through the enhanced reports that assist Child Welfare Services (CWS) field leadership to ensure child safety in these cases. From SFY 2016 to SFY 2019, the number of FCS cases increased each year, resulting in a total of 5,350 FCS case closures. Of the 1,303 families successfully diverted in SFY 2019, 32.3 percent of families experienced a subsequent referral; however, only 4.7 percent experienced a subsequent removal within 12 months of the case closure date. In SFY 2019, 4,268 children were successfully diverted from entering OKDHS custody compared to 3,958 children in SFY 2016. For SFY 2020, 5,506 children were successfully diverted from entering OKDHS custody. Of those, 1,273 or 20.9 percent of children had a subsequent referral and 147 or 2.42 of children had a subsequent removal.

Area 4 - Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.

Objective: Review and evaluate the effectiveness of the assessment process in responding to reports of abuse or neglect.

This area aligns with Safety Outcomes 1 and 2 from the CFSP: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their homes whenever possible and appropriate.

Action Steps:

1. Enhancement of the Assessment of Child Safety (AOCS), the Safety Framework, and the Supervisor/Leadership model were combined into the Safety through Supervision Framework. The tools and guidance previously developed and tested were further improved and the Framework's statewide rollout was completed in May 2020. Various trainings were provided at the beginning of each zone implementation with the rollout and consisted of coaching training for child welfare (CW) supervisors, district directors, and CW field managers. The tools included in

the Safety through Supervision Framework also serve as a resource for supervisors to use with their staff in completing quality safety assessments.

As described in the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1, Objective 1.5, an evaluation is underway in developing guidance and support in applying the Safety through Supervision Framework. To capture the cost of ongoing training, Oklahoma is in the process of expanding the Training Plan with Cost Allocation and Random Moment Time Study in order to allocate to CAPTA funding.

2. Guidance was developed to assist staff on how to best document the AOCS in an ongoing case. This effort is to help staff focus on the child's safety throughout the life of the case and to streamline safety assessments across all programs. Changes were made in the Statewide Automated Child Welfare Information System (SACWIS) in February 2020 to allow staff to document an ongoing AOCS. Ongoing AOCS training was conducted virtually by the Permanency Planning program staff in November 2020 and January 2021. AOCS training continues to be provided upon request by CW field staff or if a training need is identified by PP program staff.

Area 14 - Developing and implementing procedures for collaboration among child protective services, domestic violence (DV) services, and other agencies in investigations; the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to DV that also support the caregiving role of their non-abusing parent.

Objective: Determine best practice regarding intervention strategies for reports alleging child abuse or neglect involving DV.

This area aligns with Safety Outcomes 1 and 2 from the CFSP: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their homes whenever possible and appropriate. It also aligns with Well-Being Outcome 1: families have enhanced capacity to provide for their children's needs.

Action Steps:

1. The Statewide DV Child Welfare Collaborative continued to meet quarterly through this past year. The collaborative was able to review and support the updates to the DV curriculum for OKDHS CW training for new CW specialists. This training was implemented virtually with guidance from the Collaborative regarding safety for the participants in their virtual learning environments. The Collaborative shared ideas for the development of OKDHS leadership training with one focus on supporting employees that are in DV situations with the potential of this training being developed for use by other agencies. The Collaborative continues to share resources related to training opportunities and materials that may be helpful. Multiple resources for serving male survivors and helping support staff that are impacted by DV were included

Continue to expand local DV Task Forces, consisting of CW staff and DV providers. Local task forces are located in Tulsa County, Region 5, and Muskogee County, Region 4. Due to the COVID-19 pandemic, neither task force met this past year but stayed engaged in the collaborative. Both counties are planning to recommence meetings in June and July 2021, respectively. Lincoln County, Region 2, leadership meets monthly with their DV service provider to discuss ongoing trends and needs of both OKDHS, the service provider, and the community. Pottawatomie County, Region 2, has a DV multidisciplinary team (MDT) that meets monthly. CWS has a representative on that MDT. The Collaborative will begin to collect data specific to DV in SFY 2021 to determine statewide trends and coinciding community and CW needs, as early data suggests known DV incidents increased during the COVID-19 pandemic timeframe.

2. In SFY 2017, two-day DV Leadership training was developed for CW supervisors and district directors to ensure they received the same information new CW specialists now receive in CWS CORE Academy. The course also included information on how to supervise for safety in DV cases. Trainings occurred in each region in SFY 2017. In SFY 2018, all CW lead specialists were offered this training, with an additional four trainings offered in SFY 2019 for all CW staff who had not previously received the training. The entry level DV training was updated in 2019 and is still offered through the CWS CORE Academy. CWS CORE Academy and all training curriculum were updated in SFY 2020. The DV training offered for new specialists, CW 1024, was scheduled for update in SFY 2021, but was delayed due to the COVID-19 pandemic. That training was temporarily stopped to allow time to restructure the training's content for a virtual format. The training ceased on 3/3/2020, and resumed virtually on 1/4/2021. In-person training is expected to resume in summer 2021. The content will be updated in SFY 2022 to support the training changes made to CWS CORE Academy.
3. The DV Desk Reference was updated in late 2017 and disseminated to all CW specialists. The DV Desk Reference continues to be used by staff as a valuable resource when assessing family DV.

Beginning 1/30/2016, the CAPTA state grant funded state agency staff who provide technical assistance, consulting, and training to field staff in all of the described areas. These staff developed training on the guides and tools associated with the Safety through Supervision Framework and the Supervisor/Leadership model as well as the training associated with the rollout of these combined efforts that began in July 2018 and ended in May 2020. They were also instrumental in the development of the updated DV Desk Reference and the ongoing DV Task Forces. Beginning in 2018, CAPTA funding was used for administrative costs related to training across the state. District staff and community partners were identified for those purposes. The community partners continue to provide level trainings in Tulsa and Norman for all CW staff and leadership. Currently, OKDHS CWS is seeking proposals from Oklahoma Child Advocacy Centers and

Multidisciplinary Teams to improve legal preparation and representation for children in judicial proceedings.

Amendments to CAPTA Made by CARA

- POSC is monitored in one of two ways:
 - For those referrals accepted for assignment, the plan is monitored through the investigation. The CW specialist inquires about any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver. Such plans are included as appropriate in the POSC.
 - For those referrals that are not accepted for assignment as an investigation, a POSC referral is entered and assigned to the mother's county of residence. A CW specialist makes contact with the mother and substance-affected infant to jointly develop a POSC. The CW specialist inquires about any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver. Such plans can be included as appropriate in the POSC. Within the next 60-calendar days, follow-up is completed to determine whether the POSC recommendations were addressed.
- Updated POSC data from 4/1/2020 – 3/30/2021:
 - 1,068 substantiations indicated an infant was born substance-exposed or tested positive.
 - Of those infants, 94 were noted in KIDS as substance-affected (suffering from withdrawal).
 - Of the 94 children requiring a POSC, 56 were infants.
 - In October 2020, CPS programs began tracking all referrals that require a POSC to help with statewide compliance. A representative from CPS programs emails the assigned staff that a POSC is required. The investigation is monitored for closure and if it is closed without a POSC, CPS programs reopens the investigation in order for staff to complete the POSC.
 - In May 2020, a proposal for an online mandatory training for all CPS, FCS, and PP specialists was submitted. The training's launch was expected in October 2020, but was delayed due to the COVID-19 pandemic. The training's launch is now expected in SFY 2022.
 - POSC training was provided by OKDHS to external partners on the following dates:
 - 8/5/2020 – Opioid Collaboration Meeting;
 - 9/11/2020 – Oklahoma Mothers and Newborns Affected by Opioids;
 - 9/24/2020 – ODMHSAS treatment providers that provide Medication-Assisted Therapy;
 - 10/26/2020 – Indian Child Welfare Choctaw Nation Training unit; and
 - 11/17/2020 – Prevention and Recovery Conference.
 - POSC training was provided internally on the following dates:
 - 9/30/2020 – Johnston, Marshall and Murray County CW staff;
 - 10/26/2020 – child safety meeting (CSM) facilitator staff;

- 12/22/2020 – Tulsa County CPS staff;
- 2/8/2021 – McIntosh County CPS staff;
- 3/23/2021 – CSM facilitator staff;
- 5/20/2021 – Tulsa County CPS staff and new supervisory staff; and
- 6/3/2021 – Wagoner and Cherokee County CW staff
- In addition to the above listed trainings, OKDHS is a member of the Safely Advocating for Families Engaged in Recovery In-Depth Technical Assistance leadership team that meets monthly and has ongoing conversations regarding POSC. POSC is discussed in the foundational CW course, *Specialized CPS Services*, which is required for new staff prior to receiving a caseload, and when the circumstances meet criteria, POSC is discussed at each applicable CSM.
- The state does not anticipate the need for technical assistance to support compliance in the next federal fiscal year.
- The funding will be used to continue to fund staff time for the POSC.

Annual Citizen Review Panel Reports

Two citizen review panel reports, ***Oklahoma Domestic Violence Review Board 2020 Annual Report*** and ***Oklahoma Advisory Task Force Board on Child Abuse and Neglect Three-Year Assessment & Recommendations (2021-2024)***, are attachments to this report. A third report, *Oklahoma Child Death Review Board (CDRB) 2021 Annual Report*, is not available; however, the ***Oklahoma Child Death Review Board 2021 Recommendations*** is an attachment to this report.

Below are the responses to the OKDHS specific recommendations made by the Oklahoma CDRB and the Oklahoma Advisory Task Force Board (OATFB) on Child Abuse and Neglect. Recommendations to all community stakeholders can be found in the aforementioned attachments.

Oklahoma CDRB 2021 Recommendations and OKDHS Response

Ensure all child death investigations are conducted jointly with law enforcement.

- OKDHS Response: OKDHS policy provides guidance for joint coordination and investigation with law enforcement regarding all CW investigations, including child death investigations.

Expand suicide death investigations and documentation, to include medical, psychiatric, and social history including past history of attempts, medications, counseling, note of intent, social media, family history of attempts/deaths, stressors, relationship status, school performance, peer relations, sexual orientation and gender identity)in reports reviewed. The CDRB reviewed and closed 19 cases of suicide, or 15.4% of all cases reviewed and closed, and many did not collect this information.

- OKDHS Response: OKDHS investigates cases of child suicide when there are allegations or information to indicate the child had a history of unmet psychiatric

needs, a person responsible for the child (PRFC) was aware that the child was suicidal and took no action to seek mental health services, the child's suicide was directly related to abuse/neglect by a PRFC, or the child required ongoing mental health medication or follow-up behavioral health services and a PRFC was not meeting those treatment needs. In SFY 2020, OKDHS updated its policy to require documentation of a child's behavioral health, emotional and psychiatric needs as part of the assessment of child safety. OKDHS plans to incorporate education specific to suicide death investigations into the upcoming SFY *Child Death and Advanced Child Protective Services* training. Due to the COVID-19 pandemic, those trainings did not occur this past SFY and are set to resume in SFY 2022.

Encourage training and utilization of the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation (SUIDI) protocols for OKDHS child death investigations.

- OKDHS Response: This guidance is embedded in the CW *Child Death and Advanced Child Protective Services* trainings offered quarterly to CW staff; however, those trainings did not occur this past SFY due to the COVID-19 pandemic. Those trainings are set to resume in SFY 2022. In May 2021, guidance was sent to CW district directors via email as a reminder to staff to use the SUIDI protocol as a guide for information gathering while conducting infant child death investigations. OKDHS will continue to offer *Safe Sleep* training three times per year. The training is conducted by OKDHS staff in conjunction with staff from the Oklahoma City-County Health Department and is available to 50 participants each session. The training includes risk factors for all sleep-related infant deaths and prevention recommendations for creating a safe sleep environment. Due to the COVID-19 pandemic, this training did not occur SFY 2021 and is scheduled to resume in SFY 2022.

Ensure all children in OKDHS custody receive timely child behavioral/mental health screening to determine the need for trauma-informed, evidence-based behavioral/mental health assessment and treatment services.

- OKDHS Response: Oklahoma House Bill 1075, passed in April 2019, added a new section of law, Section 1-4-208 of Title 10A of the Oklahoma Statutes requiring every child taken into OKDHS custody be given a standardized assessment within 21-calendar days of entering custody, unless otherwise prescribed by the assessment. The assessment evaluates the physical, developmental, medical, mental health, and educational needs of the child and is considered when developing placement and services plans for the child. The assessment is updated at regular intervals while the child is in OKDHS custody to ensure the needs of the child are being addressed.

Ensure all children and families served by OKDHS programs have access to trauma-informed, evidence-based behavioral/mental health assessment and treatment services.

- OKDHS Response: OKDHS ensures all families served have access to trauma-informed and evidence-based behavioral health services; however, services offered by OKDHS are largely voluntary and it is ultimately the family's choice as to the chosen provider.

OATFB 2021 – 2024 Recommendations and OKDHS Response

The OATFB was established in 1990 as a multidisciplinary team of individuals from across the State of Oklahoma who are committed to reviewing current practices in the child protection system, funding programs designed to impact change and to make training and policy recommendations in each of the three categories: investigative, administrative, and judicial handling of cases of child abuse and neglect. The attached report documents the OATFB's assessment of system improvements for the period of May 2018 through 2021. The report outlines the assessment, findings, and recommendations for 2021 – 2024. OKDHS is a committed member of the Task Force and continues to strive to implement recommendations when and where appropriate. OKDHS values the partnerships created within the Task Force.

- OKDHS is a committed member of the OATFB and continues to strive to implement recommendations when and where appropriate. OKDHS values the partnerships created within the OATFB.

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Supplemental CAPTA Funding

The American Rescue Plan Act provides \$100 million in supplemental FFY 2021 funding for the CAPTA State grant. These funds will be allotted by the statutory formula based specified in section 106(f) of CAPTA which is based primarily on child population under age 18. Grants will be awarded to all agencies previously approved for FFY 2021 CAPTA State Grant funding. No separate application is required to receive the funding. ACF issued these awards on 4/29/2021. Oklahoma received an award of \$1,291,488.

The FFY 2021 American Rescue Plan supplemental appropriation may be used to improve the child protective services system of the state in a manner consistent with any of the 14 program purposes of CAPTA listed in ACYF-CB-PI-21-07. Oklahoma plans to use these funds to support community based providers in building a more comprehensive system of child abuse prevention and treatment services.

Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Aside from the updates contained in this report, no changes or additions to the Oklahoma Child Welfare Services (CWS) Foster and Adoptive Parent Diligent Recruitment Plan were made. Over the past year, Oklahoma continued to approve new foster and adoptive families within 60-90 calendar days of initial inquiry. Contact is made with families in the approval pipeline weekly to ensure any barriers to timely approval are addressed. CWS consistently found that any approvals beyond the 60 to 90-calendar day timeframe are due to the family's choice to move more slowly through the process. In addition, the last year brought some delays for families due to complications that arose from the COVID-19 pandemic.

The yearly recruitment goal continues to be split between CWS and the resource family partner (RFP) agencies. CWS and RFP agencies took an even split of the target goal this year with both aiming to recruit 440 of the overall 880 homes. As of 5/1/2021, CWS and the RFPs combined have met 65.1 percent, or 573 of the overall goal of 880 homes. CWS recruited 269 homes or 61.1 percent of their goal and the RFP agencies recruited 304 homes or 69.1 percent of their goal, as seen in Figure 1.

Figure 1

Preliminary Data for New Foster Homes SFY21													
Agency	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Total	SFY21 Target	% of Target Achieved
ANGELS FOSTER FAMILY	2	1	5	4	6	6	3	7	2	3	39	55	70.9%
ANNA'S HOUSE	1	7	2	1	2	3	1	1	3	3	24	26	92.3%
CHOICES FOR LIFE	0	0	0	0	0	1	2	0	2	0	5	10	50.0%
CIRCLE OF CARE	6	4	6	7	7	8	4	3	5	10	60	67	89.6%
ECKERD	1	0	0	0	0	0	1	3	0	0	5	14	35.7%
FAMILY FOR LIFE, INC.	0	0	0	0	0	0	4	0	1	3	8	13	61.5%
HBSR	1	2	1	2	3	2	1	1	1	2	16	20	80.0%
LILYFIELD	0	1	0	3	4	2	1	3	0	3	17	28	60.7%
LIONS MEADOWS OF HOPE	1	2	1	0	0	0	1	1	0	5	11	13	84.6%
OK FAMILIES FIRST	0	2	5	1	1	0	3	1	5	1	19	20	95.0%
PANHANDLE SERV. FOR CHILDREN	0	0	0	0	0	0	0	1	1	0	2	5	40.0%
ST. FRANCIS COMMUNITY	0	2	0	5	4	0	0	0	3	1	15	46	32.6%
SUNBEAM FAMILY SERVICES	2	1	0	1	1	0	2	0	0	1	8	15	53.3%
TFI	3	7	5	0	4	6	1	9	8	7	50	72	69.4%
WESLEYAN	2	1	2	0	2	3	1	3	2	3	19	21	90.5%
YOUTH & FAMILY SERVICE, INC.	1	0	1	1	1	0	1	0	1	0	6	15	40.0%
RFP Total	20	30	28	25	35	31	26	33	34	42	304	440	69.1%
REGION 1	3	3	5	7	4	4	8	2	6	5	47	80	58.8%
REGION 2	8	9	8	10	15	10	3	4	7	8	82	125	65.6%
REGION 3	3	1	1	1	0	3	4	1	4	2	20	40	50.0%
REGION 4	5	10	4	5	6	6	9	3	10	5	63	115	54.8%
REGION 5	9	10	4	7	6	4	1	3	7	6	57	80	71.3%
OKDHS Total	28	33	22	30	31	27	25	13	34	26	269	440	61.1%
Foster Care Total	48	63	50	55	66	58	51	46	67	57	573	880	65.1%
CHOICES FOR LIFE TFC	0	1	1	0	1	0	0	0	0	1	4	25	16.0%
HBSR	1	0	2	0	2	1	0	1	0	0	7	26	26.9%
OK FAMILIES FIRST	1	0	0	0	1	1	0	0	0	1	4	26	15.4%
OPEN ARMS FC, INC	0	0	0	0	0	0	0	2	1	0	3	14	21.4%
TFI - TFC	0	0	0	0	0	0	0	0	0	0	0	23	0.0%
YCO TFC, INC.	0	0	1	0	0	0	0	0	0	0	1	N/A	N/A
TFC Total	2	1	4	0	4	2	0	3	1	2	19	115	16.5%
CHOICES FOR LIFE ITFC	0	0	0	0	0	0	0	0	0	0	0	11	0.0%
ECKERD ITFC	0	1	0	0	0	0	0	0	0	0	1	N/A	N/A
HBSR ITFC	0	0	0	1	0	0	0	0	0	0	1	11	9.1%
OK FAMILIES FIRST ITFC	0	0	0	0	0	0	0	1	0	0	1	11	9.1%
OPEN ARMS ITFC	0	0	0	0	0	0	0	0	0	0	0	6	0.0%
TFI - ITFC	0	0	0	0	0	0	0	0	0	0	0	10	0.0%
ITFC Total	0	1	0	1	0	0	0	1	0	0	3	50	6.0%

Data Source: Measure 2; Run Date 5/1/21. A1:P41 These are preliminary numbers and are subject to change.

In Figure 2, when comparing the number of open homes at the beginning of state fiscal year (SFY) 2021 on 7/1/2020, to the number of open homes as of 4/1/2021, there is a net loss of 98 homes. This loss is a noticeable decrease after seeing positive net gains over the past few years; however, the COVID-19 pandemic affected the state for the entirety of SFY 2021. The pandemic impacted both foster home closures as well as the number of new homes recruited. While not everyone who closed their foster home during the year informed CWS or the RFP agencies that the pandemic was a contributing reason, 38 homes did indicate their closure was in part, or entirely, due to the COVID-19 pandemic.

Figure 2

Open Resource Family Partner and OKDHS Foster Homes by Agency			
Agency Resource	7/1/2020	4/1/2021	NET
ANGELS FOSTER FAMILY NETWORK OKC	130	125	-5
ANNA'S HOUSE	60	59	-1
CHOICES FOR LIFE	1	5	4
CIRCLE OF CARE	177	192	15
ECKERD	24	18	-6
FAMILY FOR LIFE, INC.	0	44	44
HBSR	44	47	3
LILYFIELD	50	47	-3
LIONS MEADOWS OF HOPE	27	29	2
OK FAMILIES FIRST	52	49	-3
PANHANDLE SERVICES FOR CHILDREN, INC.	1	3	2
ST. FRANCIS COMMUNITY SERVICES	117	100	-17
SUNBEAM FAMILY SERVICES	27	27	0
TFI	217	174	-43
WESLEYAN	88	96	8
YOUTH & FAMILY SERVICE, INC.	28	26	-2
OKDHS	1078	982	-96
TOTAL	2121	2023	-98
<i>Data Source: Measure 2a</i>			

Oklahoma previously identified a need for improved pre-service training for all resource parents. Oklahoma was selected as a pilot site to participate in the National Training and Development Curriculum in conjunction with Spaulding for Children, The Center for Adoption Support and Education, the North American Council on Adoptable Children, the National Council for Adoption, and the University of Washington. Oklahoma is one of eight states that is a part of this five-year grant piloting new and progressive pre-service training for resource parents. Oklahoma is almost finished with year three of the grant and was scheduled to pilot the training in the summer 2020; however, due to the COVID-19 pandemic it was delayed due to the cessation of in-person training and started in August 2020.

Oklahoma remains committed to retaining foster and adoptive parents through multiple avenues. Staff continue to make monthly contacts with resource homes to provide

support and identify if there are any needs from the resource parent or child in placement. At the start of July 2020, exit surveys were ended and transitioned to the new annual survey method. This proactive shift is to analyze why foster parents choose to stay, more readily identify trends that can be assessed and corrected, and have a more consistent sample size. After the data through 6/30/2021 is received, a new baseline will be set for ongoing annual surveys based on quarterly results and annual reviews. When a resource home closes, retention calls continue to be made; however, the responsibility to make the call now falls to the child welfare (CW) specialist who was working directly with the family. If the family still wishes to close their resource, the CW supervisor makes a call to thank them for their service as a foster family.

Resource parents in Oklahoma have access to an exclusive benefit program just for resource families. Benefits include discounts at restaurants, movie theaters, amusement parks, sports functions, and local attractions in various communities throughout Oklahoma. CWS also worked closely with the Foster Care and Adoptive Association of Oklahoma board to develop strong relationships that keep CWS apprised of challenges resource parents may face and how CWS and RFP agencies can better support resource families. CWS continues its partnership with the Foster Care and Adoption Support Center to maintain the Oklahoma Fosters webpage and handle all initial inquiries made by prospective resource parents. CWS appointed a CW specialist to work as a liaison to various social media platforms to help retain foster families by connecting the families with the information or staff member they were trying to contact.

CWS recruitment is comprised of 10 units statewide led by the Recruitment field administrator. All CWS recruitment units and RFP agencies complete yearly recruitment plans once the goals are determined for the SFY. The recruitment plans are then updated quarterly. Recruitment plans also include retention activities and this past year specifically used activities that involved current or former resource parents to aid in recruitment and retention. Data is provided to all recruitment staff, both internal and external, regarding current recruitment numbers, current open resource homes, number of children in OKDHS custody, sibling separations, and children placed outside their home county. Recruitment staff uses this data to drive their recruitment plan activities to meet the needs of Oklahoma's children.

In March 2020, a recruitment collaboration meeting was held that brought together recruiters from every recruitment area in Oklahoma, which included all CWS recruiters, RFP agency recruiters, therapeutic foster care (TFC) recruiters, and tribes. The meeting's goal was to not only provide networking between individuals, but to also identify barriers to recruiting families and brainstorm potential solutions. In July 2020, a second collaboration meeting was held virtually with the core discussion surrounding ways in which recruitment had changed during the COVID-19 pandemic. The recruitment collaboration is expected to meet periodically going forward and encourage partnership between each entity. During the COVID-19 pandemic, CWS and RFP agencies gained new skills to utilize social media to recruit homes in creative ways that were not restricted by physical presence.

CWS continues to focus on placing children with kin whenever possible. CW staff inquires about possible kin at the time of removal, during the initial meeting, and continuously throughout the life of the case. When children cannot be placed with kin, CWS looks for a home that can meet the child's specific needs. In an effort to better match children with families that can meet their needs, CWS developed an Enhanced Foster Care (EFC) program aimed at meeting the complex needs of children who fall between a traditional and therapeutic placement. When a child that could benefit from EFC services is identified, the family is provided with wraparound services to meet that child's needs, additional training, and a higher level reimbursement rate. Another EFC goal is to identify families with the skills and experience that can work with a child with a higher level of needs when supports are made available. There are multiple layers to the newly developed EFC program; however, it is already serving over 350 children and youth in OKDHS custody. CWS expects that as the EFC program grows, it will assist with placement stabilization and also possibly provide another avenue for permanency for children that are unable to return home.

The Wendy's Wonderful Kids (WWK) model was implemented in September of 2019 with the goal of finding homes for a higher number of children without an identified placement that are legally-free for adoption. Due to the COVID-19 pandemic, OKDHS and the public experienced some delays, but the program continues to successfully move forward. Both the EFC program development and the partnership with WWK are in line with Oklahoma's Adoption Call to Action as they focus on finding permanency for children with a higher level of needs and children that are legally-free for adoption.

Health Care Oversight and Coordination Plan

See the attached ***Oklahoma Child Welfare Services Health Care Oversight and Coordination Plan Update***.

Disaster Plan

Natural disasters, man-made crises, pandemics, or public health emergencies can affect the routine ways OKDHS operates and serves children, youth, and families. OKDHS has appropriate disaster plans in place that comply with the Children and Family Services Improvement Act of 2006.

Offices and Facilities

Each OKDHS county office develops and updates an Emergency Operations Plan/Continuity of Operations Plan (EOP/COOP). The EOP covers emergency sheltering and evacuations for OKDHS employees, customers who happen to be at local offices when events occur, and residential customers at OKDHS-operated facilities. The EOP/COOP addresses each office's essential operations and the needed staff and equipment to continue essential operations in the event the office suffers a disaster.

Each office's EOP/COOP must be reviewed and updated annually. The plan includes emergency contact information for OKDHS staff at the state, regional, district, and local

office levels as well as community emergency contact information. The plan requires each office to develop workaround procedures, such as telework, flexible scheduling, and virtual contact, to ensure that essential services resume as quickly as possible during and after a disaster or event. In addition, each plan requires developing an internal communication plan to ensure employees are kept aware of situational changes and critical decisions. Each county plan is required to detail a protocol to respond to new CW cases and how to provide services in areas adversely affected by a disaster. Copies of completed plans are submitted to the OKDHS Office of Inspector General, Security, and the Emergency Management Unit.

During this reporting period, 4/1/2020 – 3/31/2021, all employees received an OKDHS-issued laptop and cell phone, which enhances their ability to communicate and receive communication through multiple platforms, including phone, text, email, and Microsoft Teams call and chat. Enhancements and updates to all platforms occurs continuously.

Children in Out-of-Home Care

In addition to an office specific EOP/COOP, CWS has additional plans in place to ensure the needs of children and families are secured as well. CW staff and resource parents are required to contact each other in the event of a disaster. The YI102 and YI102A Disaster Lists are WebFOCUS reports available to all CW staff and are created from information entered into KIDS. The YI102 report provides the resource parent's name, address, contact numbers, and all children currently placed in the home. This report contains information on children in out-of-home placement and trial reunification, children with open removals, children without a placement reflected in KIDS, and children under OKDHS supervision. The YI102A report is the Disaster List for children in trial adoption. This report is similar to the YI102, but reflects the adoptive case identification number and the adoptive family's emergency contact information. Disaster and emergency information for each resource parent is documented in the Disaster and Emergency Information section on Form 04AF004E, House Assessment. The family provides emergency contact information for where the resource family would go in the event of an emergency and/or who to contact when unable to reach the resource parent at the provided contact number.

In response to the COVID-19 pandemic, CWS executive leadership developed temporary operating procedures that included employee telework, healthy behaviors to prevent COVID-19 spread, caseworker visits per case type, responding to safety concerns and pre-screening, increased phone and video contact with biological and foster families, child protective services investigations and assessments, initial kinship assessments, court attendance, service delivery to parents, pausing and unpausing face-to-face parent/child and sibling visits, Interstate Compact on the Placement of Children and out-of-state travel, and various family team meetings. Foster Care and Adoptions programs canceled all in-person staff and resource parent trainings and developed virtual trainings for topics that did not involve experiential learning. Resource parents were encouraged to select online options for pre-service training and those who were unable to participate in online training were given a temporary training waiver with the expectation that training would be completed as soon as the option was available. Temporary guidance and procedures

were developed and distributed to assist CW staff in completing resource family assessments. Forms were revised to include electronic signature options along with instructions to email encrypted information to assure confidentiality. Temporary adoption process guidance was developed for staff. Resources for foster and adoptive parents were developed and posted on a special page of OKFosters.org. Guidance and How-To's were emailed and posted online to assist foster parents in making the most of virtual family time. Tip sheets on various topics were emailed and posted on different mediums at each stage of the COVID-19 pandemic to assist foster families. The Stafford Act allowed CWS the ability to make exceptions in certain circumstances to fingerprint rules.

OKDHS funded COVID-19 emergency relief payments to foster families in the amount of \$250 for each child placed for the months of March, April, and May 2020. In December 2020, an additional one-time payment of \$250 per child was distributed to foster care and adoption resource homes, as well as TFC, Intensive Treatment Family Care (ITFC), and specialized foster care homes. The Cares Act provided funding for child care for foster parents looking for employment due to the COVID-19 pandemic. OKDHS also developed Kith Care in August 2020 to allow and pay for a relative of a resource parent to provide in-home child care for the foster children placed in their home, which continues through August 2021. At various points in this reporting period, most CWS standard operating procedures were restored to either pre-pandemic levels or greatly improved to benefit CW staff as well as children and families.

TFC/ITFC agencies are responsible for ensuring children placed in certified homes are safe during emergency situations or other disasters. Each agency develops internal disaster protocol for families to report in or be contacted by agency staff; however, each agency is responsible for contacting OKDHS program staff via phone or email following a disaster to report the status of all TFC/ITFC homes in the affected area. TFC program staff also initiates contact with TFC/ITFC agency staff via phone or email to confirm status of homes when the agency has not reported. If neither TFC/ITFC agency staff nor the family can be contacted via phone, TFC program staff contact the county office to request assistance to confirm the children's well-being.

In response to the COVID-19 pandemic, OKDHS CWS implemented TFC/ITFC temporary operating procedures regarding CW staff telework, visits by live video rather than face-to-face, and weekly check-in calls with families. TFC/ITFC providers were given the ability to use telehealth to provide their individual and family counseling appointments, facilitate treatment team meetings, and attend Pressley Ridge training. A regularly scheduled meeting with TFC/ITFC agency partners to answer questions and provide updates on COVID-19 was implemented in March 2020. These calls started as weekly, transitioned to bi-weekly in the summer of 2020, and then moved to monthly in early 2021. The COVID-19 updates and questions decreased as everyone adjusted to the new normal. TFC program staff continues to be available by phone and email to the agencies as needed.

In the event of a disaster, group homes contracted with OKDHS are contacted by the Specialized Placements and Partnerships Unit (SPPU) liaison to inquire about the status

and needs of children in OKDHS custody. The information received is forwarded to the SPPU administrators for further action and reporting if necessary.

CWS maintains a spreadsheet that contains contact persons for facilities that care for children in OKDHS custody. The spreadsheet is electronically maintained by CWS and SPPU staff. A paper copy is retained by all SPPU staff at home. All facilities and SPPU liaisons are given the phone numbers for local sheriff and police departments, as well as other emergency personnel.

During several months of the COVID-19 pandemic, face-to-face visits were suspended in facilities. SPPU staff successfully assisted facilities with updating their disaster plans to include support for youth by having access to telecommunication with their families, assigned CW specialists, attorney's, and court-appointed special advocates.

Statewide Abuse and Neglect Hotline

The centralized Abuse and Neglect Hotline consists of two separate sites in central and northeastern Oklahoma. When one site become unavailable, the other site remains operational 24 hours a day, seven days a week. OKDHS is partnered with The University of Oklahoma (OU) to office, equip, and provide telecom services to the centralized Abuse and Neglect Hotline. Site facilities currently include battery backup solutions to handle short duration power interruptions. Hotline staff have telework access and support is also available 24 hours a day, every day of the year. In case of computer, network, or application emergencies, paper/digital forms are available on which to take new referrals and other information. In case of long-term computer or network emergencies, the Hotline may implement solutions including redirecting computer/network access to another site. In the event of telecom issues, the Hotline may redirect calls either individually or in total until telephone service is restored.

In the event of a total loss of operational ability resulting from both sites rendered unavailable, no alternative site exists, telework/remote access is unavailable, and telecom is unavailable, the Hotline administration is responsible for notifying the OKDHS Director and Office of Communications as well as the Office of Management and Enterprise Services (OMES). In that event, a message is posted on the OKDHS internet homepage advising the public to contact their county office to make the abuse and neglect report. A link to each individual county office is available along with phone numbers and a message to contact law enforcement in the event of an emergency.

OKDHS successfully used this disaster plan during the COVID-19 pandemic. Within 24 hours of the stay at home order issued by local government, Hotline staff were successfully deployed to full-time telework without an interruption to Hotline service delivery.

Statewide Automated Child Welfare Information System (SACWIS) Disaster Recovery Plan

The SACWIS Disaster Recovery (DR) Plan is a prescribed set of activities to restore computer services to CW personnel in the event of a catastrophic failure of normal,

established services. Restoration of the KIDS application and related databases is conducted at an off-site, compatible computer facility with the capacity to host all authorized CW persons at their normal work-site location. The off-site computer facility emulates equipment and services that would necessarily be required by an actual loss of computer services.

The OMES Information Services Division supporting OKDHS conducts DR exercises bi-annually to test OKDHS' ability to recover effectively from an unforeseen, long-term outage or disaster. The most recent completed DR exercise took place in October 2019. Like the previous two DR exercises completed in 2015 and 2017, this DR exercise tested its ability to recover a selected number of OKDHS agency-wide applications and systems including the agency's Human Resource Management (HRM), the OKDHS Finance Division System, and the OKDHS mainframe environment, which includes CWS, Child Support Services, and Adult and Family Services. The DR exercise was considered a complete success with all of the primary objectives completed. Not only was every milestone for the primary objectives completed, but CWS continues to identify process improvements that will assure recoverability in the event of a true disaster in the future. The next DR exercise is scheduled for October 2021.

State of Oklahoma Disaster Management

In accordance with Section 683.2 of Title 63 of the Oklahoma State Statutes, policies and procedures regarding state emergencies and disasters are delegated to the Oklahoma Department of Emergency Management and Homeland Security (ODEMHS), the Director of which reports directly to the Governor. ODEMHS is responsible for coordinating all emergency and disaster management preparedness, response, and recovery efforts with the federal government, other states, and in-state government agencies, county and municipal governments, school boards, tribes, and private agencies. OKDHS has designated staff who work directly with ODEMHS in emergency and disaster management.

The State of Oklahoma EOP was updated in October 2019 and is available at <http://www.oem.ok.gov>.

Training Plan

No changes or updates were made to the CFSP 2020-2024 Training Plan. The following is a review of the training that occurred within this reporting period of 4/1/2020 – 3/31/2021.

Initial Staff Training

CORE

CORE training consists of four weeks of classroom training that covers foundational level knowledge, skill competencies, and Child Welfare Services (CWS) policy. Content is presented by a combination of child welfare (CW) staff and contracted trainers. Due to health restrictions as a result of the COVID-19 pandemic, CORE moved onto a virtual

training platform beginning March 2020. As a result, the curriculum implementation and evaluation is based on when in-person training will commence. In the meantime, the CWS Training program remained focused on implementing what is feasible and learning from the outcomes. The return to in-person training is projected to begin in the fall of 2021.

Collaborative

The CWS Training program continues its work with collaborative partners assisting in evaluation and refinement. The training collaboration partners include the University of Oklahoma (OU) Center for Public Management with the OU National Resource Center for Youth Services (NRCYS), and OU School of Social Work (OUSSW). Together, the partners are tasked with assisting in the creation, assessment, and management of key elements of the CWS Training program. During this review period, the collaborative primarily focused on the completion of converting existing curriculum into a virtual format, facilitating focus groups for CORE feedback, and training designed to support virtual facilitation.

Training Time Frame

The training time frame remains the same as outlined in the CFSP 2020-2024 Training Plan.

CW Specialist Certification – Training Evaluation

The CWS Training program continues to move forward in implementing a multifaceted approach to training evaluation. The plan continues to be implemented as resources and capacity allow. Pre-identified limiting factors include budget constraints, technology, staffing, and continuous quality improvement processes.

Training Evaluation

This reporting period encompassed a time in which Oklahoma Human Services (OKDHS) was responding to the COVID-19 pandemic. The following is context for reviewing the upcoming results.

As planned, the new CORE curriculum was introduced starting with the first CORE in late February 2020. In March 2020, all OKDHS employees were temporarily moved to teleworking, resulting in CORE moving to a virtual format. The new curriculum was designed in an experiential manner and many aspects of the learning activities did not translate into a virtual format. This difficulty required reworking the existing curriculum to a virtual format along with training employees on how to engage in virtual learning once sufficient equipment was acquired. Many challenges affected outcomes and processes.

The new curriculum is heavily focused on a transfer of learning (TOL) process under CW supervisor guidance to reinforce in-person learning and shifting more planning for on-the-job training (OJT) CW supervisors. This shift requires CW supervisors to plan ahead for learning activities and set aside time to assist the CW specialist with reflecting upon his or her learning experience to move it into practice. Time was spent working with CW supervisors on reviewing CORE, OJT, and the guidebook to facilitate CW specialist

learning. This change, though planned and supported by CW supervisors as something they wanted and could do, was stressful due to the COVID-19 pandemic. For a few months, there was a pause to in-person observations, which impacted CW specialist certification and OJT. CW supervisors made attempts to observe virtually since in-person field observations ceased or were limited. When OKDHS permanently made teleworking the preferred means of work, employees remained at their homes. Asking CW supervisors during this transition to learn how to work and supervise remotely, while learning new CORE requirements, was challenging.

Early attempts to facilitate a virtual CORE ran into challenges when new CW specialists could not fully participate in OJT by shadowing experienced CW specialists to observe applied practice. This resulted in the need to bring back those CW specialists for in-person remediation training.

The CWS Training program collaborated with a contract partner on training for all CW trainers titled *Best Practices for Transitioning to a Virtual Classroom*. The focus was assisting facilitators on how to make the transition to virtual learning and how to make online content more effective and interactive. Contract facilitators were approached and offered support in transitioning their Level trainings. The Level training to transition first was *Motivational Interviewing* which performed well and provided hope that other Level trainings would transition well.

Due to concerns regarding the simulation actors and addressing ever-changing policies related to in-person work and the actors' overall safety, simulation was moved to a virtual format, including Provisional Certification. Considerable time was spent training employees to act as clients for simulation purposes since retaining this feature of CORE is critical.

Limited in-person training occurred in June 2020 for some portions of CORE, while work on improving virtual training continued. All CORE training began as exclusively virtual in July 2020. The virtual curriculum was codified in December 2020.

To assist in conversion to virtual training, a semi-structured interview process was used to gauge employee opinions, perceptions, and beliefs about CORE in four areas: (1) online learning curriculum; (2) in-person and classroom facilitation and content; (3) OJT; and (4) simulation activities. The group was comprised of four CORE cohorts of CW specialists and their supervisors. Their feedback assisted the CWS Training program in learning which parts of the process work well virtually.

Training Enrollment/Attendance

CORE Training

Reporting Period	Number of COREs Held	Number of Participants Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percentage Incomplete
4/1/2020-3/31/2021	23	465	379	82%	33	7%

During this reporting period of 4/1/2020 – 3/31/2021, 23 CORE groups were held. Two cohorts (419-420) completed CORE through their Provisional Certification Assessments (Modules 1-6) but did not complete all requirements to carry a caseload. CORE 421 began but did not complete Provisional Certification within the reporting period. A total of 53 specialists (11 percent) enrolled in CORE cohorts 419-421 did not complete CORE prior to the end of the reporting period.

A total of 33 employees were enrolled in CORE but left the agency prior to completing CORE, five of whom completed Provisional Certification but did not complete post-CORE level trainings. Four students/tribal partners attended CORE during this reporting period.

Level 1 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2020-3/31/2021	706	651	92%	12	2%	26	3%

Of significance to this reporting period because of the COVID-19 pandemic, 222 CW specialists who enrolled in Level 1 courses were unable to attend due to cancellation. Those courses will be re-scheduled and the CW specialists will be re-enrolled.

Level 2 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2020-3/31/2021	0	0	0%	0	100%	0	0%

All Level 2 courses were cancelled due to the COVID-19 pandemic.

Level 3 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2020-3/31/2021	249	206	83%	2	1%	41	16%

All Level 3 courses offered during the reporting period are part of the Mentor Certification process. The only Level 3 training that permitted lower level CW specialists to enroll was *CW3032 Motivational Interviewing*. Other Level 3 trainings included *CW3042 Follow-Up to Motivational Interviewing*, *CW3300 Coaching*, *CW3444 Mentor Certification Preparation*, and *CW3445 Mentor Certification*.

Level 4 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2020-3/31/2021	200	149	75%	1	>1%	50	25%

Level 4 trainings offered during this reporting period included: *CW4123 Ethics in Supervision*, *CW4289 Intergenerational Supervision*, *CW4389 Sociology of Child Poverty*, *CW4552 Supervisor Simulation Experience*, *CW4501 KIDS Reports Training for Permanency Planning Supervisors*, *CW4502 KIDS Reports Training for Child Protective Services Supervisors*, *CW4503 KIDS Reports Training for Resource Supervisors*, and *CW4550 Supervisor Academy*. Details specific to *CW4550 Supervisor Academy* are captured later in this report.

Level 5 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2020-3/31/2021	35	28	80%	4	11%	3	9%

Level 5 trainings offered this period included *CW5205 CSM Facilitator Training*. Due to COVID-19 restrictions, many Level 5 classes historically held in-person were cancelled. Since those trainings are typically optional and not policy-related, they did not transition to virtual training.

CW Specialist Certification

No significant changes to the certification process took place other than modifications to how certification outcomes are reported and a reduction in the number of required observations, as described below.

Phase 1 – CW Specialist Provisional Certification Assessment Results

For the reporting period 4/1/2020 – 03/31/2021, 395 CW specialists completed CW Provisional Certification Assessment from 23 CORE groups. While the number of cohorts increased from the previous year, the number of CW specialists decreased by 28, which is in response to several factors. First, the CORE learning model reflects a smaller classroom environment in order to see higher success rates with learning application and transfer. Second, the COVID-19 pandemic affected how training was conducted. Enrollment numbers were restricted and reduced based on what research suggests about how many people can successfully learn in virtual groups as opposed to in-person training. Third, hiring demands continue to increase while personnel to conduct training have not, thus affecting the number of available training sessions.

A language change for certification outcomes occurred during this reporting period in the new CORE curriculum. Previously, the language used included "Meets Standards", "Does Not Meet Standards", and "Needs Improvement". The language now used is "Ready" and "Not Yet Ready".

Overall Certification Assessment Results (CORE Cohorts 400 – 420)

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
Child Interview	362	92%	33	8%	395
Adult Interview	348	88%	47	12%	395

Comparison to Previous Outcomes

Historically, yearly results vacillated within the average of 10 percentage points with this year being consistent. A few systemic factors may account for any decreases. While the content was not designed for virtual training, the CWS Training program continued training by offering the best version of the content through a virtual platform. In order to pivot and meet the needs of the ongoing virtual work, the new content was reworked and "true" virtual training content began in December 2020. Because the content was never fully piloted and changes were made to adjust for virtual training needs, ongoing edits to the content were continuous and the goal of standardized training was difficult at best to deliver. Additionally, the program field representatives (PFRs) in the CWS Training program had begun practicing new skills to effectively deliver the in-person content, yet needed further training and support to effectively deliver virtual training. Training content is now designed in such a way that while classroom and virtual content may differ, they are more seamless should the need arise to move between them in the future.

Child Interview Results by Program (CORE Cohorts 400 – 420)

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
Child Protective Services (CPS)	155	94%	10	6%	165
Permanency Planning (PP)	168	88%	22	12%	190
Family-Centered Services (FCS)	12	100%	0	0%	12
Hotline	6	86%	1	14%	7
Resources	21	100%	0	0%	21
Total	362	92%	33	8%	395

Comparison to Previous Outcomes

Results for new CORE indicate similar trends in terms of child interview findings between the older curriculum and the new curriculum. Previously, "Meets" and "Needs Improvement" would be combined, whereas now, only the "Ready" finding represents those CW specialists ready to matriculate. A total of 92 percent is an overall positive reflection of the content. When compared to last year's reporting period, only 67 percent were found to "Meet Expectation", and when combined with "Needs Improvement," which consisted of 30 percent of the total evaluation, the total was 97 percent. Ninety-two percent "Readiness," considering the content was new, required conversion to virtual content, and was never fully piloted as intended, is an indication of strong content.

"Not Yet Ready" results in previous years were highest among CPS and PP, as reflected here. The two programs also have the highest number of CW specialists hired and attending CORE.

For this reporting period, several factors may have affected these data results. One was the limited ability for new CW specialists to observe in-person interviews being practiced in the field since most interviews were conducted via telephonic or virtual visits instead. Additionally, with the workforce moving to telework, CW supervisors reported difficulty in providing new CW specialists with as much support as previously. OJT requirements were new and very different than what CW supervisors were used to; and they were given more responsibility in OJT oversight, scheduling, and debriefing. The CWS Training program will continue to monitor this during the next reporting period.

Adult Interview Results by Program (CORE Cohorts 400 – 420)

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
CPS	147	89%	18	11%	165
PP	165	87%	25	13%	190
FCS	12	100%	0	0%	12
Hotline	6	86%	1	14%	7
Resources	18	86%	3	14%	21
Total	348	88%	47	12%	395

Comparison to Previous Outcomes

This initial indication suggests the new content design and delivery to provide more opportunities for CW specialists to practice the foundational skills of engagement, interviewing, and assessment in CORE was likely effected to some degree by the consequences of the COVID-19 pandemic. CW specialists continue to perform better on the child interview than the adult interview. CORE was redesigned to include more focus on engagement and interviewing skills, including introducing CW specialists to basic Motivational Interviewing skills. What focus groups and observations seem to indicate is that CW specialists are having trouble moving from their engagement skills into interviewing for safety. The CWS Training program will explore how to increase time for interviews that are more reflective of what occurs in the field, and provide a more realistic skills evaluation.

Following Module 6, CW specialists continue their training by completing required Levels courses. Upon course completions, CW specialists are determined to be Provisionally Certified. For the reporting period 4/1/2020 – 3/31/2021, 331 CW specialists met all requirements to be Provisionally Certified and began Phase 2 of training.

KIDS Assessment Total (CORE Cohorts 400-420)

	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
KIDS	366	97%	13	3%	379

Sixteen CW specialists did not complete KIDS assessment, 14 were reinstated CW specialists who are not required to take the KIDS assessment, and two were CW specialists who left the agency prior to completing the assessment.

Comparison to Previous Outcomes

KIDS training was converted from classroom to virtual training and is included as part of the new CORE training. The virtual training consists of screen casting and demonstrations, in addition to practice application and "testing" the individual in what was learned in each module. KIDS training is broader than in previous years to be more representative of all programs and highlighting job functions for CPS, FCS, PP, and Foster Care and Adoptions (FC&A) Resource. CORE also provides a midway check point, referred to as a "sandbox", where specialists utilize a Zoom session to remote into KIDS, train and practice what they have learned in preparation for their KIDS assessment.

KIDS assessment findings reflect that new specialists continue to do well in understanding and navigating KIDS as it relates to initial training.

AOCS Results by Program (CORE Cohorts 400 – 420)

	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
CPS	142	68%	66	32%	208
PP	123	75%	41	25%	164
FCS	9	90%	1	10%	10
Hotline	8	67%	4	33%	12
Resources	21	72%	8	28%	29
Total	303	72%	120	28%	423

Two CPS specialists left the agency prior to taking the Assessment of Child Safety (AOCS). One reinstated PP specialist was not required to take the AOCS assessment.

Comparison to Previous Outcomes

Meets Standards percentages slightly decreased when comparing this year to previous years, which could be attributed to the content changes. This decrease is being examined closely and edits to the content coverage of the AOCS are underway to improve the overall findings.

Post-CORE Survey

All CW specialists and their supervisors complete a 12 question survey tied to the CORE competencies after CORE/Provisional Certification. Listed below are the numbers of those surveyed and the response rate for two different time periods, with dates indicated for each. There are two time periods due to a change in the survey to more closely represent the desired feedback specific to the change in the CORE content.

CW Specialists Post-CORE Survey Response

From 4/1/2020 – 3/31/2021, 331 CW specialists completed Phase 1 of CORE. Two cohorts completed Provisional Assessment but had not completed their post CORE required levels training. A gap exists between the two surveys as the Phases were placed on hold due to the COVID-19 pandemic. Further, the Phase 1 surveys are not required to be completed until a CW specialist is completing Phase 2, which explains the discrepancy in survey responses. Combining both surveys, there was a 64 percent response rate for the reporting period. From 3/30/2020 – 5/22/2020, a total of five CW specialists responded to the old Phase 1 CORE survey. Responses in these surveys were all positive.

New CORE content required a different survey to capture the new structure and content to best understand the curriculum change's intent. Below are the survey results from 7/10/2020 – 3/31/2021 specific to the new CORE structure and content.

	No Confidence	Some Confidence	Unsure About My Confidence	Confident	Very Confident	Total
Engage clients with empathy and no judgment	0%	1%	1%	50%	48%	207

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Interact with clients using cultural sensitivity	0%	2%	2%	55%	41%	207
Approach clients with developmental appropriateness	0%	3%	2%	55%	40%	207
Understand and employ family decision-making	0%	2%	3%	58%	37%	207
Assess safety and risk to children	>1%	3%	2%	59%	36%	206
Assess well-being needs of child and family	>1%	2%	1%	61%	36%	206
Assess permanency needs and make decisions that support permanency	>1%	3%	4%	61%	32%	205
Testify in court	>1%	0%	29%	50%	23%	207
Remain strengths-based in assessing and planning with clients	0%	2%	2%	60%	36%	207
Understand the stages of child development	0%	5%	4%	60%	31%	206
Apply trauma informed principles to working with children and families	>1%	4%	5%	59%	32%	206
I was prepared to complete Provisional Certification	>1%	5%	10%	51%	34%	207
I am confident I can be effective in my job in CW	>1%	4%	2%	54%	40%	207

The table above shows an average rate of 91 percent of CW specialists completing CORE feeling either confident or very confident about their knowledge, skills, and abilities to perform their work as CW specialists. This percentage is further increased and supported when CW specialists are asked directly about their confidence level to perform their duties, whereas the response rate illustrates 93 percent agreement (agree/strongly agree) with confidence to perform the required services.

Other simulation data of significance is illustrated by surveying CW specialists for confidence and/or ability before and after simulation.

Questions	Poor	Fair	Good	Very Good	Excellent	Total
How would you rate your level of skill on this topic BEFORE you interviewed the client in the simulation lab?	3%	31%	43%	19%	4%	207
How would you rate your level of skill on this topic AFTER you interviewed the client in the simulation lab?	0%	3%	33%	54%	10%	207
How would you rate your CONFIDENCE using the skills from training BEFORE interviewing the client in the simulation lab?	5%	22%	39%	26%	8%	207
How would you rate your CONFIDENCE using the skills from training AFTER interviewing the client in the simulation lab?	>1%	9%	29%	47%	15%	207

Overall, simulation utilization provides benefits to new CW specialists. Sixty-six percent of CW specialists reported good, very good, or excellent skills prior to entering the simulation. Following their simulation, the reported skill levels were at 97 percent, an increase of 30 percent.

Prior to entering the simulation lab, CW specialists report 73 percent confidence in their ability (good, very good, excellent) and following their simulation, confidence increases to 91 percent, an increase of 18 percent.

OJT was profoundly affected by the changes in CORE content.

Questions	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total
The OJT experiences increased my knowledge of the topic(s).	>1%	2%	10%	57%	31%	207
The OJT experiences helped me develop new skills.	>1%	2%	10%	52%	36%	207
The OJT experiences provided me with opportunities to learn about the other programs and resources within CW, OHS, and the community.	>1%	2%	9%	54%	36%	206

An area of change is the 10 percent who neither agree nor disagree regarding OJT. The CWS Training program will explore if there are any ways to more effectively support OJT. The ongoing process of CW supervisors' ability to supervise teleworking employees is expected to improve; and supervisors will slowly adapt to a more proactive role for planning learning experiences for new employees.

CW Supervisor Post-CORE Survey Response

During the reporting period of 4/1/2020 – 3/31/2021, 331 participants completed Phase 1 of CORE. Despite this, only 19 percent of CW supervisor surveys were received compared to 58 percent last year. This decline is attributed to a prioritization issue with the switch to telework. Because Phase 1 or Post-CORE surveys cannot be mandated prior to a CW specialist moving on to Phase 2, in many cases these surveys are not completed until the CW specialist is ready to move on to Phase 3. As with the CW specialists, CW supervisors have two distinct surveys due to prior and new content with separate experiences and questions. End of CORE surveys are conducted following the completion of Phase 1 and the first table below reflects the previous CORE content. During this time frame, information in 12 surveys was no longer collected. While those surveys were positive, they are not included in this report.

The questions listed in the table below are meant to gauge a CW supervisor's own perceived support of new CW specialists as they complete training.

	None of the Time	A Little of the Time	Some of the Time	A Good Part of the Time	All of the Time	Total
Encourage specialist to use training received in CORE	0%	4%	20%	56%	20%	54
Mentor or coach the specialist on ethics and values of the work	0%	0%	11%	61%	28%	54
Expect them to use the training they received in CORE	0%	4%	9%	56%	56%	54
Set goals for them that are based on the training they received	0%	4%	11%	61%	61%	54
Ease work pressure to allow time to integrate new training into practice.	0%	8%	11%	55%	26%	53

CW supervisors indicate they are able to support CW specialists to integrate their learning into practice. The survey sample size is too low from which to extrapolate. Future data will be informative and may provide direction regarding how to structure CORE to assist CW supervisors. A corresponding survey of CW specialists will be added to explore their alignment with supervisor perceptions.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total
Specialist's skill improved during CORE process	0%	4%	9%	67%	20%	54
Specialist's knowledge improved during CORE process	0%	4%	7%	69%	20%	54
Specialist's attitude and/or ways of thinking about clients had desirable change during CORE process	0%	4%	19%	55%	22%	54
Specialist's ability to assess safety improved during CORE process	0%	6%	9%	65%	20%	54
Coaching (by supervisor or mentor) improved the specialist's knowledge of the job	0%	0%	2%	61%	37%	54
Coaching (by supervisor or mentor) improved the specialist's competency of the job	0%	0%	2%	67%	31%	54
Specialist connects the DHS Quality Standards and the CW Practice Standards to daily practice	0%	2%	6%	72%	20%	54
Specialist had enough time to complete OJT activities	0%	2%	15%	59%	24%	54
OJT activities provided me (the supervisor) with opportunities to discuss the specialist's experience, understanding of, and relevancy to the specialist's job duties	7%	13%	22%	41%	17%	54
OJT activities provide the specialist with broader understanding of DHS and CW services.	0%	1%	17%	65%	17%	54

Both CW specialists and their supervisors continue to reflect a belief that essential skills are developed during CORE, which remains consistent with responses from previous years.

OJT is an area the CWS Training program is continuing to monitor and improve. OJT's intention is to provide more specific program or track identified experiences, while also balancing the importance of having some broader OJT experiences that can help support context and meaning to specialists.

Phase 2 – Certification Surveys – CW Specialists at 50 percent Caseload

For the reporting period of 4/1/2020 – 3/31/2021, 331 CW specialists fully completed Provisional Certification from 19 CORE groups. Two additional CORE groups did not complete their provisional certification prior to 3/31/2021; however, they did complete the Provisional Certification Assessment and they are accounted for in Provisional Certification Assessment information.

In March 2020, as planned with the new CORE curriculum, came changes to certification. Change was made in an effort to recognize that CW supervisors are now required to complete routine field observations with their new CW specialists in addition to increased time spent with them on engagement and interviewing. Previously, Phases 2 and 3

required the completion of at least six child interviews and six adult interviews over a period of three months, for a total of at least 12 interviews.

Phase 2 now requires the completion of at least nine field interviews with a combination of children and adults over a period of three months. During month one and again during month two, the CW supervisor will observe the CW specialist complete one field adult interview, one field child interview, and one field interview of choice either adult or child. Feedback and coaching is provided by the CW supervisor after each interview. During month three the CW supervisor will observe the CW specialist complete one field adult interview, one field child interview, and one field interview of choice either adult or child. The CW specialist must receive an assessment finding of "Ready" on all three interviews. A second attempt is allowed for any interview receiving an assessment finding of "Not Yet Ready".

From 4/1/2020 – 3/31/2021, 331 CW specialists entered Phase 2, while 108 specialists completed Phase 2. This reporting period saw an increase in specialists leaving the agency during Phase 2, with 171 new employees leaving after receiving a caseload of 50 percent. This is a 47 percent increase from last year, when 90 CW specialists left during the same phase. Of the 171 who left, six left due to certification, 12 were unknown reasons, and the remaining 153 were not related to certification. At the time of this report, 551 CW specialists are in progress of completing Phase 2.

Phase 2 continues to prove difficult for new CW specialists to advance from within the timeline provided. It is likely that this year's increased number is related to the COVID-19 pandemic and the restrictions that were in place for much of the year. CW supervisors struggled with completing Phase 2 and many CW specialists remain in this phase beyond what is expected. This continues to be closely monitored by the CWS Training program and communication with CW supervisors and regional directors is ongoing and frequent.

The below information is from 7/15/2020 – 3/31/2021. There was a 62 percent completion rate.

	No Confidence	Some Confidence	Unsure About My Confidence	Confident	Very Confident	Total
Engage clients with empathy and no judgment	0%	0%	0%	36%	64%	67
Interact with clients using cultural sensitivity	0%	0%	1%	47%	52%	66
Approach clients with developmental appropriateness	0%	1%	1%	48%	49%	67
Understand and employ family decision-making	0%	0%	0%	48%	52%	67
Assess safety and risk to children	0%	0%	1%	42%	57%	67
Assess well-being needs of child and family	0%	0%	0%	42%	58%	67
Assess permanency needs and make decisions that support permanency	0%	1%	1%	54%	43%	67
Testify in court	0%	12%	16%	47%	25%	67

Remain strengths-based in assessing and planning with clients	0%	0%	0%	48%	52%	66
Understand the stages of development	0%	4%	0%	54%	42%	67
Apply trauma informed principles to working with children and families	0%	2%	2%	49%	47%	67
I was prepared to complete Provisional Certification	0%	4%	7%	47%	42%	67
I am confident I can be effective in my job in CW	0%	0%	0%	46%	54%	66

Transfer of Learning

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
I can apply my training to be effective in my job tasks	0%	0%	4%	48%	48%	67
My skills for competent practice have continued to improve	0%	0%	0%	43%	57%	67
My knowledge of competent practice has continued to improve	0%	0%	0%	45%	55%	67
I am confident I can manage my caseload	0%	1%	7%	41%	51%	67
I can connect the DHS Quality Standards and the CW Practice Standards to my daily practice	0%	0%	4%	45%	51%	67

Outcomes for Phase 2 indicate CW specialists are confident in their early stages of working with clients and transferring learning into their practice. Performing in court remains an issue for new CW specialists, though with an improvement in self-assessment of their skills from immediately post-CORE. It is suspected this task requires additional time to gain confidence and their self-assessment is accurate.

Supervisor Quality and Support

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
My supervisor encourages me to use the skills that I learn in training on the job.	0%	0%	4%	30%	66%	67
I feel supported by my supervisor	0%	0%	4%	27%	69%	67
I feel valued as a professional	1.5%	1.5%	10%	36%	51%	67
My supervisor is available to me	0%	0%	1.5%	34%	64.5%	67
My supervisor is a resource to me	0%	0%	1.5%	33%	65.5%	67
I have received emotional support from my supervisor	1.5%	0%	4.5%	31%	63%	67
Coaching I receive is helping me improve my skills as a specialist	0%	0%	3%	33%	64%	67
Coaching I receive encourages me to be successful in my job	0%	0%	3%	28%	69%	67

Survey Results

The first question is carried over from past reporting periods, the remaining questions are new. Overall, CW specialists report receiving support from CW supervisors during the often challenging first year of employment. This is likely due to the OJT and TOL process built into the curriculum, along with the supervisor framework, to assist in the support and development of new CW specialists. Of particular notice is room for growth in feeling valued as a professional. The question does not allow for nuanced assessment to provide insight as currently written.

CW Supervisor Phase 2 Certification Surveys

Survey Response

From 4/1/2020 – 3/31/2021, 108 CW specialists completed Phase 2.

Questions/ Measurement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total
Engage clients with empathy and no judgment	0%	0%	0%	52%	48%	115
Interact with clients using cultural sensitivity	0%	0%	2%	58%	40%	115
Approach clients with developmental appropriateness	0%	0%	0%	63%	37%	114
Work with clients using trauma-informed practices	0%	0%	4%	66%	30%	114
Understand and employ family decision-making	0%	0%	1%	66%	33%	115
Assess safety and risk to children	0%	0%	2%	59%	39%	115
Assess well-being needs of child and family	0%	0%	7%	62%	31%	115
Assess permanency needs and make decisions that support permanency	0%	0%	7%	62%	31%	115
Testify in court	0%	2%	24%	53%	21%	115
Make adjustments to work with families	0%	0%	4%	61%	35%	115
Remain strengths-based in assessing and planning with clients	0%	0%	1%	63%	36%	115
Understand the stages of development	0%	0%	4%	65%	31%	115
Manage tasks of working in CW	0%	2.5%	5%	62.5%	30%	115
Demonstrate competency when they interviewed a child.	0%	0%	0%	64%	36%	115
Demonstrate competency when they interviewed an adult.	0%	0%	0%	67%	33%	115

Overall, CW supervisors report confidence in new CW specialist's skills at this stage of development. Four questions reflect a noticeably higher score from the CW specialist self-report i.e. approaching client with developmental appropriateness, understand and employ family decision-making, assessing safety and risk to children and ability to manage the tasks of CW employee. The CWS Training program will observe these and evaluate if they move toward a stronger alignment. Additionally, testifying in court, though observed higher by 5 percent, is clearly an area for continued observation.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total	Change from Previous Year
Observing the specialist interview allowed me to assess their competency for the job	0%	1%	2%	63%	34%	114	N/A
I have enough time necessary to support the specialist's ongoing skill development	5%	2%	17%	56%	20%	114	N/A
The specialist can connect the DHS Quality and CW Practice Standards to daily practice	0%	0%	4%	72%	24%	114	N/A
I am available to the specialist	0%	0%	0%	57%	43%	114	N/A
I encourage the specialist to use the skills they have learned in CORE and OJT	0%	0%	4%	62%	33%	114	N/A

Survey Results

Overall, CW supervisors report positively on all areas except the time to support the CW specialist's development. The response closely aligns with last year's report. The questions asked are new this year, so the final column is blank, in preparation for next year's report.

CW supervisor feedback indicates ongoing difficulty balancing the timelines related to the Provisional Certification process, specific to field-based observations. Feedback indicated a desire to make changes related to reinstated employees and the number of observations required, in addition to allowing a CW specialist III to complete some of the observations. These changes have been made specific to new CORE. The number of Phase 2 interview observations has been reduced from 12 observations to nine observations and CW specialist IIIs are permitted to complete up to 49 percent of the observations. The CW supervisor is required to observe the remaining interviews. Reinstated employees are fully certified after Module 6 assessments and are no longer required to complete Phase 2 interview observations.

Phase 3 – Certification Surveys – CW Specialists at 75 percent Caseload

Survey Response

From 4/1/2020 – 3/31/2021, 108 CW specialists began Phase 3, 96 completed Phase 3, and 104 CW specialists are currently in progress. Twenty-one employees left during Phase 3; 18 unrelated to certification, one related to certification, and two for unknown reasons.

A total of 33 responses for the Phase 3 survey were received from CW specialists for a return rate of 34 percent. There are two reasons for this discrepancy. Some responses received during this evaluation period were responses from CW specialists from the previous evaluation period. Some surveys were not required as asking recall information from over one year prior, or while the CW specialist was supervised by a different CW supervisor, would not be deemed reliable information.

Phase 3 now requires the completion of at least seven field interviews with a combination of children and adults over a period of three months. During month four and again during month five, the CW supervisor observes the CW specialist complete one field adult interview and one field child interview. Feedback and coaching is provided by the CW supervisor after each interview. In month six the CW supervisor will observe the CW specialist complete one field adult interview, one field child interview, and one field interview of choice either adult or child. The CW specialist must receive an assessment finding of "Ready" on all three interviews.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total	Change from Previous Year
My supervisor engages me in the planning process, such as preparing for visits and procedures for my job.	0 %	0%	3%	52%	45%	33	Agree/strongly agree increased 5%

My supervisor gives me adequate information on how well I am performing.	0%	0%	3%	42%	55%	33	Agree/strongly agree increased 5%
My supervisor encourages me to use the skills that I learn in training on the job.	0%	0%	9%	45.5%	45.5%	33	Agree/strongly agree decreased 2%
I feel supported by my supervisor	0%	0%	9%	36%	55%	33	N/A
I feel valued as a professional	0%	3%	15%	49%	33%	33	N/A
My supervisor is available to me	0%	0%	3%	42%	55%	33	N/A
My supervisor is a resource to me	0%	0%	0%	47%	53%	33	N/A
I have received emotional support from my supervisor	0%	3%	3%	42%	52%	33	N/A
Coaching I receive is helping me improve my skills as a CW Specialist	0%	0%	3%	55%	42%	33	N/A
Coaching I receive encourages me to be successful in my job	0%	0%	6%	52%	42%	33	N/A

Survey Results

The survey questions have been modified with questions 1, 2, and 3 being retained, the rest are new. There is variance this year between whether they agree or strongly agree, the neutral has decreased.

Questions 2 and 3 were inadvertently not included in the survey for specialists in Phase 2. They will be replaced for the next review.

The sample size precludes extrapolating, however of interest are CW specialist's feelings of support and valued as a professional being lower than from Phase 2.

The questions indicated with an N/A will be compared during next year's reporting period.

Survey Response

From 4/1/2020 – 3/31/2021, the newer surveys show a 61 percent response rate with 59 responses.

Questions/ Measurement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total
Explain their role as a CW Specialist	0%	0%	0%	42%	58%	59
Engage clients with empathy and no judgment	0%	0%	0%	41%	59%	59
Interact with clients using cultural sensitivity	0%	0%	0%	44%	56%	59
Approach clients with developmental appropriateness	0%	0%	0%	44%	56%	59
Work with clients using trauma-informed practices	0%	0%	3%	68%	29%	59
Understand and employ family decision-making	0%	0%	0%	54%	46%	59
Assess safety and risk to children	0%	0%	2%	46%	52%	59
Assess well-being needs of child and family	0%	0%	0%	42%	58%	59
Assess permanency needs and make decisions that support permanency	0%	0%	2%	54%	44%	59
Testify in courts	0%	0%	7%	59%	34%	59
Make adjustments to work with families	0%	0%	0%	47%	53%	59
Remain strengths-based in assessing and planning with clients	0%	0%	2%	47%	51%	59

Understand the stages of development	0%	0%	2%	61%	37%	59
Manage tasks of working in CW	0%	0%	2%	51%	47%	59
Demonstrate competency when they interviewed a child.	0%	0%	0%	47%	53%	59
Demonstrate competency when they interviewed an adult.	0%	0%	0%	49%	51%	59

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Observing the Specialist interview allowed me to assess their competency for the job.	0%	0%	2%	56%	42%	59
I have enough time necessary to support the Specialist's ongoing skill development	7%	3%	12%	51%	27%	59
The specialist can connect the DHS Quality and CW Practice Standards to daily practice.	0%	0%	3.5%	64.5%	32%	59
I am available to the Specialist	0%	0%	2%	46%	53%	59
I encourage the specialist to use the skills they have learned in CORE and OJT	0%	0%	5%	47.5%	47.5%	59

Survey Results

Overall, CW supervisors report positively on all areas, with the scores increasing from Phase 2. Feedback indicated a desire to make changes related to the number of observations required, in addition to allowing a CW specialist III to complete some of the observations. These changes have been made specific to new CORE. The number of Phase 3 interview observations has been reduced from 12 to seven observations and CW specialist IIIs are permitted to complete up to 49 percent of the observations. The CW supervisor is required to observe the remaining interviews.

Ongoing Staff Training

Level 1 Testing Results

All Level 1 courses include pre- and post-test questions in addition to seven questions targeted to inform job transfer. Data listed below indicates pooled results of the pre- and post-tests as well as pooled results for the seven questions. The time frame for these results is 4/1/2020 – 3/31/2021.

To receive credit for completing a Level 1 class, a CW specialist is required to complete the pre- and post-test. 651 CW specialists completed Level 1 classes, with 605 pre- and post-tests completed, for a return rate of 93 percent. This return rate is an increase from last year but not necessarily statistically significant at a 1 percent increase. There were minor discrepancies between the pre- and post-test completion rates, again, not statistically significant at 2 percent and almost all issues were reported to be due to internet instability or other technologically related issues. In one case, the entire state was experiencing an ice storm and the decision not to pre- or post-test the class was made by the facilitator. In another instance, the course began and pre-tests were accounted for but the course did not complete within the reporting period, so the post-tests were not.

The plan was that after implementing new CORE some of the classes, which had content pulled from them into CORE, would be revised. Likewise, resources intended to be

focused on addressing challenges in Level classes were moved exclusively toward revising CORE and assisting with transitioning in-person content to virtual as well as supporting employees/contract trainers in the process. For these classes there is a preferred 70 percent correct response. When courses fall below this threshold it is recommended the learning objectives be reviewed, in conjunction with the content and the evaluation questions, to determine if there is a problem with content not being clearly covered. Pre- and post-test questions should be derived from the learning objectives and content should be designed to meet those learning objectives. When evaluative questions are discrepant, especially following a course, all three should be reviewed and redesign may be necessary.

CW1004 Family Centered Services pre- and post-test results are insignificant overall. Thirty percent of the questions show zero shift from pre- to post-test results and may be something to monitor moving forward. This is a class the CWS Training program was going to work on per last report; however, as described below, was delayed.

CW1005 Child Protective Services continues to record concerns in pre- and post-testing results. Forty-seven percent of the test questions indicate content concerns or confusion. While results for specific questions reflect knowledge increase from beginning to end, the increase is still far below the expected marker of 70 percent of the class choosing the correct response, with an average of only 48 percent of the group answering correctly. CWS Training program staff will meet with CPS program staff to discuss this information.

CW1006 Permanency Planning pre- and post-test results indicate a concern with 25 percent of the total questions, illustrated by either a decreased correct response from pre- to post-test or a significantly low number of correct responses after taking the course. The CWS Training program will work with the PP program staff to adjust pre- and post-tests and curriculum as needed

CW1016 Oklahoma Successful Adulthood scores indicate 20 percent of the total responses remain under the preferred 70 percent correct response rate by several points. Additionally, another 20 percent of the questions saw a decrease in knowledge or understanding by the end of the course.

CW1024 Domestic Violence was redesigned, with input from the CWS Training program. This course continued to receive praise for the delivery of the information, yet the pre- and post-test evaluations indicate significant concerns. Forty percent of the post-test questions saw a decrease in knowledge or understanding from the start of the course until completion. Only 12 questions were unaffected or an increase in understanding was evident.

CW1027 Resource Family Assessment does not currently provide any pre- or post-test evaluation. This course is attended by mostly contract employees outside of OKDHS.

CW1057 Bridge Guiding Principles continues to struggle. Fifty percent of the evaluation questions see an average correct response of under 70 percent, with the average being

56-57 percent. This course will continue to be monitored and ongoing communication with NRCYS will continue.

CW1003 Cross-Cultural Competence and *CW1150 Specialist Safety* were absorbed into the new CORE curriculum but was offered to those CW specialists who completed CORE prior to the new content who had not yet taken this course. The aggregates for the pre- and post- evaluations were not recorded as the course offerings were minimal and the courses have already been absorbed into the new CORE content.

Level 1 Post-Survey

Each class contains a survey with seven questions following the post-test that measure a CW specialist's understanding of the material, professional relevance, applicability, and commitment to institute.

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	5%	1%	6%	42%	46%	Agree/strongly agree increased 4%
Question 2: As a result of the training, I have developed new skills.	5%	1%	7%	43%	44%	Agree/strongly agree decreased 1%
Question 3: The training has affected some of my attitudes concerning this topic area.	5%	2%	10%	43%	40%	Agree/strongly agree increased 3%
Question 4: The training was relevant to my job duties.	4%	1%	3%	34%	58%	Agree/strongly agree increased 8%
Question 5: The information I received from this training can definitely be used with my clients.	5%	1%	3%	35%	56%	Agree/strongly agree increased 4%
Question 6: I have a plan to implement this training.	3%	1%	5%	36%	55%	Agree/strongly agree increased 5%
Question 7: I am very confident I will use this training on the job.	4%	1%	3%	36%	56%	Agree/strongly agree increased 7%

Overall, Level 1 classes continue to perform well; the overall satisfaction increased from 84 percent to 89 percent this reporting period. All but one area, development of new skills, showed a decrease. The CWS Training program continues to monitor these courses and once new CORE content returns to the classroom, it is expected that Level 1 courses will need to be adjusted to better align with the CORE content now being trained.

Questions 1 – 3 show the highest neutral response rate, which is the same as the previous reporting period, although there was a decrease in overall neutral responses. These neutral responses were highest at an average of 22 percent for *CW 1004 Family Centered Services* and at 11 percent for *CW1027 Resource Family Assessment*. These same three questions also realized a spike in Strongly Disagree responses, with 5 percent for each question, resulting in a 20 percent overall strong disagreement from CW specialists.

Level 2 Trainings

Level 2 classes are comprised of *CW2005 Advanced CPS Policy*; *CW2025 Medical Aspects of Abuse and Neglect*; and *CW 2111 Early Childhood Development*.

Due to the COVID-19 pandemic, no Level 2 courses were held during the reporting period so that resources could focus on CORE and Level 1 classes. This results in a large number of employees who will need to complete these courses along with oncoming employees. Of note is CW2111, which had its contents pulled into CORE and will have to be redeveloped, as planned.

Level 3 Completion Data

After three years of mandatory training, experienced CW specialists select advanced trainings, in conjunction with their supervisors, to meet needs specific to their job responsibilities. These trainings are designed to build on existing skill sets and experiences. CW specialists and CW supervisors are required to complete 40 hours of training per year.

Mentor Certification

Mentor Certification is required for all Level 3 CW specialists. A total of 206 CW specialists completed Level 3 classes from 4/1/2020 – 3/31/2021.

The Mentor Certification process consists of the following required trainings:

- *CW3029 Introduction to Coaching* (online training),
- *CW3032 Motivational Interviewing*,
- *CW3300 Coaching*,
- *CW3042 Follow Up to Motivational Interviewing*,
- *CW3444 Mentor Certification Preparation*, and
- *CW3445 Mentor Certification*.

Online boosters started with coaching in June 2018. After completion of *CW3300 Mentor Coaching*, the OKDHS Learning Management System (LMS) sends automatic notices to CW specialists instructing them to take an online coaching booster. Follow-ups occur with CW specialists with multiple reminders about the boosters and the timeframe they need to be completed. The goal of the boosters is to help keep coaching concepts and skills in the forefront of a CW specialist's mind while practicing in the field. Boosters are short, online courses specifically designed to support the transfer of classroom learning to practice application. For this reporting timeframe, there was one booster required to be completed after *CW3300 Coaching* (30 days before *CW3042 Follow-Up to Motivational Interviewing*).

For *Coaching*, the same coaching curriculum is facilitated for all CW trainings. Coaching is a piece of the Mentor Certification and the Supervisor Academy, and the same facilitators are used.

Level 3 Survey Response

As is in place for Levels 1 and 2, the seven survey questions measuring knowledge acquired, skills acquired, and intended application of knowledge and/or skills is asked of all CW specialists. Of the 206 CW specialists who attended classes, 193 CW specialists completed surveys for a return rate of 94 percent compared to a previous return rate of 99 percent. The slight decrease is due to one session of a CW 3445 that was not surveyed because of a transition in coordinator roles and a move to a virtual format. This was the first class held in a virtual format and the coordinator was not aware of the need for a survey.

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	11%	89%	No Change
Question 2: As a result of the training, I have developed new skills.	1%	0%	0%	9%	90%	Agree/strongly agree decreased 1%
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	10%	90%	Agree/strongly agree increased 1%
Question 4: The training was relevant to my job duties.	1%	0%	0%	4%	95%	No Change
Question 5: The information I received from this training can definitely be used with my clients.	0%	1%	0%	10%	89%	No Change
Question 6: I have a plan to implement this training.	0%	1%	0%	7%	92%	Agree/strongly agree decreased 1%
Question 7: I am very confident I will use this training on the job.	0%	0%	1%	10%	89%	No Change

Survey results indicate specialists perceive the training to be a valuable learning experience with a high commitment to implement in their practice. All seven areas of the survey either did not change from the previous year or saw a 1 percent increase or decrease.

Level 4 Completion Data

Level 4 trainings are designed for CW supervisors and above. 149 CW supervisors completed Level 4 classes from 4/1/2020 – 3/31/2021.

Level 4 Survey Response Rate

Of the 149 supervisors that attended Level 4 trainings, 149 surveys were completed resulting in a 100 percent overall response rate. This is an increase of 2 percent from the previous reporting period, in which the response rate was 98 percent.

Of the seven Level 4 trainings offered, all had a 100 percent response rate for surveys.

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	1%	0%	0%	7%	92%	Agree/strongly agree increased 1%

Question 2: As a result of the training, I have developed new skills.	0%	0%	1%	15%	84%	<i>Agree/strongly agree increased 8%</i>
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	7%	93%	<i>Agree/strongly agree increased 1%</i>
Question 4: The training was relevant to my job duties.	0%	1%	0%	11%	88%	<i>Agree/strongly agree increased 1%</i>
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	15%	85%	<i>No Change</i>
Question 6: I have a plan to implement this training.	0%	0%	1%	7%	92%	<i>No Change</i>
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	7%	93%	<i>No Change</i>

Overall, Level 4 classes continue to perform very well. Survey results increased or stayed the same in agree/strongly agree, compared to the previous year, with the most significant improvement being in the area of developing new skills. This indicates the classes this year for CW supervisors may be more applicable to their work with CW specialists even in the virtual format.

Supervisor Academy

CW Supervisor's Incremental Post-Academy Development

All new CW supervisors attend a 12-day academy covering various topics related to management skills, coaching skills, and a varied overview of CWS relating to their supervisory role, as a means to prepare for Certification. The Academy is divided into four modules with a mix of contractors and OKDHS personnel. The full academy program is comprised of four multi-day learning experiences spread over the course of seven months.

Prior to attending module one, at the time of initial registration and during the month before actual participation in the first Academy module, a CW supervisor receives information and books to begin a process of targeted pre-reading.

Supervisor Simulation Experience (formerly Motivational Interviewing (MI) Experience)

Prior to attending the instructor-led training, CW supervisors complete a structured, self-assessment, focusing on their use of open questions, affirmation, reflective listening, and, summary reflections (OARS); Managing Discord; Evoking Change Talk; and using the Spirit of MI. During the training, CW supervisors in an MI simulation lab with a standardized client, practice their skills and are recorded. An annotated copy of the simulation video is reviewed by OUSSW staff and the CW supervisor's peers attending the same session. CW supervisors review their videos as a group and debrief together. They also share their self-assessment results and the trainer's assessment. To introduce an "inter-rater reliability" process, the group watches videos of individuals practicing MI and share reactions in a large group. Differences in ratings are discussed to encourage learning through critical thinking.

A total of 11 CW supervisors completed the Supervisor Simulation Experience, with 11 responses to the survey, for a return rate of 100 percent.

Supervisor Simulation Experience Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	36%	64%	No Change
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	55%	45%	No Change
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	45%	55%	No Change
Question 4: The training was relevant to my job duties.	0%	0%	0%	27%	73%	No Change
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	27%	73%	No Change
Question 6: I have a plan to implement this training.	0%	0%	0%	45%	55%	No Change
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	36%	64%	No Change

Overall the survey indicates a high level of satisfaction with the Supervisor Simulation Experience. Each of the seven questions had 100 percent agree/strongly agree positive scores, which indicates CW supervisors find the content helpful and applicable to their daily role. The survey also indicates CW supervisors have a plan to use the new knowledge and implement the skills learned with their clients. The one session in the reporting timeframe was held virtually.

Supervisor Academy Results

Due to the Academy's length, some CW supervisors will be in some aspect of completion this fiscal year. During the reporting period of 4/1/2020 – 3/30/2021 four Supervisor Academy cohorts (0920, 1120, 1220, and 0321) began with 59 CW supervisors:

- Two cohorts (0920 and 1120) completed, consisting of 28 CW supervisors with 22 CW supervisors graduating within the reporting period.
- Cohort (1220) will complete in June 2021, consisting of 15 CW supervisors.
- Cohort (0321) will complete in September 2021, consisting of 16 CW supervisors.

Supervisor Academy Module Completion

Supervisor Academy is divided into four modules. During this reporting period, Module 1 was held four times, with 59 CW supervisors completing. Module 2 was held three times with 46 CW supervisors completing. Module 3 was held three times with 45 CW supervisors completing. Module 4 was held two times with 22 CW supervisors completing.

Supervisor Academy Survey Response Rate by Module

The same seven questions are utilized in Supervisor Academy as are utilized in other Level trainings. 170 of 172 CW supervisors attending Modules 1-4 completed the survey,

for an overall response rate of 99 percent. Module's 1, 3, and 4 had 100 percent completion of the survey.

Module 1 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	32%	68%	Agree/strongly agree increased 2%
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	32%	68%	No Change
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	1%	40%	59%	Agree/strongly agree increased 1%
Question 4: The training was relevant to my job duties.	0%	0%	0%	40%	60%	No Change
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	1%	29%	70%	Agree/strongly agree decreased 1%
Question 6: I have a plan to implement this training.	0%	0%	2%	38%	60%	Agree/strongly agree decreased 2%
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	30%	70%	No Change

Overall, the survey indicates a high level of satisfaction with Module 1 of Supervisor Academy. Four of the seven questions had 100 percent agree/strongly agree positive scores.

Module 2 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	4%	20%	76%	Agree/strongly agree decreased 4%
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	30%	70%	No Change
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	1%	25%	74%	Agree/strongly agree decreased 1%
Question 4: The training was relevant to my job duties.	0%	0%	0%	22%	78%	No Change
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	1%	19%	80%	Agree/strongly agree decreased 1%
Question 6: I have a plan to implement this training.	0%	0%	0%	18%	82%	No Change
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	18%	82%	No Change

Overall, the survey indicates a high level of satisfaction with Module 2 of Supervisor Academy. Four of the seven questions had 100 percent satisfaction. The most significant decrease was seen in question 1, which decreased by 4 percent.

Module 3 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	45%	55%	No change
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	44%	56%	No change
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	1%	1%	40%	58%	Agree/strongly agree decreased 2%
Question 4: The training was relevant to my job duties.	0%	0%	0%	25%	75%	No change
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	55%	45%	No change
Question 6: I have a plan to implement this training.	0%	0%	0%	15%	85%	No change
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	15%	85%	No change

The survey indicates a high level of satisfaction and continued improvement with Module 3 of Supervisor Academy. Six of the seven questions asked received a 100 percent positive response.

Module 4 Overall Survey Response

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	45%	55%	Agree/strongly agree increased 1%
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	45%	55%	Agree/strongly agree increased 1%
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	50%	50%	Agree/strongly agree increased 1%
Question 4: The training was relevant to my job duties.	0%	0%	0%	50%	50%	No Change
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	50%	50%	No Change
Question 6: I have a plan to implement this training.	0%	0%	0%	50%	50%	No Change
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	50%	50%	Agree/strongly agree increased 3%

The survey indicates a high level of satisfaction and significant improvement with Module 4 of Supervisor Academy. All seven survey questions asked in reference to Module 4 content received a 100 percent positive response. Of significance is an increase of 3 percent in confidence that supervisors will use the information received in training while performing job duties.

Supervisor Academy Results

Overall the survey results indicate a high level of satisfaction with Supervisor Academy. Previous years have reflected a fluctuation in satisfaction. Through collaborative efforts,

curriculum development, and restructure of content as needed, the ratings have climbed and CW supervisors are showing an increased satisfaction in all seven areas surveyed.

Level 5 Testing Reports

Level 5 trainings offered from 4/1/2020 – 3/31/2021 included CW5205 CSM Facilitator Training. This is a required training for all new Child Safety Meeting Facilitators. Since this training is required in order to perform a job, it was able to transition to virtual training, while other Level 5 trainings did not and thus were not held.

28 CW specialists completed CW5205 CSM Facilitator Training and 26 surveys were completed for a return rate of 93 percent.

Questions	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	0%	0%	0%	46%	54%	Agree/strongly agree increased 4%
Question 2: As a result of the training, I have developed new skills.	0%	0%	0%	50%	50%	Agree/strongly agree increased 3%
Question 3: The training has affected some of my attitudes concerning this topic area.	0%	0%	0%	46%	54%	Agree/strongly agree increased 2%
Question 4: The training was relevant to my job duties.	0%	0%	4%	46%	50%	Agree/strongly agree increased 1%
Question 5: The information I received from this training can definitely be used with my clients.	0%	0%	0%	50%	50%	No Change
Question 6: I have a plan to implement this training.	0%	0%	0%	46%	54%	Agree/strongly agree increased 3%
Question 7: I am very confident I will use this training on the job.	0%	0%	0%	46%	54%	Agree/strongly agree increased 3%

The survey totals for Level 5 trainings represent only 26 responses, considerably less than the previous reporting period. Regardless, all categories increased, with the exception of question 5, which remained the same.

Educational Program

The Child Welfare Professional Enhancement Program (CWPEP) is a Title IV-E partnership between the OU, OKDHS, and the US Department of Health and Human Services Administration for Children and Families. The purpose of this partnership is to enhance the professional development of OKDHS CW staff and to recruit potential CW staff from the accredited Bachelor of Social Work (BSW) programs across the state and from the Master of Social Work (MSW) program at OU. It affords interested students financial support by covering books, fees, and in-state tuition in return for a specified employment obligation in a CWS position with OKDHS or a tribe with which OKDHS has a Tribal/State Agreement. This commitment is 12 BSW or 15 MSW months for each academic year of financial support.

CWPEP Participants in Academic Year 2020-2021

- 46 OKDHS employees participated in CWPEP
 - 30 at the OU campus in Norman
 - 15 at the OU campus in Tulsa
 - 1 online

MSW Graduates May 2021

- 19 OKDHS employees graduated with MSW degrees and returned to OKDHS to complete employment obligations.

BSW Graduates, Hired, or Anticipated to Be Hired

- 6 BSW students graduated in May 2020 and were hired by OKDHS
 - 2 from OU
 - 1 from East Central University (ECU)
 - 3 from Oral Roberts University (ORU)
- 25 professionally trained social workers began employment obligations with OKDHS
- 11 BSW students participated in CWPEP statewide
 - 2 at OU
 - 4 at ORU
 - 5 at ECU

Statistical and Supporting Information

Child Abuse Prevention and Treatment Act (CAPTA) – Annual State Data Report

(1) The number of children who were reported to the state during the year as victims of child abuse or neglect:

- 67,180 is the number of duplicate children for FFY 2020.

Source: NCANDS Child File Data for FFY 2020.

(2) Of the number of children described in (1), the number with respect to whom such reports were:

- Substantiated – 15,439 (duplicate children).
Source: NCANDS Child File Data for FFY 2020.
- Unsubstantiated – 51,741 (duplicate children).
Source: NCANDS Child File Data for FFY 2020.
- Determined to be false – 0.
Source: NCANDS Child File Data for FFY 2020.

(3) Of the number of children described in (2):

- The number that did not receive services during the year under the state program funded under this section or an equivalent state program – Data Not Collected.
- The number that received services during the year under the state program funded under this section or an equivalent state – 13,475.
Source: NCANDS Child File Data – Supplemental for FFY 2020 (duplicate count of children – victims with at least one service).
- The number that were removed from their families during the year by disposition of the case – 3,639.
Source: NCANDS Child File Data for FFY 2020.

(4) The number of families that received preventive services, including use of differential response, from the state during the year:

- 1,863 Family-Centered Services (FCS) cases during FFY 2020.
Source: Oklahoma Statewide Automated Child Welfare Information System (SACWIS) (KIDS) Collected for FFY 2020 NCANDS Agency file.

(5) The number of deaths in the State during the year resulting from child abuse or neglect:

- 42.
Source: 2020 NCANDS Child File.

(6) Of the number of children described in (5), the number of such children who were in foster care:

- 0.
Source: FFY 2020 NCANDS Child File.

(7A) – The number of Child Protective Services (CPS) personnel responsible for: Intake of reports filed in the previous year; Screening of such reports; Assessment of such reports; and Investigation of such reports:

- Intake and Screening – 78 personnel;
- Assessment and Investigation – 776 personnel.

Source: Oklahoma SACWIS (KIDS).

Reported: FFY 2020 NCANDS Agency File.

(7B) – The average caseload for the workers described in (7A) above:

- For FFY 2020, the average number of reports accepted for assessment or investigation per CPS child welfare (CW) specialist was 39 per month.

Source: KIDS Database. Data collected for FFY 2020.

- The average number of assessments/investigations completed FFY 2020 was 4 per month.

Source: NCANDS Child File FFY 2020.

(8) The agency response time with respect to initial investigation of reports of abuse or neglect:

- 49.67 hours.

Source: Oklahoma SACWIS (KIDS).

Reported: FFY 2020 NCANDS Agency File.

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect was made:

- Priority I reports 5.22 hours; and
- Priority II reports 69.71 hours.

Source: Oklahoma SACWIS (KIDS).

(10) For CPS personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state:

- Information on the education, qualifications, and training requirements established by the state for CPS professionals, including for entry and advancement in the profession, including advancement to CW supervisory positions.
 - Qualifications for a CW specialist I include a bachelor's degree in any field.
 - Qualifications for a CW specialist II include a master's degree, or a bachelor's degree and one year of professional social work experience.
 - Qualifications for a CW specialist III include a Master's degree and one year experience in child welfare, or a Bachelor's degree plus one year of professional social work experience in CW.
 - Qualifications for a CW specialist IV (supervisor) include a Master's degree plus one year of experience in professional social work in CW, or a Bachelor's degree and two years of experience in professional social work or an equivalent combination of education and experience.
 - Refer to the **Updates to Targeted Plans within the 2020-2024 CFSP**, Training Plan section of this report for details pertaining to staff CWS training.

- Data of the education, qualifications, and training of such personnel.
 - On 5/10/2021, OKDHS had 2,330 CW staff with a Bachelor's degree, 343 staff with a Master's degree, one CW staff with a PhD, and three CW staff with a JD.
- Demographic information of the CPS personnel.
 - On 5/10/2021, OKDHS had 2,330 CW specialists, including CW supervisors. Of those, 1,976 were female and 354 were male. Of the 2,330 CW specialists, 248 identify as American Indian, 28 identify as Asian, 436 identify as African American, 102 identify as Hispanic, seven identify as Pacific Islander, and 1,509 identify as Caucasian.
- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per CPS specialist and supervisor.
 - Workload standards were established as part of the Pinnacle Plan. A maximum caseload for CPS staff was determined to be 12 cases, including both assessments and investigations. Each CPS supervisor has a maximum of five direct reports.

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child:

- 571 distinct children.
Source: Oklahoma SACWIS (KIDS).
- 617 children substantiated whose families received Family Preservation Services in the previous five years.
- 669 children substantiated who were reunited with their families in the previous five years.

(12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children:

- 3,439. All children removed have a court appointed representative.
- Court appointed special advocate (CASA) reported serving 3,439 children with an average of 12 contacts per child.

(13) The annual report containing the summary of activities of the citizen review panels of the state:

- See attached *Oklahoma Domestic Violence Fatality Review Board 2020 Annual Report*, *Oklahoma Child Death Review Board 2021 Recommendations*, and the *Oklahoma Advisory Task Force Board on Child Abuse and Neglect Three-Year Assessment & Recommendations (2021-2024)*.

(14) The number of children under the care of the state CPS system who are transferred into the custody of the state juvenile justice system:

- Oklahoma SACWIS (KIDS) has the capability for the CW specialist to document if a youth has a delinquent court case, delinquent adjudication, or Office of Juvenile Affairs (OJA) placement. In FFY 2020, 321 youth under the age of 18 years met at least one of the above criteria during the period of 10/1/2019 – 9/30/2020. In OKDHS' out-of-home care population on 9/30/2020, there were 22 youth under 18 years of age in OKDHS custody placed in a detention type facility, 26 were in the shared custody of OJA.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii):

- 29.
Source: Oklahoma SACWIS (KIDS).
Reported: FFY 2020 NCANDS Agency File.

(16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act:

- The number of children determined to be eligible for referral – 4,469.
Source Oklahoma SACWIS (KIDS).
Reported in the FFY 2020 NCANDS Agency File.
- The number of children referred – 824.
Source: Oklahoma SACWIS (KIDS).
Reported in the FFY 2020 NCANDS Agency File.

17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv):

- 5.
Source: FFY 2020 NCANDS Child File.

(18) The number of infants:

(A) identified under subsection (b)(2)(B)(ii):

- 2,230.
Source: FFY 2020 NCANDS Child File – Supplemental Report.

(B) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii):

- 71.
Source: FFY 2020 NCANDS Child File; and

(C) for whom a referral was made for appropriate services, including services for the affected family or caregiver:

- 1,372.
Source: FFY 2020 NCANDS Child File under subsection (b)(2)(B)(iii).

Financial Information

Payment Limitations – Title IV-B, Subpart 1

In SFY 2005, the State expended Title IV-B, Subpart 1, funds as follows: Child Care - \$0; Foster Care Maintenance - \$340,000; Adoption Assistance - \$400,000. The State may not exceed this baseline amount for the corresponding types of payments after FY 2007 and replaces the 1979 baseline amount to which the State was previously held.

In SFY 2005, the state expended \$4,953,028 in state funds on State Family Foster Care. These funds were not used as match against any federal funding sources. This amount became the maximum that a State may use as a match for foster care maintenance payments under the Title IV-B, Subpart 1, (Section 424(d)) and will serve as a baseline for future years.

Payment Limitations – Title IV-B, Subpart 2

The FY 2019 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was \$1,089,843 state match at 25 percent and a MOE of \$1,520,000 to equal a total expenditure of \$2,609,843.

See attached ***Oklahoma FY 22 CFS-101 - Excel***, ***Oklahoma FY 22 CFS-101 – PDF***, and ***Oklahoma FY 21 CFS-101 Reallotment***.