



**2023**  
**Annual Progress and Services Report (APSR)**  
**to the**  
**2020-2024 Child and Family Services Plan (CFSP)**



**CHILD WELFARE SERVICES**

**June 30, 2022**

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## **List of Acronyms**

|        |                                                        |
|--------|--------------------------------------------------------|
| ACF    | Administration for Children and Families               |
| AFCARS | Adoption and Foster Care Analysis and Reporting System |
| AOCS   | Assessment of Child Safety                             |
| APSR   | Annual Progress and Services Report                    |
| ASFA   | Adoption Safe Families Act                             |
| ASK    | Actively Seeking KINnections                           |
| CANS   | Child and Adolescent Needs and Strengths               |
| CAPTA  | Child Abuse Prevention and Treatment Act               |
| CB     | Children's Bureau                                      |
| CBHS   | Child Behavioral Health Screener                       |
| CCL    | Child Care Licensing                                   |
| CFSP   | Child and Family Services Plan                         |
| CFSR   | Child and Family Services Reviews                      |
| CHBS   | Comprehensive Home-Based Services                      |
| CIP    | Court Improvement Project                              |
| COC    | Continuum of Care                                      |
| CPR    | Contract Performance Review                            |
| CPS    | Child Protective Services                              |
| CPT    | Child Protection Team                                  |
| CQI    | Continuous Quality Improvement                         |
| CSM    | Child Safety Meeting                                   |
| CW     | Child Welfare                                          |
| CWS    | Child Welfare Services                                 |
| DDS    | Developmental Disabilities Services                    |
| DV     | Domestic Violence                                      |
| EFC    | Enhanced Foster Care                                   |
| EOP    | Emergency Operations Plan                              |
| EPSDT  | Early Periodic, Screening, Diagnosis and Treatment     |
| ETV    | Education and Training Voucher                         |
| FASD   | Fetal Alcohol Spectrum Disorder                        |



|        |                                                          |
|--------|----------------------------------------------------------|
| FC&A   | Foster Care and Adoptions                                |
| FCS    | Family-Centered Services                                 |
| FFPSA  | Family First Prevention Services Act                     |
| FFY    | Federal Fiscal Year                                      |
| FM     | Family Meeting                                           |
| FMC    | Family Meeting Continuum                                 |
| FY     | Fiscal Year                                              |
| FYI    | Foster Youth to Independence                             |
| HUD    | Housing and Urban Development                            |
| ICPC   | Interstate Compact on the Placement of Children          |
| ICWA   | Indian Child Welfare Act                                 |
| ICW    | Indian Child Welfare                                     |
| IM     | Initial Meeting                                          |
| IMH    | Infant Mental Health                                     |
| ISP    | Individualized Service Plan                              |
| ISS    | Intensive Safety Services                                |
| ITFC   | Intensive Treatment Family Care                          |
| KIDS   | Oklahoma's SACWIS                                        |
| LMS    | Learning Management System                               |
| LGBTQ+ | Lesbian, Gay, Bisexual, Transgender, or Queer and Others |
| MDT    | Multidisciplinary Team                                   |
| MHC    | Mental Health Consultant                                 |
| MIC    | Maltreatment in Care                                     |
| MOU    | Memorandum of Understanding                              |
| NAS    | Neonatal Abstinence Syndrome                             |
| NCANDS | National Child Abuse and Neglect Data System             |
| NRCYS  | National Resource Center for Youth Services              |
| NYTD   | National Youth in Transition Database                    |
| OAC    | Oklahoma Administrative Code                             |
| OCS    | Oklahoma Children's Services                             |
| OCCY   | Oklahoma Commission on Children and Youth                |

|         |                                                                   |
|---------|-------------------------------------------------------------------|
| ODMHSAS | Oklahoma Department of Mental Health and Substance Abuse Services |
| OHCA    | Oklahoma Health Care Authority                                    |
| OHFA    | Oklahoma Housing and Finance Agency                               |
| OICA    | Oklahoma Institute for Child Advocacy                             |
| OICWA   | Oklahoma Indian Child Welfare Association                         |
| OJA     | Office of Juvenile Affairs                                        |
| OJT     | On-the-Job Training                                               |
| OKDHS   | Oklahoma Human Services                                           |
| OKFYA   | Oklahoma Foster Youth Advocates                                   |
| OKSA    | Oklahoma Successful Adulthood                                     |
| OMS     | Online Monitoring System                                          |
| OSDE    | Oklahoma State Department of Education                            |
| OSDH    | Oklahoma State Department of Health                               |
| OSRI    | Onsite Review Instrument                                          |
| OU      | University of Oklahoma                                            |
| OU-CPM  | University of Oklahoma Center for Public Management               |
| OUHSC   | University of Oklahoma Health and Sciences Center                 |
| OUSSW   | University of Oklahoma School of Social Work                      |
| PCAP    | Parent-Child Assistance Program                                   |
| PIP     | Performance Improvement Plan                                      |
| PP      | Permanency Planning                                               |
| PRFC    | Person(s) Responsible for the Child                               |
| PSSF    | Promoting Safe and Stable Families                                |
| QA      | Quality Assurance                                                 |
| QRTP    | Qualified Residential Treatment Program                           |
| RFP     | Resource Family Partner                                           |
| SACWIS  | Statewide Automated Child Welfare Information System              |
| SAFER   | Safely Advocating for Families Engaged in Recovery                |
| SFY     | State Fiscal Year                                                 |
| SIT     | Statewide Implementation Team                                     |
| SOC     | Systems of Care                                                   |

|      |                                              |
|------|----------------------------------------------|
| SPPU | Specialized Placements and Partnerships Unit |
| SUD  | Substance Use Disorder                       |
| TFC  | Therapeutic Foster Care                      |
| TOL  | Transfer of Learning                         |
| TOT  | Training of Trainers                         |
| TPR  | Termination of Parental Rights               |
| WPC  | Written Plan of Compliance                   |
| WWK  | Wendy's Wonderful Kids                       |
| YARG | Youth Apprenticeship Readiness Grant         |
| YHDP | Youth Homelessness Demonstration Program     |
| YTS  | Youth Transition Services                    |

## INTRODUCTION

### 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 (CW) 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, nine deputy directors, a director of clinical operations, and a leadership and employee support administrator, 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 49 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, six teams, each led by the CWS Director, a deputy director, a clinical director, or administrator are responsible for CWS Placement Programs, CWS Programs, Tribal Partnerships, CWS Operations and Business Processes, Clinical Operations, and Leadership and Employee Support. 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 and FCS. 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 youth 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-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 – oversees Oklahoma Children's Services and provides oversight and management of the Family First program in order to ensure successful completion of the Title IV-E Prevention Program.
  - School-Based Services – administers the School-Based Services Program, a contractual partnership between OKDHS and local school districts to share the cost of an embedded school-based specialist.
- The CWS Tribal team is responsible for the policy, procedures, and programs for:
  - 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.

- 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.
- The Administrator for Leadership and Employment Support is responsible for employee-support efforts throughout the CWS division; collaborates with the OKDHS Human Resources, Legal, Finance, and other support divisions on issues that impact CWS; and serves as an advisor to the CWS Executive Team and the CWS statewide leadership team.

### **Vision Statement**

OKDHS' mission is to improve the quality of life of vulnerable Oklahomans by increasing their ability to lead safer, healthier, more independent and productive lives. OKDHS provides help and offers hope to individuals and families through stronger practices, involved communities, and a caring and engaged workforce. OKDHS serves all individuals and families regardless of race, color, sex, age, disability, national origin, religion, or political opinion or affiliation; and, complies with all applicable state and federal civil rights laws including the Civil Rights Act, the Rehabilitation Act, and the American with Disabilities Act.

OKDHS continues to evolve as an organization that is creative, innovative, and focused on deconstructing systemic barriers that 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

designing service delivery with an intentional inclusion of client voice and human-centered design, providing close physical locations in service to families, and leveraging opportunities to blend funding sources.

In tandem with organizational and service delivery improvement and in collaboration with the HOPE Research Center at the University of Oklahoma, OKDHS is the first Hope-centered and trauma-informed state agency in Oklahoma. OKDHS continues to create Hope-centered policies, practices, and programs that positively impact systems and communities throughout the state. In 2021, OKDHS launched 52 on-site Community Hope Centers in areas of highest need. The centers utilized mental health professionals, OKDHS social services staff, and virtual learning tools while providing meals, snacks, and enrichment activities. The centers give children ages 5 to 18 a safe place to learn and keep up with their classwork while embedded OKDHS caseworkers helped eligible families enroll for food assistance, home energy assistance, and workforce programs. As schools return to in-person learning, OKDHS plans to expand the Hope-centered model to serve the workforce needs of individuals and communities across the state.

Within OKDHS, 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. CWS' vision is to promote strong Oklahoma families together.

To achieve this mission and vision, CWS, in partnership with stakeholders, is committed to 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 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 Child Family Services Plan focus on trauma-informed, prevention-based care, and ensure the practice, procedures, and policies continue to be enhanced and create sustainable, desired outcomes for Oklahoma children and families.

CWS invests a large number of resources to safely reduce the number of children entering foster care, a trend that has resulted in a 35 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 focus 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. The capacity to serve children and families that need prevention and reunification services is increased through strong family-centered practices involving training and structured, supportive supervision focused 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.

This approach is expected to lead to better outcomes for children and families, a stronger and more-aligned workforce, a greater degree of internal and external collaboration, and improved service flexibility and innovation. Additionally, 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.



## COLLABORATION

Child Welfare Services (CWS) is engaged in substantial, ongoing, and meaningful collaboration with families, children, youth, tribes, courts, and other partners in assessing the child welfare (CW) system's current functioning including analyses of strengths and areas of need. Information gathered from focus groups, community meetings, workgroups, reviews, and reports was compiled and served as the basis for development of the Oklahoma 2020-2024 Child and Family Services Plan (CFSP). Engagement with families, children and youth, tribes, courts, and other partners is ongoing and occurs regularly through focus groups, meetings, and workgroups.

CWS continues to ensure stakeholders are actively involved in CFSP implementation via ongoing meetings and workgroups, 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 offers insight to the effectiveness of ongoing collaborations, 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 include:

- 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; and
- youth in care.

Further details regarding collaboration and stakeholder involvement are found throughout other sections of this 2023 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**.

## 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 Review (CFSR) 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, 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. 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 each 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 includes 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 20B or 21A and included 80 children in foster care and 50 families receiving in-home services. The CFSR case reviews occurred from April 2021 through March 2022 with periods under review ranging from April 2020 through March 2022. 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 with 27 districts aligned according to court jurisdictions. Wide variances may exist 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.

The COVID-19 pandemic continued during this reporting period's time frame, and its impact on the case review process, rating of items, and other included data, is unknown. Interviews with participants occurred by telephone or virtually. CFSR staff completing the case reviews continued teleworking. Families, whether they were CW staff, parents,

other caregivers, children, or resource families, continued living under stressful circumstances with employment uncertainties, children attending virtual school from home at times, loss of in-person supports and services, virus-related illness, and even death.

## Safety

Child safety is paramount within Oklahoma's CW system. Safety is a priority beginning from 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 CW practice. As a result, work continues to support the ongoing implementation, sustainability, and fidelity of the Safety through Supervision Framework, which is addressed in this APSR 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 is intended 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. A report that indicates 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.

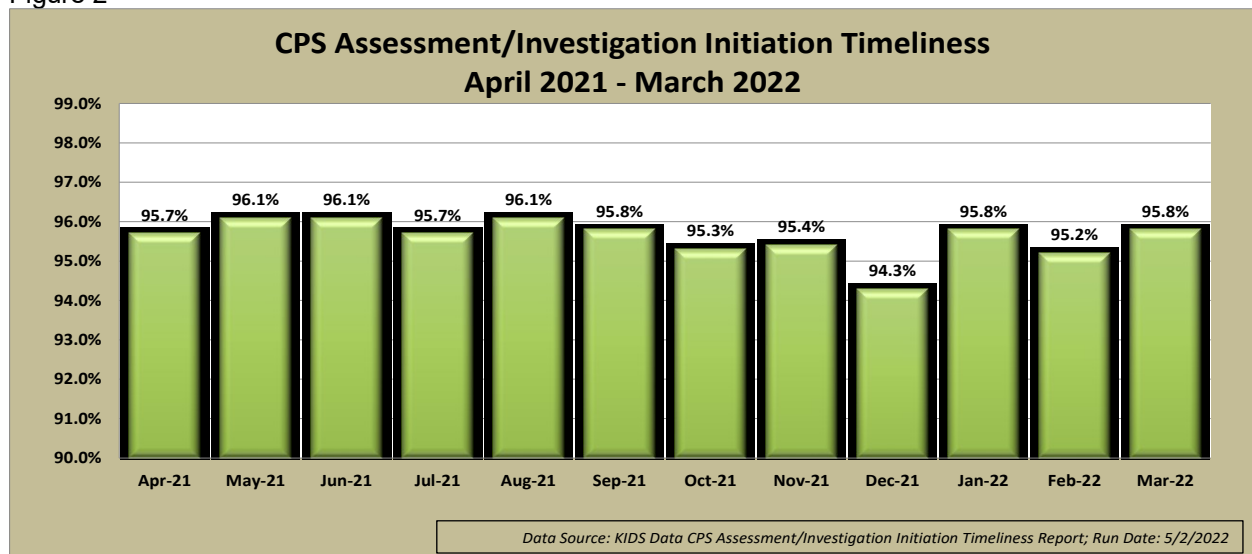
Timely initiation of CPS investigations and assessments is evidence of a commitment to safety. Oklahoma CWS defines initiation as the moment the first attempt is made to contact the child victim(s) face-to-face. Initiation timeliness is consistently a strong area for Oklahoma. Figures 1 and 2 reflect the state quantitative data for the reporting period of April 2021 through March 2022.

Figure 1

|                                                  | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TOTAL |
|--------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| % Within Policy                                  | 95.7%  | 96.1%  | 96.1%  | 95.7%  | 96.1%  | 95.8%  | 95.3%  | 95.4%  | 94.3%  | 95.8%  | 95.2%  | 95.8%  | 95.6% |
| # of Reports                                     | 3147   | 2573   | 2416   | 2407   | 2687   | 2787   | 2664   | 2521   | 2406   | 2363   | 2355   | 3031   | 31357 |
| # Within Policy                                  | 3011   | 2472   | 2322   | 2303   | 2582   | 2671   | 2538   | 2405   | 2268   | 2263   | 2241   | 2903   | 29979 |
| # Not Within Policy                              | 136    | 101    | 94     | 104    | 105    | 116    | 126    | 116    | 138    | 100    | 114    | 128    | 1378  |
| Average Length of Time (ALOT) to Initiate (Days) | 1.9    | 1.9    | 1.7    | 1.7    | 1.8    | 1.8    | 2.0    | 1.9    | 1.9    | 1.8    | 1.8    | 1.8    | 1.8   |

*Data Source: KIDS Data CPS Assessment/Investigation Initiation Timeliness Report; Run Date: 5/2/2022*

Figure 2



A difference exists between the above KIDS quantitative data which indicates initiation timeliness at 95.6 percent during April 2021 through March 2022, a 12-month timeframe, and the qualitative case review data in Figure 3 which indicates initiation timeliness at 84 percent during April 2020 through March 2022, 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 the 2022 APSR which reflected initiation timeliness at 81 percent, Oklahoma CWS' statewide average performance increased by 2.9 percent for this item.

Figure 3

| CFSR Case Review Data: 04/2020-03/2022                                                |  | Performance Item Ratings |             |          | Outcome Ratings        |                    |              |          |
|---------------------------------------------------------------------------------------|--|--------------------------|-------------|----------|------------------------|--------------------|--------------|----------|
| Applicable Cases: 75                                                                  |  | Strength                 | ANI         | Cases NA | Substantially Achieved | Partially Achieved | Not Achieved | Cases NA |
| Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. |  |                          |             |          | 84%<br>n=63            | 0%<br>n=0          | 16%<br>n=12  | n=55     |
| Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment      |  | 84%<br>n=63              | 16%<br>n=12 | n=55     |                        |                    |              |          |

Data Source: CFSR Portal/QMS/OSRI/Oklahoma; Date: 5/05/22

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. These practices, during this reporting period, appeared more often in metro areas. Regional variances ranged from a low of 69 percent in metro regions compared to a high of 93 percent in rural regions.

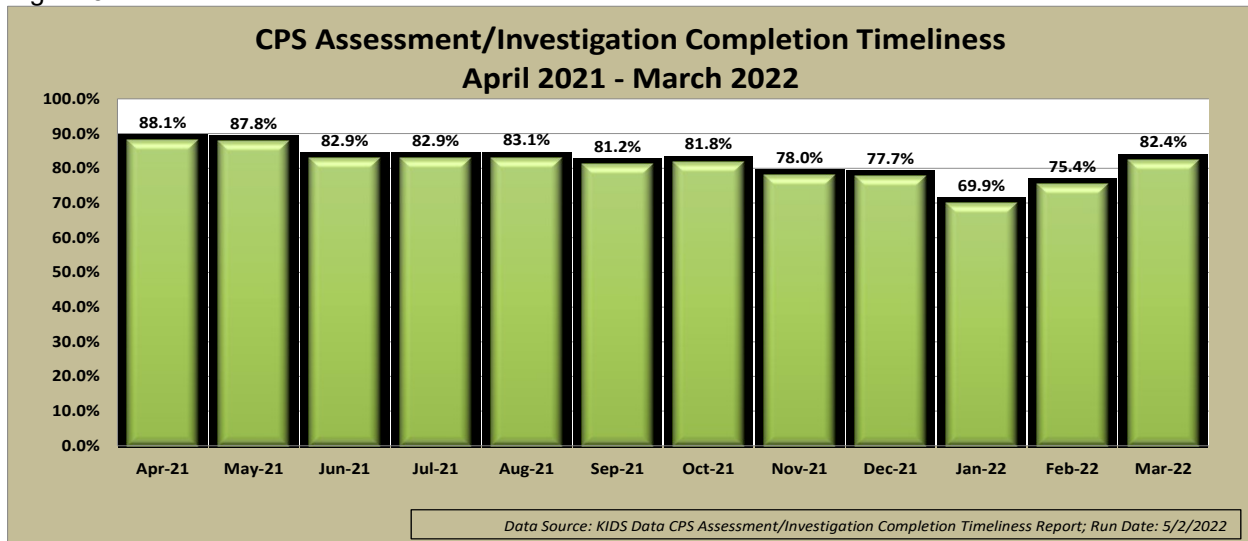
In addition to initiation, timely completion of CPS investigations and assessments is also an indicator of ensuring child safety. From April 2021 through March 2022, CWS completed 81.1 percent of 31,320 CPS investigations and assessments within required time frames, as seen in Figures 4 and 5. CWS' completion timeliness of 81.1 percent is a 3.8 percent decrease for this reporting period compared to the 2022 APSR of 84.9 percent. While a decrease was seen this reporting period, 81.1 percent is still a marked improvement when compared to the 2021 APSR of 77.2 percent.

Figure 4

|                                                  | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | TOTAL |
|--------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| % Within Policy                                  | 88.1%  | 87.8%  | 82.9%  | 82.9%  | 83.1%  | 81.2%  | 81.8%  | 78.0%  | 77.7%  | 69.9%  | 75.4%  | 82.4%  | 81.1% |
| Completed                                        | 2957   | 2898   | 2893   | 2459   | 2401   | 2511   | 2585   | 2555   | 2567   | 2630   | 2244   | 2620   | 31320 |
| # Within Policy                                  | 2606   | 2543   | 2397   | 2038   | 1996   | 2038   | 2115   | 1994   | 1994   | 1839   | 1693   | 2158   | 25411 |
| # Not Within Policy                              | 351    | 355    | 496    | 421    | 405    | 473    | 470    | 561    | 573    | 791    | 551    | 462    | 5909  |
| Average Length of Time (ALOT) to Complete (Days) | 43.5   | 43.5   | 47.9   | 45.8   | 45.7   | 45.4   | 45.6   | 47.3   | 48.9   | 51.9   | 47.8   | 45.1   | 46.5  |

Data Source: KIDS Data CPS Assessment/Investigation Completion Timeliness Report; Run Date: 5/2/2022

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, 44.62 percent substantially achieved, reflects no change in ensuring safety for children when compared to the 2022 APSR. CWS has multiple strategies in place that focus on the improvement of safely maintaining children in their homes, whenever possible and appropriate.

Figure 6

| CFSR Case Review Data: 04/2020-03/2022                                                                        |  |  |  | Performance Item Rating |                |           | Outcome Ratings        |                    |                |           |
|---------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------|----------------|-----------|------------------------|--------------------|----------------|-----------|
| Applicable Cases: 130                                                                                         |  |  |  | Strength                | All            | Cases IIA | Substantially Achieved | Partially Achieved | Not Achieved   | Cases IIA |
| Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.            |  |  |  |                         |                |           | 44.62%<br>n=58         | 26.15%<br>n=34     | 29.23%<br>n=38 | n=0       |
| Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care |  |  |  | 82.61%<br>n=57          | 17.39%<br>n=12 | n=61      |                        |                    |                |           |
| Item 3: Risk and Safety Assessment and Management                                                             |  |  |  | 44.62%<br>n=58          | 55.38%<br>n=72 | n=0       |                        |                    |                |           |

Data Source: CFSR Portal/OIMS/OSRI/Oklahoma; Date: 5/05/22

### 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 57 of 69 applicable cases, services to protect the child(ren) in the home and prevent removal or re-entry into foster care is a strength in 82.61 percent of cases. This represents an increase of 13.64 percent for this reporting period when compared to the 2022 APSR of 68.97 percent. Significant regional rating variance is noted for this item, ranging from a strength of 100 percent in a region that is entirely metro to a low of 58.3 percent in a region that is largely rural. Metro areas tend to have a larger array of readily available services providing families with safety supports to prevent removal. Other factors may impact this disparity in regional performance, which is assessed per several strategies in this APSR 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: 04/2020-03/2022                                                                        |  | Performance Item Rating |                          |          |
|---------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|----------|
| Applicable Cases: 69                                                                                          |  | 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 |  | 82.61%<br>n=57          | 17.39%<br>n=12           | n=61     |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                                     |  |                         |                          |          |

As indicated in Figure 8, removing children from their homes decreased this reporting period when compared to the 2022 APSR.

Figure 8

| Month                                                     | In Care at Beginning of Month | Removed During the Month | Exited During the Month | Removed at End of Month |
|-----------------------------------------------------------|-------------------------------|--------------------------|-------------------------|-------------------------|
| Mar, 2018                                                 | 8741                          | 334                      | 425                     | 8560                    |
| Mar, 2019                                                 | 7966                          | 351                      | 350                     | 7967                    |
| Mar, 2020                                                 | 7761                          | 305                      | 284                     | 7782                    |
| Mar, 2021                                                 | 7864                          | 357                      | 365                     | 7856                    |
| Mar, 2022                                                 | 7230                          | 353                      | 372                     | 7211                    |
| Data Source: Removals By Month Report; Run Date: 5/2/2022 |                               |                          |                         |                         |

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 FCS Cases Open at Least 7 days by Month                        |        |        |        |        |        |        |        |        |        |        |        |
|--------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Apr-21                                                             | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
| 122                                                                | 98     | 115    | 95     | 92     | 88     | 96     | 95     | 93     | 97     | 90     | 85     |
| Data Source: New FCS Cases Report - KIDS Data; Run Date: 4/30/2022 |        |        |        |        |        |        |        |        |        |        |        |

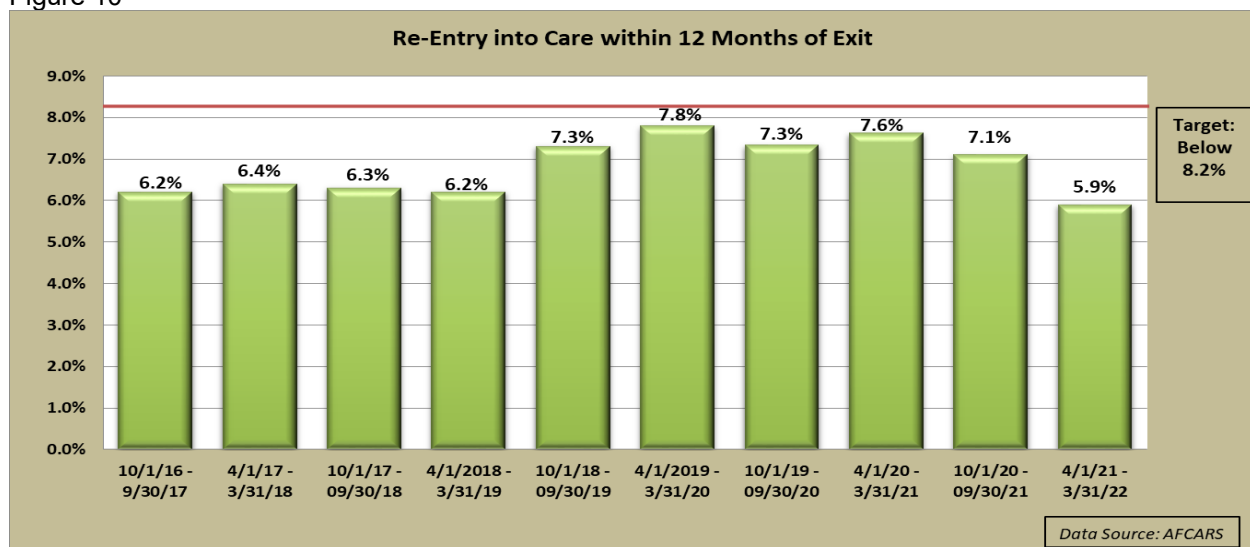
For the current period, 1,680 families were served through FCS, a decrease of 657 FCS cases compared to the 2022 APSR. The reason for this decline isn't readily known at this time; however, the number of child maltreatment referrals accepted for CPS investigation also decreased during this same time frame. 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). In addition, the Temporary Assistance to Needy Families Reinvestment strategy increased primary prevention efforts and expanded SafeCare® services available to families without an ongoing CW case. This allows CWS to continue to explore



adding evidence-based treatment modalities to the Family First Prevention Services Act (FFPSA) Clearinghouse to increase the service array available to families through prevention services. Further information on resources and FFPSA is provided in other sections of this APSR including, but not limited, to the **Update to the Assessment of Current Performance in Improving Outcomes**, CFSR Systemic Factors, Service Array and Resource Development, and 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 decreased 1.2 percent and remains below the CWS target rate of 8.2 percent and below the national performance of 8.1 percent per the CB's February 2022 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. An additional issue noted this reporting period was a lack of sufficient unannounced caseworker visits to the child's foster home which impacts the overall assessment of safety for children in out-of-home care.

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 44.62 percent of cases reviewed. This number is a less than 1 percent decrease compared to the 2022 APSR of 45.38 percent.

Figure 11

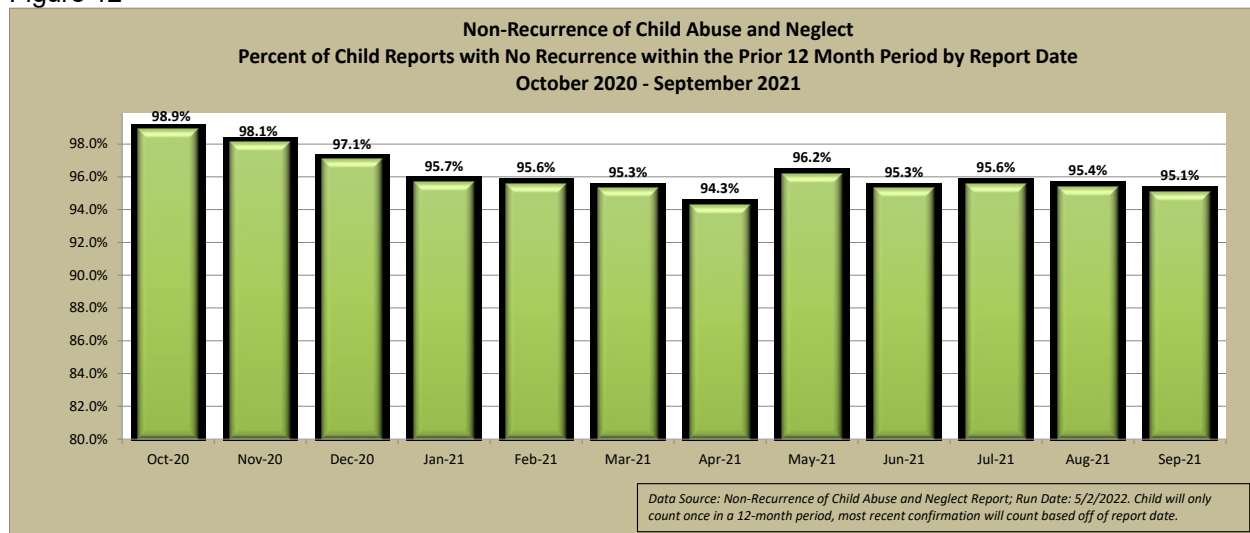
| CFSR Case Review Data: 04/2020-03/2022                                                                    |  | Performance Item Rating |                          |          |
|-----------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|----------|
| Applicable Cases: 130                                                                                     |  | Strength                | Area Needing Improvement | Cases NA |
| <b>Safety Outcome 2:</b> Children are safely maintained in their homes whenever possible and appropriate. |  |                         |                          |          |
| <b>Item 3:</b> Risk and Safety Assessment and Management                                                  |  | 44.62%<br>n=58          | 55.38%<br>n=72           | n=0      |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                                 |  |                         |                          |          |

In looking at the individual elements of risk and safety assessment and management in the 130 applicable cases, the initial assessment accurately assessed all risk and safety concerns in 67.27 percent of cases reviewed. The ongoing assessment that accurately assessed all risk and safety concerns occurred in 48.03 percent of cases reviewed. The accurate and appropriate development and monitored Safety Plan occurred in 53.23 percent of the cases reviewed.

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. Assessment and remedies to address this are discussed under **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes** and **Quality Assurance System**.

CWS tracks non-recurrence of child maltreatment by calculating what percentage of all children who were victims of a substantiated report of child maltreatment, were not victims of a substantiated report within 12 months. Figure 12 indicates the percentage of all child victims in each month of October 2020 through September 2021 that were not victims within 12 months.

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 96.1 percent. This table also indicates for substantiated child victims in October 2020 through September 2021, when recurring maltreatment did occur, it occurred within an average of 94.4 days or about 13 weeks.

Figure 13

|                                                    | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | TOTAL |
|----------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| % Non-Recurrence                                   | 98.9%  | 98.1%  | 97.1%  | 95.7%  | 95.6%  | 95.3%  | 94.3%  | 96.2%  | 95.3%  | 95.6%  | 95.4%  | 95.1%  | 96.1% |
| # of Confirmed                                     | 1147   | 1063   | 1025   | 1097   | 1001   | 1363   | 1296   | 1067   | 1119   | 1161   | 658    | 184    | 12181 |
| # of Non-Recurrence                                | 1134   | 1043   | 995    | 1060   | 957    | 1299   | 1222   | 1026   | 1066   | 1110   | 628    | 175    | 11705 |
| # of Recurrence                                    | 13     | 20     | 30     | 47     | 44     | 64     | 74     | 41     | 53     | 51     | 30     | 9      | 476   |
| Average Length of Time (ALOT) to Recurrence (Days) | 56.1   | 64.8   | 84.1   | 86.9   | 85.5   | 104.3  | 101.7  | 99.0   | 109.8  | 100.1  | 88.8   | 78.4   | 94.4  |

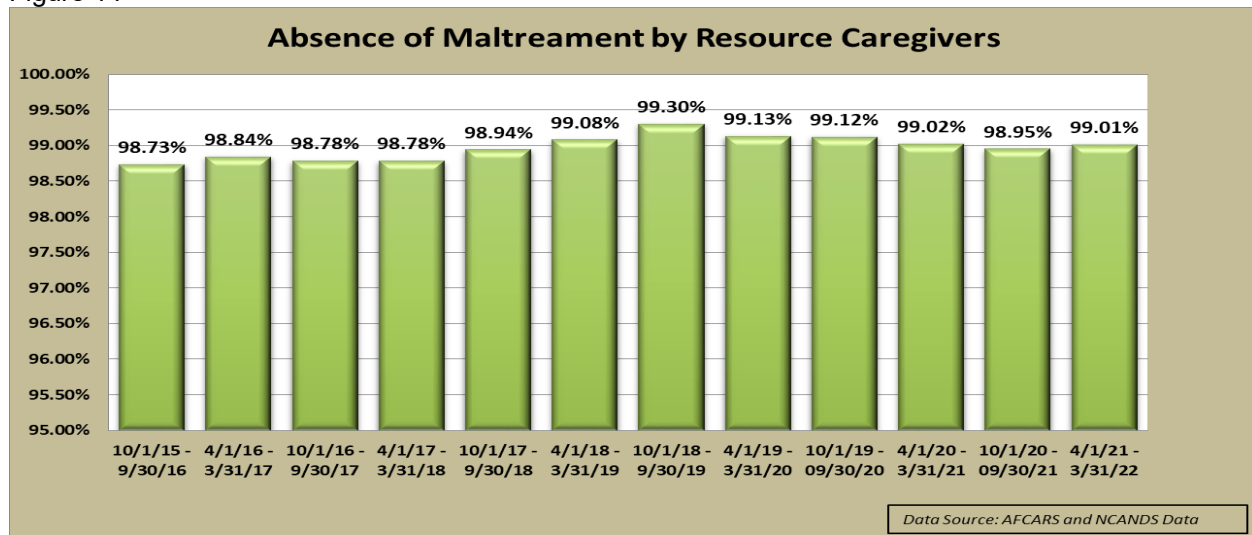
Data Source: Non-Recurrence of Child Abuse and Neglect Report; Run Date: 5/2/2022. Child will only count once in a 12-month period, most recent confirmation will count based off of report date.

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 APSR 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 14, during this reporting period the rate of absence of maltreatment by resource caregivers is 99.01 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 14



## Permanency

CWS continues efforts towards preventing unnecessary family separation by keeping families safe, healthy, and together whenever possible before remedial efforts become necessary. These efforts are evident by the decreasing number of children that have entered out-of-home care within the last five years, as seen in Figure 17. 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;
- child's permanency goal; and
- achieving reunification, guardianship, adoption, or other planned permanent living arrangement.

Overall, as per Figure 15, case review data outcome ratings indicate children with permanency and stability in their living situation was substantially achieved in 25 percent, partially achieved in 67.5 percent, and not achieved in 7.5 percent of 80 cases reviewed. These ratings indicate an increase of 3.75 percent for substantially achieved ratings, an increase of 2.5 percent of partially achieved ratings, and a decrease of 6.25 percent of not achieved ratings when compared to the 2022 APSR of 21.25 percent substantially achieved, 65 percent partially achieved, and 13.75 percent not achieved.

Figure 15

| CFSR Case Review Data: 04/2020-03/2022                                                                 |  | Performance Item Ratings |                          |           | Outcome Ratings        |                    |              |           |
|--------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|-----------|------------------------|--------------------|--------------|-----------|
| Applicable Cases: 80                                                                                   |  | Strength                 | Area Needing Improvement | Cases IIA | Substantially Achieved | Partially Achieved | Not Achieved | Cases IIA |
| Permanency Outcome 1: Children have permanency and stability in their living situations.               |  |                          |                          |           | 25%<br>n=20            | 67.5%<br>n=54      | 7.5%<br>n=6  | n=0       |
| Item 4: Stability of Foster Care Placement                                                             |  | 71.25%<br>n=57           | 28.75%<br>n=23           | n=0       |                        |                    |              |           |
| Item 5: Permanency Goal for Child                                                                      |  | 58.75%<br>n=47           | 41.25%<br>n=33           | n=0       |                        |                    |              |           |
| Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement |  | 41.25%<br>n=33           | 58.75%<br>n=47           | n=0       |                        |                    |              |           |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                              |  |                          |                          |           |                        |                    |              |           |

#### 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 16, Permanency Outcome 1, Item 4, reflects placement stability as a strength for 71.25 percent of 80 cases reviewed. This result is an increase of 11.25 percent, compared to the 2022 APSR of 60 percent placement stability.

Figure 16

| CFSR Case Review Data: 04/2020-03/2022                                                   |  | 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 4: Stability of Foster Care Placement                                               |  | 71.25%<br>n=57          | 28.75%<br>n=23           | n=0      |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                |  |                         |                          |          |

Regional rating variance for this item ranges from a strength of 56.25 percent as a low to 81.25 percent as a high. Across all regions, appropriate and stable placements are integral to successful outcomes for children and ongoing efforts by CWS continue for increasing placement stability. Updates to statewide placement stability efforts are addressed in this APSR 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 are still a primary focus of 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 are addressed 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 of children in OKDHS custody with an initial documented goal established per CWS policy timeframes. Per Figure 17, for April 2021 through March 2022, 98.6 percent of children had a case plan goal documented in KIDS, which is a decrease of 0.3 percent when compared to the 2022 APSR.

Figure 17

| <b>CFSR Item 20 - Period Ending 3/31/2022 - 21B - 22A</b>                              |                  |                                                      |                                          |                                  |
|----------------------------------------------------------------------------------------|------------------|------------------------------------------------------|------------------------------------------|----------------------------------|
| 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 |
| 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%                            |
| 21B - 22A                                                                              | 11,222           | 10,619                                               | 10,469                                   | 98.6%                            |
| <i>Data Source: KIDS Removals Table (Period 21B - 22A covers 4/1/2021 - 3/31/2022)</i> |                  |                                                      |                                          |                                  |

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 18, case reviews for Permanency Outcome 1, Item 5, indicate this as a strength at 58.75 percent, which is an increase of 2.5 percent in performance when compared to the 2022 APSR of 56.25 percent.

Figure 18

| <b>CFSR Case Review Data: 04/2020-03/2022</b>                                                   |                | <b>Performance Item Rating</b> |          |
|-------------------------------------------------------------------------------------------------|----------------|--------------------------------|----------|
| Applicable Cases: 80                                                                            | Strength       | Area Needing Improvement       | Cases NA |
| <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. |                |                                |          |
| Item 5: Permanency Goal for Child                                                               | 58.75%<br>n=47 | 41.25%<br>n=33                 | n=0      |
| <i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22</i>                                |                |                                |          |

The above strength rating requires that all elements must have occurred including the case record's documented goal, establishing it 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 68.75 percent of cases; all goals were appropriate for 73.75 percent of cases; and TPR was filed timely or an exception applied in 77.78 percent of applicable cases.

Permanency goal strength ratings in one region decreased by 25 percent during this reporting period while two region's strength rating increased by 12.5 and 25 percent. The other two regions remained the same. Updates as to targeted strategies pertaining to family engagement are found in this APSR 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 the child's permanency through adoption, guardianship, or another permanent living situation.

As per Figure 19, of the 80 cases included in case reviews, Permanency Outcome 1, Item 6, 41.25 percent made concerted efforts toward permanency. This number is a 2.5 percent increase in performance compared to the 2022 APSR of 38.75 percent.

Figure 19

| CFSR Case Review Data: 04/2020-03/2022                                                                 |                | 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 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 41.25%<br>n=33 | 58.75%<br>n=47           | n=0      |  |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                              |                |                          |          |  |

Of the 80 cases reviewed, permanency goals included:

- 22 children with a goal of reunification - OKDHS and the court made concerted efforts to achieve timely reunification in 12 cases;
- 2 children with a goal of guardianship - OKDHS and the court made concerted efforts to achieve timely guardianship in one case;
- 59 children with a goal of adoption - case reviews found 22 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 the one case.

*Note: The above numbers do not equal 80 cases as a child may have had more than one goal during the period under review.*



Regional strength ratings for this item varied from 25 percent to 50 percent. Two regions decreased by 6.25 and 25 percent. Three regions increased by 12.5, 18.75, and 12.5 percent.

Figure 20 reflects the permanency timeliness of all children in out-of-home care during this reporting period.

Figure 20

| Permanency Timeliness                 |                          |                               |                         |
|---------------------------------------|--------------------------|-------------------------------|-------------------------|
|                                       | # Reunifications         | Reunifications In < 12 Months | % Reunifications Timely |
| Reunifications in Less than 12 months | 1771                     | 839                           | 47.4%                   |
|                                       |                          |                               |                         |
|                                       | # Guardianships          | Guardianships In < 18 Months  | % Guardianships Timely  |
| Guardianships in Less than 18 months  | 377                      | 195                           | 51.7%                   |
|                                       |                          |                               |                         |
|                                       | # of Finalized Adoptions | Adoptions In < 24 Months      | % Adoptions Timely      |
| Adoptions in Less than 24 months      | 1492                     | 600                           | 40.2%                   |
| 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 21, KIDS quantitative data for AFCARS periods 21B through 22A reflects 94.5 percent of Periodic Hearings were held timely, an increase of 1.8 percent. For the same period, KIDS quantitative data in Figure 22 reflects 88.6 percent of Permanency Hearings were held timely, an increase of 3 percent. Both figures indicate that the courts are still not holding these type hearings as timely as prior to the onset of the COVID-19 pandemic.

Figure 21

| CFSR Item 21 - Period Ending 3/31/2022 - 21B - 22A                              |                  |                                 |                                  |                                   |                                         |                                          |
|---------------------------------------------------------------------------------|------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------------------------|------------------------------------------|
| 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 |
| 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%                                    |
| 21B-22A                                                                         | 11,222           | 17,072                          | 16,507                           | 96.7%                             | 16,139                                  | 94.5%                                    |
| Data Source: KIDS Removals Table (Period 21B - 22A covers 4/1/2021 - 3/31/2022) |                  |                                 |                                  |                                   |                                         |                                          |



Figure 22

| CFSR Item 22 - Period Ending 3/31/2022 - 21B - 22A                              |                  |                                   |                                    |                                     |                                           |                                            |
|---------------------------------------------------------------------------------|------------------|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------------|--------------------------------------------|
| 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 |
| 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%                                      |
| 21B - 22A                                                                       | 11,222           | 7,832                             | 7,251                              | 92.6%                               | 6,936                                     | 88.6%                                      |
| Data Source: KIDS Removals Table (Period 21B - 22A covers 4/1/2021 - 3/31/2022) |                  |                                   |                                    |                                     |                                           |                                            |

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 APSR 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 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 23 case review data indicates substantial achievement of 65 percent, which is a 5 percent increase when compared to the 2022 APSR report of 60 percent.

Figure 23

Figure 20

| CFSR Case Review Data: 04/2020-03/2022                                                                         | Performance Item Rating |                |          | Outcome Ratings        |                    |              |                 |
|----------------------------------------------------------------------------------------------------------------|-------------------------|----------------|----------|------------------------|--------------------|--------------|-----------------|
| Applicable Cases: 80                                                                                           | Strength                | ANI            | Cases NA | Substantially Achieved | Partially Achieved | Not Achieved | Cases NA        |
| <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. |                         |                |          | 65%<br>n=52            | 32.5%<br>n=26      | 2.5%<br>n=2  | Cases NA<br>n=0 |
| Item 7: Placement With Siblings                                                                                | 78.18%<br>n=43          | 21.82%<br>n=12 | n=25     |                        |                    |              |                 |
| Item 8: Visiting With Parents and Siblings in Foster Care                                                      | 69.23%<br>n=45          | 30.77%<br>n=20 | n=15     |                        |                    |              |                 |
| Item 9: Preserving Connections                                                                                 | 56.25%<br>n=45          | 43.75%<br>n=35 | n=0      |                        |                    |              |                 |
| Item 10: Relative Placement                                                                                    | 75%<br>n=60             | 25%<br>n=20    | n=0      |                        |                    |              |                 |
| Item 11: Relationship of Child in Care With Parents                                                            | 72.73%<br>n=32          | 27.27%<br>n=12 | n=36     |                        |                    |              |                 |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma a; Date: 5/05/22                                                    |                         |                |          |                        |                    |              |                 |

### 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 permanency and well-being needs are essential and strategies are continuing to meet this need. Figure 24 case review data, Permanency Outcome 2, Item 7, shows siblings placed together in 78.18 percent of 55 applicable cases, which is an increase of 12.66 percent when compared to the 2022 APSR of 65.52 percent. Regional variances in strength ratings ranged from 45.45 percent to 90.9 percent. All regions but one increased with one region decreasing by 29.55 percent.

Figure 24

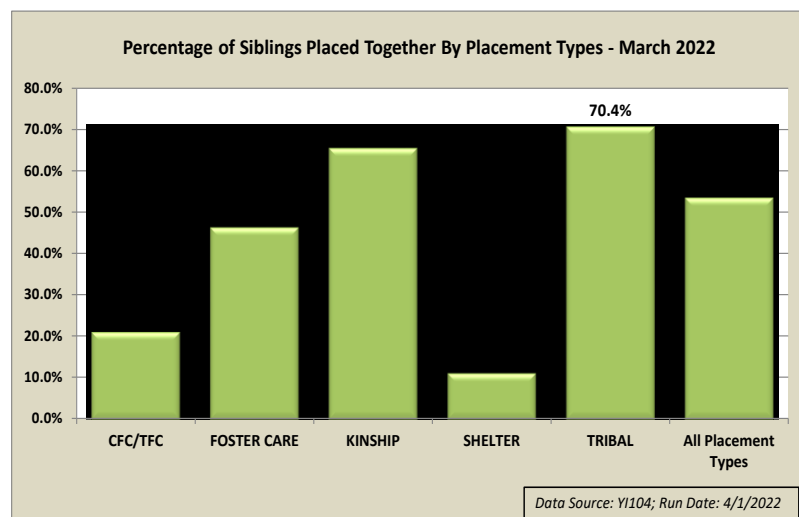
| CFSR Case Review Data: 04/2020-03/2022                                                                         |                | Performance Item Rating  |          |
|----------------------------------------------------------------------------------------------------------------|----------------|--------------------------|----------|
| Applicable Cases: 55                                                                                           | Strength       | Area Needing Improvement | Cases NA |
| <b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children. |                |                          |          |
| <b>Item 7: Placement With Siblings</b>                                                                         | 78.18%<br>n=43 | 21.82%<br>n=12           | n=25     |

*Data Source: CFSR Portal/OIS/OSRI/Oklahoma; Date: 5/05/22*

CWS initiatives 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 25, for April 2021 through March 2022 sibling groups are more frequently placed together in kinship placement types. Actively Seeking KINnections (ASK) efforts are still a priority as outlined in this APSR under Goal 2, Objective 10, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes.**

Figure 25



**Item 8: Visiting with Parents and Siblings in Foster Care**

Case review data in Figure 26 regarding Permanency Outcome 2, Item 8, indicates frequent and quality visitation with parents and siblings in care as a strength in 69.23 percent of 65 applicable cases reviewed. This number is an 11.17 percent increase in performance when compared to the 2022 APSR of 58.06 percent.

Regional case review ratings for this performance ranged in strength from 38.46 percent to 100 percent. While four regions improved, one region had a decrease of 3.21 percent.

Figure 26

| CFSR Case Review Data: 04/2020-03/2022                                                                         |  | Performance Item Rating |                          |          |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|----------|
| Applicable Cases: 65                                                                                           |  | Strength                | Area Needing Improvement | Cases NA |
| <b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children. |  |                         |                          |          |
| Item 8: Visiting With Parents and Siblings in Foster Care                                                      |  | 69.23%<br>n=45          | 30.77%<br>n=20           | n=15     |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                                      |  |                         |                          |          |

**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 27, pertaining to Permanency Outcome 2, Item 9, indicates a strength of 56.25 percent in 80 applicable cases, which is a decrease of 1.25 percent in performance compared to the 2022 APSR of 57.5 percent. Regional performance variances for this item as a strength range between 43.75 to 75 percent during this reporting period.

Figure 27

| CFSR Case Review Data: 04/2020-03/2022                                                                         |  | Performance Item Rating |                          |          |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|----------|
| Applicable Cases: 80                                                                                           |  | Strength                | Area Needing Improvement | Cases NA |
| <b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children. |  |                         |                          |          |
| Item 9: Preserving Connections                                                                                 |  | 56.25%<br>n=45          | 43.75%<br>n=35           | n=0      |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                                      |  |                         |                          |          |

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 and state tribal workgroups to promote cooperation, communication, consistency, and educational awareness of ICWA through case consultation, identification of resources, and sharing of information to keep Indian children connected to their cultures;
- designating staff in each of the five regions as tribal liaisons; and
- appointing a statewide tribal liaison.

Further case review data analysis indicates that sufficient inquiry to determine if a child was eligible for tribal membership occurred in 97.5 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 90.91 percent of cases, demonstrating an increase of 4.24 percent.

#### Item 10: Relative Placement

Early identification of appropriate and stable kinship placements for children helps improve outcomes for children and families. Figure 28 case review data, Permanency Outcome 2, Item 10, reflects that placement with a relative was a strength in 75 percent of 80 cases, which is a decrease of 6.01 percent in performance when compared to the 2022 APSR of 81.01 percent. Regional performance varied in strength ratings from 56.25 percent to 93.75 percent.

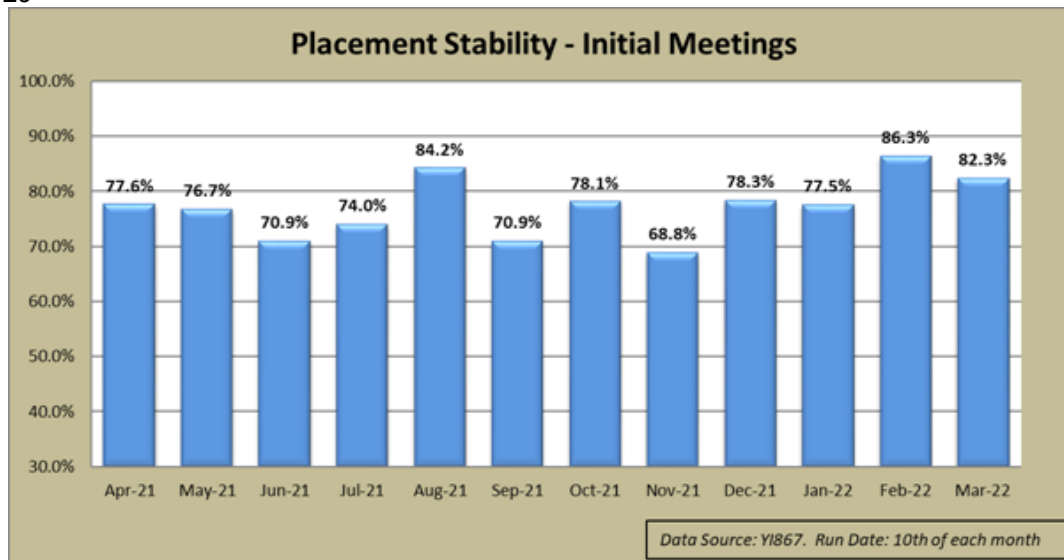
Figure 28

| CFSR Case Review Data: 04/2020-03/2022                                                                  |  | 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 10: Relative Placement                                                                             |  | 75%<br>n=60             | 25%<br>n=20              | n=0      |
| Data Source: CFSR Portal/OIS/OSRI/Oklahoma; Date: 5/05/22                                               |  |                         |                          |          |

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 29 indicates the statewide average number of IMs, from April 2021 through March 2022, were held for 77.13 percent of children. The occurrence of IMs remains the same when compared to the statewide average of 76.29 percent from April 2020 through March 2021. While compliance in completing an IM is important in impacting this outcome, efforts continue in improving IM quality as outlined in this APSR under Goal 2, Objective 1, of the **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**.

Figure 29



#### Item 11: Relationship of Child in Care with Parents

Case review Permanency Outcome 2, Item 11, data in Figure 30 indicates sufficiency of building and maintaining the child's relationship with parents outside of visitation is a strength in 72.73 percent of cases reviewed, a decrease of 8.9 percent compared to the 2022 APSR. Regional variances in performance for this item include strength ratings ranging from 50 percent to 100 percent during this reporting period. 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 30

| CFSR Case Review Data: 04/2020-03/2022                                                                         |  | Performance Item Rating |                          |          |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|----------|
| Applicable Cases: 44                                                                                           |  | Strength                | Area Needing Improvement | Cases NA |
| <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. |  |                         |                          |          |
| Item 11: Relationship of Child in Care With Parents                                                            |  | 72.73%<br>n=32          | 27.27%<br>n=12           | n=36     |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                                      |  |                         |                          |          |

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 82.05 percent, a decrease of 9.44 percent compared to the 2022 APSR. Concerted efforts for fathers were found in 74.19 percent of applicable cases reviewed, a decrease of 2.24 percent compared to the 2022 APSR.

Progress in continuing to improve the frequency, quality, and promotion of positive parent/child relationships with both mothers and fathers is found in this APSR 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 each case's ultimate outcome. The case review data for this outcome, seen in Figure 31, represents a 10.77 percent increase in substantially achieved performance when compared to the 2022 APSR of 30 percent.

Figure 31

| CFSR Case Review Data: 04/2020-03/2022                                                       | Performance Item Rating |                |           | Outcome Ratings        |                    |                |           |
|----------------------------------------------------------------------------------------------|-------------------------|----------------|-----------|------------------------|--------------------|----------------|-----------|
| Applicable Cases: 130                                                                        | Strength                | All            | Cases IIA | Substantially Achieved | Partially Achieved | Not Achieved   | Cases IIA |
| Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. |                         |                |           | 40.77%<br>n=53         | 32.31%<br>n=42     | 26.92%<br>n=35 | n=0       |
| Item 12: Needs and Services of Child, Parents, and Foster Parents                            | 48.46%<br>n=63          | 51.54%<br>n=67 | n=0       |                        |                    |                |           |
| Item 12A: Needs Assessment and Services to Children                                          | 64.62%<br>n=84          | 35.38%<br>n=46 | n=0       |                        |                    |                |           |
| Item 12B: Needs Assessment and Services to Parents                                           | 53.13%<br>n=51          | 46.88%<br>n=45 | n=34      |                        |                    |                |           |
| Item 12C: Needs Assessment and Services to Foster Parents                                    | 80.26%<br>n=61          | 19.74%<br>n=15 | n=54      |                        |                    |                |           |
| Item 13: Child and Family Involvement in Case Planning                                       | 64.41%<br>n=76          | 35.59%<br>n=42 | n=12      |                        |                    |                |           |
| Item 14: Caseworker Visits with Children                                                     | 42.31%<br>n=55          | 57.69%<br>n=75 | n=0       |                        |                    |                |           |
| Item 15: Caseworker Visits With Parents                                                      | 40.63%<br>n=39          | 59.38%<br>n=57 | n=34      |                        |                    |                |           |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                    |                         |                |           |                        |                    |                |           |

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 for 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 APSR.

#### 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 32, Well-being Outcome, Item 12, case review data indicates a strength in 48.46 percent of the cases reviewed, which, in comparison to the 2022 APSR of 36.15 percent, is an increase of 12.31 percent. Regional performance varied from a strength rating of 19.23 percent to 76.9 percent.

Figure 32

| CFSR Case Review Data: 04/2020-03/2022                                                       | 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                            | 48.46%<br>n=63          | 51.54%<br>n=67           | n=0      |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                    |                         |                          |          |

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 child's assessment for 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 33, reflects the needs assessment and services for children in foster care and in-home cases is a strength in 64.62 percent of the 130 cases reviewed, which represents an increase of 3.85 percent when compared to the 2022 APSR of 60.77 percent. Regional performance variation of strength ratings ranged from 34.62 to 92.31 percent.

Figure 33

| CFSR Case Review Data: 04/2020-03/2022                                                       | 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 12A: Needs Assessment and Services to Children                                          | 64.62%<br>n=84          | 35.38%<br>n=46           | n=0      |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                    |                         |                          |          |

Further analysis of the case review data indicates that 74.62 percent of children reviewed had a comprehensive needs assessment that accurately assessed the child's needs, which is an increase of 2.31 percent when compared to the 2022 APSR. Services provision to meet those needs was 58.18 percent, a 5.47 percent increase when compared to the 2022 APSR. Services assessment and provision for all out-of-home



safety plan monitors' needs related to the child's care and protection 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 34, reflects assessment of needs and provision of appropriate services for parents is a strength in 53.13 percent of 96 applicable cases reviewed. This review data indicates a 6.9 percent increase in performance when compared to the 2022 APSR of 46.23 percent. Regional performance varied greatly with strength ratings ranging from 21.05 to 88 percent.

Figure 34

| CFSR Case Review Data: 04/2020-03/2022                                                              |  | Performance Item Rating |                          |             |
|-----------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|-------------|
| Applicable Cases: 96                                                                                |  | Strength                | Area Needing Improvement | Cases NA    |
| <b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b> |  |                         |                          |             |
| <b>Item 12B: Needs Assessment and Services to Parents</b>                                           |  | <b>53.13%</b><br>n=51   | <b>46.88%</b><br>n=45    | <b>n=34</b> |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                           |  |                         |                          |             |

A concerted effort to accurately assess the mother's needs and address those needs was a strength in 65.56 percent of cases, an improvement of 6.74 percent compared to the 2022 APSR. Efforts to accurately assess the father's needs and address those needs were a strength in 59.49 percent, a 13.71 percent increase when compared to the 2022 APSR.

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 parental engagement to positively impact this outcome as described 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 35 indicates needs assessment and services to foster parents as a strength in 80.26 percent of 76 applicable cases, which represents a 13.59 percent increase compared to the 2022 APSR of 66.67 percent. Performance per region ranged in strength from 69.23 to 100 percent.



Figure 35

| CFSR Case Review Data: 04/2020-03/2022                                                              |                | Performance Item Rating  |          |
|-----------------------------------------------------------------------------------------------------|----------------|--------------------------|----------|
| Applicable Cases: 76                                                                                | 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                                           | 80.26%<br>n=61 | 19.74%<br>n=15           | n=54     |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                           |                |                          |          |

### 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 36, case review data, Well-Being Outcome 1, Item 13, reflects a strength in 64.41 percent of 118 applicable cases that involve the child and the family in case planning, which results in an 11.24 percent increase in performance when compared to the 2022 APSR of 53.17 percent. Strength ratings in one region decreased by 8.33 percent during this reporting period while three region's strength ratings increased by 9.44, 10.20, and 46.61 percent. The remaining region stayed the same. Further analysis of the case review data indicates that efforts to actively involve the child in the case planning process occurred 69.44 percent of the time, efforts to actively involve the mother in the case planning process occurred 73.33 percent of the time, and efforts to actively involve the father in the case planning process occurred 62.34 percent of the time.

Figure 36

| CFSR Case Review Data: 04/2020-03/2022                                                              |                | Performance Item Rating  |          |
|-----------------------------------------------------------------------------------------------------|----------------|--------------------------|----------|
| Applicable Cases: 118                                                                               | 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                                              | 64.41%<br>n=76 | 35.59%<br>n=42           | n=12     |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                           |                |                          |          |

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) 2021, 95.8 percent of monthly caseworker visits with children in foster care were completed timely as seen in Figure 37. 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 37

| <b>Measure 1: Monthly Caseworker Visits</b><br><b>Target - 95%</b>                |                             |
|-----------------------------------------------------------------------------------|-----------------------------|
| <b>FFY</b>                                                                        | <b>Percentage Completed</b> |
| FFY2017                                                                           | 95.0%                       |
| FFY2018                                                                           | 95.0%                       |
| FFY2019                                                                           | 95.2%                       |
| FFY2020                                                                           | 94.9%                       |
| FFY2021                                                                           | 95.8%                       |
| <i>Data Source: KIDS WebFOCUS Caseworker Contacts</i><br><i>Federal Measure 1</i> |                             |

The Well-Being Outcome 1, Item 14, case review data in Figure 38 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 is a strength in 42.31 percent of the 96 cases reviewed, a decrease of 10 percent when compared to the 2022 APSR of 52.31 percent. Regional performance variations range from 19.23 to 80.77 percent. One region increased by 46.15 percent, while the remaining four regions decreased. Nearly all regions observed a decrease in unannounced caseworker visits to see the child which impacts a full assessment of safety of the child while in out-of-home care.

Figure 38

| <b>CFSR Case Review Data: 04/2020-03/2022</b>                                                       | <b>Performance Item Rating</b> |                                 |                 |
|-----------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|-----------------|
| <b>Applicable Cases: 130</b>                                                                        | <b>Strength</b>                | <b>Area Needing Improvement</b> | <b>Cases NA</b> |
| <b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b> |                                |                                 |                 |
| <b>Item 14: Caseworker Visits with Children</b>                                                     | 42.31%<br>n=55                 | 57.69%<br>n=75                  | n=0             |
| <i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22</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 73.08 percent of the applicable reviewed cases, an increase of 4.62 percent when compared to the 2022 APSR. The

quality of those visits was found to be sufficient in 49.23 percent, which is a 14.62 percent decrease when compared to the 2022 APSR.

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 APSR 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 39, case review data for Well-Being Outcome 1, Item 15, indicates caseworker visits with parents is a strength at 40.63 percent, which is an improvement of 0.6 percent when compared to the 2022 APSR of 40.57 percent. Performance in each region varies widely, ranging from 21.05 to 82.35 percent.

Figure 39

|                                                                                              |                |                          |          |  |
|----------------------------------------------------------------------------------------------|----------------|--------------------------|----------|--|
| CFSR Case Review Data: 04/2020-03/2022                                                       |                | Performance Item Rating  |          |  |
| Applicable Cases: 96                                                                         | 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                                                      | 40.63%<br>n=39 | 59.38%<br>n=57           | n=34     |  |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                    |                |                          |          |  |

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22

Data indicates that the frequency of caseworker visits with both parents improved compared to the 2022 APSR. Face-to-face caseworker visits with parents are required at a minimum of once per month. The applicable case review data shows this occurred in 72.22 percent of cases for mothers and 61.04 percent for fathers. Both were an increase of 8.49 and 8.54, respectively. A decrease occurred in sufficient quality of

caseworker visits this reporting period for both mothers and fathers. Quality caseworker visits happened at 49.44 percent with applicable mothers and 46.75 percent with applicable fathers, which was a decrease of 13.31 and 6.41 percent, respectively.

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 APSR 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 40, case review data, Well-Being Outcome 2, Item 16, indicates CWS accurately and thoroughly assessed and met the educational needs of children in 73.2 percent of 97 cases reviewed. This indicates a decrease in performance of 2.38 percent when compared to the 2022 APSR of 75.58 percent. Regional performances for this item ranged from 47.37 to 94.44 percent.

Figure 40

| CFSR Case Review Data: 04/2020-03/2022                                                       |  | Performance Item Ratings |               |          | Outcome Ratings        |                    |                |          |
|----------------------------------------------------------------------------------------------|--|--------------------------|---------------|----------|------------------------|--------------------|----------------|----------|
| Applicable Cases: 97                                                                         |  | 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. |  |                          |               |          | 73.2%<br>n=71          | 5.15%<br>n=5       | 21.65%<br>n=21 | n=33     |
| Item 16: Educational Needs of the Child                                                      |  | 73.2%<br>n=71            | 26.8%<br>n=26 | n=33     |                        |                    |                |          |

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22

The above rating includes both the accurate assessment of educational needs, which was sufficient in 78.35 percent of applicable cases, and provision of services to meet identified needs, which was sufficient in 68.67 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, are 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 physical and mental/behavioral health needs 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 41, Well-Being Outcome 3, indicates CWS received a substantially achieved rating of 49.19 percent in 124 applicable cases. This number reflects an increase of 12.39 percent compared to the 2022 APSR of 36.8 percent.

Figure 41

| CFSR Case Review Data: 04/2020-03/2022                                                                          |  | Performance Item Rating |                |           | Outcome Ratings        |                    |                |           |
|-----------------------------------------------------------------------------------------------------------------|--|-------------------------|----------------|-----------|------------------------|--------------------|----------------|-----------|
| Applicable Cases: 124                                                                                           |  | Strength                | All            | Cases IIA | Substantially Achieved | Partially Achieved | Not Achieved   | Cases IIA |
| <u>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</u> |  |                         |                |           | 49.19%<br>n=61         | 22.58%<br>n=28     | 28.23%<br>n=35 | n=6       |
| Item 17: Physical Health of the Child                                                                           |  | 59.05%<br>n=62          | 40.95%<br>n=43 | n=25      |                        |                    |                |           |
| Item 18: Mental/Behavioral Health of the Child                                                                  |  | 62.5%<br>n=70           | 37.5%<br>n=42  | n=18      |                        |                    |                |           |

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22

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. Figure 42 case review data indicates accurate assessment and appropriate services provided to meet the child's physical health needs is an area of strength in 59.05 percent of applicable cases. This number represents an increase of 13.69 percent when compared to the 2022 APSR of 45.36 percent. Regional performance variations occur with the strength rating for this item ranging from 42.11 to 72 percent.

Figure 42

| CFSR Case Review Data: 04/2020-03/2022                                                                          |  | Performance Item Rating |                          |          |
|-----------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------|----------|
| Applicable Cases: 105                                                                                           |  | 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                                                                           |  | 59.05%<br>n=62          | 40.95%<br>n=43           | n=25     |

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22

Assessments of physical health were found in 80.95 percent of applicable cases reviewed and in 60.26 percent of cases pertaining to dental health, which is a 12.91 percent increase in physical health assessments and a 7.76 percent increase in dental assessments compared to the 2022 APSR. Provision of appropriate services to meet identified physical health needs were found in 78.43 percent of applicable cases and in 58.67 percent of applicable cases for dental health needs. These were increases of 12.84 percent and 9.95 percent compared to the 2022 APSR. Appropriate oversight of

medication was present in 84.38 percent of applicable cases reviewed, a 4.19 percent decrease from the 2022 APSR.

Currently, CWS nurses partner in meeting children's health needs and the overall CWS mission goals of safety, permanency, and well-being. The CWS nursing program's primary focus is assisting caseworkers with understanding disease and risk as it relates to safety decision-making; however, the nursing team also serves as a liaison between CWS, families, foster families, and the medical community. Additionally, the CWS nurses:

- assist in helping caseworkers understand medical needs and risks of youth;
- are available for home visits for high and moderate risk cases;
- provide medical representation at statewide multidisciplinary team staffings;
- assist staff in Safety Plans regarding medical care of at-risk youth; and
- help connect families and caseworkers with medical resources.

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 **Updates to Targeted Plans within the 2020-2024 CFSP**, Health Care Oversight and Coordination.

#### 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 43 case review data indicates accurate assessment and appropriate service provision to meet the mental/behavioral health care needs of children was a strength in 62.5 percent of 112 applicable cases, which represents a 6.3 percent increase in performance when compared to 56.2 percent in the 2022 APSR. Performance varies per region in regard to this item with strength ratings ranging from 32 to 88.89 percent. Four of the five regions increased in this area.

Figure 43

| CFSR Case Review Data: 04/2020-03/2022                                                                          | Performance Item Rating |                          |          |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|----------|
| Applicable Cases: 112                                                                                           | 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                                                                  | 62.5%<br>n=70           | 37.5%<br>n=42            | n=18     |
| Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 5/05/22                                                       |                         |                          |          |

Further analysis of the applicable cases reviewed found accurate assessment of mental/behavioral health occurred in 70.54 percent with appropriate services provided in 60.38 percent of applicable cases, which is an improvement since the 2022 APSR. Sufficient oversight of prescription medication related to mental/behavioral health needs occurred in 73.68 percent of applicable cases, which is a 19.42 percent decrease compared to 93.1 percent from the 2022 APSR.

Usage of CBHS, quality engagement with children, parents, caregivers, and resource providers, and partnering with CWS mental health consultants continues and ensures

appropriate services are in place to meet children's physical and mental health needs. Additional strategies, efforts, and progress are provided in this APSR 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, and the **Updates to Targeted Plans within the 2020-2024 CFSP**, Health Care Oversight and Coordination.



## **CFSR Systemic Factors**

### **Statewide Information System**

The 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. This includes: Hotline, CPS, FCS, FC&A, Training, Office of Client Advocacy (OCA), Interstate Compact for the Placement of Children (ICPC), PP, and the Successful Adulthood Program. Policy contains Instructions to Staff on the data entry into KIDS and is updated as policy changes. The system 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. An external document management system, OnBase, is also available for users to upload case information including documents and photographs. 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 27 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. 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 the 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 staff dedicated to various reporting responsibilities including federal-mandated reporting. Using software that identifies reporting errors on a regular basis, the staff assigned to the Federal Reports Unit monitors the various federally required reports, such as the 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 assist supervisors enable the content and distribute it to staff. The weekly error notifications are reinforced by emails to CW caseworkers/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. Oklahoma 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 Programs 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. CWS 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 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 fields, and in assisting staff with corrections of data entered incorrectly, when needed.

The federal reporting data quality process is used by the other reporting units at KIDS, as well. Specifically, the Data Strategy and Analysis Unit which covers all Pinnacle Plan reporting, meets 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 Oklahoma's 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 has been maintained for each subsequent reporting period.

The Foster and Adoptive Parent Online Child Passport Access Portal provides 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 CW caseworkers 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 children in OKDHS custody. 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 caseworkers 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 the accurate documentation of the child's case record is provided by KIDS staff on an on-going basis or specifically when identified as needed by CWS programs or management staff.

CWS programs 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 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 22A AFCARS population for October 2021 through March 2022 indicates: 9,145 children are in the population and 9,065 or 99 percent with a documented legal status of Emergency, Temporary, Permanent, or Voluntary Custody; 1,243 or 13.6 percent of children in that population with TPR to one parent only; and 2,478 or 27.1 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 out-of-home 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 do not have a documented placement in more than 48 hours. The Data and Strategy Analysis Unit sends this report out weekly to notify CW staff about the missing placement documentation.

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 contracted home is also identified in KIDS. This way, a child's exact location is identified within KIDS. During the time period of April 2021 through March 2022, 10,846 children were served in out-of-home care. Of those, 6,830 children remained in out-of-home care on the last day of the reporting period, and 6,805 of those children, 99.6

percent, were in a placement documented 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 out-of-home 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 10,846 children in the served population during April 2021 through March 2022, 10,298 children, 94.9 percent, had a documented CPG as of 3/31/2022. Of the 548 children without a CPG documented, 473 children were in out-of-home care less than 60-calendar days, and 75 children were in out-of-home care longer than 60-calendar days without a CPG documented in KIDS. Of the 75 children without a documented CPG, 38 children remain in out-of-home care, 0.35 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](mailto:Sherry.Skinner@okdhs.org).

### **Case Review System**

Ensuring a child's needs are met while placed in out-of-home care directly impacts stability in their placement, school performance, mental and physical health, and timeliness to permanency. Oklahoma's KIDS system alerts the assigned CW specialist to complete a child's ISP within 30-calendar days from the day placement is made. The ISP must include desired outcomes for any needs the child may have to support safety, timely permanency, and well-being. The alert is no longer in effect once the ISP is entered into the KIDS system; however, when the child has a change in placement another alert will occur as the ISP must be updated to reflect current circumstances and needs.

Timely permanency remains critical for the child's overall well-being. In order to ensure timely Permanency Hearings are held to address the child's current permanency plan, as well as any concurrent planning efforts, the KIDS system has a built-in alert within the court hearing screens. The assigned CW specialist is notified eight months after the child's removal that a Permanency Hearing is due. This signifies to the CW specialist to request a Permanency Hearing at the next court hearing through their court report documentation.

The KIDS system tracks the number of months a child is placed in OKDHS custody, the number of months in out-of-home care from the most recent removal date, and the total number of months for all removals. This information can be found in the KIDS case

placement screen and also includes the total number of months in out-of-home care to capture whether the child meets the ASFA criteria of being in out-of-home care 15 of the most recent 22 months.

A number of case review system requirements exist 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 a child's placement and periodically thereafter. Specific notices pertaining to the child's individual court hearings are also required. When CW specialists 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 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, dos and don'ts connected to attending court hearings, and frequently asked questions. Within recent months, the OKDHS Foster Care Ombudsman team conducted Zoom question and answer panels over topics, such as trials for TPR, ICWA for foster parents, Post-Adjudicatory Review Boards, and perspectives of former foster children about the foster care system. Future plans include providing more mini-panels over various topics, along with a few of the more popular past topics. This training is dependent on the availability of panel members who volunteer their time.

Although no changes are anticipated in the current case review system for the upcoming year, several mechanisms exist through which foster parents can communicate their needs and the daily challenges they may face. OKDHS CWS receives feedback from foster parents while ensuring systems are in place that allow for swift self-correcting processes when necessary.

Updates regarding additional case review system requirements related to development of written case plans, periodic review of children in foster care, timely permanency hearings, and TPRs 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**.

### Quality Assurance System

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

## Staff and Provider Training

Functioning of the provider training system is monitored by CWS 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 addresses the skills and knowledge base needed for these caregivers to perform their duties for foster and adopted children.

### Resource Homes

OKDHS continues to use Guiding Principles, a trauma-informed curriculum, for the required pre-service resource family training (RFT). This training is 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. A curriculum was created in State Fiscal Year (SFY) 2021 to include training on Caring for Children with Problematic Sexual Behaviors. OKDHS CWS recently requested NRCYS complete a full review of the current Guiding Principles curriculum and anticipates significant changes in the upcoming year that includes, but is not limited to, skill-based competencies.

Guiding Principles includes a session on Culture and Connections where the participants learn that culture shapes how the world is viewed and understood, and examine how culture impacts a child's self-esteem and personal identity. This session focuses on encouraging an appreciation of the ways people are alike and the ways we are different, and it aims for the participant to engage in activity designed to develop cultural awareness and competence.

NRCYS provides a year-end report that provides statistical data on the number of participants and what they gained from the training. The SFY 2021 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 2021, 64 trainings were completed. These trainings were available on a variety of dates statewide in all five CWS regions. Figure 44 provides a breakdown of the participants in these in-person trainings.

Figure 44

**Participants by Type for Initial In-person Training**

| Participant Resource Type | Number of Participants Statewide | Percentages |
|---------------------------|----------------------------------|-------------|
| Kinship                   | 405                              | 76%         |
| Foster                    | 104                              | 19%         |
| Adoptive                  | 21                               | 4%          |
| Other                     | 4                                | 1%          |

*Data Source: National Resource Center for Youth Services*

For the upcoming year, pre-service training requirements will remain the same. The number of participants is dependent on the number of traditional, kinship, and adoptive applicants in SFY 2022.

CWS and NRCYS offer online RFT that contains the same content as the in-person training and provides an alternative format for resource parents to participate in and complete training. Training is presented in a blended format that permits attendees to read and complete assignments, including quizzes, online and then participate in review calls with an assigned trainer. Enrollees move at their own pace while covering the same material. The online format is designed to take the same number of hours to complete as the in-person training. When both parents select to complete the training online, they must complete it individually. This option was invaluable when in-person trainings were unavailable for a time, due to the COVID-19 pandemic, and allowed many resource parents to complete their training requirements. Feedback from families who completed online training continues to be positive. As NRCYS reviews the current Guiding Principles curriculum, the online version will be reviewed as well.

Figure 45 is a breakdown of the participants for the SFY 2021 pre-service online training.

Figure 45

**Participants by Type Pre-service Online Training**

| Participant Resource Type | Number of Participants Statewide | Percentages |
|---------------------------|----------------------------------|-------------|
| Kinship                   | 1,599                            | 72%         |
| Foster                    | 430                              | 19%         |
| Adoptive                  | 106                              | 5%          |
| Other                     | 95                               | 4%          |

*Data Source: National Resource Center for Youth Services*

Due to the travel, social distancing, and masking restrictions initially posed by the COVID-19 pandemic, NRCYS only offered two of the scheduled four Training of Trainers (TOT). The two sessions were attended by 25 participants in SFY 2021. TOT offerings resumed to four trainings, one in each quarter of SFY 2022.

Other trainings available through the RFT contract included in-service training for current kinship, foster, and adoptive parents. These trainings were provided in a virtual format with a total of 10 webinars offered during SFY 2021. Topics presented included *Working with LGBTQI Youth*, *Hope for All Families*, and *Discipline for Younger Children*. All



webinars were recorded and are available for resource parents on the NRCYS website.

### 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 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. Included in this training is curriculum on cultural differences and how those may affect a child's behavior and development. If a traditional foster family chooses to step-up to TFC/ITFC, in addition to the Guiding Principles training they previously completed, they are required to complete six of the 12 sections of Pressley Ridge. The six sections provide additional skills and information necessary to assist in successfully parenting children with more complex needs than typically found in traditional foster care placements. CWS does not anticipate changes to either the training requirements or curriculum in the next year.

Due the COVID-19 pandemic, TFC/ITFC providers successfully provided Pressley Ridge training via virtual platforms. As of 3/31/2022, six agencies that held a TFC contract had a total of 33 families complete the full Pressley Ridge training from April 2021 through March 2022, as seen in Figure 46. Each TFC contractor is responsible for ensuring all pre-service training is completed prior to the home's approval

Figure 46

#### TFC/ITFC Families That Completed Pressley Ridge April 2021 – March 2022

| Bair Foundation | Choices for Life (CFL) | Homebased Services & Resources (HBSR) | Oklahoma Families First, Inc. (OFFI) | Open Arms | TFI |
|-----------------|------------------------|---------------------------------------|--------------------------------------|-----------|-----|
| 3               | 4                      | 11                                    | 5                                    | 7         | 3   |

*Data Source: Bair Foundation, 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; six of those hours must be clinical in nature. The TFC/ITFC agencies work with families to develop individualized training plans to address a home's 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 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 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." In addition to those listed topics, CWS contracts with the NRCYS for the provision of training and technical assistance to group home staff. The NRCYS offers training addressing LGBTQ+ related topics as well as a training about caring for ethnic hair. The CWS contract with group home providers further states, "Contractor will ensure youth will have affirming and supportive access and opportunity to educational materials, resources, community, and social events pertaining to inclusivity of LGBTQIA2S+, racial and ethnic diversity, and disabilities topics and/or themes".

Additionally, group home contracts require clinical staff and residential child and youth care professionals 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 includes prevention and early intervention strategies and non-pain producing passive physical techniques when intervening in crisis situations.

Although no changes are anticipated to the contract or training requirements scheduled for next year, CWS consistently monitors the services and training provided and is open to changes as needed to better serve children, youth, and providers.

#### CW Staff Training

Updates regarding CW staff training are located in other sections of this APSR including, but not limited to, the **Updates to Targeted Plans within the 2020-2024 CFSP**, Training Plan. The Training Plan details all trainings provided to CW staff by the CWS Training program.

In addition, online training is available through the OKDHS Learning Management System (LMS) on specific topics for CW staff as well as general topics for all OKDHS employees. LMS is accessible to all agency staff 24/7. Training through LMS provides an avenue to offer new or updated learning within a short time frame to a maximum number of staff. Trainings in LMS are generally one to two hours in duration and are accessible to CW staff at a time convenient for them.

In-person trainings by various CWS programs staff are provided to district and regional leadership staff at their monthly meetings, when there are program or policy changes, or new strategies that impact field practice.

### 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 while in foster care and at the time of reunification to prevent re-entry into care.

Figure 47

|          | ODMHSAS TANF/Child Welfare Outpatient Substance Abuse Programs | Attorney General Certified Domestic Violence and Sexual Assault Program | Attorney General Certified Batterer's Intervention Programs | Sexual Abuse Treatment   | Parent Assistance/Parent Education | Oklahoma Systems of Care |
|----------|----------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------|------------------------------------|--------------------------|
| Region 1 | Alfalfa                                                        |                                                                         |                                                             |                          |                                    | Alfalfa                  |
|          | Beaver                                                         |                                                                         |                                                             |                          |                                    | Beaver                   |
|          | Beckham (Elk City)                                             | Beckham (Elk City)                                                      | Beckham (Elk City)                                          |                          | Beckham                            | Beckham                  |
|          | Blaine (Watonga)                                               |                                                                         |                                                             |                          |                                    | Blaine                   |
|          | Canadian (El Reno)                                             | Canadian (El Reno)                                                      | Canadian (El Reno, Mustang & Yukon)                         | Canadian                 | Canadian                           | Canadian                 |
|          | Cimarron                                                       |                                                                         |                                                             |                          |                                    | Cimarron                 |
|          | Custer (Weatherford)                                           | Custer (Clinton)                                                        | Custer (Clinton)                                            |                          | Custer                             | Custer                   |
|          | Dewey                                                          | Dewey (Selling)                                                         |                                                             |                          |                                    | Dewey                    |
|          | Ellis                                                          | Ellis (Shattuck)                                                        |                                                             |                          |                                    | Ellis                    |
|          | Garfield (Enid)                                                | Garfield (Enid)                                                         | Garfield (Enid)                                             |                          | Garfield                           | Garfield                 |
|          | Grant                                                          |                                                                         |                                                             |                          | Grant                              | Grant                    |
|          | Harper                                                         | Harper (Buffalo)                                                        |                                                             |                          |                                    | Harper                   |
|          | Kay (Ponca City)                                               | Kay (Ponca City)                                                        | Kay (Ponca City)                                            |                          | Kay                                | Kay                      |
|          | Kingfisher                                                     |                                                                         |                                                             |                          | Kingfisher                         | Kingfisher               |
|          | Logan (Guthrie)                                                |                                                                         | Logan (Guthrie)                                             | Logan                    | Logan                              | Logan                    |
|          | Major (Fairview)                                               |                                                                         |                                                             |                          |                                    | Major                    |
|          | Noble (Perry)                                                  |                                                                         |                                                             |                          | Noble                              | Noble                    |
|          | Payne (Stillwater)                                             | Payne (Stillwater)                                                      | Payne (Stillwater)                                          | Payne                    | Payne                              | Payne                    |
|          | Roger Mills                                                    |                                                                         |                                                             |                          | Roger Mills                        | Roger Mills              |
|          | Texas (Geymon)                                                 | Texas (Guymon)                                                          |                                                             |                          |                                    | Texas                    |
|          | Washita                                                        |                                                                         |                                                             |                          | Washita                            | Washita                  |
| Region 2 | Woods (Alva)                                                   | Woods (Alva)                                                            |                                                             |                          |                                    | Woods                    |
|          | Woodward                                                       | Woodward                                                                | Woodward                                                    |                          | Woodward                           | Woodward                 |
|          | Caddo                                                          |                                                                         | Caddo (Anadarko)                                            |                          | Caddo                              | Caddo                    |
|          | Carter (Ardmore)                                               | Carter (Ardmore)                                                        | Carter (Ardmore)                                            |                          | Carter                             | Carter                   |
|          | Cleveland (Norman)                                             | Cleveland (Norman)                                                      | Cleveland (Norman)                                          | Cleveland                | Cleveland                          | Cleveland                |
|          | Comanche (Lawton)                                              | Comanche (Lawton)                                                       | Comanche (Lawton)                                           | Comanche                 | Comanche                           | Comanche                 |
|          | Cotton                                                         |                                                                         |                                                             |                          |                                    | Cotton                   |
|          | Garvin                                                         |                                                                         | Garvin (Pauls Valley)                                       |                          | Garvin                             | Garvin                   |
|          | Grady (Chickasha)                                              | Grady (Chickasha)                                                       | Grady (Chickasha)                                           |                          | Grady                              | Grady                    |
|          | Greer                                                          |                                                                         |                                                             |                          | Greer                              | Greer                    |
|          | Harmon                                                         |                                                                         |                                                             |                          | Harmon                             | Harmon                   |
|          | Jackson (Altus)                                                | Jackson (Altus)                                                         |                                                             |                          | Jackson                            | Jackson                  |
|          | Jefferson                                                      |                                                                         |                                                             |                          |                                    | Jefferson                |
|          | Johnston                                                       |                                                                         |                                                             |                          |                                    | Johnston                 |
|          | Kiowa (Hobart)                                                 |                                                                         |                                                             |                          | Kiowa                              | Kiowa                    |
|          | Lincoln (Chandler)                                             | Lincoln (Chandler)                                                      |                                                             | Lincoln                  | Lincoln                            | Lincoln                  |
|          | Love                                                           | Love (Marietta)                                                         |                                                             |                          |                                    | Love                     |
|          | Marshall                                                       |                                                                         | Marshall (Madill)                                           |                          |                                    | Marshall                 |
|          | McClain (Purcell)                                              |                                                                         |                                                             |                          | McClain                            | McClain                  |
|          | Murray                                                         |                                                                         | Murray (Davis)                                              |                          |                                    | Murray                   |
| Region 3 | Pottawatomie (Shawnee)                                         | Pottawatomie (Shawnee, Tecumseh)                                        | Pottawatomie (Shawnee)                                      | Pottawatomie             | Pottawatomie                       | Pottawatomie             |
|          | Stephens (Duncan)                                              | Stephens (Duncan)                                                       | Stephens (Marlow)                                           |                          |                                    | Stephens                 |
|          | Tillman                                                        |                                                                         |                                                             |                          | Tillman                            | Tillman                  |
|          | Oklahoma (Oklahoma City)                                       | Oklahoma (Oklahoma City)                                                | Oklahoma (Oklahoma City & Midwest City)                     | Oklahoma (Oklahoma City) | Oklahoma (Oklahoma City)           | Oklahoma                 |
| Region 4 | Adair (Stilwell)                                               | Adair (Stilwell)                                                        | Adair (Westville)                                           |                          |                                    | Adair                    |
|          | Atoka                                                          |                                                                         |                                                             |                          |                                    | Atoka                    |
|          | Bryan (Durant)                                                 | Bryan (Durant)                                                          | Bryan (Durant)                                              |                          | Bryan                              | Bryan                    |
|          | Cherokee (Tahlequah)                                           | Cherokee (Tahlequah)                                                    |                                                             |                          |                                    | Cherokee                 |
|          | Choctaw (Hugo)                                                 | Choctaw (Hugo)                                                          |                                                             |                          |                                    | Choctaw                  |
|          | Coal                                                           |                                                                         |                                                             |                          |                                    | Coal                     |
|          | Creek (Sapulpa, Tulsa)                                         | Creek (Sapulpa)                                                         | Creek (Sapulpa)                                             |                          | Creek                              | Creek                    |
|          | Haskell (Sigler)                                               | Haskell (Sigler)                                                        |                                                             |                          |                                    | Haskell                  |
|          | Hughes (Holdenville)                                           |                                                                         | Hughes (Holdenville)                                        |                          |                                    | Hughes                   |
|          | Latimer (Wilburton)                                            |                                                                         |                                                             |                          |                                    | Latimer                  |
|          | LeFlore (Poteau)                                               | LeFlore (Poteau)                                                        | LeFlore (Poteau)                                            |                          |                                    | LeFlore                  |
|          | McCurtain (Idabel)                                             | McCurtain (Idabel)                                                      | McCurtain (Idabel)                                          |                          |                                    | McCurtain                |
|          | McIntosh (Eufaula)                                             | McIntosh (Eufaula)                                                      |                                                             |                          |                                    | McIntosh                 |
|          | Muskogee                                                       | Muskogee                                                                | Muskogee                                                    |                          |                                    | Muskogee                 |
|          | Okfuskee (Okemah)                                              |                                                                         | Okfuskee (Okemah)                                           |                          | Okfuskee                           | Okfuskee                 |
|          | Okmulgee                                                       | Okmulgee                                                                | Okmulgee                                                    |                          | Okmulgee                           | Okmulgee                 |
|          | Pittsburg (McAlester)                                          | Pittsburg (McAlester)                                                   | Pittsburg (McAlester)                                       | Pittsburg                |                                    | Pittsburg                |
|          | Pontotoc (Ada)                                                 | Pontotoc (Ada)                                                          | Pontotoc (Ada)                                              |                          |                                    | Pontotoc                 |
|          | Pushmataha (Antlers)                                           | Pushmataha (Antlers)                                                    |                                                             |                          |                                    | Pushmataha               |
|          | Seminole                                                       | Seminole                                                                | Seminole                                                    | Seminole                 |                                    | Seminole                 |
| Region 5 | Sequoyah (Sallisaw)                                            | Sequoyah (Sallisaw)                                                     |                                                             |                          |                                    | Sequoyah                 |
|          | Wagoner                                                        | Wagoner                                                                 |                                                             |                          | Wagoner                            | Wagoner                  |
|          | Craig (Vinita)                                                 | Craig (Vinita)                                                          |                                                             |                          |                                    | Craig                    |
|          | Delaware (Grove, Jay, Kansas)                                  | Delaware (Grove, Jay)                                                   |                                                             |                          |                                    | Delaware                 |
|          | Mayes (Pryor)                                                  | Mayes (Pryor)                                                           |                                                             |                          |                                    | Mayes                    |
|          | Nowata                                                         |                                                                         |                                                             |                          |                                    | Nowata                   |
|          | Ottawa (Miami)                                                 | Ottawa (Miami)                                                          | Ottawa (Miami)                                              |                          |                                    | Ottawa                   |
|          | Osage (Pawhuska)                                               |                                                                         |                                                             |                          | Osage                              | Osage                    |
|          | Pawnee (Cleveland)                                             |                                                                         |                                                             |                          | Pawnee                             | Pawnee                   |
|          | Rogers (Claremore)                                             | Rogers (Claremore)                                                      | Rogers (Claremore)                                          |                          | Rogers                             | Rogers                   |
|          | Tulsa                                                          | Tulsa (Sand Springs, Tulsa)                                             | Tulsa                                                       | Tulsa                    | Tulsa                              | Tulsa                    |
|          | Washington (Bartlesville)                                      | Washington (Bartlesville)                                               | Washington (Bartlesville)                                   |                          |                                    | Washington               |

Research has identified various broad programmatic strategies that work well in strengthening families and preventing child maltreatment, such as home visiting, early childhood programs, family strengthening initiatives, and strategies which help families build and increase protective factors and capacities. Oklahoma recognizes home-based family support services improve the lives of families and are a cost-effective intervention compared to the costs of involvement in the CW system. The state's investment in an early childhood care and education system, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting Program, have created an established infrastructure for a comprehensive early childhood system that supports and strengthens families, prevents child maltreatment, and ensures the long-term health, safety, well-being, and educational success of the youngest Oklahomans. This infrastructure and pathway for families to receive a continuum of evidence-based primary, secondary, and tertiary prevention services allow rural and urban communities to meet their unique needs and provide families access to the resources, services, programs, and supportive networks that ensure safe, stable, nurturing relationships and environments for children and prevent instances of child maltreatment. Further, Oklahoma's mental health and substance abuse services, jointly funded and administered through ODMHSAS and OHCA, which is the state's Medicaid authority, implemented and sustained multiple well-established, evidence-based programs and services that support and strengthen safe and healthy children and families. Additionally, as the state implements Medicaid expansion, the aim is for the majority of children and families involved with CWS to be covered through Medicaid and therefore increase access to an array of services that meet the needs of the children and families OKDHS CWS serves.

A continuum of care and service array for children and families through a community-based approach to ensure connection to, and utilization of, the formal and informal community-based resources available is a priority in Oklahoma. Designing a network that strengthens families through the delivery of prevention services and enhancing protective factors is expected to help decrease disparities in outcomes and create a system where all families can thrive. Oklahoma is establishing a framework and culture for inclusion of youth, family, and tribal voices to promote and facilitate the co-designing of a child and family well-being network that elevates an understanding of what families need and how to remove barriers which prevent them from receiving effective supports and services. OKDHS is committed to enhancing collaboration and partnership between OKDHS, the Oklahoma Indian Child Welfare Association, and Oklahoma tribes in developing a child and family well-being network within an expansion of culturally-relevant prevention services to promote safe, healthy, and culturally strong environments for Indian children, their families, and their tribes. OKDHS will continue cross-system collaboration and coordination with OSDH and ODMHSAS to ensure the unique needs of children and families served by OKDHS CWS are addressed to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in resource and adoptive placements achieve permanency.

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, during this reporting period, moved from under the CWS division to the OKDHS agency-wide Community Partners office under the Office of Strategic Engagement. The Community Partnership team engages and collaborates with private and public entities and agencies, organizations, businesses, and individuals across the state to provide services and supports for all children and adults in Oklahoma. This allows for a broader approach to serve everyone in both the metro and rural areas of the state as well as distributes resources where needed the most.

The work of the Community Partnership team continues to support OKDHS and assist with the Service First project, a service delivery model which includes, due to the closure of many local offices in 2020 and 2021, the development of partnerships in these same communities and surrounding area. One of the projects is the Holiday Hope program which began in December 2020. In 2021, the Community Partnership team again coordinated the Holiday Hope program to ensure children and youth in all levels of care in Oklahoma received gifts during the holiday season. The team utilized an electronic platform to facilitate the coordination between donor organizations and county OKDHS staff. Partners included large and small community organizations, non-profits, businesses, churches, groups and individuals.

The CWS School-Based 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 an embedded school-based specialist. The program provides outreach services to at-risk students and families in the schools by increasing awareness of available OKDHS and community resources. The school-based specialists maintain collaborative initiatives to strengthen the well-being and educational outcomes of children and youth through targeted and effective school-based prevention services. In addition, the specialists advocate for students in OKDHS custody in out-of-home care to help stabilize and sustain placements; and, they serve as liaisons to improve any communication gaps between the school system and care providers. The program currently has 45 school-based specialists statewide, serving 23 partnering school districts.

### **Other Community Efforts**

CWS partners with the Global Orphan Project to offer the CarePortal, 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 2019 to allow the entire state to utilize the platform. The CarePortal is currently open in 30 counties statewide and continues to expand with an additional seven counties opening this SFY. A local non-profit, the 111Project, is the implementing partner, recruiting and training church partners as to how to respond to requested needs on the platform. When a county reaches a certain ratio of churches to the local county CW supervisors, 111Project, in coordination with OKDHS,

launches the county's opening.

The CarePortal allows CW specialists and supervisors to make requests for families' identified tangible needs or service needs. The CarePortal serves biological parents, guardians, foster families, safety plan monitors, adoptive families, and youth. The program's goal is to expedite CPG achievement. Usage of the CarePortal continues to increase and thus far in SFY 2022, of the 2,580 requests, 2,017 were met or partially met with an estimated economic impact of \$1,740,284 dollars. Churches are meeting the needs of local families in their communities by completing CarePortal requests at a 78.2 percent rate. These 2,017 met requests affected and benefited 3,986 children.

CW staff are required to complete a CarePortal specific training prior to using the CarePortal tool. The training was created with real-life scenarios, interacting replicas of the web screens, and made into a modular training that staff can access at any time through the OKDHS LMS so there is not a barrier to access this tool in the areas where CarePortal is active. This training, tested and rolled out in early 2022, has been widely accepted and utilized.

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 help 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 for kinship resource homes only. 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. For traditional resource homes, CWS, at its discretion, may grant a variance of specific rules or standards that do not compromise a child's safety or well-being and do not violate federal or state statutes. For screening process exceptions, requests can be made per the requirements listed in OAC 340:75-7 Part 2, Development of Resource Families policy and Instructions to Staff. These requirements are reviewed periodically for any needed changes or modifications.

The 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 TOT for the pre-service training, Guiding Principles, as well.

Quality assurance reviews of approved kinship and traditional homes continued this reporting period by the Continuous Quality Improvement Programs Quality Assurance (QA) Contract Performance Review (CPR) team. The QA CPR team continues to use a comprehensive review tool that highlights both safety issues and best practice opportunities. The team reviews nine resource homes per region for a total of 45 CWS resource homes per quarter. The resource home types were adjusted in 2021 to better reflect the overall make-up of all open resource homes. The team now reviews four

relative kinship homes, three non-relative kinship homes, and two traditional homes per region. Following the completed reviews, the CPR team debriefs the completed review tools with each regional CW field manager and together they identify any areas needing follow-up. After receiving feedback from CW field managers and supervisors in the field, a decision was made in April 2022 to include supervisors during the debriefing. The CW field manager and supervisor then complete a transfer of learning session with their assigned staff using the completed review tool. Any identified follow-up is completed within 30-calendar days.

Each QA CPR team member has 15 to 20 years of experience in both CW field work and conducting quality reviews and as such their reviews and debriefing process is invaluable in identifying safety-related issues, sharing those findings, and recommending follow-up. After a full year of reviews, the notable issues were completion of the records check and quality of RFAs. At the outset of the QA CPR reviews, there was a high rate of record checks lacking a search of all known names, including alias names. The issues were addressed, both in training and through enhancements to the Records Check Guide, resulting in a significant drop of incomplete record checks. RFA quality was also problematic as the QA CPR team found that insufficient questions were being asked during the assessment from which to adequately determine if safety concerns did or did not exist in the resource home. Due to the QA CPR team's years of experience, they proposed additional questions to ask during the assessment which would better identify if safety concerns were present in the home. RFA quality has since greatly improved. This result demonstrates that improvement occurred and also indicates the quality assurance process is working well. The relationship between the QA CPR team and FC&A Programs is strong and provides the opportunity to quickly address any issues identified. Additionally, FC&A Programs has used data from the reviews to make improvements to multiple trainings.

### Residential Facilities

Approximately 96 licensed residential facilities are in the state, which include children's shelters, residential child care facilities, independent living programs, and residential treatment facilities. All facilities have specific licensing requirements regardless of funding type. These facilities are monitored throughout the year by OKDHS CCL staff, which completes one announced visit and two unannounced visits per year. 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 completed. All facilities that seek licensure 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 41 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 from the date of the visit, and follow-up, when



necessary.

CWS provides additional oversight to OKDHS-contracted group homes and residential programs through quality assurance by the QA CPR team. The QA CPR team's process includes an in-person review of the programs contractually required documentation and a written report is provided to address any areas of concern. CWS Specialized Placements and Partnerships (SPPU) Unit staff make additional site visits to OKDHS group homes, hospital settings, and Office of Juvenile Affairs contracted shelter providers. SPPU activities, as outlined in policy, are based on the level of care for the purpose of support and oversight for youth and providers. Additional processes are in place when any concerns arise regarding contract requirements or care to children. This may include engaging a provider in the Support and Development process through SPPU, a written plan of correction, or a Notice to Comply may be issued which requires a more specific plan of correction with a short completion timeframe. When failure to meet the plan of action outlined in the Notice to Comply occurs, a conference may be held with the facility or agency to discuss their current status and license. The SPPU hosts contracted provider meetings approximately three times a year to ensure opportunities for collaboration and information sharing between OKDHS and providers.

CWS continues to develop program expectations and create contracts that best meet the needs of the youth in OKDHS custody which includes development of smaller qualified residential treatment programs.

### **Requirements for Criminal Background Checks**

CWS adheres to OAC 340:75-7-15 in Foster Care policy and OAC 340:75-15-84.1 in Adoptions policy for background information searches and assessment of results for all household members in a prospective foster or adoptive home. The Records Check Guide, last updated in March 2021, is used to assist staff 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.

Two trainings are available to assist staff with conducting thorough CW and criminal background checks, quality assessment of results, and approval at the appropriate level. The first training, Records Check Training, a beginner level offered to new staff and/or CW Resource specialists in need of a refresher, develops skills related to searching and documenting records accurately. The second training, Records Check Review and Approval Training, is a leadership level required for all CW specialist IIIs, CW supervisors, and CW field managers. This training is offered multiple times throughout the year. The training was well received by staff and continues to assist in improved assessment and documentation of background checks. The Records Check Documentation Form was updated in 2021 to include specific space to document background checks completed after hours. This update allowed staff to more clearly identify any additional follow-up that might be required the following day to continue to ensure safety of children in out-of-home care.



## 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 placing the child.

The timeliness of home study decisions from other states impacts permanency for Oklahoma children. Figure 48 shows the status of timeliness of home study decisions received by ICPC from other states over a five-year period. These are the ICPC decisions that impact permanency for children under Oklahoma's jurisdiction.

Figure 48

| Period Under Review | Number of Home Study Requests Sent to Other States by Oklahoma | Number of Decisions within 60 days | Percentage of Decisions within 60 days | Number of Decisions within 75 days | Percentage of Decisions within 75 days |
|---------------------|----------------------------------------------------------------|------------------------------------|----------------------------------------|------------------------------------|----------------------------------------|
| 4/1/2021-3/31/2022  | 193                                                            | 70                                 | 36.3%                                  | 19+(70)=212                        | 46.1%                                  |
| 4/1/2020-3/31/2021  | 244                                                            | 75                                 | 30.7%                                  | 30+(75)=105                        | 43.03%                                 |
| 4/1/2019-3/31/2020  | 308                                                            | 118                                | 38.3%                                  | 17+(118)=135                       | 43.8%                                  |
| 4/1/2018-3/31/2019  | 341                                                            | 103                                | 30.21%                                 | 40+(103)=143                       | 41.92%                                 |
| 4/1/2017-3/31/2018  | 389                                                            | 97                                 | 24.94%                                 | 44+(97)=141                        | 36.25%                                 |

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, were accounted for; and
- obtaining a list of all home studies referred out-of-state from April 2021 through March 2022 and counting the total number of requests referred during that period. Any requests that were not yet due at the time data was pulled for this information were 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 to 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 to 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 improved 5.6 percent when compared to the previous reporting period; the timeliness rate of home studies received by Oklahoma from other states within 75-calendar days improved 3.07 percent when compared to the previous reporting period. During the 2020 through 2021 reporting period, a significant decline occurred in timeliness, which was likely the result of the multiple impacts on CW systems due to the COVID-19 pandemic. While fewer requests were sent during the current reporting period, the timeliness rate for decisions received from other states did improve.

Importantly, 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 on how 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 from the region or district. Once the Oklahoma ICPC office determines an outgoing packet is complete, it is immediately forwarded to the receiving state for completion.
- CWS ICPC staff is highly engaged with CW regional and district staff requesting studies; often CW regional and district staff will collaborate with CWS ICPC Programs staff prior to initiating a request to determine viability and ensure the most appropriate ICPC request type is selected for the children served by ICPC. This collaboration is an ongoing effort between CWS ICPC Programs staff and CW regional and district staff.
- During both the current reporting period and the previous reporting period, Oklahoma scanned home study requests to receiving states. Due to changes in protocols associated with the COVID-19 pandemic, Oklahoma and many other 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. The use of electronic transmission is once again common and while there are some technological challenges, the ICPC Unit is improving their efficiency using this transmission method.
- Generally, when a request is sent as "foster" or "adoption" these types of requests take longer to process as most states require these types of resource requests to become licensed. Many states already have lengthy licensure processes, and ICPC itself allows for 180-calendar days for a family to be licensed.

- Oklahoma asks for updates on any outgoing home study requests that are more than 60-calendar days old on a monthly basis to check on a request's status and expected completion date. Some states are not responsive to these status requests.
- Due to the complex nature of trauma many children in the CW system have experienced, it is not uncommon for receiving state ICPC offices to suggest or require that CWS contract with private agencies in a receiving state to assess families referred by ICPC. Additionally, some receiving states have limitations on what types of cases their public CW agencies can serve, dependent on an identified child's recommended level of care and identified needs. Locating providers in receiving states to serve these types of cases causes delays in initiating ICPC requests with other states as it adds an additional layer of assessment to identify an appropriate agency to provide ICPC service. This delay then results in the need to initiate a private contract to serve these children with complex needs through ICPC. The contracting process required to serve higher level needs children through ICPC extends ICPC processing time frame due to the length of time it takes to execute a contract for ICPC placement.

Oklahoma's ICPC rate of response to other states requests for home study decisions continues to be higher compared to the timeliness rate at which Oklahoma receives home study decisions from other states.

Figure 49 shows the timeliness of home study decisions sent by Oklahoma to other states over a five-year period. These ICPC decisions impact permanency for children under the jurisdiction of other states when an ICPC case was initiated with Oklahoma.

Figure 49

| Period Under Review | Number of Home Study Requests Received by Oklahoma from Other States | Number of Decisions within 60 days | Percentage of Decisions within 60 days | Number of Decisions within 75 days | Percentage of Decisions within 75 days |
|---------------------|----------------------------------------------------------------------|------------------------------------|----------------------------------------|------------------------------------|----------------------------------------|
| 4/1/2021-3/31/2022  | 320                                                                  | 133                                | 41.5%                                  | 32+(133)=165                       | 51.6%                                  |
| 4/1/2020-3/31/2021  | 301                                                                  | 113                                | 37.5%                                  | 38+(113)=151                       | 50.2%                                  |
| 4/1/2019-3/31/2020  | 336                                                                  | 185                                | 55.1%                                  | 25+(185)=210                       | 62.5%                                  |
| 4/1/2018-3/31/2019  | 354                                                                  | 164                                | 46.33%                                 | 52+(164)=216                       | 61.02%                                 |
| 4/1/2017-3/31/2018  | 358                                                                  | 154                                | 42.18%                                 | 41+(154)=195                       | 54.47%                                 |

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, were accounted for; and
- obtaining a list of all home studies received from out-of-state from April 2021 through March 2022 and counting the total number of requests received during that period. Any requests that were not yet due at the time data was pulled for this information is 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 to 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 adding the number of home study decisions sent within 61 to 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.

The data for the current reporting period reveals a 4 percent improvement in the timeliness of home study decisions issued by Oklahoma to other states within a 60-calendar day timeframe and a 1.4 percent improvement in the timeliness of home study decisions issued by Oklahoma to other states within a 75-calendar day timeframe. During the previous reporting period, there were significant declines in timeliness, which were most heavily impacted by the COVID-19 pandemic and its effect upon CW systems across the nation. The current data suggests positive trending for improved timeliness rates throughout the upcoming reporting period despite the significant decline in timeliness during the previous reporting period.

As CWS continues to monitor the timeliness of ICPC home study decisions issued to other states, the CWS ICPC Programs team and CW regional and district staff dedicate special efforts to ICPC cases where incoming placements are made through ongoing case consultation and support to both the sending state and receiving state's local caseworkers. Often collaborative staffings are held when issues arise with existing placements, and all parties work to stabilize placements when safely possible. When it is not possible to safely maintain a placement, CWS ICPC Programs team and CW regional and district staff work to ensure the sending state is aware of the concerns and reasons why a placement may be denied or an approval rescinded. This ongoing collaborative case support is the heart of ICPC work, despite how timely a decision was issued on an ICPC request.

Updates regarding diligent recruitment of foster and adoptive parents are 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) approved 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 Child Welfare Policy and Practice Group, and the Dave Thomas Foundation for Adoption (DTFA). Two new initiatives this year include working with Mainspring Consulting as well as a collaborative effort between the Annie E. Case Foundation and Casey Family Programs. Also provided below is an update to the ongoing program support that includes CWS Continuous Quality Improvement (CQI) Programs.

#### **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 out-of-home care.

The Oklahoma Title IV-E Prevention Program Plan was approved in October 2021 and implementation is currently underway. The goals, objectives, and strategies outlined in the Oklahoma Title IV-E Prevention Program Plan, through a child welfare (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. 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. CWS, through Title IV-E Prevention Program implementation, continued system transformation and enhancement of prevention practices and strategies to increase access to services to serve more families preventively and further reduce the need for foster care as an intervention.

Within the infrastructure of the Oklahoma Children's Services (OCS) Programs, two approved Title IV-E evidence-based in-home parent skill-based prevention programs, SafeCare® and Intercept®, continue to be contracted with community-based providers that have an established history of serving families involved with the CW system and who experienced child maltreatment. OKDHS will continue cross-system collaboration and coordination with the Oklahoma State Department of Health (OSDH) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) towards creating a child and family well-being network and continue to improve the infrastructure and pathways for a comprehensive early childhood system and continuum of evidence-based prevention services that supports and strengthens families. The network's goal is to ensure the unique needs of children and families served by the agency are addressed

to create a safe home environment, enable children to remain safely with their parents when possible, and help children in resource and adoptive placements achieve permanency. OKDHS is committed to enhancing collaboration and partnership between OKDHS, the Oklahoma Indian Child Welfare Association (OICWA), and Oklahoma tribes toward the expansion of culturally-relevant prevention services to promote safe, healthy, and culturally strong environments for Indian children, their families, and their tribes. Collaboration with tribal partners will continue as OKDHS moves forward with both prevention and qualified residential treatment program (QRTP) plans.

## **COC**

The COC developed strategies in November 2019. Key items, such as establishing a regional multidisciplinary team (MDT), recruiting efforts for therapeutic foster care (TFC)/intensive treatment family care (ITFC), enhanced foster care (EFC), and shelter and congregate care reduction strategies, were established. Seven workgroups were created to move the identified strategies forward and many successes were accomplished through the workgroup efforts including:

- finalizing the Child and Adolescent Needs and Strengths (CANS) assessment and contracts for the CANS third-party assessors;
- development of an internal and external communication plan;
- partnerships with the Building Bridges Initiative to develop ways to reduce missing from care episodes and enhance group home contracts;
- implementation of a statewide unified placement request process;
- development and implementation of key EFC pieces; and
- development of Bios Neighborhood Homes for specialized foster care youth.

The Child Placement Interview (CPI) process is fully implemented statewide. The Placement Document and Screening workgroup met and discussed constructing a survey for foster parents about the CPI. To be mindful of the number of surveys sent to foster parents, questions about the CPI will be embedded in the Placement Stability Support Survey. Additionally, minor CPI online document enhancements were identified, discussed, and shared so that updates were made in early 2022. Updates included primarily expanding space for text, use of typographical symbols, tracking of a CPI taken offline for emergency placements, and space for information updates.

After reflecting on the successes of the past several years, it was determined that key individuals were missing from the COC Steering Committee. CWS is committed to ensuring those with lived experience are involved in all efforts moving forward as those experiences guide the identification of goals and strategy efforts. A continuum gap analysis is currently being completed to identify gaps in the placement and service continuum that impact vulnerable populations within the CW system. The project's initial phase included a qualitative analysis from the CW programs administrative teams in which they were asked to provide placement and service concerns, or barriers, for various populations of children who receive CW services. Additionally, the teams were prompted to provide information about promising practices, or services, which are not currently implemented, but are believed to mitigate some of the identified concerns and barriers. A Phase 1 report is currently in development and will include the analysis from the initial

qualitative review. The project's Phase 2, which begins in June 2022, will include identifying and gathering external partners to review the initial results and to complete a similar process, while using internal and external data. This effort will establish a vision for an ongoing COC, and inform future strategies, as well as identification of system supports, resources, and opportunities for collaboration with external partners.

The regional MDT process is still used to staff the complex needs of children and youth and collaborate with regional resources to develop action steps that support the child or youth's safety, permanency, and well-being. The regional MDTs staff the following populations:

- new shelter admits and those who were placed for over 30-calendar days;
- Measure 6.4 cohort of legally-free youth 16 to 17 years of age or older;
- children with specialized needs, such as Developmental Disabilities Services;
- youth placed in group homes greater than four months upon referral from the SPPU liaison to the MDT lead and dependent on the youth's discharge plan;
- youth placed in any residential setting longer than 90-calendar days upon referral from the SPPU liaison to the MDT lead and dependent on the youth's discharge plan; and
- any request made by regional leadership.

In addition to the cohorts of youth staffed through the regional MDT process, regional MDT leads began leading a quarterly multi-level staffing for all 15-year-old legally-free youth in August 2021. The MDT lead schedules the multi-level quarterly staffings with the youth's assigned CW specialists, supervisors, district director, and Youth Transition Services (YTS) as applicable. This effort is aimed at decreasing the number of youths entering the Measure 6.4 cohort and increasing the permanency rate for legally-free youth.

### **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. During this reporting period, CWS continued work related to the critical incident review process in collaboration with the National Partnership for Child Safety (NPCS). This work included additional pilot reviews of the process in various regions across the state as well as multiple meetings with NPCS representatives surrounding the process and specific training received by CQI Quality Assurance (QA) staff related to utilization of the Safe Systems Improvement Tool. Plans going forward include a standardized practice of critical incident reviews across all regions, data sharing into the national collaborative, and internal review and analysis of outcomes in efforts to identify areas of need and address systemic factors to improve practice.

### **DTFA**

The Adoption Transition Unit, now known as 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. In 2021, the YTS team took over secondary assignment responsibility for the cohort of youth who are 15.5 years old with a case plan goal of planned alternative permanent placement with no identified placement. YTS is applying the WWK model to this cohort in hopes of identifying permanency options prior to youth aging out of care.

### **Annie E. Casey Foundation and Casey Family Programs Collaborative**

Ending the Need for Group Placements (ENGP) is a collaborative effort between the Annie E. Casey Foundation and Casey Family Programs to transform and eliminate unnecessary use of congregate care for youth in foster care. CWS was selected as one of three child welfare systems, called demonstration communities, to lead in the work of ENGP.

CWS has begun the first part of this project which is to select an Oklahoma community-based organization to facilitate this work, to include arranging and conducting meetings as well as managing the co-design team. A committee, consisting of individuals with lived experience, is assisting CWS in the selection of the community-based organization. Members include youth, biological parents, foster parents, family members, adoptive parents, Annie E. Casey Foundation, and Casey Family Programs. On 6/17/2022 an orientation session was held with the selection committee members by bringing them together as a group and establishing guidelines and expectations in selecting a community-based organization. September 2022 is the target date the committee has set for selection of the community-based organization.

The second part of this project will include creation of a co-design approach: development of new solutions to prevent youth from entering group or congregate care unnecessarily; and, development of strategies to support family-based kinship and foster care placements. The target date to begin the co-design is by the end of calendar year 2022.

### **Mainspring Consulting**

OKDHS worked with Mainspring Consulting, with support from the Jim Casey Youth Opportunities Initiative, to assess the fiscal implications of opting into the federal Title IV-E extended foster care program. Mainspring Consulting is an organization that synthesizes research, assists states in identifying promising approaches, and creates customized tools to support the work and guide the action steps in order to move toward the results of the research. The work with Mainspring Consulting included the following key steps:

- Facilitate planning conversations among key stakeholders to reach agreement on key design decisions for a Title IV-E extended foster care program with regard to case management, placement settings, case review, and supportive services.



- Map current investments in extended foster care and other programs currently serving youth in and transitioning from foster care.
- Develop cost estimates of implementing a Title IV-E program based on design considerations.
- Develop projections of the net fiscal impact of implementing a Title IV-E extended foster care program based on the cost assumptions, existing investments, and expected new IV-E revenue.

## CQI

CWS CQI Programs was used 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 APSR under **Update to Assessment of Current Performance in Improving Outcomes**, CFSR Child and Family Outcomes. Additional program data included Family Meeting Continuum (FMC) fidelity data along with FMC parent, youth, and community survey data, permanency safety consultation (PSC) fidelity data, maltreatment in care (MIC) in family-based settings data, and investigation appeals data. Information from these profiles was shared with the CWS Executive Team in addition to regional leadership and at the CQI Statewide Implementation Team (SIT) meetings.

CWS CQI Programs staff continued as regular members of the regional leadership, 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.

CWS CQI Programs continued quality assurance reviews this reporting period related to foster care and adoption resource home approvals which was a new qualitative review process undertaken last reporting period. Highlights of this process include, but are not limited to, face-to-face debriefings and reviews occurring on a quarterly basis to allow for frequent feedback to Foster Care and Adoptions (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. Ongoing process evaluation and transparent partnering between CWS CQI staff, FC&A Programs, and regional/district staff allowed for modification and enhancement of the process. The review process led to enriched FC&A Resource staff growth and development across the state while furthering CQI efforts in this practice area.

Additionally, CWS CQI QA staff continued and completed technical assistance with the Center around ongoing implementation, development, and sustainability of the Safety through Supervision Framework. Achievements realized through this process included but were not limited to, clarity of QA and CQI staff roles; strengthened relationships with

field staff at regional level; increased focus on teaming practices; increased ability to replicate approach in other areas of CQI when thinking about fidelity, consistency, and practice change; and increased knowledge and ability in applying change and implementation best practices. As a result of the technical assistance, revisions to the Safety through Supervision guidebook are in process; creation of additional support tools for the framework to be utilized at multiple levels are in development; and refresher trainings related to the Safety through Supervision Framework are planned for the upcoming reporting period. All of these efforts are intended to positively impact the quality of Safety through Supervisions Framework activities across the state and as a result, improve overall CW practice in Oklahoma.

### 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 | FFY 2020 | FFY 2021 | Current Period | Target by End of FFY 2024 | Data Source       |
|-------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------------|---------------------------|-------------------|
| Foster care entry rate per 1,000                                                                                              | 5.3      | 4.7      | 4.2      | 3.5            | 4.0                       | NCANDS            |
| Families who received preventative services from the state during the year – Family-Centered Services                         | 2,024    | 2,024    | 2,265    | 1,680          | 2,500                     | KIDS Data         |
| Absence of maltreatment in care                                                                                               | 99.08%   | 99.13%   | 99.02%   | 99.01%         | 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%   | 69.79%   | 68.97%   | 82.61%         | 95.00%                    | CFSR              |
| Safety Outcome 2: Item 3: Risk and safety assessment and management                                                           | 18.46%   | 40.77%   | 45.38%   | 44.62%         | 95.00%                    | CFSR              |

| Objective                                                                                                                                                                                                                                                                                                                                                                                           | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.1</b> 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 | <p><b>1.1</b> ISS continues as an intervention for families who have a child(ren) at imminent risk of removal into out-of-home care for safety reasons. In the period of October 2020 through September 2021, 1,277 families were determined eligible for ISS. Of those, 217 families, consisting of 470 children, received ISS.</p> <p>CWS supports the continued sustainability of ISS statewide through varied strategies that target capacity and utilization. One of those strategies is the Phase II-Post IV-E Waiver Demonstration 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</p> |

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| <p>promising prevention services are identified, a target for use will be established.</p> <p><b>(a)</b> 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 though the identified evidence-based interventions each year.</p> | <p>(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 FFPSA toward approval by the Title IV-E Prevention Services Clearinghouse. The second annual report for the Phase II ISS evaluation covering the period from October 2020 through September 2021, for Regions 3 and 5 only, was postponed due to a delay in an approved data sharing agreement between OKDHS and OUHSC. The preliminary results from the first annual report in the Phase II evaluation were promising and reflected the findings observed in the original Waiver evaluation and results are expected to trend in the same direction as further analysis is completed. However, more time is needed to enroll more families as the data collection in year one of the Phase II-Post IV-E Waiver limited the set of analyses that could be completed.</p> <p>In Federal Fiscal Year (FFY) 2021, \$1,938,302 of state funds were used to provide ISS. The costs included \$312,907 for evaluation and \$1,625,395 for direct service.</p> <p>Another strategy to increase capacity to serve more families is through public-private partnerships, one being a Pay for Success contract. A Pay for Success contract, also known as a social impact bond, is a model that allows for private philanthropy to take on the risk by providing the upfront capital and taxpayer dollars are only spent on successful outcomes. The first Pay for Success contract was with the Arnall Family Foundation to expand ISS in Region 3. This Pay for Success contract began in 2018 and ended in December 2020, allowing an additional 109 children in 47 families to receive ISS that otherwise would not have due to capacity. Of the 109 children served, only six were subsequently removed and placed in out-of-home care. Based on the successful outcomes of the first Pay for Success contract and the continued need to increase capacity, CWS entered into a second Pay for Success contract to expand ISS into Region 1, Garfield County, and Region 2, Cleveland and Comanche Counties, with Impact Accelerator, a subsidiary of Oklahoma-based non-profit, MetaFund in October 2021. Since the start of the second Pay for Success contract in October 2021 through April 2022, 69 children in 32 families received ISS that otherwise would not have due to capacity. CWS continues to enhance partnerships to further expand ISS through a Pay for Success contract in Regions 4 and 5.</p> <p>CWS OCS Programs continues to collaborate with regional leadership to support them on process fidelity and ISS usage for families identified to be eligible through case consultation, training, and monthly reports on utilization and capacity. Along with support through the existing CWS CQI/QA, CWS programs continue to monitor, refine, and improve practices towards improved outcomes of child safety, permanency and well-being, parent/kin caregiver well-being, prevention of future child maltreatment, and entry into foster care. It is critical to note that both implementation, sustainability, and data collection are still affected by the ongoing COVID-19 pandemic throughout this reporting period.</p> |
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| Objective                                                                                                                                                              | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>1.2</b> Increase access to evidence-based programs and services to support and prevent maltreatment and unnecessary family separation. Evaluation will occur</p> | <p>In the first submission of the Title IV-E Prevention Program Plan, OKDHS focused on in-home parent skill-based programs, SafeCare® and Intercept®, established within the infrastructure of the CW system, and contracted with community-based providers with an established history of serving families involved with the CW system who had experienced child maltreatment. These</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| <p>through number of services available, relationship, and community collaborative.</p> <p><b>(a)</b> mental health and substance abuse prevention and treatment services – number of services offered/clients served annually;</p> <p><b>(b)</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</p> <p><b>(c)</b> partner with Domestic Violence programs to stop family violence – number of services offered/clients served annually.</p> | <p>contracted community-based services support the promotion of health, safety, and wellness of Oklahoma's children and families involved with the CW system. Additionally, Oklahoma implemented and sustained multiple well-established evidence-based programs and services available to children and families that support and strengthen safe and healthy children and families and fall within the Title IV-E prevention program and service criteria. However, due to a variety of reasons, including existing funding sources, rating and approval decisions, or not rated yet, and state capacity to meet the evaluation requirements for any practice not rated as well-supported, Oklahoma chose to seek approval of only two prevention services for FFPSA Title IV-E prevention funding. As the evidence base for programs and services in Oklahoma evolves and additional programs and services are reviewed by the Title IV-E Prevention Services Clearinghouse, future amendments to the plan will be considered.</p> <p>Oklahoma has long invested in the infrastructure for the creation and sustainability of a comprehensive early childhood system to ensure the long-term health, safety, well-being, and educational success of the youngest Oklahomans and their families that goes beyond what FFPSA will provide. Home visiting programs were utilized as a vital mechanism to help protect children aimed to reduce child abuse and neglect and improve child health and development in Oklahoma. Along with the programs available within the CWS OCS Programs for families involved with the CW system, home-based family support programs are delivered through the Oklahoma State Department of Health (OSDH), county health departments, and contractually through community-based non-profits for families to receive a continuum of evidence-based primary, secondary, and tertiary prevention services.</p> <p>Further, Oklahoma's mental health and substance abuse services are jointly funded and administered through ODMHSAS and the Oklahoma Health Care Authority (OHCA), the state Medicaid authority; which for the majority of children and families involved with CW are covered through Medicaid. However, availability and capacity of those mental health services for infants and young children is limited. Oklahoma continues to work toward increasing the workforce and those trained in evidence-based programs and services for infants and young children through ODMHSAS and OSDH. OKDHS CWS, as a partner of and through The Partnership, continues to collaborate with ODMHSAS and OSDH toward a unified and integrated system of care for all Oklahoma's children, youth and families with or at risk for mental, behavioral, and substance abuse disorders.</p> <p><b>1.2a</b> The OKDHS CWS and ODMHSAS collaborative relationship building between CWS districts and ODMHSAS-contracted providers strengthened local partnerships and continues. These partnerships assist with accessible and quality evidence-based mental health treatment for children and families to help mitigate maltreatment and family separation. As of 6/30/2022, annual data collection was not available from ODMHSAS other than, from April 2021 through</p> |
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|  | <p>July 2021, eight children and 575 adults were referred to substance use services and 867 children and 213 adults were referred to mental health services.</p> <p>Refer to Goal 2, objective 2.6 for information related to Oklahoma Systems of Care (SOC) and Wraparound services.</p> <p><b>1.2b</b> Services beyond SafeCare® and Intercept® through the CWS OCS Programs within the CW system are available to children and families. Oklahoma continues to invest in three evidence-based models of home visiting: Parents As Teachers, (known as Start Right), Nurse-Family Partnership, (known as Children First), and SafeCare® Augmented with varying levels of service intensity targeted to meet specific family needs and risk factors. As an integral part of Oklahoma's early childhood system, home visiting programs have been supported since the mid-1990s through state appropriations. While state investments in home visiting fluctuated throughout the years, in SFY 2021 \$4,849,350.14 of state funds were used to support Children First, the Office of Child Abuse Prevention (OCAP) contributed \$1,934,887.16 to support Start Right, and federal investments contributed \$3,262,824.81 toward home visiting programs.</p> <p>During SFY 2021, 27 home-based family support program sites provided services to a total of 2,441 families, 2,448 children, in 60 of the 77 Oklahoma counties. Programs available included:</p> <ul style="list-style-type: none"> <li>• 13 Parents As Teachers (known as Start Right) regional program sites were available to families in 30 counties;</li> <li>• 11 Nurse-Family Partnership (known as Children First) regional program teams were available to families in 52 counties; and</li> <li>• 3 SafeCare® program sites were available to families in two counties.</li> </ul> <p>It is critical to note that home-based family support programs continued to be affected by the ongoing COVID-19 pandemic through this reporting period and had to adapt to the growing needs of families and the limitations of in-person visitations.</p> <p>Community-Based Child Abuse Prevention (CBCAP) funds provided through OSDH continue to support community-based organization to develop, operate, and expand evidence-based services and supports that prevent child abuse and neglect by strengthening protective factors and mitigating risk factors as well as for critical infrastructure for the home-visitation network in the state. CBCAP funds continue to support 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.</p> <p>Other activities supported in SFY 2021 through the CBCAP include:</p> <ul style="list-style-type: none"> <li>• Pyramid Model implementation;</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• OKDHS Child Care Warmline;</li> <li>• Children's State Advisory Workgroup (CSAW);</li> <li>• Cross-Sector Coordinator position;</li> <li>• Statewide Parent Partnership Board;</li> <li>• Outcomes Data System;</li> <li>• Contracting with OUHSC on child sexual abuse prevention, focusing on preventing youth from sexually acting out on other children;</li> <li>• 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;</li> <li>• Funding professional development through a variety of trainings and conferences;</li> <li>• Funding the Circle of Parents groups across the state;</li> <li>• Ongoing work on the five-year Oklahoma State Plan for the Prevention of Child Abuse and Neglect including collaboration with OKDHS on biannual meetings;</li> <li>• Funding the Behavioral Risk Factor Surveillance System Survey; and</li> <li>• Co-sponsoring the 26<sup>th</sup> Annual Child Abuse and Neglect Conference.</li> </ul> <p>The services and supports provided through OSDH within the Family Support and Prevention Service continued to be affected by the ongoing COVID-19 pandemic this reporting period as the workforce was diverted to emergency response activities. The services' effectiveness and efficiency are enhanced through the partnership between OSDH and the public and private program providers. OSDH and OKDHS CWS collaborate to ensure that CBCAP, CFSP, and Annual Progress Services Report (APSR) goals are aligned.</p> <p><b>1.2c</b> From October 2020 through September 2021, the domestic violence crisis hotline received 21,373 calls. During this same period, 4,173 individuals were served in shelter through the Oklahoma Attorney General's Office certified domestic violence programs, comprising a total of 113,569 shelter nights. An additional 16,831 persons were served with non-shelter services. Of those served in both shelter and non-shelter services, 171 individuals identified as lesbian, gay, bisexual, transgender or queer (LGBTQ+). Of those served in the shelter, 1,460 were children and 2,627 were women. Of all children served in both shelter and non-shelter services: 2,136 were age 12 or younger; 1,234 children received crisis intervention services; 1,251 children received victim advocacy services; 863 children received individual or group counseling support; and 117 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.</p> |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>1.3</b> 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.</p> <p>(a) This will include updates to the Child Welfare Safety Guidebook to include safety guides for all programs.</p> <p>(b) All CORE trainings and Supervisor Academy training will be updated to focus on enhanced safety practices outlined within the CFSR PIP.</p> <p>(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.</p> | <p><b>1.3a</b> This objective is completed: however, refer to Goal 1, Objective 1.5 for further information regarding updates and ongoing sustainability.</p> <p><b>1.3b</b> Completed.</p> <p><b>1.3c</b> OKDHS CWS placed a priority on having a trauma-informed CW system over a decade ago. The Oklahoma CW system documented its capacity to provide services to or on behalf of a child and family 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 toward creating a child and family well-being network 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). Hope is important for all Oklahomans and 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 will ensure 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 will enhance system-wide capacity, allow for application of the science of hope and a trauma-informed lens, and sustain the supports, resources, and services provided to children and families preventively, as well as when foster care is needed.</p> <p>The foundation of a hope-centered, trauma-informed approach is a knowledgeable workforce who can assess need and connect through referral children and families to a service array that meets their needs, and monitor and evaluate the continuing appropriateness of the services</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                         | <p>provided. A strong, competent workforce is critical in achieving OKDHS CWS mission and goals, building upon the successes thus far in system improvements to align with FFPSA' vision to improve the safety, permanency, and well-being of children and families involved with the CW system. OKDHS 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, the impact on attachment, and how those impacts can affect relationships. Additionally, trauma-focused foundational learning, in the areas of Motivational Interviewing and crisis de-escalation is included to build on through future level courses. OKDHS CWS continues the trauma-informed training that already exists in the required CW training for CW specialist and supervisors, and will 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.</p> <p>During this reporting period, the Hope Awareness Training continued to evolve. The Science of Hope was originally housed in a few state agencies; and, as described above, OKDHS is one of them. The Science of Hope is now a state-wide initiative and the current Training Plan consists of ensuring all 35,000 State of Oklahoma employees receive Hope Awareness Training. Employees who have already completed the training will not be required to retake it; however, updates were made to the curriculum. The project kick-off for the state-wide initiative is 7/1/2022.</p> <p>As a state agency, OKDHS is in the process of including the Hope Awareness Training within its Connections Training provided to all new employees.</p> |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>1.4</b> 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. Qualitative reviews will occur in each region every</p> | <p><b>1.4</b> Qualitative MIC reviews and analysis strategies were performed for the past several years. Review data is continually monitored and enhanced periodically to improve quality as necessary. Updates to these strategies are explained in detail below. In summary, MIC review processes were enhanced to ensure the transfer of learning (TOL) portion of the reviews are conducted in the most beneficial and prudent manner.</p> <p>MIC Programs staff continue reviews for all substantiated MIC incidents in family-based settings. These reviews are sent to CW district directors and field managers for review and TOL with CW district staff. Making a change in the timing of review completion allowed for returning the completed reviews back to the districts within 30-calendar days of investigation closure. This</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| <p>quarter to support specialists in improving practices to better outcomes.</p> | <p>timing change, coupled with enhanced quality of practice notes as part of the review, resulted in significantly improved TOL process timeliness and quality.</p> <p>On 2/8/2022, changes went into effect for the CW district director and field manager substantiated MIC reviews. Regarding substantiated MIC reviews, district directors and field managers no longer complete a full KIDS review but rather use the MIC Programs completed review to guide their coaching related to practice improvement with staff. The online Qualtrics survey utilized by district directors and field managers was modified to align with and support this process change. Unsubstantiated MIC reviews completed by district directors and field managers continue as previously described.</p> <p>Additionally, the MIC strategy team began conducting enhanced TOLs for specific reviews as identified by MIC Programs staff. During the enhanced TOLs, the MIC Programs participates and facilitates the TOL with the district director, field manager, and appropriate district staff. Enhanced TOLs focus on learning and highlighting quality practice and practice areas in need of improvement with the intent of increasing district staff's ability to identify risk of MIC and ultimately leading to MIC prevention.</p> <p>In August 2021, the MIC strategy team rolled out quality visit supervisor reviews. These reviews require CW PP and comprehensive supervisors to complete a review of designated PP monthly worker visits focusing on visit quality as it relates to the most prevalent MIC contributing factors identified by the MIC reviews that occurred over the last several years.</p> <p>The regional and resource provider agency case analysis continued throughout this reporting period. In the case analysis process, a case is presented to a region's leadership team and/or steering committee or resource provider's leadership team. Upon presentation completion, clear direction is provided to participants with specific takeaways to use in subsequent TOLs with CW or agency supervisors and staff. Those specific takeaways are opportunities identified by the leadership teams which would enhance risk assessment skills, safety assessments, and prevention strategies for all programs.</p> <p>In January 2022, a district level MIC rate comparison over a five-year period was conducted and provided to all five regions through MIC trainings held across the state. These meetings included regional leadership and involved discussions of the data highlighting positive areas of practice, as well as areas of practice in need of improvement. During this reporting period, a cohesive effort to understand MIC rates at the district level was emphasized as well as on a macro level over time. Collaborative discussions about MIC continue at all levels of CWS statewide with the MIC strategies a focused topic for discussion.</p> |
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|                                                                                                                                                                                                                                                                                                                                                 | <p>Monitoring of the quality visit supervisor review completions, as compared to the regional MIC rates, will take place over time to understand if there are any valid correlations between the two. The MIC strategy team will engage with OKDHS Innovation Services and KIDS staff to ensure updates occur as needed to each of those systems. The MIC Programs team is also working on a shared internal website devoted solely to the MIC strategy. An MIC toolkit is currently under development to provide resources and support to CW staff in their MIC expanded strategy efforts. Prevention and educational information about current trends observed from the reviews will also be a primary focus of the MIC website and toolkit when established.</p> <p>Refer to Goal 2, Objective 2.13 for further information regarding additional practices related to MIC reduction.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>1.5</b> 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.</p> | <p><b>1.5</b> 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.</p> <p>In July 2020, the CWS CQI Programs assumed responsibility for Supervisory Framework implementation support and sustainability. This change 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 understanding of the targeted efforts needed to assist and support staff with ongoing TOL and appropriate Framework application.</p> <p>The CQI QA team, with assistance from the Center, identified implementation issues to refine and refocus Framework activities in all five regions to ensure consistency and develop a process to measure fidelity for CW specialists to improve practice. This joint work also consisted of consultation between the Center and the CQI QA team on the development of implementation sustainability practices for the Supervisory Framework.</p> <p>To more accurately capture a current CW supervisor's grasp and usage of the Framework, a survey was deployed to all CW supervisors in February 2021. The survey results were then used 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. The feedback helped CQI QA realize how this important information could be used to inform CW staff about the Supervisory Framework.</p> <p>The collected information suggested support and guidance are needed to create a deeper understanding of the Supervisory Framework's holistic approach since CW staff presently report the Framework process seems overwhelming and repetitive. This perspective may be the result of CW staff currently utilizing the guides as compliance-oriented forms, rather than discussion</p> |

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|  | <p>guides to help with everyday work, as intended. Feedback reveals a need for a universal staffing guide rather than individual guides for different types of case staffings to avoid repetitive staffings for a case. Also, feedback highlights the permanency planning intentional case staffing guide is heavily geared towards children with a goal of return to home and needs to include all permanency goals. As a result of the feedback, CQI QA partnered with Permanency Planning (PP) Programs to update the Intentional Case Staffing guide with all permanency goals for children.</p> <p>Since the 2022 APSR's submission, the CQI QA team created Framework tip sheets for CW supervisors and district directors to provide guidance and support from the CW district directors to the CW supervisors and the CW specialists based on the survey's results and feedback. Effective integration of CW district directors into the implementation process was needed, which resulted in gathering their feedback on desired topics for their tip sheet. Also, per request of a group of district directors, a CW supervisor monthly conference Framework guide that mimics the existing CW specialist monthly conference Framework guide is being created. The guide will purposely serve to support parallel supervision amongst supervisors and district directors in addition to increased familiarity and discussions surrounding the Framework.</p> <p>Extensive planning is underway to conduct framework refreshers facilitated by CQI QA for all CW supervisors and district directors. The planning involves creating a facilitation guide to ensure consistency in the refresher's delivery statewide. The refreshers are informationally structured to cover feedback gathered through the discussions that followed the 2021 surveys and include: the Framework's holistic perspective, conducting purposeful intentional case staffings based on significant case milestones, time management, and understanding and applying the Framework. Videos of CW supervisors in each region were created to use as a component of the Framework refreshers. The videos consist of interviews, conducted by CQI QA staff with CW supervisors who are using the Framework, to explore the benefits and challenges, including problem solving solutions they may have encountered. Including district directors in the Framework refreshers and creating a Framework supervisor monthly conference guide are intentional components that continue efforts striving towards district director integration.</p> <p>Planning for next steps includes Framework refreshers scheduling, which begin statewide in June 2022. The scheduling will include integrating the regional directors by their selection of three to five districts within their regions to begin the Framework refresher rollout.</p> <p>The planning stages after completing the statewide Framework refreshers will include deployment of a follow-up survey similar to the one deployed in 2021, to gauge continued focused guidance, support, and possible Framework improvements, if needed.</p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>The decision on how CWS will document Safety through Supervision Framework guide usage, in particular the Intentional Case Staffing Guide, in KIDS continues as an apparent need and is planned as an upcoming discussion with CWS leadership. This support needs to occur for CQI QA to develop a fidelity measurement in order to have documentation accessible for evaluating consistency.</p> <p>The CQI QA team is cognizant of the need to ensure consistency statewide with communication and execution of all plans for future Framework activities to successfully sustain its application and produce its intended outcomes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>1.6</b> 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.</p> | <p><b>1.6</b> Regional CFSR case review practice profiles for the Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting periods 20A, 20B, and 21A, were created and shared with the CWS Executive Team and regional leadership staff to provide detailed practice information regarding specific regional CFSR outcomes. Additional qualitative programmatic data shared as part of this process includes data related to appeals, MIC, the FMC, and PSCs.</p> <p>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 profiles containing statewide data and qualitative programmatic data were presented and shared with Executive Team members, program administrators, and members of regional leadership teams during the CQI SIT meetings throughout this reporting period. The CFSR profiles containing regional data and qualitative programmatic data were presented and shared with the regional practice improvement charter teams. As a result, each region maintains a regional practice charter, which identifies areas of regional practice focus. The regional practice charters are reviewed regularly by regional charter teams for monitoring progress and are updated accordingly based on ongoing data monitoring and tracking charter activities in addition to data contained in each practice profile.</p> |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>1.7</b> 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 June 2020. Ongoing evaluation of the quality and</p>                                                                                | <p><b>1.7</b> This objective is completed.</p> <p>Refer to Objective 1.6 regarding CFSR case review practice profiles.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| <p>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.</p>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Objective</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>1.8</b> 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.</p> | <p><b>1.8</b> As of 4/4/2022, FMC was implemented statewide.</p> <p>All full-time facilitators are trained on FMC. During each district rollout, staff were trained on their roles as CW specialists during a family meeting (FM). The training also incorporated the importance of using FMC with an emphasis on purposeful and quality meetings. A practice guide and FM summary report were provided to CW district staff as well. New CW specialists continue to complete CSM training as part of the post-CORE learning. An FMC refresher training was also developed and is available for all levels of CW specialists upon request of regional leadership. The FMC Lead offered training based on need indicated from information gathered through FMC review processes. New FMC facilitators completed a two-day training where they learned the team decision-making model. In addition to the two-day facilitator training, training is available for facilitators who lack experience in either CPS or PP based on their prior work history. This training was scheduled for July 2021, but was postponed due to a surge in COVID-19 cases. Two sessions of this training occurred in June 2022. On 5/12/2021, a training about the FMC was provided to statewide tribal partnerships.</p> <p>FMC was identified as an area that could support OKDHS' goal of becoming a hope-centered organization. In February 2021, 31 CW staff, including the FMC Lead, all FMC supervisors, and two facilitators per region, were trained as Hope Navigators in the Science of Hope by Dr. Chan Hellman and Dr. Angela Pharris. Hope Navigators, who completed the training, model hope-centered language during FMs and help identify pathways and willpower to reach the family's goals. Dr. Pharris' team put together a Hope-Centered FMC Guide, as well as a one-page pamphlet that provides guidance for how to incorporate hope-centered language in FMs. Both the guide and pamphlet were finalized and distributed in February 2022.</p> <p>In November 2021, parent, youth, and community surveys were finalized. These surveys serve as an avenue to collect information from families and meeting participants regarding FM quality and frequency. Facilitators provide an email link and a QR code to the participants at the meeting's close, which they can use to access the survey. Statewide and regional survey results are compiled into a quarterly report shared with leadership and field staff via a written report and reviewed at the CQI SIT meeting. The information compiled from the survey results may be used</p> |

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|  | <p>to identify specific regional practice trends and provides an opportunity for a continuous feedback loop to enhance family meetings and practice.</p> <p>In February 2022, a meeting was held with the PP programs administrator and FMC Lead along with OKDHS Design Services to discuss creating an FM family brochure. Development of the brochure is currently in progress. This brochure will outline the FMC process so families know the purpose and frequency of each meeting. It will also include space for families to note, prior to the meeting, any questions or areas they may wish to discuss as a way to encourage them to use their voice at the meeting. The current CSM brochure is also being updated to incorporate hope-centered language. The target date for brochures' completion is August 2022.</p> <p>The CSM and the post-CSM fidelity review tools were finalized in June 2021. The fidelity review was implemented to identify practice trends, measure fidelity to the FM model, and gather information to improve FM quality. The reviewer is required to attend the meeting and complete the tool, as well as provide feedback to specialists participating in the meeting during a post-meeting debriefing. Responses to review questions are entered into the Qualtrics system by the observer, with a real-time dashboard available for streamlined response review. In July 2021, the FMC Lead began the fidelity review process. After testing the review tool, a collaboration with the CQI team led to tool revisions. Revisions were finalized in March 2022. CQI also developed a guide for observers to utilize when determining a response to each of the review tool questions to increase rater reliability. This guide was completed in mid-April 2022. CQI began assisting with conducting reviews in May 2022. Review results will be shared at the FMC supervisor meetings and the FMC leadership meetings. In addition, a quarterly report and findings analysis will be prepared and presented at the CQI SIT meeting. Regional findings will also be prepared and provided with the regional practice profiles that are compiled and distributed by the CQI team.</p> <p>In April 2021, access to the WebFOCUS YI142 Family Continuum Report became available statewide. Beginning in September 2021, the WebFOCUS report is compiled by KIDS staff and sent to regional leadership to review missed FMs, documentation errors, timeliness, and participation. Any overdue meetings that appear to show in error are sent to the FMC Lead for follow-up with FMC supervisors. The FMC report was updated to no longer show a due date for upcoming FMs for children once they are legally-free, as the case would no longer meet criteria for inclusion on the continuum. This report allows CWS to track outcomes for all cases who were included on the continuum both currently and in the past, and provide more accurate reporting of past due meetings. Through ongoing discussions with CQI staff, FMC supervisors and leadership, it was determined some cases do not benefit from inclusion on the FMC that tie up resources and are increasing facilitator workloads. A guide was developed to assist in identifying cases which may be appropriate for an exception to being on the FMC, and the process by which</p> |
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supervisors can request an exception. On 2/18/2022, the Exception Guide was sent to FMC leadership and supervisors. The FMC Lead maintains a log of all exceptions for reference.

Figure 1 depicts FM data based on the policy requirement that an FM be held within 60-calendar days of a child's removal. While these numbers do not show all efforts for FMs included in the FMC, the data does show a significant increase from FFY 2020 to FFY 2021 for the required 60-calendar day FM. Data representation relies on accurate meeting selection by CW staff when documenting meetings. As of 4/4/2022, when statewide FMC implementation occurred, the number of FMs completed and documented is expected to increase as oversight of the FMC strategy continues.

Figure 1

| Family Meetings                                                                                                                                                                                                                                                                                          |                                |                                                      |                                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|------------------------------------------|-------------------------------------|
| FFY                                                                                                                                                                                                                                                                                                      | Number of Family Meetings Held | Unique Count of Children Included in Family Meetings | Total Children Served in Care During FFY | % of Children with a Family Meeting |
| FFY17                                                                                                                                                                                                                                                                                                    | 7,312                          | 8,642                                                | 15,126                                   | 57.1%                               |
| FFY18                                                                                                                                                                                                                                                                                                    | 6,563                          | 7,585                                                | 13,954                                   | 54.4%                               |
| FFY19                                                                                                                                                                                                                                                                                                    | 6,096                          | 7,070                                                | 13,116                                   | 53.9%                               |
| FFY20                                                                                                                                                                                                                                                                                                    | 5,990                          | 7,137                                                | 11,425                                   | 62.5%                               |
| FFY21                                                                                                                                                                                                                                                                                                    | 10,325                         | 9,037                                                | 11,482                                   | 78.7%                               |
| Data Source: KIDS Data; Run Date: 4/28/22. FM Types include: FM, FM - Alt. Perm Plan, FM - Concurrent Planning, FM - ISP Development, FM - Safety Planning, FM - 6 Month, FM - Reasonable Efforts NR Court Finding, FM - Placement Stability, Family Meeting Continuum, and FM - Progress to Permanency. |                                |                                                      |                                          |                                     |

| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>1.9</b> 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.</p> | <p><b>1.9</b> Refer to the attached <i>Clinical Team Update 2022</i> for information pertaining to OKDHS CWS Clinical Team's goals and work.</p> <p>Mental health consultants (MHCs) continued to be used as liaisons between CWS districts, community-based service providers, and regional SOC sites and Community Mental Health Centers. MHCs provide linkage and referrals to community-based mental health and substance abuse services and resources; education to caregivers, resource and adoptive parents, and CW staff; and are involved in multiple meetings to assist in meeting the complex needs of children and families.</p> |

**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 | FFY 2020 | FFY 2021 | Current Period | Target by End of FFY 2024 | Data Source       |
|------------------------------------------------------------------------------|----------|----------|----------|----------------|---------------------------|-------------------|
| Two or fewer placement settings for children in care for less than 12 months | 79.8%    | 79.1%    | 79.9%    | 77.2%          | 88.0%                     | AFCARS            |
| Two or fewer placement settings for children in care for 12 to 24 months     | 61.0%    | 62.0%    | 65.4%    | 64.6%          | 68.0%                     | AFCARS            |
| Two or fewer placement settings for children in care for 24+ months          | 33.0%    | 34.1%    | 36.6%    | 41.0%          | 42.0%                     | AFCARS            |
| Initial placement as kinship                                                 | 47.2%    | 46.8%    | 50.6%    | 50.5%          | 55.0%                     | KIDS Data         |
| Reunification in less than 12 months                                         | 55.5%    | 56.3%    | 51.0%    | 47.4%          | 69.9%                     | AFCARS            |
| Guardianship in less than 18 months                                          | 59.8%    | 63.5%    | 56.5%    | 51.7%          | 65.0%                     | KIDS Data         |
| Adoption in less than 24 months                                              | 45.9%    | 47.8%    | 39.8%    | 40.2%          | 54.5%                     | AFCARS            |
| Absence of maltreatment in care                                              | 99.08%   | 99.13%   | 99.02%   | 99.01%         | 99.68%                    | NCANDS and AFCARS |

| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>2.1</b> 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 evaluation to occur through qualitative review process through CFSR's, CSM reviews, and other qualitative reviews completed by CQI.</p> | <p><b>2.1</b> For ongoing evaluation, see Goal 1, Objective 1.6.</p> <p>Ensuring a child remains connected to kin, culture, and community while in out-of-home care is critical. Maintaining connections for the child either through kinship placement or inclusion of family supports during case planning potentially increases the likelihood of placement stability and timely permanency. Maintaining a child's connections begins immediately upon removal and continues throughout the life of the case. Connections begin by inviting family to attend the CSM to support the child. During the CSM, the family completes the Important People in the Child's Life form which is then used by the CW specialist to follow up on possible kinship placements.</p> |

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|  | <p>When a child is placed in a family-based setting, an IM is completed within 30-business days from out-of-home placement. The IM provides an opportunity for biological parents to share information with resource parents about the child's needs so resource parents have the necessary supports for the child's care. This practice reduces stress and trauma to the child, biological parents, and resource family while building a trusting relationship, which impacts safety, permanency, and well-being. The meeting participants include, but are not limited to, the PP specialist, Resource specialist, the child, biological family, and resource family. The 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. A key IM component is development of the 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. The Plan includes action steps focused on ensuring needed services are put in place to support the child and resource parent(s). In March 2022, the form used to develop the Plan was updated to include additional emphasis on services for children to better support placement stability. These changes were made based on feedback from the Placement Stability workgroup which includes regional field deputy directors. When the form is finalized, it will be sent to all CW specialists, supervisors, and district directors with communication about the changes.</p> <p>When a child experiences a subsequent placement, the PP specialist schedules and conducts a subsequent IM within 30-business days of the new placement. The meeting's participants include the PP specialist, current and previous Resource specialists, biological parents, and the current and previous resource parent(s). A new Plan is developed that details the child's needs to support placement stability in the new placement.</p> <p>Emails notifying assigned CW specialists 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 documentation in KIDS for capturing in 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.</p> <p>As noted in Goal 1, Objective 1.8, in November 2021, parent, youth and community surveys were finalized. These surveys collect information from families and meeting participants about FMs. One area within the survey addresses family supports present during the meeting. The parent survey had 113 responses since November 2021 distribution, with 41 being CSM surveys. Seventy-three percent, or 30 of the parents who responded to this question indicated they had</p> |
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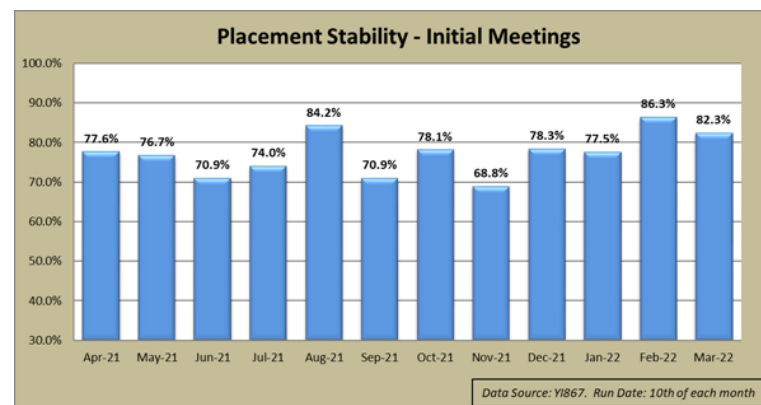
the opportunity to invite supports to the meeting. The majority of the survey responses were completed after a CSM. Data collected from this survey is compiled into a quarterly report and shared with leadership. The first report was provided in March 2022. Staff may use the information gathered to identify barriers to supports attending the meeting. As also noted in Goal 1, Objective 1.8, fidelity reviews are also conducted throughout the FMC. Reviewers provide feedback about the attendance of supports during the debriefing process immediately following the meeting. The current CSM brochure is also undergoing revision. The updates will include a section emphasizing the importance of inviting supports to the CSM, with suggested participants.

The WebFOCUS YI142 Family Continuum Report, the YI060 Child Safety Meeting Report, and the Child Safety Meeting Dashboard are accessible to FMC supervisors and leadership to track timeliness, participation, and meeting recommendations. In addition, the YI060 Child Safety Meeting contains detailed data regarding meeting attendees. CW supervisors can use the information to track trends and practice related to attendance of supports in FMs.

Placement stability efforts are continually examined and explored to ensure a CQI approach is taken to improve this strategy's 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.

As seen in Figure 2, the number of completed IMs remained steady from April 2021 to March 2022 following the implementation of the FMC in November 2020 in select regions.

Figure 2

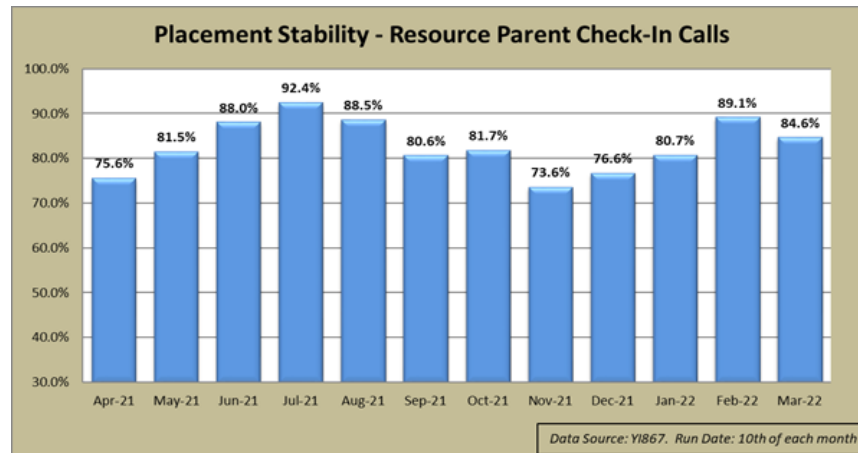


| Objective                                                                                                                                                                                                                                                                                                                                                    | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |         |         |         |         |         |         |         |         |                   |  |  |         |         |           |         |         |         |         |         |         |         |         |                   |                                                                 |       |       |       |       |       |       |       |       |       |       |       |                                                                     |       |       |       |       |       |       |       |       |       |       |       |                                                                 |       |       |       |       |       |       |       |       |       |       |       |
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| <p><b>2.2</b> Ensure Resource Parent Check-In Calls and Child and Resource Family 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.</p> | <p><b>2.2</b> For review of outcomes, see Goal 1, Objective 1.6 CFSR case review practice profiles.</p> <p>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 to complete a Resource Parent Check-In Call 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, is designed to facilitate meaningful conversation between staff and the resource family.</p> <p>Following the completion of the Placement Stability TOL discussed in Objective 2.10 below, an alert was created in KIDS which auto generates an email to the assigned CW specialist and supervisor when a new placement episode into a family-based setting is entered for a child. This change was made due to feedback from CW supervisors during TOLs that completion of the Resource Parent Check-In Call within two-business days of placement posed challenges because of the quick turnaround required. The email alert reminds staff to complete the check-in call within two-business days of the placement to better support placement stability. As shown in Figure 3, in the last two AFCARS periods, 21B through22A, two of the three placement stability measures remain above the target.</p> <p>Figure 3</p> <table><tr><th colspan="12">(Placement Stability) Increase the proportion of children who experience two or fewer placement settings</th></tr><tr><th>Measure</th><th>FFY2017</th><th>17B - 18A</th><th>FFY2018</th><th>18B-19A</th><th>FFY2019</th><th>19B-20A</th><th>FFY2020</th><th>20B-21A</th><th>FFY2021</th><th>21B-22A</th><th>Target By FFY2019</th></tr><tr><td>Two or fewer placement settings for children in care &lt;12 months</td><td>76.6%</td><td>77.7%</td><td>80.7%</td><td>79.8%</td><td>79.5%</td><td>79.1%</td><td>79.2%</td><td>79.9%</td><td>77.7%</td><td>77.2%</td><td>83.3%</td></tr><tr><td>Two or fewer placement settings for children in care 12 - 24 months</td><td>58.0%</td><td>58.2%</td><td>59.0%</td><td>61.0%</td><td>63.1%</td><td>62.0%</td><td>63.4%</td><td>65.4%</td><td>66.1%</td><td>64.6%</td><td>59.9%</td></tr><tr><td>Two or fewer placement settings for children in care 24+ months</td><td>28.6%</td><td>29.9%</td><td>30.8%</td><td>33.0%</td><td>33.1%</td><td>34.1%</td><td>35.4%</td><td>36.6%</td><td>39.1%</td><td>41.0%</td><td>33.9%</td></tr></table> <p><small>Data Source: AFCARS Data</small></p> <p>As discussed in Objective 2.1 above, all placement stability efforts and outcomes are analyzed on an ongoing basis to identify any noticeable trends in the data which indicate that strategy efforts are in fact supporting positive outcomes for children and families. In April 2022, an in-depth look at data began regarding the impact of a completed Resource Parent Check-In Call on placement stability for a child. Results of the data analysis will be reviewed upon completion and shared with the Placement Stability leads to guide changes in placement stability strategies.</p> | (Placement Stability) Increase the proportion of children who experience two or fewer placement settings |         |         |         |         |         |         |         |         |                   |  |  | Measure | FFY2017 | 17B - 18A | FFY2018 | 18B-19A | FFY2019 | 19B-20A | FFY2020 | 20B-21A | FFY2021 | 21B-22A | Target By FFY2019 | Two or fewer placement settings for children in care <12 months | 76.6% | 77.7% | 80.7% | 79.8% | 79.5% | 79.1% | 79.2% | 79.9% | 77.7% | 77.2% | 83.3% | Two or fewer placement settings for children in care 12 - 24 months | 58.0% | 58.2% | 59.0% | 61.0% | 63.1% | 62.0% | 63.4% | 65.4% | 66.1% | 64.6% | 59.9% | Two or fewer placement settings for children in care 24+ months | 28.6% | 29.9% | 30.8% | 33.0% | 33.1% | 34.1% | 35.4% | 36.6% | 39.1% | 41.0% | 33.9% |
| (Placement Stability) Increase the proportion of children who experience two or fewer placement settings                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |         |         |         |         |         |         |         |         |                   |  |  |         |         |           |         |         |         |         |         |         |         |         |                   |                                                                 |       |       |       |       |       |       |       |       |       |       |       |                                                                     |       |       |       |       |       |       |       |       |       |       |       |                                                                 |       |       |       |       |       |       |       |       |       |       |       |
| Measure                                                                                                                                                                                                                                                                                                                                                      | FFY2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17B - 18A                                                                                                | FFY2018 | 18B-19A | FFY2019 | 19B-20A | FFY2020 | 20B-21A | FFY2021 | 21B-22A | Target By FFY2019 |  |  |         |         |           |         |         |         |         |         |         |         |         |                   |                                                                 |       |       |       |       |       |       |       |       |       |       |       |                                                                     |       |       |       |       |       |       |       |       |       |       |       |                                                                 |       |       |       |       |       |       |       |       |       |       |       |
| Two or fewer placement settings for children in care <12 months                                                                                                                                                                                                                                                                                              | 76.6%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 77.7%                                                                                                    | 80.7%   | 79.8%   | 79.5%   | 79.1%   | 79.2%   | 79.9%   | 77.7%   | 77.2%   | 83.3%             |  |  |         |         |           |         |         |         |         |         |         |         |         |                   |                                                                 |       |       |       |       |       |       |       |       |       |       |       |                                                                     |       |       |       |       |       |       |       |       |       |       |       |                                                                 |       |       |       |       |       |       |       |       |       |       |       |
| Two or fewer placement settings for children in care 12 - 24 months                                                                                                                                                                                                                                                                                          | 58.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 58.2%                                                                                                    | 59.0%   | 61.0%   | 63.1%   | 62.0%   | 63.4%   | 65.4%   | 66.1%   | 64.6%   | 59.9%             |  |  |         |         |           |         |         |         |         |         |         |         |         |                   |                                                                 |       |       |       |       |       |       |       |       |       |       |       |                                                                     |       |       |       |       |       |       |       |       |       |       |       |                                                                 |       |       |       |       |       |       |       |       |       |       |       |
| Two or fewer placement settings for children in care 24+ months                                                                                                                                                                                                                                                                                              | 28.6%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 29.9%                                                                                                    | 30.8%   | 33.0%   | 33.1%   | 34.1%   | 35.4%   | 36.6%   | 39.1%   | 41.0%   | 33.9%             |  |  |         |         |           |         |         |         |         |         |         |         |         |                   |                                                                 |       |       |       |       |       |       |       |       |       |       |       |                                                                     |       |       |       |       |       |       |       |       |       |       |       |                                                                 |       |       |       |       |       |       |       |       |       |       |       |

Additionally, the FMC fidelity reviews will capture information about IM quality and Child and Resource Family Support Plan completion.

As shown in Figure 4 the number of completed Resource Parent Check-In Calls from April 2021 through March 2022 ranged with the highest percentage being 92.4 percent in June and the lowest 73.6 percent in November 2021. This low completion percentage also correlates with the lowest number of IMs being completed in November 2021 as well.

Figure 4



| Objective                                                                                                                                                                                                           | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>2.3</b> 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.</p> | <p><b>2.3</b> General Recruitment: The Oklahoma Foster Care and Adoption Support Center is the point of contact for all individuals interested in 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 resource family partner (RFP) agencies.</p> <p>In October 2021, participation in the National Training and Development Curriculum pilot ended. CWS continues to utilize Guiding Principles training curriculum through the University of Oklahoma and the National Resource Center for Youth Services (NRCYS) for pre-service training as well as additional in-service training options.</p> <p>For targeted recruitment, 10 Recruitment Units statewide are led by the Recruitment field administrator. Each team develops yearly recruitment plans which are updated quarterly using monthly data to guide strategies. These recruitment plans currently target, and will continue in the future, both a general population of foster parents and those who will work with underserved communities including race, orientation, gender identity, and socio-economic backgrounds.</p> |

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|  | <p>Events include working in tandem with partners from Native American tribes in the communities, health fairs, and community farmers' markets; working with LGBTQ+ partners for events and recruitment booths at Pride events; attending sporting events at local schools to target homes for teens; and working closely with local churches.</p> <p>As of April 2022, preliminary data for new foster homes report CWS and RFP totals at 54.3 percent of the goal of 805 homes. See details in the Foster and Adoptive Parent Diligent Recruitment Plan under <b>Updates to Targeted Plans</b>.</p> <p>Recruitment plans are made at the beginning of the SFY; however, projected plans will include efforts shown to be successful during the current year while also adding more live events as they become available to ensure a blend of live and virtual events. Additionally, focus will continue on the areas of most need which are teens, sibling groups of three or more, and minorities and underserved populations.</p> <p>In 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 CSM and/or IM, and continuously throughout the family's involvement. To better match children with families that can meet their needs, CWS continues its development of an 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 ongoing EFC initiative seeks 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 430 children in OKDHS custody. CWS hopes as the EFC program grows, it will help with placement stabilization and also possibly provide another avenue for permanency for children that are unable to return home.</p> <p>A TFC/ITFC liaison group of Recruitment staff was established to streamline the recruiting process for prospective families and serves as a contact between Recruitment staff and the TFC/ITFC partner agencies. Several partner agencies and Recruitment staff have existing positive working relationships that involve regular collaboration. Recruitment staff continues to promote TFC/ITFC resource needs in virtual meetings with prospective families and on social media pages, including the Oklahoma Fosters website.</p> <p>CWS is still partnering with WWK to focus on the child's current and previous connections which includes building the child's natural network through extensive case mining to increase permanency options. During the current reporting period, some limitations were experienced by both OKDHS and the public due to the ongoing COVID-19 pandemic and ongoing pandemic restrictions and fatigue. Even through these challenges, approximately one third of adoption finalizations were connected to a search of the child's network.</p> |
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|  | <p>In the coming year, current EFC efforts will continue to grow with the goal of serving an even larger number of children in OKDHS custody who have additional behaviors. TFC/ITFC efforts will continue as those agencies work to complete and fulfill their recruitment plans for the next SFY. Collaboration with WWK is anticipated to continue for the upcoming SFY as well.</p> <p>For retention, Oklahoma remains committed to retaining foster and adoptive parents through multiple approaches. Staff make monthly contacts and quarterly visits with resource homes to provide support and identify any needs from the resource parent or child in placement. Retention efforts also include an ongoing active process from the first contact by a CW specialist with a family, through monthly and quarterly contacts, as well as all ongoing communications between the families and their assigned FC&amp;A specialist and all CW specialists assigned to children placed in the home.</p> <p>Resource parents in Oklahoma also have access to an exclusive benefit program. 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 be facing and how CWS and RFP agencies can better support resource families.</p> <p>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 Recruitment specialists utilize the Oklahoma Fosters website regularly by offering information on topics including upcoming recruitment events, discounts to partner businesses, and ongoing training opportunities. The use of the Oklahoma Fosters website continues to grow with additional information expected over the next SFY including ongoing Native American cultural training opportunities made available from Tribal partners.</p> <p>As of 4/1/2022, there was a net loss of 219 homes for SFY 2022. The COVID-19 pandemic, and the various strains encountered since the original outbreak, created a barrier to recruitment efforts in various ways including, but not limited to, families being afraid to remain open due to concerns about the disease, families not wanting to open their homes out of similar safety concerns, and staff shortages both within CWS and the RFP agencies due to experiencing COVID or a family member having it and having to provide care for that family member. As more events are reopening to the public, recruitment staff are combining virtual and in-person events, which caused an overall increase in newly recruited homes for the past two months.</p> <p>A new annual survey method analyzes why foster parents choose to stay, readily identifies trends that can be assessed and corrected, and has a more consistent sample size. University of</p> |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>2.4</b> 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.</p> <p>(a) Any practice guidance will be updated in the Child Welfare Safety Guidebook.</p> <p>(b) Updated CORE and Supervisory Academy training to reflect enhanced safety practices updated through the CFSR PIP.</p> | <p><b>2.4a</b> 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. This tool is for CW staff to use when assessing the protective capacities of the person(s) 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. KIDS revisions were completed in FFY 2019 to coincide with the guidebook, such as the quality contact with a child and parent. New KIDS revisions were completed in 2021 for a contact with a parent to include the parent contact summary section within the guidebook. The guidebook continues to be distributed at all new CW specialist trainings, and is available to all CW staff online in the OKDHS library.</p> <p><b>2.4b</b> Completed.</p> |
| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>2.5</b> 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.</p>                                                                                                                                                                                                                                                              | <p><b>2.5</b> Refer to Goal 1, Objective 1.5 for information related to the Supervisory Framework.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>2.6</b> 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</p>                                                                                                                                                                                                   | <p><b>2.6</b> CWS refers children in OKDHS custody to the Oklahoma SOC to provide support and services to the resource family to stabilize the child in their out-of-home placement. From April 2021 through March 2022, SOC had 1,599 clients enrolled. Of those clients, 19.3 percent were enrolled in Tier 1 and Tier 2 services, which are for clients with lower levels of care needs and can include therapy, medication management, and rehabilitation. Forty-two percent were enrolled in Tier 3 service coordination, and 39.8 percent were enrolled in Tier 4 Wraparound</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

evaluated annually throughout the five-year evaluation period.

services. As shown in Figure 5 that largest age group served by SOC was children ages 6-11 years old.

Figure 5

| Enrollment by Age and Gender              |       |         |       |
|-------------------------------------------|-------|---------|-------|
|                                           | Males | Females | Total |
| Aged 3 and Under                          | 84    | 79      | 163   |
| Aged 4-5                                  | 140   | 115     | 255   |
| Aged 6-11                                 | 384   | 295     | 679   |
| Aged 12-15                                | 169   | 213     | 382   |
| Aged 16-18                                | 40    | 66      | 106   |
| Data Source: ODMHSAS; Run Date: 4/28/2022 |       |         |       |

SOC is the provider assigned to families who were approved for EFC as part of the COC strategy work. Five hundred and thirty EFC clients were enrolled in SOC services for the same time period of April 2021 through March 2022.

SOC's Youth Crisis and Mobile Response Stabilization received 6,634 calls from April 2021 through March 2022. Eighty-three percent of the total mobile responses resulted in placement stability where the child remained in their existing living situation. There were 875 calls with the child in OKDHS custody, and 76 percent of those mobile responses resulted in placement stability where the child remained in their current foster home or living situation. Of the 875 calls for children in OKDHS custody:

- 287 calls were made by OKDHS caseworkers;
- 169 calls were made by foster parents;
- 160 calls noted foster disruption as the reason for the call;
- 66 calls had a risk factor of change in custody;
- 147 calls had a risk factor of change in placement; and
- 233 calls had OKDHS staff on the scene.

MHCs completed a total of 1,577 consultations from April 2021 through March 2022 with the majority in Region 2, as shown in Figure 6. The majority of the consultations were for services for children in out-of-home care. Through consultation, MHCs review cases to ensure children or adults are properly diagnosed and receive the correct treatment for the diagnosis. In addition, MHCs assist CW staff ensure 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, MHCs inform both CWS and ODMHSAS leadership and the issues are resolved with the provider to make sure children and families get quality treatment.

Figure 6

| Mental Health Consultations by Region            |                     |
|--------------------------------------------------|---------------------|
| OKDHS Region                                     | Total Consultations |
| 1                                                | 327                 |
| 2                                                | 461                 |
| 3                                                | 371                 |
| 4                                                | 141                 |
| 5                                                | 277                 |
| <i>Data Source: ODMHSAS; Run Date: 4/28/2022</i> |                     |

| Objective                                                                                                                                                                                                                                         | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>2.7</b> 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.</p> | <p><b>2.7</b> CWS partners with the Global Orphan Project to offer the CarePortal, 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 to allow the entire state to utilize the platform. The CarePortal is currently open in 30 counties statewide and continues to expand with an additional seven counties opening this SFY. A local non-profit, the 111Project, is the implementing partner, recruiting and training church partners as to how to respond to requested needs on the platform. When a county reaches a certain ratio of churches to the local county CW supervisors, 111Project, in coordination with OKDHS, launches the county's opening.</p> <p>The CarePortal allows CW specialists and supervisors to make requests for families' identified tangible needs or service needs. The CarePortal serves biological parents, guardians, foster families, safety plan monitors, adoptive families, and youth. The program's goal is to expedite case plan goal (CPG) achievement. Usage of the CarePortal continues to increase and thus far in SFY 2022, of the 2,580 requests, 2,017 were met or partially met with an estimated economic impact of \$1,740,284 dollars. Churches are meeting the needs of local families in their communities by completing CarePortal requests at a 78.2 percent rate. These 2,017 met requests affected and benefited 3,986 children.</p> <p>CW staff are required to complete a CarePortal specific training prior to using the CarePortal tool. The training was created with real-life scenarios, interacting replicas of the web screens, and made into a modular training that staff can access at any time through the OKDHS Learning Management System (LMS) so there is not a barrier to access this tool in the areas where CarePortal is active. This training, tested and rolled out in early 2022, has been widely accepted and utilized.</p> |

| Objective                                                                                                                                                                                                                                                                                                                                   | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>2.8</b> Improve collaboration and communication with resource family 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.</p> | <p><b>2.8</b> CWS continues to focus on building a strong collaboration with RFPs and increasing opportunities for communication. Frequent communication to address concerns or identified 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 the critical points in a case where collaboration is imperative for successful outcomes for children and families are:</p> <ul style="list-style-type: none"> <li>• 10-day staffings;</li> <li>• Screen-out consultations;</li> <li>• monthly safety calls to address written plans of compliance (WPCs); policy violations, referral follow-up and safety action plans; and</li> <li>• EFC meetings to discuss what services and supports are needed for both the resource family and child in placement.</li> </ul> <p>Trainings and ongoing efforts and supports offered to CW and RFP staff improve collaboration and communication.</p> <p>Trainings</p> <ul style="list-style-type: none"> <li>• Resource Family Assessment training;</li> <li>• CWS Level One trainings always offered on a voluntary basis for agencies;</li> <li>• Foster Care and Adoptions Policy Update trainings;</li> <li>• Guiding Principles;</li> <li>• Records Check Review and Approval training for supervisors;</li> <li>• Records Check and Background Documentation training for all agency staff;</li> <li>• MIC training on the review process and consultation;</li> <li>• MIC 1, 2, and TOT required for staff; and</li> <li>• EFC services training.</li> </ul> <p>Ongoing efforts</p> <ul style="list-style-type: none"> <li>• RFP directors conduct an MIC review monthly for a substantiated referral, when applicable. When an agency has no substantiated referrals, the directors complete a review of one unsubstantiated referral.</li> <li>• Agencies conduct two case analysis per fiscal year.</li> <li>• During any audit or review when any safety concerns are identified, they are addressed immediately with the RFP agency.</li> <li>• Additional training is offered to RFP agencies at any time to assist with their needs.</li> </ul> <p>Ongoing efforts related to RFP recruitment and retention</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Provide recruitment training overall for recruitment strategies, along with how to utilize the recruitment template.</li> <li>• Provide monthly recruitment data, from the KIDS system to agencies.</li> <li>• Require new plans each SFY with quarterly updates for which CWS provides review, consultation, and approval.</li> <li>• Incorporate the SFY recruitment goal, retention percentages, and projected net gain in the plans.</li> <li>• Provide preliminary data monthly as to the performance of each RFP agency towards recruitment goals achieved.</li> <li>• Provide resource information for retention numbers.</li> <li>• Conduct monthly pipeline calls with RFP agencies to gain updates on their recruitment status and assist with any identified barriers.</li> <li>• When progress towards recruitment goals is not sufficient, RFP agencies could be requested to participate in monthly recruitment progress collaboration meetings.</li> <li>• A monetary recruitment incentive, beginning May 2022, is available to both OKDHS CWS and RFP homes.</li> </ul> <p>Additional consultation and training is provided to RFP agencies as required.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>2.9</b> 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.</p> | <p><b>2.9</b> 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 CBHS during caseworker visits with children residing in family-like placements, such as foster family care, adoptive homes, their own home in trial reunification, in FCS cases, 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 collected 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.</p> <p>Training materials are available to support continued CBHS utilization in the form of a KIDS How To and a self-led training available for all CW staff in the OKDHS LMS. In January 2021, a webinar was released as part of a mandatory Placement Stability training that builds upon the initial CBHS training and provides examples of how monthly CBHS outcomes can be used in case planning, mental health assessments and treatment, ongoing communication with mental health providers, and monitoring a youth's progress.</p> <p>Regular CBHS administration is an important factor in identifying which children and foster families could benefit from additional support through the EFC program and expediting the approval process to access EFC services. The EFC approval process incorporates CBHS</p> |

|                                                                                                                                                                                                                                                 | <p>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 services.</p> <p>As reported in the 2022 APSR, efforts began on incorporating the CANS assessment components for use as a complementary tool alongside the CBHS to aid in placement decision-making. At that time, the CANS assessment tool launch date was July 2021 as part of the FFPSA focusing on children placed in congregate care settings through QRTPs.</p> <p>Members of the CWS Clinical team worked closely with the Praed Foundation to finalize the algorithm for Oklahoma's CANS. The third-party assessor contract with OUHSC was fully finalized on 11/9/2021. The hiring process for the 10 clinical assessors began at that time, and as of 4/15/2022, six clinicians are hired. Three of the six clinicians completed the CANS certification process, and three clinicians are in the process of completing the CANS training and certification process.</p> <p>To expedite use of the CANS assessment across multiple levels of care, an overtime plan was developed and approved for 11 CWS programs and field leadership staff to complete the CANS assessment for the current EFC, TFC, ITFC, and congregate care populations. This plan also includes children and youth on any of the waiting lists for these levels of care. The CANS assessment overtime plan was approved in March 2022 and began in April 2022. Discussions to extend the overtime plan based on ongoing need will be determined following completion of the third-party clinical assessor team's staffing.</p> <p>Next steps include hiring the remaining four third-party clinicians. The certified clinical assessors and CWS leadership staff began administering the CANS assessments in April 2022 to a prioritized list of children and youth who are currently receiving EFC services. The EFC population is prioritized as the algorithm for this population is not fully developed at this time, and the data gathered from the current population will be used to inform the criteria for the level of care. When the EFC population is complete, children and youth in congregate care settings will be assessed. TFC/ITFC will be assessed last. The goal is to administer a CANS assessment to all children and youth in the listed levels of by October 2022. The original August 2022 completion goal was changed due to staffing and technical challenges for the OUHSC third-party clinical team.</p> |
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| Objective                                                                                                                                                                                                                                       | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>2.10</b> 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</p> | <p><b>2.10</b> CWS continues to value the importance of placing children with both relative and non-relative kinship families. Kinship placements provide placement stability for the child which directly impacts timely permanency. As seen in Figure 7 kinship foster care had more total placement days for children ages 0-17 in the 12-month period ending 3/31/2022.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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.

Figure 7

| Placement Days by Resource Type for 12 Months Ending March 31, 2022               |              |              |              |              |               |
|-----------------------------------------------------------------------------------|--------------|--------------|--------------|--------------|---------------|
| RESOURCE TYPE                                                                     | Age 0-2      | Age 3-5      | Age 6-12     | Age 13-17    | TOTAL         |
| KINSHIP FOSTER CARE                                                               | 16.4%        | 10.4%        | 15.2%        | 6.9%         | 48.9%         |
| REGULAR FOSTER CARE                                                               | 13.3%        | 9.5%         | 11.0%        | 3.5%         | 37.3%         |
| CONGREGATE CARE                                                                   | 0.2%         | 0.1%         | 1.7%         | 5.1%         | 7.1%          |
| TFC                                                                               | 0.0%         | 0.1%         | 1.3%         | 0.2%         | 1.7%          |
| OTHER                                                                             | 1.3%         | 0.8%         | 1.3%         | 1.6%         | 5.0%          |
| <b>TOTAL</b>                                                                      | <b>31.2%</b> | <b>21.0%</b> | <b>30.5%</b> | <b>17.3%</b> | <b>100.0%</b> |
| Data Source: Measure1c - Placement Days by Resource Type Report; Run Date: 4/5/22 |              |              |              |              |               |

Placing a child with kin immediately after removal remains a priority for Oklahoma. As shown in Figure 8, 50.5 percent of children are placed with kin for their first placement. Ongoing diligent searches for family or kin connections remain a key component of case planning.

Figure 8

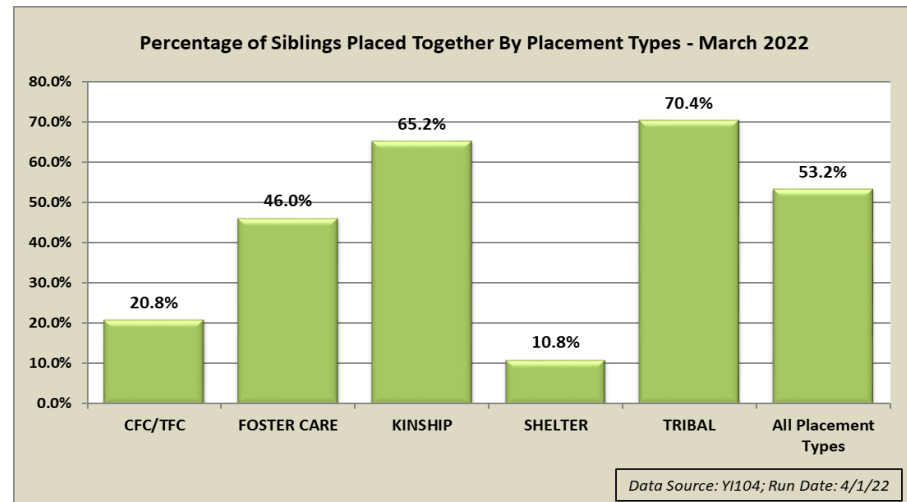
| First Placement Kinship                          |                                             |                                                                  |                               |
|--------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|-------------------------------|
| Removal Month                                    | Children Placed in Kinship as 1st Placement | Children Removed during Month and Entered in Countable Placement | % of Kinship as 1st Placement |
| Apr-21                                           | 125                                         | 279                                                              | 44.8%                         |
| May-21                                           | 134                                         | 274                                                              | 48.9%                         |
| Jun-21                                           | 112                                         | 227                                                              | 49.3%                         |
| Jul-21                                           | 122                                         | 245                                                              | 49.8%                         |
| Aug-21                                           | 143                                         | 300                                                              | 47.7%                         |
| Sep-21                                           | 150                                         | 310                                                              | 48.4%                         |
| Oct-21                                           | 144                                         | 265                                                              | 54.3%                         |
| Nov-21                                           | 124                                         | 234                                                              | 53.0%                         |
| Dec-21                                           | 154                                         | 272                                                              | 56.6%                         |
| Jan-22                                           | 132                                         | 236                                                              | 55.9%                         |
| Feb-22                                           | 138                                         | 234                                                              | 59.0%                         |
| Mar-22                                           | 143                                         | 333                                                              | 42.9%                         |
| <b>TOTAL</b>                                     | <b>1621</b>                                 | <b>3209</b>                                                      | <b>50.5%</b>                  |
| Data Source: Y1867; Run Date: 10th of each month |                                             |                                                                  |                               |

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.

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|  | <p>The 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:</p> <ul style="list-style-type: none"> <li>• the dates of the most recent maternal and paternal diligent search efforts;</li> <li>• the total number of connections identified to date, including a count of relatives and non-relatives;</li> <li>• the number of connections identified in the current month, which measures continuing efforts;</li> <li>• the most recent connections contact date; and</li> <li>• a count of various outcomes, for example, wants placement, declined placement, or declined placement but wants contact.</li> </ul> <p>PP Programs previously developed an ASK training and partnered with the University of Oklahoma to create the online training which was made mandatory for all CW district staff in FFY 2020 as part of a four-part training series for shelter reduction and placement stability efforts. In June 2021, TOLs occurred with CW supervisors, field managers, and district directors. The TOLs were phase two of the four trainings and connected each aspect of practice to achieving positive outcomes for children. During the TOLs, participant feedback was used to make enhancements to some of the Goal 2, Objective 2.2 placement stability strategies.</p> <p>In May 2021, CWS began working with a Foster America fellow on locating and maintaining connections for children placed in OKDHS custody. The focus of the workgroup which includes various CWS programs staff is to explore current practices for family finding and determine avenues for increasing this work. The workgroup is ongoing and remains in the exploration phase at the writing of this report.</p> <p>One of the benefits associated with placing children with kin is the increased likelihood that siblings are placed together. Figure 9 shows tribal homes have the highest percentage of siblings placed together at 70.4 percent.</p> |
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Figure 9

**Objective**

**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.

**Progress**

**2.11** The public OKDHS website still includes a web page where parents can access information about various CWS programs, including ASK and family engagement. The web page serves as a means for parents to provide feedback, such as questions, concerns, suggestions, compliments, complaints, or ideas for improvement. Feedback regarding ASK efforts is routed to the appropriate CWS programs staff for consideration and possible implementation.

The parent exit survey continues to be sent to a parent 30-calendar days after a CW case related to their child's placement in OKDHS custody is end-dated. The survey is 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. OKDHS Innovation Services compiles the data 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. As of March 2022, 24 parents completed the exit survey. Due to the low completion rate, other avenues for soliciting feedback from parents, including ASK efforts, is currently being explored. PP Programs began research in early 2022 to identify other states who implemented parent stakeholder groups. A Parent Collaboration Group (PCG) was identified as a promising mechanism to gather feedback from parents regarding their overall experience with the CW system. Parents who completed the parent exit survey and provided their name and contact information were contacted in March 2022 to inquire about their interest in being a part of a PCG; however, all phone numbers were

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | no longer in use. CWS remains committed to seeing a PCG come to fruition and continues to make efforts in connecting with other community stakeholders regarding existing parent groups to learn and continue exploration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>2.12</b> 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. | <b>2.12</b> Refer to Goal 1, Objective 1.4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>2.13</b> 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, maltreatment in care reviews, and any other type of review.                                    | <p><b>2.13</b> For ongoing evaluation, see Goal 1, Objectives 1.4 and 1.6 qualitative case reviews.</p> <p>CPS Programs staff continues to review every out-of-home screen-out referral to ensure policy guidelines are adhered to in the disposition process. KIDS also continues to capture the review process when CPS Programs staff documents concurrence with the screen-out disposition. When CPS Programs staff does not concur with the referral's disposition, they override the original disposition and assign it for investigation.</p> <p>Screen-out consultations consistently maintained a compliance rate of 100 percent over the past two years. Screen-out consultations continue to include the Resource specialist and supervisor, the PP specialist and supervisor, and any other individuals associated with the case that may have relevant information to provide. FC&amp;A Programs staff worked with KIDS staff to update the WebFOCUS YI790B Out-of-Home Screen-out Referral report to include the recommendations outcome from the screen-out referral consultation. Having the recommendation on the report allows supervisors to follow up with the assigned specialist to ensure the recommendations were completed. FC&amp;A Programs staff continue to send out a bi-monthly report to aid in the timely completion of screen-out consultations. The importance of conducting quality screen-out consultations was highlighted during five regional supervisor and leadership trainings. The training covered overall MIC trends for each region as well as what efforts are put in place to help address MIC, such as screen-out consultations, MIC reviews, resource alerts, and quality worker visit reviews. The training was presented by MIC and FC&amp;A Programs staff, who maintain an ongoing collaboration between the programs.</p> <p>Resource alerts continue as a focus when training, both as a tool for communication between programs and ongoing monitoring of the resource family. When a resource alert is added to a</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>resource home in KIDS, a notification is automatically generated to all PP specialists assigned to a child placed in the resource home. FC&amp;A staff discuss the resource alert monthly with the PP specialist to determine if any additional concerns were identified, what additional supports may be needed, or if the original concern was resolved. Resource alerts improve communication between programs not only when a concern is initially identified, but also as an outcome of screen-out consultations and 10-day staffings. Adding a resource alert after one of these higher level staffings allows for all CW specialists to continue to monitor for concerns or opportunities for additional support for resource families.</p> <p>CPS, PP, and FC&amp;A staff continue to collaborate on 10-day staffings that occur after an investigation of a resource home. Discussions during the 10-day staffing consist not only of what was identified during the investigation, but also what type of follow-up is needed for the resource family, which may include a resource alert, WPC, or supports in the home. Staff are required to review all previous CW history on the home, such as injury alerts, resource alerts, policy violations, WPCs, and previous referrals or investigations. This review puts staff on the same page regarding the history of the home and helps inform decisions made during the staffing.</p> <p>CPS, PP, and FC&amp;A Programs teams continue to build on the collaboration developed over the past few years. Each program area continues to participate as part of the larger MIC workgroup which brings a more focused MIC mindset to each program. The teams partner together when identifying and developing training for field staff, especially related to MIC. During the past year, CPS and FC&amp;A Programs staff worked together to blend two formerly separate trainings into one two-day training. The training now addresses the multiple ways in which ongoing safety is assessed in foster homes, including through 10-day staffings and screen-out consultations, in addition to the continuum of interventions that are available to address identified concerns, such as resource alerts, policy violations, and WPCs.</p> |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>2.14</b> 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.</p> <p>(a) Update CORE and Supervisor Training to reflect practice changes surrounding quality worker visits.</p> <p>(b) Update Supervisor Training to ensure supervisors are able to utilize data and reports to assess outcomes of quality worker visit measurements.</p> | <p><b>2.14a</b> 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.</p> <p>PP post-CORE Level 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. Updates this past year included information on including Science of Hope content to ISP development by focusing on the three primary concepts: goals, pathway, and agency. Updates to the Family Meeting Continuum Practice Guide included reviewing the purpose, goals, and types of FMs. The CWS Supervisor Academy</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                             | <p>remains updated to further provide guidance to new supervisors about the importance of quality contacts with a child and parent to continuously assess safety and achieve timely permanency.</p> <p><b>2.14b</b> The CWS Supervisor Academy training continued in FFY 2022 and remains a quality and positive learning model for CW supervisors.</p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>2.15</b> 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.</p> | <p><b>2.15</b> All targeted changes are completed.</p> <p>The October 2021 KIDS release added a mandatory node for documenting the "Parent Contact Summary" content. Completing the Parent Contact Summary with parents during worker visits promotes quality engagement with parents through intentionally requesting parents' input on their case progress.</p> <p>The WebFOCUS Permanency Planning Dashboard display for Percent of Parents Receiving a Worker Visit was modified in October 2021 to provide a visual representation of all parent engagement efforts: completed, attempted, exception, and not yet completed. The former version only displayed cases with both parents receiving completed worker visits. The updated interactive display is now more useful to CW staff in monitoring individual or team progress toward the established target percentage.</p> <p>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. The communications emails were modified in March 2022 with the addition of a visual display highlighting the percent of completed, attempted, and contact exceptions within the total completed. The completed parent contacts are broken down further by the contact types of face-to-face, telephone, or virtual. Messaging to the regional leadership teams 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.</p> <p>A review tool is in development by the CQI QA team to evaluate the quality of worker/parent contacts. The tool will be administered by CW supervisors and will guide the supervisors'</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | feedback to CW specialists.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                         |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                         |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
| <p><b>2.16</b> 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.</p> | <p><b>2.16</b> PSCs remain a primary strategy to increase timely permanency, specifically reunification as a PSC is required for all children who have a CPG of return to own home who are not yet in trial reunification. As shown in Figure 10, 47.4 percent of children were reunified in less than 12 months.</p> <p>Figure 10</p> <table><tr><th colspan="4">Permanency Timeliness</th></tr><tr><th></th><th># Reunifications</th><th>Reunifications In &lt; 12 Months</th><th>% Reunifications Timely</th></tr><tr><td>Reunifications in Less than 12 months</td><td>1771</td><td>839</td><td>47.4%</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><th></th><th># Guardianships</th><th>Guardianships In &lt; 18 Months</th><th>% Guardianships Timely</th></tr><tr><td>Guardianships in Less than 18 months</td><td>377</td><td>195</td><td>51.7%</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><th></th><th># of Finalized Adoptions</th><th>Adoptions In &lt; 24 Months</th><th>% Adoptions Timely</th></tr><tr><td>Adoptions in Less than 24 months</td><td>1492</td><td>600</td><td>40.2%</td></tr></table> <p><i>Data Source: AFCARS Composites</i></p> <p>The PSC Guidebook continues to be used 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.</p> <p>Observations made during FMC development and implementation about duplication of efforts between FMC and PSC strategies led to the decision to absorb the three-month PSC into existing strategies, effective April 2022. The initial PSC is now required at six months after a child's removal with the frequency of subsequent PSCs to remain the same, at every 90-calendar days. Ongoing evaluation to assess the implementation and impact of this modification will include examining data, feedback from CW regional staff, and communication with the FMC Coordinator and CQI QA. WebFOCUS reports are in the process of receiving updates to reflect the updated initial PSC due date.</p> <p>Ongoing support about PSC practice guidance is given to the districts as needed or requested. The PSC Coordinator and CQI support staff regularly participate in district PSCs to provide</p> | Permanency Timeliness         |                         |  |  |  | # Reunifications | Reunifications In < 12 Months | % Reunifications Timely | Reunifications in Less than 12 months | 1771 | 839 | 47.4% |  |  |  |  |  | # Guardianships | Guardianships In < 18 Months | % Guardianships Timely | Guardianships in Less than 18 months | 377 | 195 | 51.7% |  |  |  |  |  | # of Finalized Adoptions | Adoptions In < 24 Months | % Adoptions Timely | Adoptions in Less than 24 months | 1492 | 600 | 40.2% |
| Permanency Timeliness                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                         |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # Reunifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Reunifications In < 12 Months | % Reunifications Timely |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
| Reunifications in Less than 12 months                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 839                           | 47.4%                   |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # Guardianships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Guardianships In < 18 Months  | % Guardianships Timely  |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
| Guardianships in Less than 18 months                                                                                                                                                                                                                                                                                                                                                                                                                                           | 377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 195                           | 51.7%                   |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # of Finalized Adoptions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Adoptions In < 24 Months      | % Adoptions Timely      |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |
| Adoptions in Less than 24 months                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1492                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 600                           | 40.2%                   |  |  |  |                  |                               |                         |                                       |      |     |       |  |  |  |  |  |                 |                              |                        |                                      |     |     |       |  |  |  |  |  |                          |                          |                    |                                  |      |     |       |

|                                                                                                                                    | <p>immediate support and feedback and complete fidelity reviews.</p> <p>PSC fidelity reviews remain a critical component for CQI. Fidelity reviews are completed for each case that receives a PSC in which the reviewer is able to participate. The individual fidelity reviews and daily summaries of practice are entered into the Qualtrics data collection system. Monthly distribution of the Qualtrics practice summaries to regional and district directors was temporarily paused in October 2021 while revisions were made to the fidelity review tool and the associated Qualtrics data collection survey and display. Distribution resumed in April 2022 when three months of data collected using the updated fidelity review tool was available and provided to CQI for inclusion in regional practice summaries. A critical review of the fidelity review process determined the fidelity review tool and the accompanying data display needed updating to stay relevant and useful.</p> <p>Results from the ongoing fidelity review process, feedback from CW regional leadership, and collaboration with CQI were used to inform updates to the fidelity review tool. The revised tool, Permanency Safety Consultation Fidelity Review Tool 2021, and corresponding updates to the Qualtrics data display were implemented in January 2022. 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. As of 9/30/2021, 10,507 children had a PSC completed at least once while their case was open, as seen in Figure 11.</p> <p>Figure 11</p> <table border="1" data-bbox="1110 924 1581 1146"> <tr> <th colspan="2">Permanency Safety Consultations<br/>Oct 1, 2020 - Sep 30, 2021</th></tr> <tr> <th>Number of PSC's</th><th>Number of Children<br/>Participating in a PSC</th></tr> <tr> <td>5,793</td><td>10,507</td></tr> <tr> <td colspan="2"><i>Data Source: KIDS Data; Run Date: 5/2/2022. Duplicated count, as a child counts in each PSC where they are identified.</i></td></tr> </table> <p>Monthly virtual meetings with the regional permanency leads continue. Identified trends in PSC practice are provided, which are then shared by the leads with their leadership teams. The permanency leads also provide feedback on the strategies, which is taken into consideration when making any program changes or improvements to permanency efforts.</p> | Permanency Safety Consultations<br>Oct 1, 2020 - Sep 30, 2021 |  | Number of PSC's | Number of Children<br>Participating in a PSC | 5,793 | 10,507 | <i>Data Source: KIDS Data; Run Date: 5/2/2022. Duplicated count, as a child counts in each PSC where they are identified.</i> |  |
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| Permanency Safety Consultations<br>Oct 1, 2020 - Sep 30, 2021                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |  |                 |                                              |       |        |                                                                                                                               |  |
| Number of PSC's                                                                                                                    | Number of Children<br>Participating in a PSC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |  |                 |                                              |       |        |                                                                                                                               |  |
| 5,793                                                                                                                              | 10,507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |  |                 |                                              |       |        |                                                                                                                               |  |
| <i>Data Source: KIDS Data; Run Date: 5/2/2022. Duplicated count, as a child counts in each PSC where they are identified.</i>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |  |                 |                                              |       |        |                                                                                                                               |  |
| <b>Objective</b>                                                                                                                   | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |  |                 |                                              |       |        |                                                                                                                               |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |  |                 |                                              |       |        |                                                                                                                               |  |

| <p>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.</p>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>2.18</b> 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.</p> | <p><b>2.18</b> CWS programs staff continued to be part of the CIP committee in FFY 2022. Ongoing meetings occur with other community partners, service providers, district judges, and district attorneys. This opportunity allows all parties at the table to collaborate in eliminating identified barriers that prevent timely permanency for children in out-of-home care.</p> <p>At the July 2021 Judicial Conference, CWS programs had a breakout session to present on permanency efforts and FFPSA, specifically the court's role for QRTP youth placements. CWS programs also presented at the November 2021 Judicial Conference about Planning for Permanency, specifically how the court and OKDHS CWS can partner together to achieve timelier permanency through guardianships, quality Family Time, and frequent FMs included in the FMC.</p> <p>CIP and CWS began collaboration in late June 2021 for a second five-year joint project that targets increasing permanency within 12 months. District data was compiled to show timely permanency within 12 months for periods ending in March 2020, September 2020, and March 2021. The data indicated which districts performed below or above the statewide average for each measurement period. The results were presented to a small workgroup of CIP partners and CWS program representatives to make a recommendation for the selection of three districts for the joint project. The agreed-upon districts are Cleveland, Lincoln, and Bryan Counties. CIP received commitments from the county judges to participate in the joint project. A planning meeting between PP Programs and CIP occurred in January 2022 and a kickoff meeting with CWS and court partners occurred 4/22/2022.</p> <p>Data from the first joint project was presented by CWS to the group as a springboard for engaging conversations about data utilization to target outcomes. The agenda included a judge and CW supervisor from the first joint project who shared their experience, lessons learned, and what practices made the biggest impact in the courtroom. A parent partner panel shared their experiences with court and the CW system. Implementation of the district plans and CQI ongoing involvement and support were also discussed. Data analysis will officially begin in October 2022 and run through March 2023 to align with Pinnacle Plan reporting timeframes.</p> |



**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                                                                                                                                              | FFY 2020 | FFY 2021 | Current Period | Target by End of FFY 2024 | 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%                                                                                                                                                | 35.38%   | 36.2%    | 48.46%         | 95.0%                     | CFSR        |
| Percent of children receiving a Child Behavioral Health Screener in accordance with policy                                                                     | 66.7%                                                                                                                                                 | 60.2%    | 47.1%    | 49.6%          | 98.0%                     | OU          |
| Improvement of children's social and emotional functioning as compared to their own baseline and throughout the duration of service provision                  | This measure is being dropped as collection of data is not available as originally planned. A full explanation is provided below under Objective 3.8. |          |          |                |                           |             |
| Percent of families who complete Family-Centered Services (FCS) and do not have a subsequent removal within 12 months                                          | 95.08%                                                                                                                                                | 97.1%    | 96.1%    | 98.0%          | 97.0%                     | KIDS Data   |
| Percent of children needing an intervention and served in FCS                                                                                                  | 25.0%                                                                                                                                                 | 49.9%    | 53.8%    | 50.8%          | 50.0%                     | KIDS Data   |

| Objective                                                                                                                                                                                                                                                                                                                                                    | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>3.1</b> 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 | <p><b>3.1</b> With FFPSA's passage and approval of Oklahoma's Title IV-E Prevention Program Plan, 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 out-of-home care.</p> <p>In addition to utilizing CHBS for voluntary preventative services, this service is also utilized for children placed in foster care to meet the needs and strengthen families by providing CHBS to the resource parents to support in providing care for the children placed in their homes. Figure 12</p> |



service providers by CWS Program staff in the form of monthly reports received by the contractors, quarterly site visits/contractor meetings, and annual contract renewal process.

illustrates the number of children, already in OKDHS custody, who received CHBS for the purpose of Maintain Placement.

Figure 12

| Children Receiving CHBS - Maintain Placement Services<br>Apr 1, 2021 - Mar 31, 2022 |                                |               |
|-------------------------------------------------------------------------------------|--------------------------------|---------------|
| Children Referred<br>for Services                                                   | Children Receiving<br>Services | % of Children |
| 129                                                                                 | 67                             | 51.9%         |
| <i>Data Source: KIDS Data; Run Date: 5/2/2022</i>                                   |                                |               |

Refer to Goal 1, Objectives 1.1 and 1.2 regarding progress in ISS, CHBS, and preventative evidence-based programs and services. Refer to Objective 1.8 regarding progress in FMs and Objective 1.9 regarding progress in increasing collaboration with OSDH and ODMHSAS.

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. Efforts to strengthen work with families for youth placed in congregate care treatment settings through collaboration with Building Bridges Initiative (BBI) concluded during this reporting period. This work related to family engagement and aftercare activities for which BBI provided program specific technical assistance to six identified OKDHS contracted group home providers and collaborative learning sessions for all group home providers. This particular collaboration concluded in July 2021.

CWS continues to support OKDHS-contracted group home providers with QRTP requirements through its Trauma-Informed Care Project contract with OU NRCYS who is providing technical assistance as requested. Revisions to the provider contract were completed to align with the QRTP provisions and went into effect October 2021. OU NRCYS will continue to provide support for the OKDHS-contracted group home providers to ensure successful implementation of the new contract requirements and to strengthen working with families as partners in identifying and meeting youth and family needs.

During this reporting period, OKDHS continued to work towards a goal of redefining what it means to be a public human service organization. This goal involves significantly 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

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|  | <p>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.</p> <p>The Oklahoma Title IV-E Prevention Program Plan was approved in October 2021 and implementation is currently underway. 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 practice, procedures, and policies in place will continue to be enhanced and create sustainable, desired outcomes for children and families. CWS continues to use 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. Refer to Goal 1, Objectives 1.3 and 1.5.</p> <p>Regular, timely, and useful feedback supports successful implementation and service fidelity, and 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 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 is committed to ensuring services are aligned with an integrated, broader prevention continuum, sufficient to keep children safe and to meet children's and families' needs.</p> <p>CWS works towards increasing capacity to serve children and families for whom prevention services are needed 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, and enhanced at the community level to promote child well-being, safety, and permanency, and improve the service array.</p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CWS is making a comprehensive and systematic transformation through strategies aimed at enhancing and increasing access to tertiary prevention services and reducing entries into foster care, as well as strategies designed to increase the speed of foster care exits by improving the likelihood of reunification and reducing delays for adoption or guardianship when reunification is not possible. With the continued support of the Governor, legislature, and community partners, and through Title IV-E Prevention Program Plan implementation, Oklahoma is investing in a comprehensive continuum of prevention, community-based supports, and resources for children and families.                                                    |
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| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>3.2</b> 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 executive and regional leadership and CW staff.                                                | <b>3.2</b> Refer to Goal 1, Objective 1.9 regarding progress in increasing community collaboration with OSDH and Goal 2, Objective 2.18 regarding CIP.<br><br>Bi-annual stakeholder meetings held in partnership with OSDH took place this reporting period on 10/14/2021 and 4/1/2022. Due to the ongoing COVID-19 pandemic, both meetings were held via a virtual format. Stakeholder meeting details are provided in this APSR under the <b>Quality Assurance System</b> .                                                                                                                                                                                                                                                                      |
| Objective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>3.3</b> 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. | <b>3.3</b> 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. For additional information in this regard see the Training Plan, <b>Updates to Targeted Plans within the 2020-2024 CFSP</b> .<br><br>Refer to Goal 1, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>3.4</b> Utilize outcomes from CFSR reviews to inform and enhance the quality and timeliness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3.4</b> Refer to Goal 2, Objective 2.9 regarding progress about use of CBHS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| 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.                                                                                                                                                                                                                                 | Refer to Goal 1, Objective 1.6 regarding the CFSR case review practice profiles information sharing and utilization of outcomes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                                            | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3.5</b> 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. | <b>3.5</b> For more information related to ongoing IM and Support Plan qualitative reviews, see Goal 2, Objective 2.1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Objective</b>                                                                                                                                                                                                                                                                                                                                                                                            | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3.6</b> Build community partnerships with the education system through school-based 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.                                                                                                                    | <p><b>3.6</b> The School-Based Services program is a contractual and collaborative partnership between OKDHS and local school districts. The CWS division provides administrative oversight on behalf of OKDHS. Through the partnership, a School-Based (SB) specialist is placed in the school with the dedicated purpose of providing a human service connection and support to the children and families the school serves and the school's teachers and administrators. The program aids students in overcoming barriers that impede educational success and addressing concerns before they can escalate into a crisis.</p> <p>The SB Specialist 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 SB specialist significantly impacts their community's well-being by improving outcomes and reducing risk factors for the students and families they serve. The SB Specialist's inclusion in the school system reduces a number of barriers to services.</p> <p>This academic year, the School-Based Services program expanded to 45 SB Specialists across the state in 23 participating school districts. The SB specialists play an integral role in supporting students, their families, teachers, and administrators in the assigned school districts. The SB specialists monitor students' life situations and emotional health and make referrals for services, when necessary.</p> |

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|                                                                                                                                                                                                                                                                                       | CWS is in the process of collecting program feedback from stakeholders for the 2021–2022 academic school year. OKDHS CWS looks forward to increasing the number of partnerships with schools for the 2022–2023 academic school year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Objective</b>                                                                                                                                                                                                                                                                      | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>3.7</b> 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.</p> | <p><b>3.7</b> During this FFY, CWS continued to utilize the Medicaid EPSDT schedule. Oklahomans under 21 years of age receiving medical benefits may receive the EPSDT, a set of services administered by the OHCA. EPSDT authorizes screening, diagnostic, and treatment services. Mental health services, when deemed medically necessary, qualify under EPSDT.</p> <p>Section 1-7-103 of Title 10A of the Oklahoma Statutes requires OKDHS to provide medical care necessary to preserve the child's health and protect the health of others in contact with the child. CW policy requires that all children in OKDHS custody receive EPSDT screening according to the schedule's frequency. The CW specialist ensures, in coordination with the placement provider and/or parent, a 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.</p> <p>The EPSDT screenings work in tandem with the CBHS administered by CWS. Refer to Goal 2, Objective 2.9 regarding CBHS. 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.</p> |
| <b>Objective</b>                                                                                                                                                                                                                                                                      | <b>Progress</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>3.8</b> Utilization of an evidence-based screener to determine appropriate treatment needs of children and families.</p>                                                                                                                                                        | <p><b>3.8</b> Refer to Goal 2, Objective 2.9 regarding CBHS utilization and CANS assessment implementation alongside CBHS to better assess the needs of youth entering congregate care in preparation for QRTP requirements through Family First.</p> <p>OKDHS continues to utilize CBHS as an evidence-based tool to assist CW specialists in determining appropriate treatment needs of children. As noted in Goal 3 CHBS increased this reporting period by 2.5 percent from a 13 percent decrease in FFY 2021. CWS Programs continue to assess what additional supports can be provided to ensure children are receiving CBHS assessment to not only help identify needs for treatment, but also through monthly administration to monitor progress and follow-up with treatment providers. The OKDHS CWS Clinical Team, in partnership with OUHSC, continues to be involved in guiding the application and evaluation of information gained from screener administration in alignment with EFC supports and CANS implementation. OKDHS CWS policy and training curriculum are in place to ensure the sustainability of CBHS utilization.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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|  | <p>OKDHS intended to use CBHS to measure the improvement of children's social and emotional functioning as compared to their own baseline and through the durations of service provision; however, it was determined a number of limitations exist when measuring well-being in this manner, including limitations within the current KIDS system. Therefore, this measure will be removed and CWS will continue to monitor well-being through the CFSR outcomes. OKDHS CWS will continue to explore and evaluate other alternative measures for well-being over this next reporting period.</p> |
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## 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 CQI 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 support was primarily accomplished through 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 use 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) 20B and 21A combined reporting periods of April 2020 through March 2021 and included practice occurring during April 2020 through March 2022. Additional programmatic data included as part of the practice profile for AFCARS reporting period 21A included, family meeting continuum (FMC) fidelity data along with FMC parent, youth, and community survey data, permanency safety consultation (PSC) fidelity data, maltreatment in care (MIC) in family-based settings data, and investigatory appeals data. Information from these profiles was shared with the CWS Executive Team in addition to regional leadership at the CQI Statewide Implementation Team (SIT) meetings. In addition to the programmatic data listed previously, the 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. 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 Programs 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 CQI Programs' Contract Performance Review (CPR) team continued quality assurance reviews this reporting period related to Foster Care and Adoptions (FC&A) resource home approvals. Highlights of this process include, but are not limited to, face-to-face debriefings and 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. Ongoing process evaluation and transparent partnering between CPR staff, FC&A Programs, and field staff allowed for process modification and enhancement this reporting period. The review process led to enriched growth and development of FC&A Resource staff across the state while furthering improvement efforts in this practice area. Additionally, CWS

CQI QA staff continued and completed technical assistance with the Capacity Building Center for States (the Center) around ongoing implementation, development, and sustainability of the Safety through Supervision Framework (Framework). Achievements realized through this process included, but were not limited to:

- clarity of QA and CQI staff roles;
- strengthened relationships with regional and district staff;
- increased focus on teaming practices;
- increased ability to replicate approach in other CQI areas when thinking about fidelity, consistency, and practice change; and
- increased knowledge and ability in applying change and implementation best practices.

As a result of the technical assistance, revisions to the Safety through Supervision guidebook are in process, creation of additional Framework support tools for use at multiple levels are in development, and refresher trainings are planned for the upcoming reporting period. All of these efforts are intended to positively impact the quality of Framework activities across the state and as a result, improve overall child welfare (CW) practice in Oklahoma.

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 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 CQI QA system: an administrative structure to oversee system functioning, quality data collection; a method for conducting ongoing case reviews; a process for quality data analysis and dissemination on performance measures; and a process for providing feedback to stakeholders and decision makers to adjust programs, practices, and processes.

#### Foundational Administrative Structure

CWS maintains the capacity and resources necessary to sustain an ongoing CQI process through a team dedicated to QA activities, known as the CWS CQI program. CQI's administrative structure remained stable during this reporting period. The CQI program is led by a programs 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 QA systems: the CFSR team, two QA teams, the CPR team, and the MIC and Appeals team. The CFSR team is led by a programs supervisor and is comprised of



five programs field representatives (PFRs). One QA team is led by a programs supervisor with five PFRs, and the other QA team is led by a programs supervisor with four PFRs. The CPR team is led by a programs supervisor with five PFRs. The MIC and Appeals team is led by a programs supervisor with three PFRs. One CFSR team member and two QA team members are collectively assigned to each of the five regions except in Region 1 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 vacancy has not been filled. Efforts toward ensuring this region has a full three-member support team in place are ongoing. The CPR team's specific focus areas about QA work are in three areas. The CPR team is responsible for conducting QA 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. Designated staff within the MIC and Appeals team completes QA MIC reviews, provides MIC prevention consultations for the entire state, develops and conducts MIC training, and completes and distributes MIC detailed data analysis reports. Other designated staff completes QA reviews on appealed substantiated CPS investigative findings, provides consultation about the appeals review process, and compiles and distributes data analysis reports regarding appeals.

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. The majority of CQI staff participated in the Urban Institute's *Evidence Building Academy for Child Welfare Data Leaders*. Learning objectives for this academy included: understanding and applying a theory of change, matching target population with an appropriate intervention, choosing a rigorous evaluation design, using key processes and strategies for successful implementation, critically assessing major data sources used in program evaluations, and appropriately measuring key CW outcomes. Additionally, all QA staff and specific members of the CFSR team completed *CW5803 Experiential Design and Learning*. The learning objective for this training is: "Upon conclusion of this course the participant will be able to design learner-centered experiential curriculum to effectively build competencies in the workplace. Successful completion will be determined by peer and instructor evaluation and satisfactory participation in course activities." QA staff also completed training about systems-focused critical incident reviews offered through the National Partnership for Child Safety and the University of Kentucky, focused on utilization of the Safe Systems Improvement Tool.

Members of the MIC 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 CQI. 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 CQI cycle in public CW and helps participants develop key CQI job competencies.

### Quality Data Collection

CWS collects data, both quantitative and qualitative, from a variety of sources to support its current QA system. Oklahoma's Statewide Automated Child Welfare Information System, 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 Programs leadership and is maintained through the various audit and QA mechanisms outlined in the CFSR Procedure Manual. The various audit and QA mechanisms mainly 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 programs supervisor debriefing and discussing items and outcomes as well as the OSRI scoring logic with staff conducting case reviews; third party second-level QA 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 initial meetings (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, PSCs, and family group conferencing.

### Case Review Data and Process

CWS has an ongoing case review component established 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 took place 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, regional leadership teams, regional practice improvement charter teams, and the CQI SIT, related to CFSR outcomes data and other programmatic qualitative data. Plans for combining the CFSR trend and outcomes data with additional data related to all other regularly completed qualitative reviews and data to create a more holistic trend and data report for the purposes of measuring and improving practice across CWS were realized this reporting period with further refinements and other possible data sources being included going forward.

#### 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 and practice improvement charter team 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 across all CWS programs and regional leadership. CQI leadership continued this practice as a valuable, critical, and effective component of the broader CQI system throughout this reporting period.

OKDHS CWS and the Oklahoma State Department of Health (OSDH) continued efforts to provide a collaborative approach towards creating a child and family well-being network and continue to improve the infrastructure and pathways for a comprehensive early childhood system and continuum of evidence-based prevention services that support and strengthen families, prevent child maltreatment, and ensure the long-term health, safety, and well-being and educational success of the youngest Oklahomans while preserving culture, family, and community. A key CQI component is engagement of stakeholders and the input they provide in the improvements to the CW system. Oklahoma views engagement of those with lived expertise as essential in building a comprehensive prevention continuum by elevating an understanding of what families need and how to remove the barriers that prevent them from receiving effective supports and services. Designing a network that strengthens families through the delivery of prevention services and the introduction of the protective factors will help to decrease disparities in outcomes and create a system where all families can thrive. Oklahoma has secured partnership with Foster America and resources to apply human-centered design methods to implement and institutionalize a framework and culture for inclusion of youth, family, and

tribal voice to promote and facilitate the co-designing of a child and family well-being network.

During this reporting period, the third and fourth Bi-Annual Collaborative Convening meetings, titled "Together Building Health Communities and Preventing Child Maltreatment, A shared Responsibility" were co-hosted by OKDHS CWS and OSDH, along with prevention partners and stakeholders, to share efforts of systems transformation and cross-systems coordination to align strategic priorities and strengthen collaborations. The 10/14/2021 convening allowed partners to hear from Oklahoma Secretary Justin Brown, along with other state leaders, about the efforts currently underway to move 'upstream' with a focus on the inclusion of tribal voice. Dr. Dolores Subia BigFoot, Presidential Professor and Director of Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center Child Study Center, provided a presentation on Circle Theory to promote practice-based evidence in child well-being for tribes to use as a best practice in building resiliency within families and the use of Indigenous knowledge in Family First Prevention Services Act implementation. At the 4/1/2022 convening Secretary Brown and state leaders with OKDHS and OSDH shared efforts underway on the State Plan for the Prevention of Child Abuse and Neglect and the CFSP with a focus on parent voice and those with lived experience. Presentations included the Oklahoma Commission on Children and Youth Parent Partnership Board and the Children's State Advisory Workgroup on Thriving Families Safer Children initiative on prevention of child abuse and neglect.

The Oklahoma Advisory Task Force Board on Child Abuse and Neglect, comprised of key professionals from around the state with knowledge of and experience with the criminal justice system and the system(s) handling child maltreatment, and child maltreatment fatalities, were invited to participate in the Bi-Annual Collaborative Convening meetings, along with continuing to review and discuss the CFSP and yearly progress to align with future planning of Criminal Justice Act (CJA) activities. CJA funds and activities support the state in addressing the safety outcomes outlined in the CFSP. At the 5/13/2022 Task Force meeting, a CWS representative provided an overview of the 2022 Annual Progress and Services Review to the 2020-2024 CFSP process, including the current CFSP goals, data measures tied to the goals, and the objectives identified to positively move Oklahoma towards improved outcomes for children and families. The CFSR performance outcomes covering the October 2021 through March 2022 review period were also shared. Task Force members are encouraged to be a part of their community's stakeholder meetings to provide insight from their unique standpoint in efforts to improve practice for Oklahoma families. To ensure Task Force members are invited to participate in the Round 4 CFSR, Statewide Assessment stakeholder meetings, a membership profile list was provided to OKDHS CWS.

## 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(s) 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 2021 through March 2022, 31,357 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 permanency. 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 6,800 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 provide for adoption-assistance benefits including Medicaid coverage, a monthly adoption-assistance payment, special services, and reimbursement of non-recurring adoption expenses. Approximately 21,500 children and their adoptive families receive adoption assistance payments.

### Services for Children Adopted from Other Countries

Post-Adoption Services continues to provide referral services for families who adopt children from other countries. Post-Adoption Services specialists are available to assist families in accessing appropriate community resources to support the needs of their children for mental health, medical, or educational needs. Additionally, respite funds can be offered to the family dependent upon available funding. Access to respite funds is provided to the adoptive parents based on the same criteria set forth for CWS resource families. Post-Adoption Services will continue to evaluate the needs of families adopting from other countries to determine if additional supports are necessary.

### Inter-Country Adoptions

For State Fiscal Year (SFY) 2021, there has been one youth from China that entered into OKDHS custody as a result of an adoption dissolution. The youth came into OKDHS custody on 1/21/2022 due to the adoptive parent failing to meet the needs of the youth. This youth turned 18 years old on 2/13/2022 but remains in voluntary OKDHS custody and is placed in a specialized Developmental Disabilities Services (DDS) home to meet his level of need. From April 2021 through March 2022, no other new children from other countries entered into OKDHS custody.

### 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 six FFYs. CWS has numerous projects aimed at increasing the number of children served preventatively, including continued use 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 implementing additional permanency strategies to reduce time in out-of-home care for children as reported in Goal 2.

Due to the positive outcomes of the Child Behavioral Health Screener (CBHS), CWS is sustaining CBHS 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-based placements, such as foster family care, adoptive homes, or their own homes in trial reunification or prevention, Family-Centered Services (FCS) cases. The OKDHS CWS Clinical Team, in partnership with the University of Oklahoma Health and Sciences Center (OUHSC), is involved in guiding application and evaluation of information gained from screener administration to ensure not only that the tools themselves are evidence-based, but that application and use of information is sound.

Since 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 elevated screeners warranting a referral for services and is used to identify a population of children who may need additional attention to ensure their treatment needs are sufficiently met and placements stabilized. This report is sent to CW staff by the Enhanced Foster Care (EFC) team for consideration of EFC services in their current foster home to stabilize placement.

The CBHS outcomes evaluation from data collected May 2015 through March 2022 consisted of 378,189 screeners administered across 40,642 children. Repeated CBHS administration reveals information about how a child is functioning over time and assesses functioning improvement or regression. For FFY 2021, of the 53,310 administered screeners across 10,669 children, 16,436 were scored as elevated/positive and warranted a referral for a trauma-informed mental health assessment. Of the 10,669 children administered a screener, 5,389 children or 50.5 percent screened had scores that warranted a referral for a clinical assessment. Of those 5,389 children, 3,355 or 62 percent screened were already receiving behavioral health services, with 2,034 or 38 percent warranted a referral for a clinical assessment and were reported not currently receiving behavioral health services. The data also shows of the total 10,669 children administered a screener, 5,280 or 49.5 percent of children with screeners had scores not warranting a referral. Of those 5,280 children, 1,404 were still receiving some type of behavioral health services, with 3,876 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 an 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.

A focus group was held in February 2022 with CW supervisors to gather feedback surrounding the current CBHS tool and utilization process. The input will be incorporated into consideration of future potential modifications to the tool and process. Discussion topics included successes and challenges using the CBHS, current efforts to overcome those challenges, and potential changes to improve the process or eliminate the identified challenges. Common themes in the feedback regarding CBHS' benefits included a



positive effect on decision-making and case planning regarding treatment interventions, caregiver support, and placement stability. Discussion identified several creative examples of teams' CBHS utilization and implementation that ease challenging logistics of administering the screener in the field, further improving timely identification of service need, and preventing service provision delay. The most widely agreed upon modification requests were reducing the screener length and frequency. However, discussion also identified concerns that doing so would delay identification and intervention for children in need, potentially with serious consequences, and additional concern that even fewer children would be screened, considering the current screening rate is around 50 percent of eligible children from month-to-month as seen in Figure 1. Input gathered from the focus group was provided to CWS leadership and the OKDHS Clinical Team.

Figure 1

| Date                                                                    | Total Children Due | Screened In Month | %            |
|-------------------------------------------------------------------------|--------------------|-------------------|--------------|
| Apr-21                                                                  | 6541               | 3083              | 47.1%        |
| May-21                                                                  | 6492               | 2948              | 45.4%        |
| Jun-21                                                                  | 6508               | 3215              | 49.4%        |
| Jul-21                                                                  | 6594               | 3318              | 50.3%        |
| Aug-21                                                                  | 6431               | 3305              | 51.4%        |
| Sep-21                                                                  | 6632               | 3223              | 48.6%        |
| Oct-21                                                                  | 6474               | 3343              | 51.6%        |
| Nov-21                                                                  | 6539               | 3177              | 48.6%        |
| Dec-21                                                                  | 6326               | 3071              | 48.5%        |
| Jan-22                                                                  | 6363               | 3333              | 52.4%        |
| Feb-22                                                                  | 6304               | 3216              | 51.0%        |
| Mar-22                                                                  | 6269               | 3202              | 51.1%        |
| <b>TOTAL</b>                                                            | <b>77473</b>       | <b>38434</b>      | <b>49.6%</b> |
| <i>Data Source: Yi810A, Run Date: 5th of each month for prior month</i> |                    |                   |              |

Children entering OKDHS custody are required to receive an Early Periodic, Screening, Diagnosis and Treatment (EPSDT) screening upon removal and ongoing as needed. EPSDT is a preventive health program under the SoonerCare program that provides for comprehensive medical services. The EPSDT exam is required to be completed within 21-calendar days of entering custody to evaluate the child's 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. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) continues efforts to strengthen Oklahoma's early childhood Systems Of Care (SOC) through multiple efforts that fit within the goals outlined in their state plan for Infant Mental Health (IMH) that:



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 6 years of age, their families, and caregivers.
3. Develop and expand programs for early identification and treatment of infants, toddlers, and children under 6 years of age 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 6 years of age.

These goals remain the focus of all of the work ODMHSAS does within their grants and community engagement efforts.

The Parent-Child Assistance Program (PCAP) provides intervention for pregnant and parenting women with substance use disorders (SUD) to improve the well-being of Oklahoma children, families, and communities. The PCAP goals are to help mothers with SUD obtain treatment and stay in recovery, link mothers to community resources that will help them build and maintain healthy, independent family lives for themselves and their children, and prevent future drug and alcohol use during pregnancy. PCAP will be implemented and evaluated in Oklahoma using a randomized control trial in two sites – Oklahoma City and Tulsa and their surrounding areas. PCAP will implement a three-year intensive case management program for pregnant and parenting mothers who struggle with addiction. Over a period of five years, the program will be evaluated to show how it will save state programs money by reducing substance use for mothers, reducing the number of subsequent babies born exposed to substance, reduce CW involvement, and lower incarceration rates. At the end of this evaluation, ODMHSAS expects to offer the program statewide and develop a national training and implementation center to support scale and replication. Currently, ODMHSAS is doing intense outreach in both site areas. In July 2022, ODMHSAS will begin enrolling mothers in the program.

During SFY 2022, CWS worked in collaboration with ODMHSAS regarding the Safely Advocating for Families Engaged in Recovery (SAFER) initiative. The SAFER initiative focuses on five main areas of child development:

1. Pre-Pregnancy: Promote awareness of effects of prenatal substance use.
2. Prenatal: Screen pregnant women for substance use and the need for further assessment, initiate enhanced prenatal services including treatment services.
3. Birth: Screen newborns for substance exposure; screen or test mother when indicated.
4. Postnatal/Neonatal: Ensure infant and mother's medical needs are met, ensure Plan of Safe Care is developed for both infant, mother and caregiver/family.
5. Childhood: Identify and respond to the needs of the infant, preschooler, child, or adolescent and their family.

The SAFER initiative has four key strategies to reduce barriers and restore hope for

families by implementing Family Care Plans, enhancing supports, reducing stigma, and designing a robust data collection and evaluation to inform practice and policy. Currently, an implementation framework is being created and led by an In-Depth Technical Assistance team which includes training for providers, hospitals, and OKDHS staff. Statewide launch of the Family Care Plans is tentatively set for January through March 2023 following pilot site work to learn and adjust processes as needed before statewide implementation occurs.

To help with the rising number of children entering out-of-home care, especially young children under 5 years of age, the family treatment court (FTC) approach was implemented in a few select districts in Oklahoma. FTC is designed to address the needs of children and families impacted by parental substance use by using a holistic, family systems treatment approach delivered by a cross-systems, multidisciplinary team. FTCs seek to improve the historically poor outcomes derived from traditional family reunification programs for caregivers struggling with substance use. FTCs serve families struggling with substance use issues whose children were placed in OKDHS custody and where a deprived petition was filed on the parents. Through collaboration among ODMHSAS, county juvenile court systems, treatment and service providers, and OKDHS, FTCs seek to provide safe environments for children with intensive judicial monitoring, and interventions to treat caregivers' SUDs and other co-occurring risk factors. Vulnerable families require CWS' intensive, collaborative efforts, the deprived court, treatment providers, and other community members to meet their complex treatment and service needs. No single agency has the skill or capacity to meet all their needs but through continued systems collaboration, intensive quality support, and services can be offered to Oklahoma families through FTC. Currently, Oklahoma has five active FTCs located in six counties. The courts implementing this approach are located in Custer/Washita, Kay, Oklahoma, Okmulgee, and Tulsa Counties. As seen in Figure 2, the majority of children served in an FTC case from FFY 2017 through FFY 2022 continue to be under 5 years of age.

Figure 2

|                | <b>Adults</b> | <b>Children</b> | <b>Families</b> | <b>Children<br/>5 &amp;<br/>Under</b> | <b>%<br/>Under<br/>5</b> |
|----------------|---------------|-----------------|-----------------|---------------------------------------|--------------------------|
| <b>FY17-22</b> | 583           | 841             | 439             | 590                                   | 70%                      |
| <b>FY17</b>    | 185           | 280             | 142             | 195                                   | 70%                      |
| <b>FY18</b>    | 181           | 251             | 135             | 175                                   | 70%                      |
| <b>FY19</b>    | 194           | 263             | 143             | 182                                   | 69%                      |
| <b>FY20</b>    | 198           | 273             | 153             | 192                                   | 70%                      |
| <b>FY21</b>    | 196           | 294             | 156             | 207                                   | 70%                      |
| <b>FY22</b>    | 139           | 227             | 116             | 147                                   | 65%                      |

*Data Source: ODMHSAS FDC-Web System; Run Date: 5/10/2022*

ODMHSAS, as the lead agency, recently applied for a five-year State Infant-Toddler Court Program grant, funding opportunity number HRSA-22-073, to advance knowledge, research, practice, and policy in the area of CW, early developmental health, and well-being of infants, toddlers, and their families. The ODMHSAS will create the Oklahoma Infant-Toddler Court Project and proposes to implement two new Infant-Toddler Court

(ITC) sites and enhance one existing ITC by the end of the grant period in 2027. The implementation team will also build upon the vast knowledge and research from the FTC model while partnering with courts in Oklahoma that currently have an FTC in their jurisdiction to enhance services available for children prenatal through 3 years of age and their families affected by substance use. The partnership between the National Infant Toddler Court Program goals and objectives and the FTC approach will provide a framework to help serve the entire family and much-needed support for Oklahoma's most vulnerable population: infants and toddlers in the CW system, at risk for involvement in the CW system, and/or affected by parental substance use. The ITC Project will work with the courts, OKDHS, treatment providers, and community partners to achieve the following goals:

1. Increase well-being, ensure safety, and accelerate permanency for children prenatal to 3 years of age and their families who are involved or at-risk of involvement with the CW system by implementing two new ITCs by the end of year two of the project to connect infants, toddlers, and their families with the support and services they need to ensure healthy development and lasting permanency.
2. Enhance and expand upon existing ITCs in Oklahoma by increasing collaboration between state systems and local court teams.
3. Improve timely access to equitable and appropriate levels of prevention and intervention services for children prenatal to 3 years of age who are involved or at risk of involvement with the CW system.
4. Expand capacity of specialized IMH models necessary for implementation of ITC and evaluate the impact of increased access to reduce disparities and improve developmental outcomes for the prenatal through 3 years of age population.

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 quarterly and includes partners from various sectors, comprised of the courts, non-profit service providers, higher education, CWS, private foundations, and child advocates. This group's work resulted in two target 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. The Safe Babies Court Team program is an active program specific to Tulsa County in Region 5 and now in the city of Stillwater in Region 1 as local initiatives. The application for the Infant-Toddler Court Program grant includes expansion of the Safe Babies Court Team Program by adding a state-level advisory team, a state ITC Coordinator, enhanced services with the existing court in Tulsa, and two new court sites. The second initiative remains in the pre-implementation planning stages and would focus on Infant and Early Childhood Mental Health Consultation (IECMHC) in child care centers with high populations of children in foster care.

During SFY 2022, ODMHSAS continued to offer training around topics specific to IMH,

supported access to reflective supervision, worked to improve infrastructure to support IECMHC, and partnered with other child-serving agencies to increase awareness and access to services for infants, young children, and their families statewide. ODMHSAS presented to CWS leadership at the quarterly meeting in March 2022 about substance abuse services and treatment for children and families which included the SAFER initiative and PCAP.

SoonerStart continues to be Oklahoma's early intervention program for infants and toddlers through 36 months of age and is designed to meet the needs of infants and toddlers with disabilities and developmental delays. All substantiated CPS cases require a referral to SoonerStart for children 2 years of age or younger and includes FCS cases. Findings from the SoonerStart evaluation allow the CW specialist and PRFC to ensure that the child's developmental needs are met through service referrals.

A SoonerStart referral is also made on CHBS cases, which could include both substantiated and unsubstantiated CPS investigations, FCS, and PP cases. Further assessment is completed by the CHBS worker, and the SafeCare model addresses the needs of young children as well. All children in Oklahoma younger than 36 months of age are eligible to be screened for the services. 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 receive ongoing services when developmental delays or other conditions are identified. 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 are 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 the Oklahoma State Department of Health (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.

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 on 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.

- 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 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 child-related information while conducting monthly caseworker contacts. The Quality Contact Guide with a Child focuses on 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.

In Figure 3, the number of children under 5 years of age is approximately 45 percent of Oklahoma's population of children in out-of-home care at any given point in time.

Figure 3

| Children Under 5 - In Care Last Day of Federal Fiscal Year |                                  |                               |            |
|------------------------------------------------------------|----------------------------------|-------------------------------|------------|
| Year                                                       | Children In Care Last Day of FFY | Children Under 5 Years of Age | Percentage |
| 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                         | 44.5%      |
| FFY2021                                                    | 7,470                            | 3,413                         | 45.7%      |
| Data Source: AFCARS Data Files                             |                                  |                               |            |

As seen in Figure 4, the racial make-up of children under 5 years of age in out-of-home care on the last day of the FFY remained relatively steady from FFY 2020 to FFY 2021. However, the number of children identified as black increased from 9.5 percent to 12.0 percent over the last five FFYs while at the same time multi-racial identified children decreased from 32.6 percent to 29.4 percent.

Figure 4

| Children Under 5 By Race - In Care Last Day of Federal Fiscal Year |       |        |       |                          |              |
|--------------------------------------------------------------------|-------|--------|-------|--------------------------|--------------|
| Year                                                               | White | Indian | Black | Asian / Pacific Islander | Multi-Racial |
| 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%        |
| FFY2021                                                            | 44.2% | 14.2%  | 12.0% | 0.3%                     | 29.4%        |
| Data Source: AFCARS Data Files                                     |       |        |       |                          |              |

In Figure 5, the percentage of children under 5 years of age on the last day of the FFY with an indicated disability decreased from FFY 2017 to FFY 2020 with an increase in FFY 2021 to 12.5 percent which is even higher than FFY 2017.

Figure 5

| Children Under 5 With Disability Indicated<br>In Care Last Day of Federal Fiscal Year |                                  |                         |            |
|---------------------------------------------------------------------------------------|----------------------------------|-------------------------|------------|
| Year                                                                                  | Children Under 5<br>Years of Age | Disability<br>Indicated | Percentage |
| FFY2017                                                                               | 4,203                            | 470                     | 11.2%      |
| FFY2018                                                                               | 3,995                            | 372                     | 9.3%       |
| FFY2019                                                                               | 3,815                            | 358                     | 9.4%       |
| FFY2020                                                                               | 3,580                            | 350                     | 9.8%       |
| FFY2021                                                                               | 3,413                            | 425                     | 12.5%      |
| Data Source: AFCARS Data Files                                                        |                                  |                         |            |

The data provided in this section underscores the continued need for Oklahoma's emphasis on service development for this child population, as children younger than 5 years of age remain almost half of the population of children in out-of-home 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 efforts to prevent and track child maltreatment fatalities. OKDHS CWS is a member of the Oklahoma Child Death Review Board (CDRB), which is mandated by Oklahoma State Statutes to review all deaths and near deaths of children regardless of cause, and reviews their annual report to identify trends in maltreatment-related 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 OKDHS Child Abuse and Neglect Statistics report.

In addition to a representative from OKDHS, the CDRB is comprised of representatives from: 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 (OJA), 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.

Per Oklahoma statutory authority, the Child Death Review Board exists within OCCY, and is mandated to review all child deaths and near deaths regardless of cause. The majority of maltreatment-related child deaths are reported at the time of the death, after which an

investigation by law enforcement and child protective services begins. However, in some instances, the cause and/or manner is not known until an autopsy occurs. Thus, as of November 2019 and per Section 1150.6 of Title 10 of the Oklahoma Statutes, the Oklahoma Bureau of Vital Statistics is to notify OCCY within 72 hours of receipt of child death notice. OCCY, in turn, is required to submit the information to a child abuse examiner or pediatrician for a maltreatment medical review. If the examiner or pediatrician believes that maltreatment may have been involved in the death, the findings are reported to law enforcement and OKDHS. The findings of the child maltreatment medical review are considered prior to closure of a child death investigation by OKDHS CWS.

OKDHS CWS attended the Child Abuse Prevention Statewide State Plan meetings in October 2021 and April 2022. OKDHS continues regular attendance and participation with the CDRB and the Board of Child Abuse Examiners.

The 2021 CDRB recommendations to the OCCY included the recommendation that an environmental scan be completed to determine what education exists in Oklahoma to non-professional caregivers regarding unsafe sleep. Since 2014, CWS in all CPS investigations involving an infant 12 months or younger, views sleeping arrangements and discusses safe sleep with the PRFCs. In January 2022, CWS began conducting practice reviews focused on the quality of unsafe sleep education provided to PRFC during a CPS investigation. Approximately 40 reviews are completed monthly. The reviews are randomly selected from criteria including both a CPS investigation with at least one infant 11 months or younger at the time the report was received by CWS and the CPS investigation was closed within the month prior to the month of review. The review captures if CWS documented details of what unsafe sleep education was provided, the PRFCs' reaction to the education, if the PRFC had an appropriate sleep plan for the infant and/or the resolution, and if the infant's current sleeping arrangements were documented. To date, 136 reviews were completed. Of those, 46 reviews had documentation that unsafe sleep education was provided to the parents, 28 reviews documented the PRFC reaction to the education provided, 41 reviews documented the PRFCs' sleep plan for the infant, and 74 reviews contained documentation of the infant's sleeping arrangement. This ongoing data collection will be provided quarterly to CQI and respective district leadership to enhance practice and documentation surrounding safe sleep education.

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

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

### **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, child welfare 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.

As with all the other states, the COVID-19 pandemic created and continues to create many challenges in the how the state performs its basic operations. Since working in OKDHS offices was restricted for safety reasons, all staff were issued cell phones and laptops in order to facilitate telework. The Title IV-B funds were used to aid in the purchases 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 \$887,733 or 20.1 percent, Family Support accounts for \$948,287 or 21.4 percent, Family Reunification Services account for \$889,393 or 20.1 percent, and Adoption Promotion and Support accounts for \$1,700,200 or 38.4 percent of the grant amount. Provided in the attached **Oklahoma FY 23 CFS-101 - Excel** is the estimated number of individuals and families to be served, populations to be served, and geographic areas where the services will be available.

PSSF grant monies used 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 23 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 Preservation and Family Support Services. As these are supplemental funds, Oklahoma plans to use the funding to increase the availability of preventative services through the existing in-home services array including Youth Villages Intercept®, ISS, and CHBS; and to provide support to foster families, through the Enhanced Foster Care Services program, in providing quality family-based placements for children whom otherwise would be placed in a group home. Although reunification services is a high priority, with the decrease in the number of children in care, there is no expected funding need for this category; however, it will be watched closely. All new adoption services will be focused on post-adoption supports and funded through Adoption Savings.

### **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 56.54 percent of the children who entered care in FFY 2021. Additionally, 83.8 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 SFY 2021, 48.5 percent presented with substance abuse as a contributing factor and 31 percent with domestic violence.

Oklahoma Senate Bill 960 (2021) amended Section 1-2-109 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-109) changing the age of voluntary relinquishment of an infant from seven days or younger to 30 days or younger. SFY 2022 policy and OKDHS publications were revised to include the statutory changes. CW staff were provided training on the requirement and the trainings *Specialized Child Protective Services*, *Advanced Child Protective Services*, and *CPS – Supervisor Academy* were updated to reflect the new definition.

Oklahoma House Bill 2565 (2021) added language to the definition of "neglect" found in Section 1-1-105 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-1-105) to exclude a child who is engaging in independent activities, such as walking to school, left in a vehicle when temperatures are not an extreme cold or hot, engaging in outdoor play, or being unattended at home for a reasonable amount of time. SFY 2022 policy was revised to include the statutory changes. CW staff were provided training on the requirement and

the trainings, *Specialized Child Protective Services* and *Advanced Child Protective Services*, were updated to reflect the new definition of neglect.

In October 2018 through the Oklahoma Partnership Initiative (OPI) grant, OKDHS partnered with ODMHSAS and OUHSC to address families residing in Oklahoma County with children under 2 years of age who were impacted by parental substance use. OPI's goal 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 is a multifaceted 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 Canadian and Cleveland Counties. As a result of the COVID-19 pandemic, the program stopped in-home service delivery for two weeks. When the "stay at home" order was issued, the TeleABC model was approved and services with families resumed. In July 2020, eliminating the comparison group was approved for more families to receive treatment and to assist with family participation. In May 2021, the grant was expanded to provide services virtually via TeleABC to Tulsa County. To date, OKDHS has referred approximately 63 families to the program. Of those, eight families completed the program, and more than half of the families dropped out or declined services. The grant concludes 9/30/2022, and at this time additional funding is not secured.

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 children placed in the home.

Family KINnections was originally funded from 2012-2015 by the Administration for Children and Families (ACF) and was one of only seven national awards. A total of 323 families in Oklahoma County were served during the grant's cycle.

The program restarted in March 2017 following a grant award from the Arnall Family Foundation, which solely funded the program until January 2019. Currently, the program

is funded through a contract with OKDHS utilizing an ACF grant award. 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 1,077 referrals, an average of 18 referrals per month, were received and 262 referrals thus far, representing 391 children, were placed into the control group for outcome analysis. All referrals are from Oklahoma County CWS Foster Care and Adoptions (FC&A) and Permanency Planning Units. Kinship foster families are also made aware they can access the website, [www.familykinnections.org](http://www.familykinnections.org) as well as the Kinship Caregiver Support Group. Foster parents can receive up to six recertification hours through support group participation and six additional hours through the parenting curriculum and education specific to caring for children in kinship care. Topics of discussion in the support group are family driven to include discussions around CW systems and parenting, as well as equity and inclusion.

The following data reflects the program's outcomes since implementation in 2017.

#### May 2017 through March 2022

- 501 kinship families served representing 853 children in care.
- 79 percent of the children served have not experienced a placement disruption since services began.
- 1,077 referrals received.

#### July 2017 through June 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.

#### July 2018 through June 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.

#### July 2019 through June 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.

#### July 2020 through June 2021

- 167 kinship families served representing 287 children in care.
- 88 percent of the children served have not experienced a placement disruption since services began.
- 253 referrals received.

April 2021 through March 2022

- 142 kinship families served representing 243 children in care.
- 80 percent of the children served have not experienced a placement disruption since services began.
- 225 referrals received.

The May 2017 to March 2022 data reflects unique families and children served, while the July 2018 through June 2019, July 2019 through June 2020, July 2020 through June 2021, and April 2021 through March 2022 data reflects existing and new families and children served during that fiscal year.

### **Prospective Activities for 2023**

- Family KINnections' goal is to serve 180 families representing 300 children.
- Family KINnections, in partnership with the Child Development Center at OUHSC, started a kinship resource parent support group at the beginning of 2022 that meets bi-weekly. This group is co-facilitated by the Advanced Community Resource Specialist and OUHSC. The group allows kinship caregivers a place to connect with other kinship families to discuss challenges and support one another. Moving into 2023, Family KINnections received approval from OKDHS to provide kinship caregivers up to six credit hours toward recertification for attending the support group. Curriculum and discussion are presented for persons with reading skills between a 3<sup>rd</sup> and 8<sup>th</sup> grade level, and are caregiver driven topics. Family KINnections will continue to refer and engage kinship caregivers in this support group into 2023, and is currently working on developing an annual session that will specifically focus on equity and inclusion.
- Family KINnections is also approved to provide up to six credit hours toward recertification through the Managing Child Behavior and Healthy Communications curriculum that staff are able to provide to resource families. In addition, Family KINnections will increase the amount of education that resources families receive regarding SafeCare curriculum that focuses on Parent-Child Interaction, Home Safety and Health throughout 2023.
- Family KINnections is partnered with a Foster America Fellow who works on recruitment and retention of foster families. She joins Family KINnections Community Resource specialist in-home visits to gain the perspective of foster parents and their overall experience of OKDHS while being a caregiver, and to focus on how OKDHS can support kinship families, especially those who care for children with higher level needs. Moving into 2023, Family KINnections will continue its focus on kinship caregiver feedback, and the information that the Fellow is able to gather to ensure that Family KINnections implements best practices to meet kinship caregivers needs.

### **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 on the day placement is made, two times each month within the first two months of placement, and at least one time per month thereafter or as needed. These activities continued through FFY 2021 to ensure the child's needs and safety were assessed on an ongoing basis. See Figures 6, 7, and 8.

Figure 6

| <b>Measure 1: Monthly Caseworker Visits</b><br>Target - 95%                 |                             |
|-----------------------------------------------------------------------------|-----------------------------|
| <b>FFY</b>                                                                  | <b>Percentage Completed</b> |
| FFY2017                                                                     | 95.0%                       |
| FFY2018                                                                     | 95.0%                       |
| FFY2019                                                                     | 95.2%                       |
| FFY2020                                                                     | 94.9%                       |
| FFY2021                                                                     | 95.8%                       |
| <i>Data Source: KIDS WebFOCUS Caseworker Contacts<br/>Federal Measure 1</i> |                             |

Figure 7

| <b>Measure 2: Monthly Caseworker Visits Made in Child's Home</b>            |                             |
|-----------------------------------------------------------------------------|-----------------------------|
| <b>FFY</b>                                                                  | <b>Percentage Completed</b> |
| FFY2017                                                                     | 94.5%                       |
| FFY2018                                                                     | 94.4%                       |
| FFY2019                                                                     | 94.1%                       |
| FFY2020                                                                     | 95.0%                       |
| FFY2021                                                                     | 95.2%                       |
| <i>Data Source: KIDS WebFOCUS Caseworker Contacts<br/>Federal Measure 2</i> |                             |

Figure 8

| <b>Monthly Caseworker Visits - Report Items</b>                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| <b>CWS Reports on Items 1-7 during the Period Under Review</b>                                                               |
| 1. Aggregate number of children in the data reporting population: 10711                                                      |
| 2. Total number of monthly caseworker visits made to children in the reporting population: 86464                             |
| 3. Total number of complete calendar months children in the reporting population spent in care: 90219                        |
| 4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence: 82289 |
| 5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care: 95.8%                        |
| 6. Percentage of visits that occurred in the residence of the child: 95.2%                                                   |
| 7. Percentage of visits to children in Tribal custody: 32.2% (1339)                                                          |

Additionally, CWS prioritizes having the same primary CW specialist meet with the same child each month. This continued commitment supports better outcomes for children through consistent case planning by the same CW specialist to secure a child's placement stability, safety, and permanency. Efforts continued this last FFY to ensure policy and staff guidance remains updated to capture best practices and expectations for visiting a child.

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**.

- Updated contact guides, *Quality Contact Guides with Children*, provide 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 on CW specialist visitation and continues 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 function on mobile devices via the transcription feature to more efficiently and accurately document caseworker visits.
- Policy is refined yearly to offer detailed direction to CW specialists and provide guidance on engagement with the child and caregiver.
- Documentation of CW specialist monthly contacts with the child, which focuses on both the child and the caretaker, continues as a requirement in KIDS.
- Ongoing improvement, monthly, quarterly, or both, is determined and provided by district leadership.

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. This technology provides frontline CW specialists better access to supervisors while also meeting the critical demand of spending more time in the field. In addition, the smart phones have high quality cameras that assist 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 2021.

### **Adoption and Legal Guardianship Incentive Payments**

Oklahoma received \$140,000 in adoption incentive payments for FY 2021. This funding was used within the 36-month expenditure period to fund additional CWS 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 several years, Oklahoma has almost doubled the number of adoptions completed each year to an average of 2,178 adoptions. This marks significant efforts and progress of obtaining permanency for children that could not return home. The expenditures have also grown from \$46 million to over \$150 million in recent years. These were also years that OKDHS faced its most difficult budget years on the heels of a long overdue commitment to increasing the 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 \$55 million and as of September 2021, had thousands of children eligible to receive Title IV-E adoption assistance because of the applicable child criteria. So far, Oklahoma has reported spending \$27 million of the savings. The remaining 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 30 of each year, the funds are then budgeted during the next SFY which begins on July 1 of each year.

To date, Oklahoma has used a portion of these funds for post-adoption supports and subsidies. For the upcoming fiscal year, Oklahoma plans to continue using these funds to expand and increase post-adoption services while also evaluating the services to ensure provision of the best comprehensive and evidence-based supports for adoptive families. OKDHS is contracting with the University of Oklahoma for development, implementation, and evaluation.

Oklahoma has also used these funds to support adoptive families in preparing documents and meeting other requirements for the Adoption Hearing. Oklahoma plans to continue using these funds in the same manner; however, is also looking to create more innovative initiatives to meet the needs of adoptive families.

### **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 implementation of FFPSA and further its goals, Congress passed

the Family First Transition Act as part of PL 116-94 signed into law on December 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 implementation of FFPSA. In addition, for jurisdictions that previously operated Title IV-E child welfare 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 a FFPSA Transitions Grant award of \$6,989,328 and is currently implementing FFPSA prevention services.

To date, Oklahoma has yet to draw any funds from the FFPSA Transition grant. However, current funds being used to implement FFPSA prevention services for families will be expended in the coming year and drawing from the FFPSA Transitions Grant award is expected.

### **Family First Transition Act Funding Certainty Grants**

FFPSA, enacted on 2/9/2018, as part of PL 115-123, amended many sections of Titles 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 child welfare 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 implementation of FFPSA. 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 will be 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 OKSA Helpline alumni network toll-free number, or by requesting services on the OKSA website, [www.oksa.ou.edu](http://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 adults ages 21 to 26 who are participating in the ETV program. These youth and young adults are served through assessments and youth-driven planning, youth development funds, events, and alumni services. All of these activities center on 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 16<sup>th</sup> birthday;
- youth who entered a permanent guardianship with kin or adoption after age 16 and have not reached their 21<sup>st</sup> birthday; and,
- young adults 21 to 26 years of age who on their 21<sup>st</sup> 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 2023 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, a 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 provide services to current and former foster youth. OKSA and the Hope Research Center reviewed and are utilizing the data and feedback from workers and youth to inform finalization of the new assessment and planning tools.

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 helped to inform revisions to the tools and process. Two OKFYA board members 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. The pilot process yielded some preliminary data and feedback. Certain noted challenges provided good learning opportunities for the OKSA program, including how to structure the initial and ongoing trainings, as well as providing best support to CW field staff during the pilot period. A second pilot is planned with a large metro county beginning in July 2022. When this process is completed, statewide training and implementation will expand to other regions of the state during SFY 2023.

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 at 120-calendar days prior to the youth's 18<sup>th</sup> birthday to discuss and initiate the 90-calendar 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 a draft of a new and validated life skills assessment tool, which upon completion will lend to the transition plan's transition, based on the evaluative data. In SFY 2022, OKSA began a process of intentionally reaching out to many of the assigned workers for youth considered likely to age out of care beginning when the youth turned 17, to evaluate if beginning the transition plan a full year in advance resulted in the youth more effectively prepared for transition, and ultimately experiencing more positive outcomes.

The OKSA program is in the process of contracting with LYFT and their Life Skills Reimagined online curriculum to assist youth in building life skills and addressing needs related to the 7 Key Elements of Success. The curriculum's implementation will begin in September 2022.

Youth 16 to 21 years of age who exited care can call the OKSA Helpline 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 develop an education plan, meet with college personnel to determine the young adult's total cost of attendance and eliminate any barriers to success, calculate the young adult's unmet need, request ETV funds, and ensure 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. OKSA advocated for an important change in state statute, completed in SFY 2022, which allowed for youth who entered reunification after the age of 16 to receive these services as well.

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 an OKSA Helpline alumni card containing the toll-free number. Both youth and adults can use these items to access services and resources.

The greatest strength of the OKSA program service array is that 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 to 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, Teen Conference was a three-day virtual conference. Of 238 participants who registered for the event, 220 attended. Despite a strong sentiment from attendees an in-person event was highly preferred, evaluation and other anecdotal feedback regarding the conference was highly positive. Of the youth who attended, 85 percent reported feeling more hopeful about their future after attending the conference. In SFY 2022, this event returned to an in-person event for 119 total participants at an Oklahoma college campus.

In SFY 2022, a one-day "Newcomers" conference will be held on June 28<sup>th</sup>. This conference, formerly known as the JV Teen Conference, is for 14-year-old youth who are or should be receiving OKSA services. The conference will bring together youth and adult

sponsors from across the state to meet OKSA staff and learn more about transitioning to adulthood. This year, participants will focus on building connections, exploring educational pathways, and using the Science of HOPE to set and achieve goals.

The DDS Conference 2022 that took place on 5/13/2022 was a collaboration between the OKSA program and DDS division to provide an annual, one-day life skills event. This conference's purpose was to provide opportunities for youth to practice life skills, to promote awareness of community resources and to strengthen youth/adult relationships. Youth participants were ages 14 to 18 with a developmental disabilities designation and currently receiving DDS services.

Conferences are planned by a committee of current and former custody youth, CW specialists, community partners, and the OKSA community contractor. The conferences are staffed primarily by alumni foster youth. The conferences goals are 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 to 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 to 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 to 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 18 years of age and completes an intake assessment and survey with the OKSA Helpline to establish their aftercare case. The assessment is completed to determine the immediate and future needs as the youth exits care. OKSA is beginning the process of examining how to intentionally increase youth engagement during the exit interview processes to identify disparities of service specifically to those youth who are historically underserved. Any implemented methodologies would comply with relevant state and/or federal statute, as well as be attentive to the privacy and safety of youth and young adults.

The flexibility of the youth development funds made it more convenient to assist youth and young adults during the COVID-19 pandemic. With Division X legislation implementation, OKSA was able to increase the amount of direct funding available to youth and young adults. Since Division X's passage, OKSA has assisted over 1,700

youth and young adults with direct payments from the additional funding. Every youth and young adult that made contact with the OKSA Helpline to set up a case received a direct stipend through the Division X funding. Transportation, housing, and assistance with technology were some of the most accessed categories. For young adults who were in lease or rental agreements, OKSA was able to pay those agreements for up to 6 months to a year to alleviate housing insecurities they may have been facing. The fact that OKSA already had a system in place to distribute direct funding was 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 OKSA Helpline alumni network. The OKSA Helpline assists young adults 18 to 21 no longer in OKDHS or tribal custody. Supports can be financial assistance through youth development funds, resource referrals, and case management provision. The OKSA Helpline is responsible for answering a technical assistance line, 1-800-397-2945, and an email address, [oksa@ou.edu](mailto:oksa@ou.edu), 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.
- Coordinating and coaching the foster alumni Leadership Council and provides 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 OKSA Helpline 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 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 collected baseline and follow-up data on Hope for the pilot district and a comparison group from another district. To ensure rigor in data collection and expand opportunity for youth and field staff feedback on the tools, a second training and pilot period is planned to begin in July 2022 with a metro area county.

- 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 and 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 rolled out in SFY 2021 and was mandatory for all OKDHS agency staff. OKSA also scheduled training for July 2022 for the second pilot group. OKSA will begin the process of integrating Hope model training into the Level I OKSA training upon the second pilot's completion.

- 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 and an ongoing feedback loop will help inform revisions with the draft tool finalization in January 2023.

### 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 distributed 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 to 17 that are reunified passed and was signed into law.

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 is mandatory for CW specialists with a teen on their caseload ages 14 and older. The training includes 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 is 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 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 (LGBTQI+) history and how it impacts the LGBTQI+ community today; provide information about current language and terminology; build awareness for specific challenges LGBTQI+ 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: Mandatory training related to IEP laws and regulations is provided to all OKDHS supervisors through OKDHS' supervisor academy. Educational related materials are provided to each supervisor during the training to include a current listing of credit recovery programs and high school alternatives.

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 12<sup>th</sup> grade, null (meaning their current grade level is not identified in the database), and unknown. This search produced a total number of 115 in SFY 2022. OKSA then contacted each youth on the list to verify if they were working toward a high school diploma or high school equivalency and 38 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 62.

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, 96 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 23 confirmed. This process is complicated by the fact contact information is not always accurate as families move and phone 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 develop 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 youth in education systems. The workshops will include 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 will resume fall of 2022 with the goal of developing an annual post-secondary education awareness youth event which will highlight college and technical school options, as well as immediate employment opportunities.

## 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: In 2020 through community contractor NRCYS, 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.

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 OJA 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.

The OKSA employment navigator developed partnerships with 21 organizations that represent pathways to direct work (11), pathways to career preparation (6), and pathways to career discovery (4). These partners are invited to participate in OKSA professional development training related to positive youth development, engaging youth in meaningful ways, and supporting youth in and from foster care as they work towards transition to adulthood. OKSA hosted a virtual career fair in May 2021 in partnership with Green Country Workforce (Formerly Workforce Tulsa) for young adults 16-24.

- 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 reside. The OKSA program partnered with ODMHSAS and its Employment, Housing, and Homeless Projects Team to host a 3rd 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 participation in several committee and subcommittees related to employment, the OKSA program will further explore how to disseminate employment resource information across the state. The OKSA employment navigator developed and maintained partnerships with five workforce boards representing all regions of Oklahoma. The employment navigator also formed partnerships with the Galt foundation, Goodwill Industries, Work Ready Oklahoma, and Tulsa Community Work Advance. These partnerships engage in regular communication regarding



employment trends, current openings, and other employment opportunities in the state. This information is then passed on to the OKSA Helpline to directly help youth who are looking for a pathway to employment.

- 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.

To build capacity for youth's employability, the OKSA employment navigator created and facilitated three employment themed life skills groups. In addition, youth who attend the annual teen conferences attend employability workshops that are designed to increase their knowledge and skills around job searches, job applications, interviewing, and resume building opportunities. During the conference, each youth created an employment plan. At this year's teen conference, youth will focus in increasing soft skills, such as communication, teamwork, collaborative problem solving, and negotiation.

## 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.
- 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:

**OKSA Housing Network** Community collaboration continues to be a vital part of OKSAs efforts to increase the number of housing options for youth and young adults. The OKSA Housing Network is comprised of a variety of housing programs, partners, and options to meet the unique needs of young adults leaving or who've left care in Oklahoma.

Those efforts include:

#### OKSA Transition Team

- 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 OKSA Helpline 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-calendar days to 120-calendar days to prepare for alternate housing pathways.

#### OKSA Housing Navigator

- OKDHS continues to contract with NRCYS to provide a housing navigator position to focus efforts on housing options and relationships. The OKSA housing navigator is in its fourth year.
- The OKSA housing navigator works within local communities across the state to identify appropriate housing pathways and supports while partnering with a variety of housing providers, such as Continuums of Care, landlords, transitional living programs, housing authorities, and other supportive housing resources. The housing navigator works to connect those resources to the statewide OKSA Helpline.
- Young adults experiencing housing instability or needing assistance with a housing plan are connected to the OKSA Helpline for screening, triage, housing-related crisis intervention, and referrals to housing-related supports.

#### Expanded OKSA Housing Pathways

- OKSA permanently implemented the OKSA Rapid Housing and OKSA Room and Board Contract options utilized during COVID-19 pandemic to expand housing pathways options.

### Continuums of Care (CoCs)

- The housing navigator works with local CoCs across the state 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 service provider, caseworkers, and case managers to directly assist the youth through communication with the OKSA Helpline.
- The housing navigator attends monthly Youth Coordinated Case Management with Core CoCs to access the Homeless Management Information System, staff youth on the By-Name list, and to determine eligibility of OKSA services while working with community partners to provide housing services to those youth.
- The housing navigator attends monthly leadership council meetings in Oklahoma and Tulsa County and is working to expand meeting coverage at the other CoCs through the state.

### Youth Homelessness Demonstration Program (YHDP)

- HomeOKC is the lead agency for the Oklahoma City U.S. Department of Housing and Urban Development (HUD)-funded CoC. HomeOKC is a collective of voting organizations who support CoC efforts to prevent and end homelessness in the Oklahoma City area. The CoC was awarded a HUD YHDP grant in Round 4 to focus on housing and homeless services for the city's young adult population.
  - OKSA's housing navigator attends weekly Core Planning Team meetings and sits on ranking & review committees to represent OKDHS transitioned-aged youth needs.
- Housing Solutions is the lead agency for the Tulsa County HUD-funded CoC. A Way Home for Tulsa (AWH4T) is a collective of over 30 voting organizations who support the efforts of the CoC to prevent and end homelessness in the Tulsa area. Housing Solutions is currently applying for Round 6 funding
  - OKSA's housing navigator attends monthly AWH4T meetings to work with local service providers to prevent and end citywide homelessness while strengthening the CoCs application for youth specific funding to help support programs serving youth leaving foster care.
- The Youth Action Board (YAB) is a committee comprised of diverse young adults with lived experience. YAB members use their experiences through LGBTQ, pregnant/parenting, foster care, and juvenile justice systems to guide the YHDP Core Planning Team's vision, mission, and goals. The YAB meets weekly to work on YHDP projects and to make recommendations to the Core Planning Team.
  - OKSA alumni advocates represent OKDHS' transitioned-aged youth needs through membership on the YAB.
  - OKSA is working with local YABs to find additional ways to incorporate youth voice in programs and policy throughout OKDHS.

### Housing Authorities

- OKSA continues to maintain housing authority partnerships with memorandums of understanding (MOUs) in key places throughout the state. Partnerships include statewide Oklahoma Housing and Finance Agency (OHFA) and Stillwater Housing Authority with MOUs that include the use of the Foster Youth to Independence (FYI) Vouchers and Oklahoma City Housing Authority to utilize Family Unification and Housing Choice Vouchers.
- OKSA continues to refine and improve their data tracking system to maintain referrals, voucher usage, timelines, and housing payments.
- OKSA streamlines the statewide referrals process to maintain good communication with housing authorities.
- A centralized point-of-contact is at each of the community housing partnerships to work with the housing navigator and the OKSA teams to answer questions, receive referrals, and to inform the agency of scheduled appointments to communicate with the youth.
- Young adults experiencing housing instability are connected to the OKSA 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, and independent housing, while discussing the available supports and resources in the community.
- When the youth is an appropriate candidate for a housing voucher, the OKSA Helpline completes an application and referral with the youth to submit to the respective housing authority.

#### Community Partnerships

- Pivot: A Turning Point for Youth provides a variety of services including a shelter, transitional living program, and tiny home community for transitioned-aged-youth. OKSA continues to work with OKDHS Financial Services to assess housing and maintenance bids submitted by Pivot to use a portion of their Tiny Home Community specifically for transitioning foster youth. OKSA scheduled meetings with OHFA to determine eligibility to utilize FYI vouchers on the Tiny Home properties and will continue to find ways to incorporate Pivot programs into the OKSA Housing Network.
- Advanced Supervised Transitional Living and Support Projects is a continuation of the Pay for Success grant and an initiative between Oklahoma Department of Corrections, OKDHS, OJA, and ODMHSAS to provide wraparound services, targeted case management, life skills development, supported employment, and mental health or substance use treatment and support to youth and young adults ages 18 to 24 who exited the child welfare or criminal justice systems in need of additional housing supports to successfully transition from care.
- OKDHS in partnership with ODMHSAS and NRCYS is in the process of planning the 3<sup>rd</sup> Annual Employment and Housing Summit.
- OKSA housing navigator is meeting with ODMHSAS Tribal and Multicultural Liaison to expand opportunities to work with tribes around housing and mental health and substance abuse services.

- OKSA is exploring opportunities to connect with the Cherokee Nation's newly implemented Fostering HOPE Pilot program as a potential housing to employment model.

#### 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 NRCYS program development specialists, 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 and 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 TOT 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 held quarterly 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 to virtual events. OKFYA held weekly events consisting of zoom meetings, 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 per year for young people to provide feedback on new or ongoing initiatives.
  - 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: OKFYA blended team will coordinate at least one service project per year.

Updates on Objective 1.2: OKFYA board members facilitated a virtual presentation for youth and young adults interested in knowing more about OKFYA. OKFYA advisory board members met regularly to check in with each other, reviewed the status of ongoing projects, and planned events. They participated in a live question and answer session with Court Appointed Special Advocate volunteers. OKFYA members participated in a live question and answer session with foster parents in pursuit of better understanding of the CW system from a youth point of view. OKFYA advisory board members held one session presenting with purpose training where they met with state office alumni to practice strategic sharing and facilitation of Presenting with Purpose for the upcoming year. OKFYA members partnered with a local youth shelter where they purchased Christmas gifts for a group of young people residing in the shelter.

Throughout the COVID pandemic, OKFYA struggled to recruit and maintain new membership. As a result, the existing members began to move on in their professional lives leaving a gap in the board's leadership. After careful consideration and changes within OKFYA board's current structure, it was decided by OKSA to put the board on hold in order to re-evaluate the OKFYA's direction and purpose. In order for OKSA to do this thoroughly, a third party will be brought in to analyze the current structure and advise on next steps moving forward. Currently, OKSA is working on a contract with Chauncey Strong and Strong Consulting to begin this process. OKSA is optimistic about OKFYA's future.

### **National Youth in Transition Database (NYTD)**

ACF found Oklahoma in compliance with the NYTD requirements for NYTD data submission for the period ending 4/30/2022. OKDHS frequently shares information on NYTD outcomes and service reports with multiple state agencies, community partners, and youth. NYTD data was shared with the Homeless Alliance partners and 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 2022, 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 planned trainings and events, including Teen Conferences. OKSA regularly shared data with OKFYA as part of collaborative efforts towards systemic improvement. In SFY 2022, OKSA continued to share data via Professional Development Trainings available to CW staff, foster families, and community stakeholders. OKSA is also starting to share outcomes data in a new OKSA Newsletter distributed regularly to CW staff and stakeholders. NYTD data is also shared with OKDHS Communications to distribute to media venues as requested.

OKSA is currently in early conversation and planning phases regarding convening NYTD feedback groups. These groups would be led by, and primarily consist of, current and former foster youth. In principal, these planned feedback groups would meet to examine NYTD service and outcomes data to improve awareness, increase collaboration, and discuss potential interventions and systemic enhancements.

NYTD survey data collection is an effective collaborative effort between OKDHS and NRCYS. The survey process begins with a birthday card sent to 17-year-olds that mentions they will be getting a NYTD survey. Youth then receive 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 beginning a pilot for an online survey version that 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 timeframe. CWS contracts with NRCYS to complete the surveying of the young adults at ages 19 and 21. The OKSA Helpline 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 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.
- OKSA is exploring strategies to mine NYTD data in order to identify disparities, both in received services and outcomes, related to youth who have been historically underserved, including youth and young adults of color, youth with disabilities, and others. Recently, the Technology and Governance Unit created a preliminary report to analyze provision of NYTD services by race as pulled from NYTD survey data.

In addition to data available via the NYTD surveys, each month OKSA staff generates 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 KIDS. 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. Report analysis yielded little variation in service delivery to youth based on region or county.

Three broad goals were established that support outcome achievements. In SFY 2022, OKSA continued to facilitate improvement in:

1. Percent of youth in custody with an assessment. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 71 percent of youth age 14 through 17 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, 81 percent of youth age 14 through 17 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, 78 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](http://www.okhighered.org/ohlap).

Tuition waivers are available 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 maintains an eligible youth listing that is sent to the Regents with eligibility information. 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 to 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 involvement 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. In SFY 2022, 10 youth from across the state were selected to participate.

OKDHS and public housing authorities coordinated to utilize the FYI Initiative beginning in September 2019 through the initial meeting with 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, CoC, 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.

#### Youth Homelessness Demonstration Program (YHDP)

- HomeOKC is the lead agency for the Oklahoma City HUD funded CoC. HomeOKC is a collective of voting organizations who support the efforts of the CoC to prevent and end homelessness in the Oklahoma City area. The CoC was awarded a HUD YHDP grant in Round 4 to focus on housing and homeless services for the city's young adult population.

Oklahoma was awarded a YARG and is engaged in collaboration with Oklahoma Department of Workforce Development, Department of Rehabilitation Services, and OJA 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.

Oklahoma's statewide OKSA 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.

The Oklahoma Health Care Authority (OHCA) intends to procure SoonerSelect and a Children's Specialty Plan serving Medicaid eligible foster youth in the fall of 2022. OHCA



is working with the Aetna Medicaid Business Development team on logistics. Aetna has kicked off discussions with key community stakeholders to understand the market dynamics and the needs of the community. The OKSA team is meeting with Aetna representatives on 7/15/2022 in an effort to provide Aetna more information about the OKSA program and how Aetna can support youth currently in foster care as well as youth formerly in foster care in Oklahoma.

OKSA has a website, [www.oksa.ou.edu](http://www.oksa.ou.edu), where youth and young adults who experienced foster care can locate information about medical services available in the state of Oklahoma including a link to the current Medicaid program [www.soonercare.org](http://www.soonercare.org). They may also reach out to the OKSA helpline at 1-800-397-2945 for assistance. OKSA will be coordinating with the Aetna team and OHCA to develop a marketing plan for the extended coverages and options to young adults who formerly experienced foster care either in Oklahoma or in other states.

### **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 to 24. In SFY 2016, OKDHS collaborated with 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.

OCCY is partnering with several youth-serving agencies including OKDHS to improve the outcomes for youth transitioning out of care. Some of the projects they are collaborating on include ensuring youth have essential documents, opportunities for youth to have bank accounts, and implementation of mentoring programs for at risk youth in OKDHS custody.

Adult and Family Services (AFS) is partnering with CWS to ensure a process for youth transitioning out of care to access Supplemental Nutrition Assistance Program (SNAP) benefits. AFS dedicated one staff member to be assigned to each youth transitioning out of care one month prior to their 18<sup>th</sup> birthday. This staff person reaches out directly to each young person to assist them with the application process and then manages their ongoing SNAP case.

The Homeless Youth Alliance is a committee made up of governmental agencies including the Oklahoma Department of Rehabilitation Services, ODMHSAS, OKDHS AFS; 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 that work together to address the youth homeless population and the special issues this population faces which put them at risk for human trafficking.

A Way Home for Tulsa is a collective of 30 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 and a large number of youth eligible for OKSA services. In 2012, the Housing Authority Executive Board in Lawton approved using a five-bedroom unit 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.

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, OHCA, OKDHS, OJA, OSDH, 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 additional support for these students and launched the Ris4 Thursday project, which began as a Facebook page [www.facebook.com/RisforThursday](http://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.

Lou Hartpence Scholarships for young adults 18 to 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 to 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 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.

OKDHS worked with Mainspring Consulting, supported by the Jim Casey Youth Opportunities Initiative, to assess the fiscal implications of opting into the federal Title IV-E extended foster care program. Mainspring Consulting is an organization that synthesizes research, assists states in identifying promising approaches and creates customized tools to support the work and guide the action steps to move toward the results of the research. In Oklahoma, this work with Mainspring Consulting included the following key steps:

1. Facilitate planning conversations among key stakeholders to reach agreement on key design decisions for a Title IV-E extended foster care program with regard to case management, placement settings, case review and supportive services;
2. Map current investments in extended foster care and other programs currently serving youth in and transitioning from foster care;
3. Develop cost estimates of implementing a Title IV-E program based on design considerations; and
4. Develop projections of the net fiscal impact of implementing a Title IV-E extended foster care program based on the cost assumptions, existing investments, and expected new IV-E revenue.

### **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. 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 the OKSA Helpline 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 received additional payments of up to \$2,500.00 for FYs 2021 and 2022. Education specialists contacted all students in the ETV program and are actively providing support through Division X funding.

For FY 2021, 164 students received incentive payments from additional Division X funding totaling \$420,762.90 for items not included in the student's cost of attendance. An additional \$18,944.86 of Division X funding was used for items included in the student's cost of attendance. For FY 2022, 139 students received incentive payments from additional Division X funding totaling \$462,500 for items not included in the student's cost of attendance. An additional \$38,629.85 was used for items included in the student's cost of attendance. The remaining Division X funding totaling \$31,912.39 will be disbursed to students as needed and as allowable by cost of attendance guidelines before 9/30/2022.

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 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 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.
- 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 |
|----------------------------------------------------------|--------------------|--------------------|
| 2020-2021 School Year<br>(July 1, 2020 to June 30, 2021) | 181                | 55                 |
| 2021-2022 School Year<br>(July 1, 2021 to June 30, 2022) | 164                | 57                 |

### New Awards

- Fall 2021 - 41
- Spring 2022 - 16

### Graduates\*

- 5 Baccalaureate degrees received by students participating in the ETV Program at time of graduation;
- 2 Baccalaureate degrees received by students who aged out of the ETV Program within the last 2 years;
- 2 Associate's degrees; and

- 2 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 Program and is covered in this APSR under **Updates to Targeted Plans within the 2020-2024 CFSP**, Training Plan. A two-day overview of the OKSA program is jointly trained by OKSA and OKSA community contractor staff. To date, OKSA staff completed three sessions of this training in SFY 2021. Per training evaluations, participant response continued to be positive.

The OKSA community contractor shifted to a blended model of professional development training in SFY 2022 with a mix of both virtual and in-person events. 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, but were not limited to:

- Crisis Prevention Basics, with focus on youth mental health and well-being
- Creating Space for Change
- Safe and Supported Youth: LGBTQIA+ Cultural Competency Training
- Understanding Adolescent Development
- Pathways to Employment

Topics planned for SFY 2023 include a focus on cultural, spiritual and personal identity development, training on development of creative life skills group for youth, and targeted trainings for employers and housing providers.

OKSA County Coordinator Training is a two-day conference for all OKSA county coordinators across the state. In SFY 2022, this conference returned to an in-person format, receiving a generally positive response. With 77 counties in the state of Oklahoma, the goal is to have at least a coordinator dedicated to 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 2022, 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 will explore becoming a member of OICWA and attend their quarterly meetings.
2. OKSA performs training and technical assistance upon request from tribal nations.
3. 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, which 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 completed dissemination of the survey to workers, youth and stake holders in October 2021. The workgroup is currently working with Tribal representatives to create and refine planning to target outreach and service delivery efforts.
7. Over 250 requests for funds and technical assistance were received and processed for youth in Tribal custody by NRCYS in SFY 2022.

### **Program Contact Person**

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## CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) Tribal Programs Unit consists of a supervisor and four programs field representatives (PFRs) known as tribal coordinators. The program is under the OKDHS CWS Director. The Tribal Programs 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 programs supervisor is also the contract monitor for State Title IV-B Promoting Safe and Stable Families (PSSF) funds provided to eligible tribes and for Title IV-E agreements with individual tribes. The Tribal IV-E Unit, under CWS Finance and Business Operations, is comprised of a programs manager, four PFRs, and two custody specialists. The Tribal IV-E Unit works alongside the Tribal Programs 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 the multiple OKDHS programs and is a support for the CWS Tribal programs.

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), and 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, 383 tribal resources are in the KIDS system. The Tribal IV-E Unit also handles medical Title IV-E services for 472 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 XIX medical services, and the Oklahoma Foster Care Voucher Program. The Tribal Programs 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 meetings are held virtually and are scheduled 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. The workgroup will utilize the survey results to target outreach and service delivery efforts.

CWS Foster Care and Adoptions Programs 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 Programs Unit is responsible for training OKDHS CW staff and tribes on ICWA compliance, CWS policy, and procedures. As the CWS consultants on ICWA, the Tribal Programs 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. Supervisor trainings were held virtually

on 5/11/2021, 11/30/2021, and 3/8/2022. In addition to these trainings, online resources are available to OKDHS CW staff through short Just-in-Time How-To instructions on OKDHS/ICWA policy and procedures through Microsoft OneNote, and accessible through lap-top or cell phone applications for field work. The Tribal Programs Unit also rolled out an ICWA Basics training in July 2021 through the OKDHS Learning Management System that is available on demand for all OKDHS CW staff. It is the first segment of a series of in-depth trainings that are being developed to promote ICWA compliance in OKDHS CWS. A completion report is available to monitor CW staff participation in the course. The next segment specifically for Child Protective Services (CPS) staff is due to be completed in 2022.

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

- Muscogee (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
  - Special Projects 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 Programs Unit
- OKDHS Tribal IV-E Unit
- CWS programs and regional staff

The Tribal Programs 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, regional leadership meetings, and MDTs. Additionally, updates on issues and initiatives from OKDHS leadership are sent to all tribes as needed to provide information and an opportunity for input.

The Tribal programs supervisor is the program monitor for state 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 Title IV-B annual training meetings were held virtually in early 2022 and were expanded to include all of Federal Region 6. Relevant training meetings were attended by the OKDHS Tribal programs supervisor.

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 Programs 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 CWS programs 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.

### **Oklahoma ICWA Partnership Grant**

The sixth year of the Oklahoma ICWA Partnership grant began on 10/1/2021. The grant was originally scheduled to end on 9/30/2021; however, a no-cost extension was requested and granted to allow for completion of grant activities. The final processes include establishing sustainability infrastructures and local site projects, which are necessary but time-consuming.

In spite of some reduction in COVID restrictions, the individual operations of Tribes, courts, and CW continue to vary. Few in-person meetings were held and the majority of meetings continue to be virtual or in-person with a virtual option. This continues to impact the ability to maintain momentum as well as the ability to foster enhanced relationships with partners. Most notably it is reflected in low or limited meeting attendance or involvement. The ICWA Partnership grant team continues to ambitiously pursue projects while keeping the reality of grant funding time constraints at the forefront of planning.

The ICWA Partnership grant team consists of the principal investigator, grant program field coordinator, grant evaluator, research assistant, and a grant-funded contracted staff position through OICWA that was created to assist with grant activities on OICWA's behalf. The ICWA grant team was led by a grant manager who resigned in the first quarter of year six. That position was left vacant. Tasks previously performed by the grant manager were reassigned to other team members.

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 facilitates communication through updates to the inter-tribal CPT's across the state, at OICWA quarterly meetings, and at the Grant Governance Committee. In addition, the grant team delivers critical staff support to the TSW. The most recent TSW meeting was held on 3/18/2022. The ICWA Partnership Grant and program updates were discussed as well as preliminary planning for an end-of-grant meeting. The OICWA shared committee updates for Substitute Care, Public Relations, Training, Membership, Legislative, and information about the annual OICWA conference as well as information regarding Truth and Reconciliation efforts. General program updates, Tribal liaison, and IV-E updates were also shared. Information regarding the CIP activities was presented by the CIP representative. The grant team provided updates regarding the Tulsa County ICWA court project described below. The productivity and basis of the TSW forum depend on positive relationships, information sharing, and networking which is evidenced by the participation of these key partners.
- While the COVID-19 pandemic created a need to modify these gatherings and move to a virtual platform, tentative plans are to hold the next TSW meeting in-person on 8/26/2022 and 8/27/2022. The TSW is an integral part of the Oklahoma ICWA Partnership infrastructure. It will play an important role in the sustainability of practice changes after the grant ends. TSW chairpersons will continue to discuss strategies to strengthen and sustain this group.
- As indicated, the ICWA grant team has been providing support in the establishment and refinement of a Tulsa County ICWA court. Developing relationships between the entities was a crucial part of progress. The Tulsa County

ICWA court was announced and launched in January 2021; however, due to the challenges of COVID-19 the kick-off meeting was delayed until 12/9/2021. It was an in-person meeting with attendance limited to allow for social distancing. A virtual meeting link was provided for those unable to attend onsite.

- The meeting featured leaders, such as the Tulsa court judge presiding over the ICWA docket, OICWA president, local CWS deputy director, service providers, and OICWA special projects committee chairpersons. Casey Family Programs provided an overview and history of ICWA courts. The partners presented attendees with information regarding the past efforts and current progress of the court development and plans for ongoing collaboration were discussed. The kick-off meeting was well attended by court representatives, state CW staff, Tribes, and community stakeholders who came together to begin the discussion of a shared vision, and identify the needs of the local team.
- At the present time, this ICWA Court Collaborative is coordinating a strategic planning event supported by the grant team and funds to create a joint vision, communication plan, and goals for ICWA practice integration. The Tulsa County ICWA court is supported by designated ICWA units in Tulsa County. The grant team provides support to these endeavors and helped the ICWA Court Collaborative identify ways to bring opportunities to partners that will increase ICWA knowledge. For that purpose, a small group was put together to develop a regularly scheduled virtual webinar "ICWA Chat" to cover important topics under ICWA. This effort is also supported by the grant team. The intent is to promote accessibility and engagement between partners as well as enhance relationships and the skill sets of caseworkers including, but not limited to, caseworkers in designated ICWA units.

Objective 2: To build or enhance ICWA compliance with clearly defined policies and procedures within state, court, and tribal systems.

Activities:

- In August 2021, the grant team began assisting the Oklahoma Children's Services administrator in gathering data on all statewide tribal-affiliated prevention services. This information will be used to assess the current status of tribal and state services across the state, direct future efforts at improving the state's service array, and assist tribes in gaining access to Title IV-E funds made available through FFPSA. The grant team devised a strategy of using guided interviews to collect information from Tribal ICW directors and prevention services administrators. Interviews will continue in the coming months. Shared knowledge regarding FFPSA and preventative services can enhance ICWA compliance as active efforts to prevent removal include the provision of preventative services.
- The grant team also laid the groundwork for a pilot project in Kay and Noble Counties for an ICWA Partnership project. A strong tribal CPT is located within these counties and several tribal jurisdictions are within and near these counties.

The Pawnee Area Child Protection Team (PACPT) includes the Kaw Nation, Tonkawa Tribe, Ponca Nation, Otoe-Missouria Tribe, Pawnee Nation, and Osage Nation. Conversations began in January 2021 with the PACPT, OKDHS leadership, and the courts.

- Based on an initial review of key informant interviews conducted for the site, the collaboration and coordination among ICWA partners, and the range of tribal services were identified as strengths. ICWA compliance capacity and a lack of ICWA training were identified as major challenges. In November 2021, the grant team presented results from the local key informant interviews to a leadership team comprised of ICW directors, local CWS representatives and leadership, and the Kay County judge. The local leadership team drew from the interview data the need to develop a project focused on ICWA-compliant placements, foster parent recruitment, retention, and support.
- After months of discussion and information gathering, the grant team presented local leadership with possible intervention strategies to improve foster parent recruitment, training, and retention. The Kay and Noble Counties leadership team made the decision to consult with programming experts at Casey Family Programs on the intervention project with a plan for a strategic planning process. The grant team will provide evaluation support and create tools to monitor the project in the coming months.
- The OICWA Annual Conference continues to benefit from grant funding. The 14<sup>th</sup> Annual Virtual Conference was held on 11/17/2021 through 11/19/2021 and was the largest conference to date. The theme was "Seeking Unity Through Resilience, Reconciliation, and Perseverance" and included a two and a half day agenda that featured two plenary general sessions, nine workshops, and a keynote address. Workshop sessions focusing on collaborations, partnerships, and best practices were designed specifically for the conference.
- The OICWA Conference is an opportunity for partners from Tribal ICW programs, OKDHS CWS, court partners, and other collaborative agencies to work and train together, which creates the best outcomes, improves communication, facilitates shared roles and respect to understand not only differences but identify shared goals. The OICWA Conference brings valuable training, insight and builds relationships. Grant support enhanced the conference agenda and training opportunities, expanded the accessibility of nationally known speakers and experts in the field of ICWA, and broadened the scope of attendees. OKDHS training credits were approved.

Objective 3: Building or enhancing current management information systems resulting in more timely and effective communication among tribes, state governments, and courts.

Activities:



- The development of a court case file review tool occurred throughout 2021. The grant team will use the review tool to provide judicial and state agency stakeholders with indicators of ICWA court practice and Tribal involvement. The grant team collaborated with the Research & Evaluation workgroup and the CIP to develop the tool. The tool primarily collects data from uniform orders that record legally mandated information on ICWA court practice. The tool, previously borrowed from another ICWA grantee's court case review system, is a modified version created to better assess Oklahoma court documentation procedures. The case file review tool was used to collect data on a sample of 18 recently closed ICWA cases. The results were compiled into a series of documents that will be presented to the judges in Oklahoma County who handle deprived cases. The tool will soon be used in other counties with a high concentration of ICWA-applicable cases.
- Research members of the grant team began the early stages of two data projects to provide OKDHS CWS, along with its Tribal and judicial partners, with deliverable data reports on statewide ICWA practice. The team previously developed the ICWA Snapshot, a dashboard that summarizes data on case outcomes and up-to-date trends in case milestones. The ICWA Snapshot is an effective data visualization tool that can be used by state officials, but it cannot be easily shared in its digital format with many stakeholders. This flaw prompted the team to explore another method of data sharing, the ICWA Scorecard.
- The ICWA Scorecard will be a shareable document with local, regional, and statewide comparisons of ICWA practice and case outcomes. The scorecard is currently in development, along with a more ambitious data project that will use statistical analyses to determine factors for leveraging to reduce statewide the time to permanency of CW cases. These data projects will be in development until the end of the grant program but should leave the state with shareable tools to monitor and improve ICWA practice.
- Grant-supported OICWA activities include the finalization of the OICWA website. Casey Family Programs is assisting in OICWA app development. The grant team worked with the Tribal Coordinators Unit to identify important training, organizational, and state and tribal contact information. This extensive ICWA training, resource, and informational inventory will be housed on the OICWA website.

### **Reports to Tribes**

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 and fingerprints that are 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

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.

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 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 out-of-home 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
  - Assists 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 5/27/2021 (Figure 1a), and 5/26/2022 (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

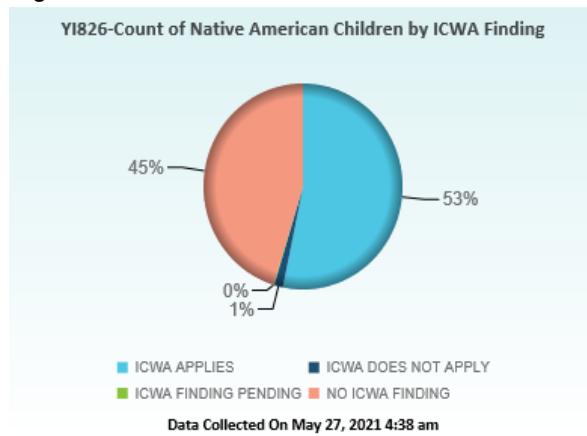
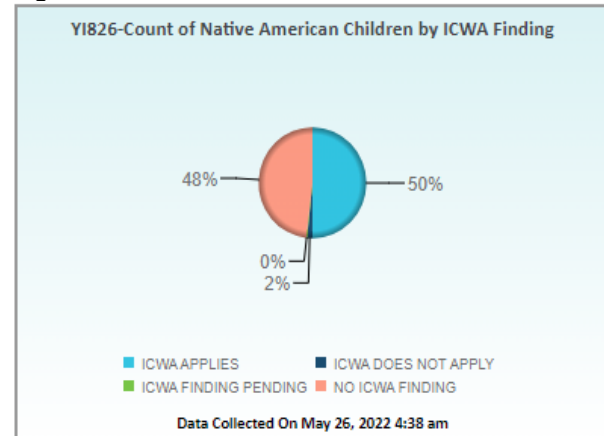


Figure 1b



The data suggests a 1 percent increase in ICWA Does Not Apply cases; a 3 percent increase in No ICWA Finding, and a 3 percent decrease in ICWA Applies. ICWA Finding Pending stayed consistent at 0 percent.

Figures 2a and 2b, YI826 - Count of Native American Children in a NON-tribal HOME placement by Head of Household with Native American Race 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. Figure 2a data was collected on 5/27/2021 and Figure 2b data was collected on 5/26/2022. This data is used to assess current ICWA compliance, as well as a comparison to historical data to determine progress with ICWA compliance regarding ICWA-compliant placement of Native American children. Placement in homes with no Native American identification has remained consistent at 66 percent.

The 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 relative kinship homes.

Figure 2a

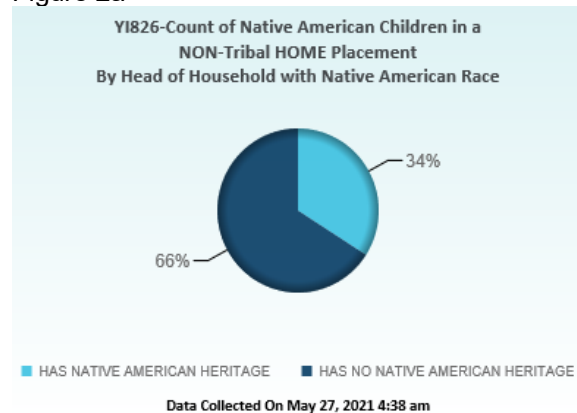
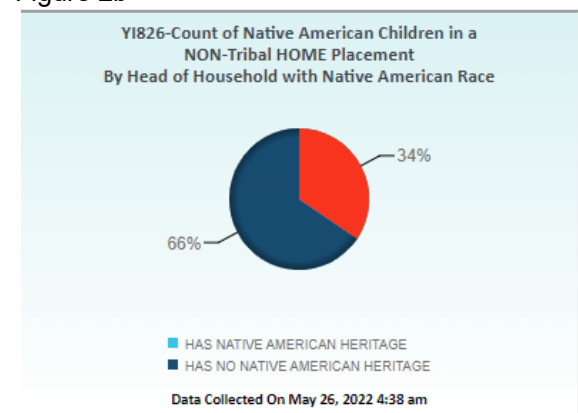


Figure 2b



Note: This figure is a screen print of a live interactive point-in-time dashboard that resulted, for an unknown reason, in a color change. The red color should be light blue as in Figure 2a.

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 5/27/2021 and Figure 3b data collected on 5/26/2022. Rather than a percentage, the data shows the actual county of custody children in specified placements.

Figure 3a

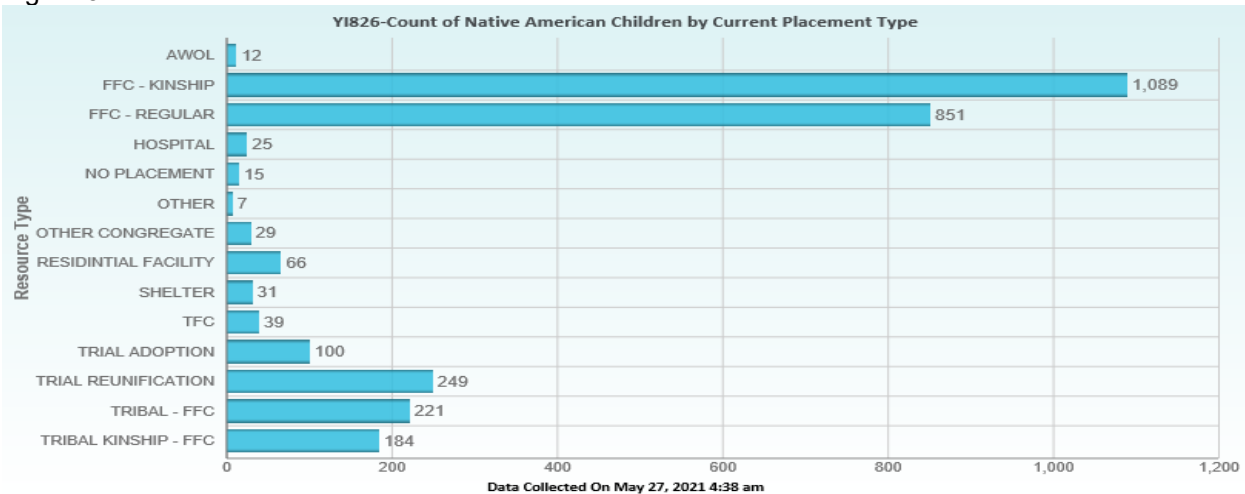
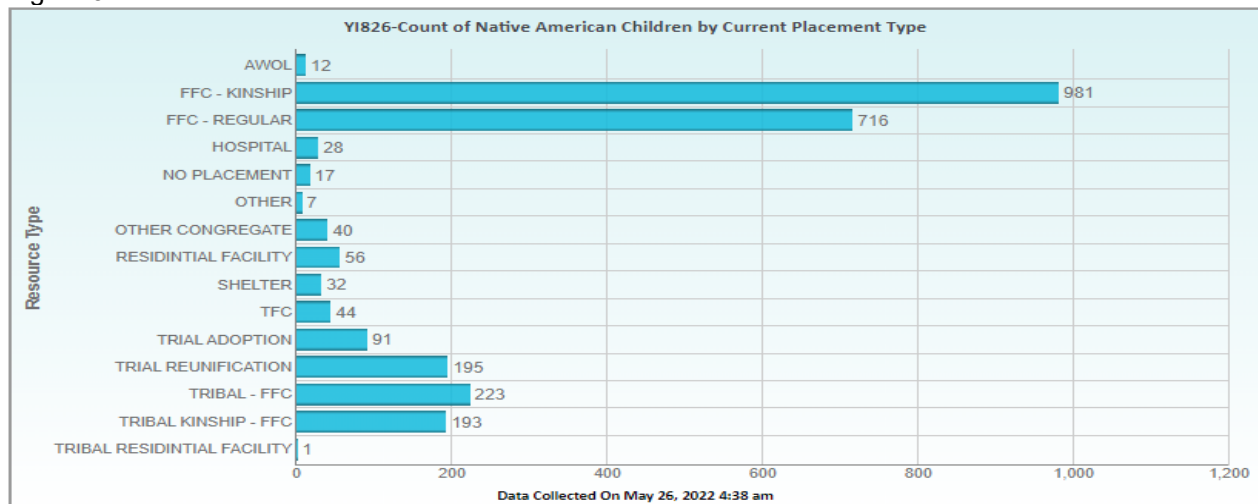


Figure 3b



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 the 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 2020 through April 2021. The Figure 4a data was collected on 5/27/2021. The second line graph, Figure 5b indicates the outcomes from May 2021 through April 2022. Figure 4b data was collected on 5/26/2022. This graph conveys how many children were placed

for adoption and 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, Guardianship-Relative, AWOL (Missing from Care/Runaway), Death of Child, Married, and Tribal Jurisdiction-Adoption.

Figure 4a

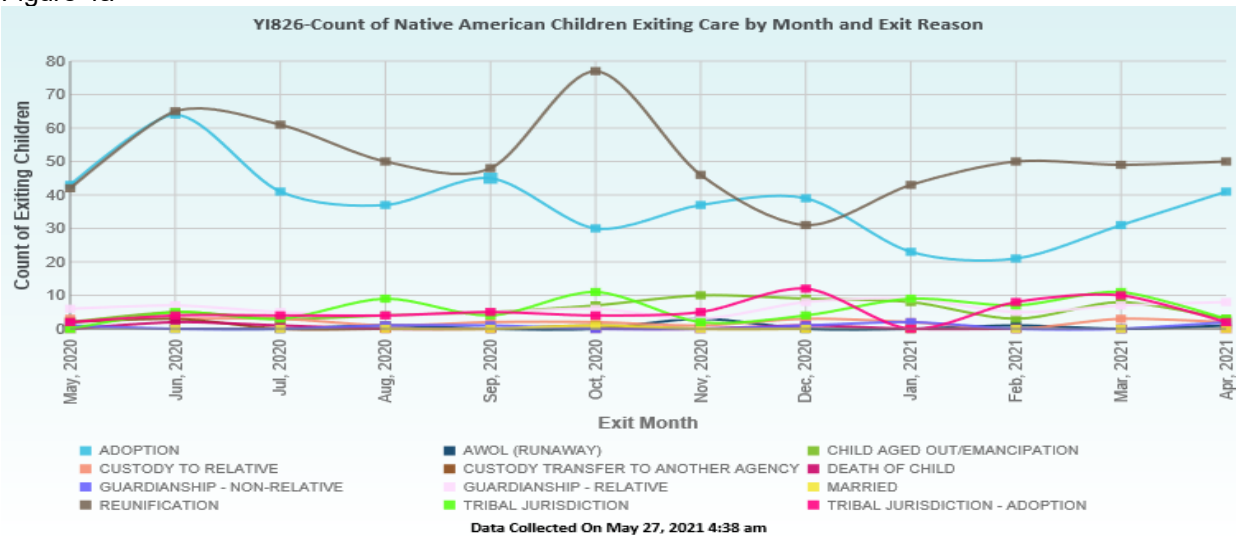
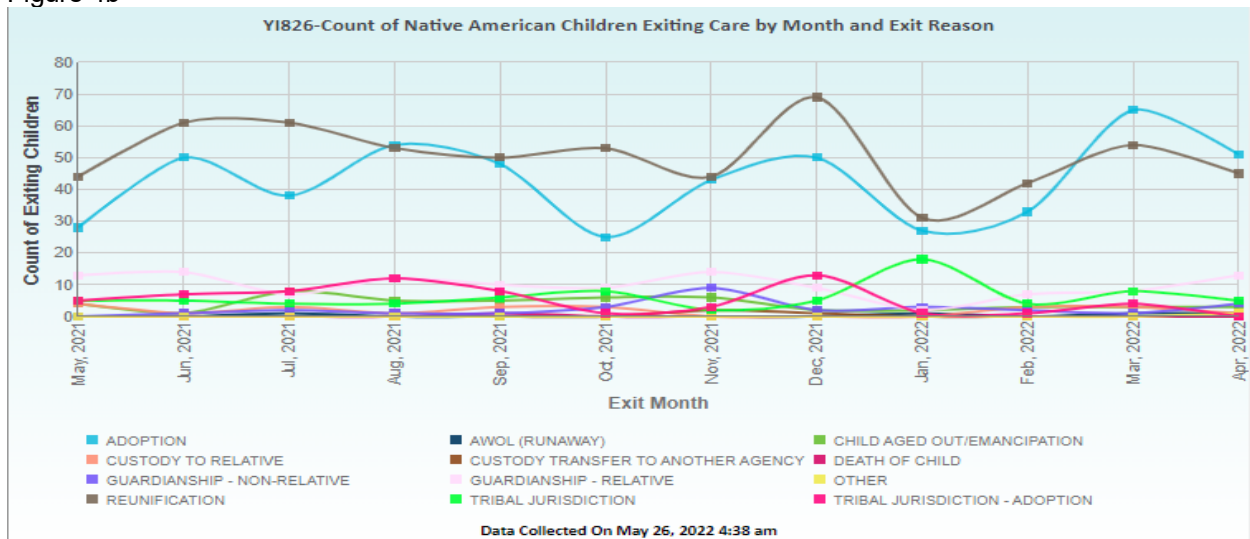


Figure 4b



Adoption and reunification remain the two most common outcomes for Native American children, both showing a slight increase for 2022. Data shows a slight increase in guardianships, with a short peak in transfer to Tribal custody but generally staying in range.

### Tribal Collaboration and FFPSA

The intent of FFPSA aligns with ICWA goals. 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 Programs Unit, ICWA Partnership, the TSW, and OICWA to collaborate with tribes during the planning phase and development of the FFPSA Title IV-E Prevention Program Plan. The Oklahoma Title IV-E Prevention Program Plan was approved in October 2021 and implementation is currently underway. The established OICWA FFPSA subcommittee which supports 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 continued efforts toward developing 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. The OICWA FFPSA subcommittee is committed to enhancing collaboration and partnership between OKDHS CWS, OICWA, and Oklahoma tribes toward developing a child and family well-being network.

## 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 Child Abuse Prevention and Treatment Act (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. Current data is provided below under the Amendments to CAPTA Made by CARA.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) Child Protective Services (CPS) Programs conducts joint training for anyone in the community or regions of the state that need POSC information. The ODMHSAS maintains a state team that includes OKDHS leadership staff which assists 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 CFSP Safety Outcomes 1 and 2: (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. The number of families served remained relatively steady since State Fiscal Year (SFY) 2016 with 1,854 families served in SFY 2022.



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 Title IV-E Waiver Demonstration completion resulting in positive outcomes and cost savings from the project, CWS continues the utilization of ISS statewide and the Phase II evaluation for the purpose of building an 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 annual report of the Phase II evaluation.
3. Continue to track recidivism on FCS cases through the enhanced reports that assist CWS field leadership to ensure child safety in these cases. From SFY 2017 to SFY 2021, a total of 6,804 FCS cases were closed. Of the 1,340 families in a closed FCS case in SFY 2021, 1,231 families were successfully diverted, or 91.9 percent of the families served, which is an increase from SFY 2020 at 89.3 percent. Of the 1,231 families successfully diverted, 32.7 percent of families experienced a subsequent referral; however, only 1.8 percent experienced a subsequent removal within 12 months of the case closure date.

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 the CFSP Safety Outcomes 1 and 2: (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 CW supervisors to use with their staff in completing quality safety assessments. CWS Continuous Quality Improvement (CQI) Quality Assurance (QA) staff continued and completed technical assistance with the Capacity Building Center for States around ongoing implementation, development, and sustainability of the Safety through Supervision Framework. As a result of the technical assistance, revisions

to the Safety through Supervision guidebook are in process, creation of additional support tools for the Framework to be used at multiple levels are in development, and refresher trainings related to the Safety through Supervision Framework are planned to occur in the upcoming reporting period. All of these efforts are intended to positively impact the quality of Safety through Supervision Framework activities across the state and as a result, improve Oklahoma's overall CW practice.

2. Guidance was developed to assist CW 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), known as KIDS, in February 2020 to allow staff to document an ongoing AOCS. Ongoing AOCS training was conducted virtually by the CWS Permanency Planning (PP) Programs 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 Programs 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 the CFSP Safety Outcomes 1 and 2: (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 Child Welfare and Domestic Violence Statewide Collaborative continued to meet quarterly through this past year. The Collaborative reviewed and supported the updates to the DV curriculum for OKDHS CW training for new CW specialists. This training was implemented virtually with guidance from the Collaborative. The Collaborative shared ideas for the development of OKDHS leadership training with a focus on supporting employees that are in DV situations, with the potential for this training being developed for use by other agencies. The Collaborative continues to share resources about training opportunities and materials that may be helpful. Multiple resources were included for serving male survivors and for helping support staff that are impacted by DV.

Local task forces are located in Tulsa County, Region 5, and Muskogee County, Region 4. Both counties resumed meeting in July 2021 after a brief break due to COVID-19. Lincoln County, Region 2, leadership meets monthly with their DV

service provider to discuss ongoing trends and needs of OKDHS, the service provider, and the community. Pottawatomie County, Region 2, has a DV multidisciplinary team (MDT) that meets monthly. CWS is represented on that MDT. The Child Welfare and Domestic Violence Statewide Collaborative began 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. That data collection is still in progress.

The Collaborative began to collect data specific to DV in SFY 2021 to determine statewide trends and coinciding community and CW needs, as early data suggests that known DV incidents increased during the COVID-19 pandemic timeframe. That data collection is still in progress.

The Collaborative continues to provide a valuable opportunity for the participating agencies to come together and support each other. The Collaborative identified a need in the lack of service providers that provide DV services for the LGBTQ+ community. The group is currently developing a list of agencies that serve the LGBTQ+ community to be shared with the Collaborative members and with other programs around the state.

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, *CW1024*, was scheduled for update in SFY 2021, but was delayed due to the COVID-19 pandemic. That training was temporarily halted on 3/3/2020 to allow time to restructure the training content for a virtual format. The training resumed virtually on 1/4/2021. In SFY 2022, the training was updated to support the changes made to CWS CORE Academy. Those updates included transitioning back to in-person training with an experiential format and includes current information and data.
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. OKDHS CWS is seeking proposals from Oklahoma Child Advocacy Centers and MDTs to improve legal preparation and representation for children in judicial proceedings. Oklahoma House Bill 2992 (2021) changed the definition of "child witness" found in Sections 1-4-505 and 1-4-506 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-505; 10A O.S. § 1-4-506) amending the age of a "child witness" to coincide with the age of a "child" as defined in Oklahoma Statutes 10A O.S. § 1-1-105. This changes the age of a "child witness" from a child under the age of 13, to a child under the age of 18. SFY 2022 policy was revised to include the statutory changes.

#### 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 April 2021 through March 2022:
  - 975 substantiations indicated an infant was born substance-exposed or tested positive.
  - Of those infants, 79 were noted in KIDS as substance-affected (suffering from withdrawal).
  - CPS Programs tracks all referrals that require a POSC. A representative from CPS Programs emails the assigned CW specialist 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 a CW specialist 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 early fall SFY 2023.
  - POSC training was provided by OKDHS to external partners on the following dates:

- 9/15/2021 – Oklahoma Bureau of Narcotics
- POSC training was provided internally on the following dates:
  - 5/20/2021 – Tulsa County CPS staff and new supervisory staff;
  - 6/3/2021 – Wagoner and Cherokee County CW staff;
  - 6/17/2021 – Muskogee County CW staff;
  - 7/09/2021 – Family Meeting Facilitator CW staff;
  - 10/18/2021 – Family Meeting Facilitator CW staff
  - 12/08/2021 – Creek, Okfuskee, and McIntosh CW staff;
  - 1/28/2022 – Creek, Okfuskee, and McIntosh CW staff follow-up;
  - 2/1/2022 – Tulsa County CW Supervisor staff;
  - 2/11/2022 – Bryan, Coal, and Atoka County CW staff;
  - 2/16/2022 – Family Meeting Facilitator CW staff;
  - 2/28/2022 – Cherokee and Wagoner County CW staff;
  - 3/1/2022 – Region 4 CW staff;
  - 3/17/2022 – Region 4 CW staff follow-up;
  - 3/31/2022 – Family Meeting Facilitator CW staff; and
  - 4/13/2022 – Oklahoma County CW staff
- In addition to the above listed trainings, OKDHS CWS is a member of the Safely Advocating for Families Engaged in Recovery (SAFER) In-Depth Technical Assistance leadership team that meets monthly and has ongoing conversations regarding POSC. OKDHS CWS and ODMHSAS began collaboration on the SAFER Initiative in 2019. The overarching goal is to engage medical and treatment providers in the early identification of pregnant mothers or individuals who have a desire to become pregnant in the next year and who are dealing with a substance use disorder (SUD). The goal is to create a Family Care Plan/POSC to assist the family unit in being referred and accessing services related to their identified SUD.
- The SAFER Initiative is receiving technical support from the National Center on Substance Abuse and Child Welfare In-Depth Technical Assistance Senior Program Associate for this work. There have been several proposals as to how OKDHS CWS and ODMHSAS can work together with families who are experiencing SUD; however, nothing was adopted or submitted for legislative updates to date. ODMHSAS would like for POSC to be changed to Family Care Plans, but due to statutory language, CAPTA assurances, and current CWS policy, the change has not been adopted. The agreement, at this time, is that the terms will be interchangeable. OKDHS CWS is still responsible for creating a POSC, or ensuring the family has a POSC in place, for all infants born and diagnosed with NAS or FASD and reporting that information for NCANDS.
- POSC is discussed in the foundational CW course, *Specialized CPS Services*, which is required for new CW specialists prior to receiving a caseload, and when the circumstances meet criteria, POSC is discussed at each applicable Child Safety Meeting. POSC is also discussed in the CW course, *Advanced Specialized CPS Services* and *Supervisor Academy*.
- 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 Fatality Review Board (DVFRB) 2021 Annual Report*** and ***Oklahoma Advisory Task Force Board on Child Abuse and Neglect Administrative Report***, are attachments to this report. A third report, ***Oklahoma Child Death Review Board (CDRB) 2022 Annual Report***, is not available; however, the ***Oklahoma Child Death Review Board 2021 Recommendations*** to the Oklahoma Commission on Children and Youth (OCCY) is an attachment to this report.

OKDHS is an active and committed member of all three boards, and values the partnerships which have led to collaborative stakeholder relationships focused on primary, secondary, and tertiary efforts to prevent maltreatment of children in Oklahoma.

The 2021 Oklahoma DVFRB recommendations are accompanied by suggested target systems and align with the board's continuous goal of reducing domestic violence fatalities in Oklahoma. Of the three DVFRB recommendations, OKDHS as a public agency falls within the target system for Recommendation One, and the OKDHS CWS division falls within the target system for Recommendation Three. Below are the recommendations and responses.

- Recommendation One: *All employers should develop administrative policies implementing a comprehensive workplace response to domestic violence that includes, at a minimum: awareness and intervention curriculum in new employee onboarding; ongoing annual training for existing employees; ways to identify employees experiencing domestic/intimate partner violence; and implementing trauma-informed response protocols that provide interventions, information, and resources/referrals for the employees identified.*
  - OKDHS Response:
    - Policies and protocols are in place through the OKDHS Employee Assistance Program (EAP) which extends assistance to employees and their immediate family members experiencing adverse challenges that jeopardizes the safety of the employee. The program is administered by the OKDHS Human Resources (HR) division throughout the agency and has primary responsibility for coordinating the program and for assisting employees. All EAP services are confidential and not a part of the employee's personnel record.
    - EAP is designed to help employees overcome adversity on a confidential, professional, and humane basis, without jeopardizing the employee's job; and is designed to secure for employees a continuum of services, from prevention to treatment to reintegration.
    - All new employees are required, within 90 days of employment, to attend an all-day onboarding session where they receive expanded information about EAP services with includes specifics about domestic violence interventions, information, resources, and referrals.

- Due to the human service mission of the agency, domestic violence trainings are available to all employees on an ongoing basis as it pertains to identifying and referring clients for domestic violence services. The OKDHS HR division provides, at these trainings, an additional presentation with the explicit offer of help for employees experiencing domestic violence and the availability of trauma-informed services.
- Recommendation Three: *Due to the intersection of domestic/intimate partner and sexual violence with mental health and substance abuse issues, public and private service providers should develop and implement policies requiring clients be screened for domestic violence risk and refer identified victims and perpetrators to state certified or Tribal batterer intervention or victim advocacy programs for further assessment and services. State certified or Tribal programs should refer victims and perpetrators identified as elevated risk to qualified behavioral health providers for assessment of homicidality and suicidality.*
  - OKDHS CWS Response:
    - All Oklahoma Children's Services (OCS) contracts contain language that, as part of the providers' assessment of need(s), if additional services are needed to assist the family, including domestic violence services, they are linked through referral for those services either through the contracted service provider agency or other applicable community service agencies.
    - As part of the services themselves, there are protocols in place that include assessment of domestic violence. For example, the Comprehensive Home-Based Services (SafeCare® model) program completes the Family Inventory of Needs Determination at the time of intake with the family, which has specific questions related to domestic violence behavior. Another example is the Intensive Safety Services program which administers the Conflict Tactics Scale.
    - If, in any of the contracted programs, the needs of the family is beyond what the model and specialists can provide, including domestic violence victimization or perpetration related services, the family and/or family member is linked through referral to a provider who can provide the needed service.

The 2021 CDRB recommendations to OCCY included a recommendation that an environmental scan be completed to determine what education exists in Oklahoma to non-professional caregivers regarding infants and unsafe sleep. Since 2014, OKDHS CWS, in all CPS investigations involving an infant 12 months or younger, views sleeping arrangements and discusses safe sleep with the person(s) responsible for the child (PRFCs). In January 2022, CWS began conducting practice reviews focused on the quality of unsafe sleep education provided to PRFCs during a CPS investigation. Approximately 40 reviews are completed monthly. The reviews are randomly selected from criteria including both a CPS investigation with at least one infant 11 months or younger at the time the report was received by CWS and the CPS investigation was closed within the month prior to the month of review. The review captures if CWS documented details of what unsafe sleep education was provided, the PRFCs reaction to the education, if the PRFCs had an appropriate sleep plan for the infant and/or the resolution, and if the infant's current sleeping arrangements were documented. To date,



136 reviews were completed. Of those, 46 reviews had documentation that unsafe sleep education was provided to the parents, 28 reviews documented the PRFCs reaction to the education provided, 41 reviews documented the PRFCs sleep plan for the infant, and 74 reviews contained documentation of the infant's sleeping arrangement. This ongoing data collection will be provided quarterly to CQI and respective district leadership to enhance practice and documentation surrounding safe sleep education.

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**Supplemental CAPTA Funding (American Rescue Plan)**

The American Rescue Plan Act provides \$100 million in supplemental Federal Fiscal Year (FFY) 2021 funding for the CAPTA State grant. These funds will be allotted by the statutory formula 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 a state's child protective services system in a manner consistent with any of the 14 program purposes of CAPTA listed in ACYF-CB-PI-21-07.

To date, Oklahoma has not used these funds. However, plans are underway to use these funds to support community-based providers in building a more comprehensive system of child abuse prevention and treatment services. There are no foreseen barriers to expending these supplemental CAPTA funding.



## 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- to 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 primarily due to the family's choice to move more slowly through the process. In addition, the last two years brought delays for families due to complications arising from the ongoing COVID-19 pandemic and general pandemic fatigue. These delays are primarily due to families identifying other events that are a higher priority, sickness of their own or family members, and slower responses with background checks from other states.

The yearly recruitment goal continues to be split between CWS and the resource family partner (RFP) agencies. CWS and RFP agencies took an almost even split of the target goal this year with CWS and the RFP agencies aiming to recruit 402 and 403, respectively, of the overall 805 homes. As of 5/1/2022, CWS and the RFPs combined have met 54.3 percent, or 437 of the overall goal of 805 homes. CWS recruited 199 homes or 49.5 percent of their goal and the RFP agencies recruited 238 homes or 59.1 percent of their goal, as seen in Figure 1.

Figure 1

| Preliminary Data for New Foster Homes SFY22 |           |           |           |           |           |           |           |           |           |           |            |              |                      |
|---------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--------------|----------------------|
| Agency                                      | Jul-21    | Aug-21    | Sep-21    | Oct-21    | Nov-21    | Dec-21    | Jan-22    | Feb-22    | Mar-22    | Apr-22    | Total      | SFY22 Target | % of Target Achieved |
| ANGELS FOSTER FAMILY                        | 1         | 3         | 3         | 3         | 3         | 2         | 3         | 1         | 9         | 3         | 31         | 52           | 59.6%                |
| ANNA'S HOUSE                                | 0         | 2         | 3         | 0         | 2         | 1         | 0         | 1         | 3         | 0         | 12         | 24           | 50.0%                |
| CHOICES FOR LIFE                            | 0         | 1         | 1         | 2         | 1         | 0         | 0         | 0         | 0         | 2         | 7          | 10           | 70.0%                |
| CIRCLE OF CARE                              | 3         | 3         | 6         | 8         | 0         | 4         | 7         | 2         | 7         | 4         | 44         | 63           | 69.8%                |
| FAMILY FOR LIFE, INC.                       | 3         | 1         | 2         | 0         | 2         | 3         | 2         | 0         | 1         | 2         | 16         | 24           | 66.7%                |
| HBSR                                        | 1         | 3         | 3         | 1         | 1         | 0         | 1         | 1         | 2         | 0         | 13         | 19           | 68.4%                |
| LILYFIELD                                   | 1         | 3         | 0         | 1         | 2         | 1         | 1         | 2         | 1         | 1         | 13         | 21           | 61.9%                |
| LIONS MEADOWS OF HOPE                       | 0         | 0         | 1         | 1         | 0         | 1         | 0         | 2         | 2         | 2         | 9          | 13           | 69.2%                |
| OK FAMILIES FIRST                           | 2         | 2         | 0         | 1         | 0         | 0         | 3         | 1         | 2         | 0         | 11         | 19           | 57.9%                |
| OPEN ARMS                                   | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 1          | 13           | 7.7%                 |
| PANHANDLE SERV. FOR CHILDREN                | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0          | 5            | 0.0%                 |
| ST. FRANCIS COMMUNITY                       | 3         | 1         | 2         | 3         | 0         | 2         | 2         | 4         | 3         | 0         | 20         | 36           | 55.6%                |
| SUNBEAM FAMILY SERVICES                     | 1         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 1         | 1         | 5          | 12           | 41.7%                |
| TFI                                         | 1         | 3         | 3         | 1         | 4         | 1         | 2         | 6         | 2         | 5         | 28         | 60           | 46.7%                |
| WESLEYAN                                    | 3         | 1         | 2         | 2         | 1         | 4         | 2         | 2         | 2         | 2         | 21         | 20           | 105.0%               |
| YOUTH & FAMILY SERVICE, INC.                | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 2         | 3         | 1         | 7          | 12           | 58.3%                |
| <b>RFP Total</b>                            | <b>20</b> | <b>23</b> | <b>26</b> | <b>24</b> | <b>17</b> | <b>19</b> | <b>24</b> | <b>24</b> | <b>38</b> | <b>23</b> | <b>238</b> | <b>403</b>   | <b>59.1%</b>         |
| REGION 1                                    | 3         | 6         | 3         | 0         | 3         | 1         | 3         | 2         | 3         | 4         | 28         | 80           | 35.0%                |
| REGION 2                                    | 5         | 3         | 6         | 4         | 3         | 2         | 7         | 5         | 6         | 4         | 45         | 100          | 45.0%                |
| REGION 3                                    | 0         | 0         | 1         | 5         | 1         | 5         | 2         | 1         | 2         | 1         | 18         | 40           | 45.0%                |
| REGION 4                                    | 6         | 6         | 9         | 8         | 9         | 10        | 8         | 6         | 2         | 3         | 67         | 92           | 72.8%                |
| REGION 5                                    | 2         | 4         | 7         | 3         | 5         | 7         | 3         | 3         | 2         | 5         | 41         | 90           | 45.6%                |
| <b>DHS Total</b>                            | <b>16</b> | <b>19</b> | <b>26</b> | <b>20</b> | <b>21</b> | <b>25</b> | <b>23</b> | <b>17</b> | <b>15</b> | <b>17</b> | <b>199</b> | <b>402</b>   | <b>49.5%</b>         |
| <b>Foster Care Total</b>                    | <b>36</b> | <b>42</b> | <b>52</b> | <b>44</b> | <b>38</b> | <b>44</b> | <b>47</b> | <b>41</b> | <b>53</b> | <b>0</b>  | <b>437</b> | <b>805</b>   | <b>54.3%</b>         |

Data Source: Measure 2; Run Date: 5/1/22 - 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 7/1/2021, to the number of open homes as of 4/1/2022, there is a

net loss of 219 homes. This loss is a noticeable decrease after seeing positive net gains over the past few years. The COVID-19 pandemic and the various strains encountered since the original outbreak created a barrier to recruitment efforts in various ways including, but not limited to, families being afraid to remain open due to concerns from the disease, families not wanting to open their homes out of similar safety concerns, and staff shortages both within CWS and the RFP agencies due to having COVID or a family member having it and their need to provide care for that family member. As more events are reopened to the public, recruitment staff are combining virtual and in-person events, which has led to an overall increase in newly recruited homes for the past two months.

Figure 2

| Open RFP and OKDHS Foster Homes by Agency    |             |             |             |
|----------------------------------------------|-------------|-------------|-------------|
| Agency Resource                              | 7/1/2021    | 4/1/2022    | NET         |
| ANGELS FOSTER FAMILY NETWORK OKC             | 131         | 125         | -6          |
| ANNA'S HOUSE                                 | 58          | 49          | -9          |
| CHOICES FOR LIFE                             | 11          | 13          | 2           |
| CIRCLE OF CARE                               | 197         | 193         | -4          |
| FAMILY FOR LIFE, INC.                        | 53          | 38          | -15         |
| HBSR                                         | 48          | 47          | -1          |
| LILYFIELD                                    | 46          | 38          | -8          |
| LIONS MEADOWS OF HOPE                        | 37          | 29          | -8          |
| OK FAMILIES FIRST                            | 44          | 42          | -2          |
| OPEN ARMS FOSTER CARE                        | 0           | 2           | 2           |
| PANHANDLE SERVICES FOR CHILDREN, INC.        | 3           | 1           | -2          |
| ST. FRANCIS COMMUNITY SERVICES               | 99          | 79          | -20         |
| SUNBEAM FAMILY SERVICES                      | 31          | 22          | -9          |
| TFI                                          | 178         | 170         | -8          |
| WESLEYAN                                     | 98          | 87          | -11         |
| YOUTH & FAMILY SERVICE, INC.                 | 24          | 18          | -6          |
| OKDHS                                        | 977         | 863         | -114        |
| <b>TOTAL</b>                                 | <b>2035</b> | <b>1816</b> | <b>-219</b> |
| Data Source: Measure 2a; Run Date: 4/30/2022 |             |             |             |

In October 2021, participation in the National Training and Development Curriculum pilot ended. CWS continues to utilize *Guiding Principles* training curriculum through the University of Oklahoma (OU) National Resource Center for Youth Services (NRCYS) for pre-service training as well as additional in-service training options.

Oklahoma remains committed to retaining foster and adoptive parents through multiple avenues. Staff make monthly contacts and quarterly visits 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 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. The OU Center for Public Management (OU-CPM) completed the first annual report of this annual survey data which covers April 2020 through June 2021; the additional quarter from April 2020 through June 2020 was the initial pilot and was included in the first annual report. Future annual reports will only include the 12 months in the SFY. The report components consist of a descriptive analysis, a logistic regression analysis, a Kruskal-Wallis analysis, and content analysis. 3,232 surveys were sent with 1,061 responses for a 32.8 percent response; however, of those responses only 725 were completed responses, which gives an adjusted response rate of 22.4 percent. Work with OU-CPM on the annual survey is ongoing with a second annual report anticipated by approximately October 2022. Survey review will continue quarterly.

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 Recruitment specialists utilize the Oklahoma Fosters website regularly by offering information on topics including upcoming recruitment events, discounts to partner businesses, and ongoing training opportunities.

CWS recruitment is comprised of 10 units statewide led by the Recruitment field administrator. Statewide, performance-based contracts for any agency interested in recruitment, approval, and support of foster families are in place with 16 RFP agencies. 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. These recruitment plans currently target, and will continue to target, both a general population of foster parents and those who will work with underserved including race, orientation, gender identity, and socio-economic backgrounds. Events include health fairs, community farmers' markets, Pride events and recruitment, sporting events at local schools to target homes for teens, and working closely with local churches. Recruitment staff also work in tandem with partners from Native American tribes and African American and Hispanic partners in the communities. Additionally, Recruitment staff works with partners from One Church, One Child through various collaborative events to help find African American families with whom to place African American children. Recruitment staff continue to use a blend of virtual and in-person events based on the need. Each approach has different advantages from the virtual providing the ability to reach an audience over a larger geographic area at a faster rate, to the in-person events offering personal interaction and assistance.

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, which is now an integrated part of the plans. Data is provided to all Recruitment staff, both internal and external, regarding current recruitment numbers, current open

resource homes, number of children in Oklahoma Human Services (OKDHS) custody, sibling separations, and children placed outside their home county. Recruitment staff use the data to drive their recruitment plan activities to meet the needs of Oklahoma's children.

Over the past year across the state, Recruitment staff noted an increase in the number of events available for attendance. Events that had previously been held virtually, or canceled, the last two years due to the pandemic are now open for attendance and Recruitment staff are using these new opportunities to provide information to larger, and potentially new, groups of prospective foster families. Additionally, Recruitment staff obtained Flowcode software that allows them to provide QR codes printed on recruitment materials, presented virtually, and at in-person events which directs prospective families to apply online or connect directly with a Recruitment staff member in their area. QR codes offer analytics and insight into the frequency of use of materials which are most popular with prospective families.

A new recruitment and retention incentive promotion will be piloted during the period starting with May 2022 and ending December 2022. The promotion provides a financial incentive for foster families who are currently open to recruit new prospective foster families they believe would make strong homes for children in OKDHS custody. The newly recruited home, and the home that recruited them, receive an incentive payment once the newly opened home takes placement. To further aid in retention of these new homes, an additional incentive payment is made to both homes when they are open at the end of one year and meet noted requirement goals. Homes closed for more than six months are included in this promotion when they reopen their home and accept placement. In an effort to increase the number of available therapeutic foster care (TFC)/intensive treatment family care (ITFC) homes, a step-up incentive is included when a traditional foster home moves to a higher level of care and accepts placement of a child exhibiting behaviors that meet criteria for the higher level of care.

In March and again in July, 2020, recruitment collaboration meetings were held that brought together recruiters from every recruitment area in Oklahoma, including all CWS recruiters, RFP agency recruiters, TFC recruiters, and tribes. The collaborations provided opportunity for networking, identifying barriers to recruiting families and brainstorming potential solutions, and discussion on how the COVID-19 pandemic changed traditional recruitment methods. The recruitment collaboration continues to meet periodically going forward and encourages partnership between each entity.

An expanded effort this reporting period included reviewing homes currently open with low bed utilization rates and working with them to determine if they would be willing to accept in children with an expanded age range and behavior types. Also contacted were homes that had, in the last year, made information inquiries about fostering, or started the process and had stopped due to life circumstances, to determine if they were interested in restarting the assessment and approval process.

CWS continues to focus on placing children with kin, whenever possible, as the primary focus. CW staff inquires about possible kin at the time of removal, during the Initial

Meeting (IM), and continuously throughout the life of the case. When a kinship placement cannot be located, CWS attempts to match children to a traditional foster home, both internal homes and those of the RFP partner agencies.

When children with additional behavioral needs cannot be placed with kin, CWS looks for a home that can meet those 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 the 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. While there are multiple layers to the newly developed EFC program, it is already serving over 430 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 and the ongoing fatigue and complications caused by the 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.

Looking ahead to the upcoming year, recruitment plans will focus on what has been successful historically as well as within the past year. These plans include a blend of virtual events and expanding the number in-person as they continue to become available post-pandemic. Expansion of EFC Programs, as well as the TFC/ITFC Programs, will continue in an effort to ensure homes are better equipped to meet the behavioral needs of the children in OKDHS custody and are available for placement. Collaboration with WWK will continue into the next SFY based on the successes experienced to date. Retention efforts include continued partnering with OU-CPM for a second annual survey report and quarterly data updates, as well as aiming for a positive retention rate for the end of the next SFY.

### **Health Care Oversight and Coordination Plan**

#### **Updates to Plan**

#### **1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.**

The Oklahoma Statutes and Child Welfare Services (CWS) policy include time frames and expectations in the assessment and treatment of physical and mental health for

children in the custody of Oklahoma Human Services (OKDHS) and served by CWS. Section 1-7-103 of Title 10A of the Oklahoma Statutes requires that OKDHS provide medical care necessary to preserve the health of the child and that, within 21-calendar days of entering OKDHS custody, each child is provided with a standardized assessment 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. The CWS policy, OAC 340:75-14-3, requires the utilization of the current Medicaid Early Periodic, Screening, Diagnosis and Treatment (EPSDT) schedule. Each child in OKDHS custody is subject to receive:

1. A yearly behavioral health or developmental screening, and when recommended a behavioral health or developmental assessment, within 60-calendar days of the screening;
2. A yearly dental exam when the child is over 3 years of age. A child under 3 years of age receives dental services as needed;
3. An initiation of immunizations that are kept current;
4. A visual and hearing evaluation exam and corrective lenses or hearing aids, when indicated;
5. Outpatient or inpatient behavioral mental health treatment, when appropriate;
6. Physician's services when the child is sick. This service is not considered a physical exam;
7. Contagious or infectious disease screenings, including Human Immunodeficiency Virus (HIV) exams or testing, are provided as needed or upon request by a placement provider in a manner consistent with the Centers for Disease Control guidelines for time and testing frequency; and
8. Follow-up and referral services as recommended by a qualified professional.

## **2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.**

Per OAC 340:75-14-3, the child welfare (CW) specialist schedules initial health and developmental screenings for the child based on the needs and age of each child placed in out-of-home care. The CW specialist ensures, in coordination with the placement provider and parent, when applicable, that the child in out-of-home care receives needed routine and specialized medical care, including medical, dental, visual, and behavioral health services in a timely manner. Subsequently, the CW specialist coordinates with care providers routinely during the required contact with child and resource provider. Child Contact Guides, specific to age ranges, are used by the CW specialist to address the physical environment, health and safety concerns, developmental milestones, and independent living skills, when applicable, for each child in out-of-home care. When there are any resulting concerns, a plan is developed to document any actions taken regarding risk items or concerns for child abuse or neglect.

A trauma-informed screening and functional assessment, the Child Behavioral Health Screener (CBHS) is used statewide on a monthly basis for all children involved with CWS.

CW staff makes service referrals based on the needs identified, facilitates initiation of service providers, and uses CBHS as a guide to establish service utilization. Working in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the OKDHS mental health consultants are available for consultation and referral for youth in need of mental health services.

### **3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.**

Per OAC 340:75-6-40.2, when a child is in OKDHS custody and in out-of-home placement, the CW specialist provides the placement provider all known information concerning the child at the time of placement and every six months, at a minimum. In addition, placement providers are given access to the Child's Passport, a web-based application that provides the placement provider with medical and educational records, among other case plan information, for the child in the provider's care. The application contains real-time data exchanges from the Oklahoma Health Care Authority (OHCA) as the state Medicaid agency and the Oklahoma State Department of Education (OSDE). Placement providers access the Child's Passport through the Oklahoma Benefits Information Systems foster parent portal that is available on multiple platforms including mobile devices. This allows the placement providers to view and share medical information with health care providers. Additional Information Systems transformation planned for/occurring over the next four years will provide CW specialists with much better medical information for viewing and decision support.

### **4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.**

Two specialty clinics, Fostering Hope, at the University of Oklahoma (OU) medical centers in Oklahoma City and Tulsa serve children in foster care, as well as those who have achieved permanency through reunification, guardianship, or adoption. In addition, the clinics provide care for families and children who are encountering complex social challenges or are involved in CWS prevention efforts. A third satellite, in conjunction with the Family T.R.E.E. in Oklahoma City, is located in the former Oklahoma County shelter space. Because this space houses the Family T.R.E.E. and is located next to the Juvenile Court, there is an opportunity to grow the clinic to serve additional needs, such as providing an assessment hub that can evaluate children very quickly after encountering CW and ensure that they are connected with appropriate community health resources. The vision and ongoing development of the clinic is expected to occur over this next Child and Family Services Plan (CFSP) cycle.

In addition to providing medical services, the Fostering Hope clinic in Oklahoma City provides continuity training to pediatric resident physicians. The continuity experience is required in primary care residency, and includes a half-day of clinic weekly, providing care to a continuous group of patients, over a three-year period. Each year nine total pediatric residents spend their continuity time in the Fostering Hope clinic, and a total of 18 residents have graduated with this valuable experience. This is significant, because

several of those graduates have entered private practice in Oklahoma and form a loose "network" of pediatricians who intentionally provide medical care to children at risk or in foster care in their community clinics. Also, one of the graduates completed a Child Abuse Pediatrics Fellowship in Utah and has returned to OU-Oklahoma City as part of the pediatric training program and the Fostering Hope clinic.

In addition to providing medical services at the Fostering Hope clinic in Tulsa, on-site child and adolescent psychiatry services are provided to support the behavioral health needs of youth.

Adverse childhood experiences (ACEs), trauma, hope, and resilience are hot topics in Oklahoma. Professionals of all kinds, including medicine, social work, mental health, education, and even the general public are becoming much more informed. An example of this is viewing the "Resilience" documentary, which was purchased by several entities including the academic centers, the Oklahoma State Department of Health (OSDH), and foundations, and shown to over 15,000 professionals and citizens in the 18 months prior to the onset of the COVID-19 pandemic in March 2020. Oklahoma State University (OSU)-Tulsa was awarded a large grant on ACEs and protective factors, and the OU Department of Pediatrics and OSDH both are heavily involved in better understanding the location of populations with high ACEs and the location of services to address those needs. In addition, OSDE is heavily emphasizing trauma and trauma-informed schools. While some of these efforts are not specific to only children in foster care, they do reflect a general interest across all systems around adversity, trauma, resilience, and hope, and this creates opportunity to elevate the evidence-base around practice and policy. Momentum of these efforts stalled during the COVID-19 pandemic onset but resumed in this reporting period.

The OHCA uses a medical home model for all primary care providers who serve children, including those in foster care. A principal of the medical home model is continuity, and information is provided by OHCA to CWS and the Child's Passport regarding the last well checkup and the provider name and location so that continuity can be maintained. A continuing challenge for children in foster care is the transfer of records and information between providers as children move. At this time, no single health information system is available to all providers who serve children in foster care, but as mentioned previously, improvement continues to be made on the Child's Passport health and education information provided to foster parents.

The primary focus of the CW nurses program is assisting CW specialists with understanding disease and risk as it relates to safety decision-making; however, the nurses also serves as a liaison between CWS, families, foster families, and the medical community. Additionally, the CW nurses:

- assist in helping CW specialists understand medical needs and risks of youth who decline to follow recommended treatment;
- are available for home visits for high and moderate at-risk cases;
- provide medical representation at statewide multidisciplinary team staffings;
- assist CW staff in safety plans regarding medical care of at-risk youth; and



- help connect families and CW specialists with medical resources.

For the reporting period of April 2021 through March 2022, the CW nurses completed 1,578 assignments in a total of 1,535 cases. As the program sustains and grows, there is potential to more formally develop supports around the continuity of health services for children and youth in out-of-home care.

The CW nurses team is fully staffed with eight registered nurses assigned to the five regions and one nurse manager. In February 2022, the team updated the referral form, Request for CW Nurse Assistance, and disseminated it to all CW field staff in an attempt to streamline the process. The form ensures pertinent information is provided upfront in order to determine where consultations and nurse assignments are needed the most due to their limited capacity.

Training is scheduled for summer 2022 with regional leadership to address the policy and practice requirements related to the entire clinical team, including the CW nurses, mental health consultants, and the CWS DDS liaisons within Specialized Placements and Partnerships Programs.

## **5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.**

Comprehensive behavioral health plans are child specific, and psychotropic medications are integrated as part of that plan, which includes appropriate behavior planning, symptom and behavior monitoring, and communication between the prescriber, parents, placement providers, CW specialist, child, therapist, and other relevant members of the child's treatment team.

OKDHS CWS has established a clinical team consisting of a child and adolescent psychiatrist; pediatric psychologist; pediatrician; the CW nurse manager; statewide coordinator of adoption preservation services; and the mental health consultants who are contracted with the ODMHSAS. The team members are available to CW specialists for individual questions about both physical and mental health treatment for their assigned child and youth in out-of-home care, including behavioral supports and medication. These consultations occur regularly and are available to all CW staff if and when they have a question pertaining to a child's physical and mental health treatment. A review of prior history and medication trials is also available. In addition to these individual consultations, the clinical team members are available for treatment team meetings with the child or youth's treating clinicians to discuss care. Details on the group's current efforts can be found in the attached ***Clinical Team Update 2022***.

Additionally, The *Oklahoma Pediatric Psychotropic Medication Resource Guide* is available online at <https://medicine.okstate.edu/academics/psychiatry/documents/psychotropic-medication-guidelines-pages-final.pdf>, from which a free hard copy version can be printed. This resource guide represents consensus guidelines by Oklahoma physicians and pharmacists to ensure evidence based-best practice for mental health

care of children and youth. The guidance includes screening, diagnosis, behavioral health treatment, and medication prescribing and monitoring. These criteria were developed by a clinician-led task force and are currently used by the OHCA in review of clinicians providing psychiatric care in Oklahoma. This criteria is also used to provide education to clinicians that are practicing outside the evidence-based parameters.

In addition, the OHCA currently supports the OSU Center for Health Sciences Pediatric Behavioral and Emotional Health ECHO line. ECHO is a virtual continuing medical education and consultation platform that is available to all clinicians. The expert team includes a child and adolescent psychiatrist, a pediatric psychologist, a pediatric neuropsychologist, and a pharmacist that regularly staff youth in out-of-home care and provide recommendations for ongoing care. For each youth that is staffed, the recommendations are provided to the OHCA in order to document the evidence-based services that are recommended for care. The link to the ECHO line is <https://medicine.okstate.edu/echo/pediatric-psychiatry.html>.

#### **6. How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.**

As detailed above and in the attached ***Clinical Team Update March 2022***, CWS has a robust clinical team that provides case staffing support as well as guides CWS as it continues to develop a stronger continuum of placement and service, and the move toward the Family First Prevention Services Act (FFPSA) qualified residential treatment program requirements. This team meets monthly with the program staff responsible for foster care, group homes, and therapeutic foster care. The current team consists of a child and adolescent psychiatrist, pediatric psychologist, pediatrician, registered nurses, mental health consultants, adoption specialist, and a liaison between OKDHS and ODMHSAS. In addition, there are formal contractual and data sharing relationships with OHCA, OU College of Pharmacy, OSU Center for Health Sciences, and OU Health Sciences Center.

In order to ensure ongoing coordination between primary care and referral sources the utilization of the CHERS application could be implemented to ensure initiation and engagement around referrals to mental health and substance use disorder services. Currently the ODMHSAS, alongside community partners including but not limited to hospital systems, health departments, and CWS are working to establish plans of safe care for expecting mother's with substance use disorder. The CHERS app platform allows for patients and providers, in real-time, to review initiation, engagement, and missed appointments. Although intended for substance use disorder services, this application is currently being utilized by several community mental health centers throughout Oklahoma, and could potentially be utilized by primary care offices to ensure that referrals are connected to providers, and that youth and families treatments are occurring.

CWS recognizes the need for each and every child or youth in out-of-home care to have the appropriate services delivered. For several children and youth, care managers with the Health Access Networks (HAN) across Oklahoma help support foster families, biological families, and adoptive families to locate and engage with appropriate, quality referrals, and remove any barriers to treatment. Although not currently utilized for every child or youth, enhancing care management supports for every child or youth in the CW system is a possibility to ensure ongoing oversight and coordination of care.

**7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.**

CWS utilizes standard processes and embedded clinician expertise to ensure children with medical or behavioral health diagnoses have:

- (a) access to appropriate screening and assessment;
- (b) access to the health care services they need;
- (c) ongoing review of physical and behavioral health problems to ensure diagnoses are up to date and accurate; and
- (d) supports for placement in the least restrictive placement, typically a foster home.

The CBHS is administered monthly to children in foster care. Information obtained through this screening tool informs the CW specialist of symptoms that warrant further assessment but can also be useful for comparing with the child's clinical diagnosis and the treatment plan of existing mental health services and may necessitate further consultation when the screener and the treatment do not appear to align. Upcoming utilization of the Child and Adolescent Needs and Strengths (CANS) assessment will provide additional information on the specific needs of children in the CW system requiring higher levels of care. The CANS will be administered through a contract with the OU Center on Child Abuse and Neglect, which was finalized on 11/9/2021. The hiring process for the 10 clinical assessors began at that time, and as of 4/15/2022, six clinicians are hired. As CANS is implemented into the targeted population, the intention will be to look back at previous CBHSs; along with additional data, such as time to disrupted placement, first placement, age at first placement, and time in out-of-home care, to better understand youth that are at risk of needing more extensive mental health services and more restrictive care settings.

**8. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.**

Several steps are embedded in CWS policy that guide CW specialists in assisting youth aging out of foster care with transitioning health-related care. A family meeting (FM) is held 120-calendar days prior to a youth aging out of foster care. During the FM, the youth and supporting adults initiate the youth's My Transition Plan that includes discussion around the 7 Key Elements of Success with health as one of the elements. The youth is provided a brochure, Congrats! You're 18! that sets forth three topics. The first topic is Medicaid options for health insurance that includes the website where the youth, who is 18 years of age, can go to complete an application for Medicaid coverage. The second and third topics focus on the options of executing an Advanced Directive. The youth can decide whether to receive life-sustaining treatment, select a person to serve as the youth's "health care proxy," and decide to donate the youth's organs. The youth is also referred to a website that provides more detailed information on the Advanced Directive. A video is available for viewing and copies of the documents are available online. As the youth completes the My Transition Plan, he or she verifies the receipt of the Congrats! You're 18! brochure and if he or she has executed an Advanced Directive. CWS and OHCA continue to coordinate extended coverage options for youth who age out of foster care. One of the lessons learned is the need to provide a variety of options for messaging transition planning and how to impart health care information that requires action on the youth's part. The Oklahoma Successful Adulthood (OKSA) website offers such a means and CWS is continuously working with the OKSA contractor to develop and improve message delivery to youth who can benefit from health care services.

#### Impact of COVID-19 Pandemic

As the COVID-19 pandemic continues, CW nurses and mental health consultants field questions and make referrals for youth in out-of-home care. Leveraging existing and new technology, the various clinical teams are able to ensure that youth receive the services they need. With several youth residing in rural areas, the ability to use tele-visits for evidence-based services (i.e. Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy) provides an opportunity for youth with limited access. However, telehealth is a challenge; and the ongoing support of mental health consultants, CW nurses, and community partnerships (i.e. ODMHSAS, OHCA, and local hospital systems) necessary.

Like many youth in Oklahoma, including but not limited to youth in OKDHS custody, the challenges of the COVID-19 pandemic have led to exacerbations in mental health issues. With this in mind, the Clinical Team works closely with youth in group home care; offering targeted engagement between group homes, nursing, and mental health staff around questions and concerns of COVID-19. The Clinical Team initiated and continues to offer weekly group home consultation calls. These calls are available for all group homes to staff individual youth and discuss the challenges of providing care in a group home setting.

Additionally, the Clinical Team and CWS Leadership Team are in contact with hospital systems around youth that are evaluated in the emergency rooms for psychiatric illness. This increase in emergency room visits for psychiatric distress has included both youth in group homes as well as in family-based settings. The clinical and

leadership teams regularly communicate with clinicians and professionals in hospital settings to ensure the needs of custody youth are being met both in real time and to ensure CW staff are looking for additional resources for custody youth.

#### Changes as the Result of the COVID-19 Pandemic

Currently, national efforts are in place to determine the utility and benefit of telehealth options for evidence-based mental health treatments. CWS clinical and leadership team members are looking to the research that emerges on best practices to ensure that custody youth are afforded resources that impact their treatment. As detailed above, the need for more acute psychiatric services throughout the pandemic highlights the need for more robust, evidence-based, outpatient care; and, inpatient care as well.

#### 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.

All employees are provided with an OKDHS-issued laptop and cell phone, so that they can telework from their home or from any other location. These devices enhance 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, YI102A, and YI102B Disaster Lists are WebFOCUS reports available to all CW staff, created from information entered in KIDS, and updated daily. WebFOCUS reports can be retrieved from any OKDHS-issued electronic device and saved to OneDrive in Office 365 for easy access.

- The YI102 Disaster List contains information on all children in OKDHS custody in out-of-home placement and trial reunification, children with open removals, and children under court-ordered OKDHS supervision. The report provides the address where the child is currently located and the name and contact numbers for the resource parent(s), biological parent(s), or guardian(s) currently caring for the child. Disaster and emergency information for each resource parent is also documented in their House Assessment, Disaster and Emergency Information section where the family provides emergency contact information for where they go in the event of an emergency and/or who to contact when unable to reach the resource parent at the provided contact number.
- The YI102A Disaster List contains information on children in trial adoption, including the adoptive case identification number and the adoptive family's emergency contact information.
- The YI102B Disaster List contains information pertaining to children in Family-Centered Services (FCS) cases staying with a safety monitor under a FCS Out-of-Home Safety Plan. The report provides the safety monitor's name, address, and contact number(s).

Disaster plans and reports are reviewed yearly, or more often when needed, to determine if updates are necessary.

As reported in the 2022 APSR, the initial response to the COVID-19 pandemic included a number of temporary operating procedures which were in place for a number of months; however, by the end of the reporting period most standard operating procedures resumed to pre-pandemic levels. During this reporting period, periodic episodes of high rates of positive COVID cases in various counties and districts temporarily impacted standard operating procedures.

OKDHS funded COVID-19 emergency relief payments to traditional, kinship, TFC and ITFC foster families; specialized foster care and tribal homes, as well as group homes and shelter providers in the amount of \$250 for each child placed in the months of September and November 2021. The Cares Act provided child care funding from May 2020 through August 2021 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 December 2022.

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. CWS TFC Programs staff initiates contact with TFC/ITFC agency staff via phone or email to confirm status of homes when necessary. When neither TFC/ITFC agency staff nor the family can be contacted via phone, TFC Programs staff contact the OKDHS office closest to the family and/or agency to request assistance to confirm the children's well-being. This process is reviewed, assessed, and updated, when necessary, on a yearly basis.

Due to the ongoing COVID-19 pandemic, OKDHS CWS allows TFC/ITFC providers use telehealth to provide individual and family counseling when someone in the household tested positive for COVID-19, shows symptoms, or experienced exposure to COVID-19. A regularly scheduled meeting with 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, moved to monthly in early 2021, and were discontinued in early 2022 as agencies and families had become more adjusted to the new normal. TFC Programs staff continues to be available by phone, email, or a virtual platform to assist agencies as needed.

OKDHS Child Care Licensing (CCL) requires children and youth in group homes to participate in fire drills six times a year on a bimonthly basis with a minimum of two drills required at night. Per CCL, children and youth must participate in tornado drills which are conducted during the spring. CCL regulations for Residential Child Care Facilities regarding disaster planning state, "The facility has a written plan for reporting and protecting from outside threats, and evacuation in case of fire, flood, tornado, blizzard, power failure, or other natural or man-made disasters that could create structural damage to the facility or pose health hazards." In the event of a disaster, group homes contracted with OKDHS are contacted by the CWS 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 when necessary.

In addition to the YI102 Disaster List, CWS SPPU staff electronically maintains a spreadsheet that contains contact persons for facilities which care for children in OKDHS custody. A paper copy is kept by all SPPU staff at their telework location or home. All facilities and SPPU liaisons are provided with the phone numbers for local sheriff and police departments, as well as other emergency personnel.

#### **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.

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

The KIDS 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 Information Services Division of OMES supporting OKDHS conducts DR exercises bi-annually to test OKDHS' ability to recover effectively from an unforeseen, long-term outage or disaster. The most recently completed DR exercise took place in October 2021. Like the previous two DR exercises completed in 2017 and 2019, 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, 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.

#### 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 July 2021 through March 2022.

### **Initial Staff Training**

#### CORE

CORE training consists of four weeks of classroom training that covers foundational level knowledge, skill competencies, and CWS policy. Content is presented by child welfare (CW) staff. The curriculum implementation and evaluation is based on returning to in-person training starting with CORE 430 on 6/28/2021.

#### 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 Center for Public Management, NRCYS, and University of Oklahoma 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 shifted focus to updating existing levels courses. These courses will have a virtual option in addition to the in-person training. Additionally, the collaborative reviewed the online CORE modules to evaluate end of module assessments for question reliability and to review potential updates needed for the online content. The findings are:

- end of module assessment questions are strong and learning is occurring;
- some links needed to be updated, which occurred; and
- recommendations for improving content were considered.

No plan exists for when to update the course material, although Module 4: Case Planning and Assessment is currently under development with goals to improve learner engagement and to increase understanding and exposure to direct track responsibilities.

#### 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

The 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) to 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. Prior to implementing the curriculum, time was spent working with CW supervisors on reviewing CORE, OJT, and the guidebook to facilitate CW specialist learning.

After approximately six months of implementing the curriculum, CW supervisors were surveyed about their experience with supporting new CW specialists in CORE. The survey focused on the usefulness of the CORE companion guide, how often it was utilized to support OJT activities and barriers to supporting OJT, usefulness of observing simulations in CORE, and feedback about what would help CW specialists complete OJT including simulation review consistently. Out of 371 CW supervisors, 214 responded or a response rate of 58 percent. Additionally, 43 CW supervisors agreed to participate in focus groups to allow for nuanced feedback. The survey's initial results indicate most CW supervisors like the companion guide, use it part of the time, and recommend more check boxes for tracking required activities. Most CW supervisors review the simulations in order to view and assess their CW specialist's performance in CORE, especially the final simulation leading to provisional certification. The barriers most cited to supporting OJT are time constraints, challenges of prioritizing responsibilities, and scheduling OJT activities in rural areas. All CW employees primarily work remotely, and many traditional offices moved to a shared space concept either in an OKDHS building or in a community partner office space.

Simulation remained virtual throughout this review period. Discussions with OUSSW will support an alignment with the learning progression of new CW specialists by hosting live simulations for Module 3 and Module 6 later this year and the return to in-person.

### **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 |
|--------------------|----------------------|---------------------------------|-----------------------------|------------------------------|-------------------|-----------------------|
| 7/1/2021-3/31/2022 | 19                   | 385                             | 251                         | 65%                          | 134               | 35%                   |

During this reporting period of July 2021 through March 2022, 19 CORE groups were held. Fourteen cohorts (430-442) completed through Provisional Certification Assessments (Modules 1-6) while five cohorts (443-447) did not complete CORE within the reporting period. Ninety-one CW specialists' account for cohorts 443-447 and 41 specialists left the agency prior to completing CORE and/or Provisional Certification.

#### **Level 1 Trainings**

| Reporting Period   | Number Enrolled | Number Attended & Completed | Percent Attended & Completed | Number Incomplete | Percent Incomplete | Number of No Shows | Percent No Shows |
|--------------------|-----------------|-----------------------------|------------------------------|-------------------|--------------------|--------------------|------------------|
| 7/1/2021-3/31/2022 | 2702            | 1552                        | 57%                          | 1023              | 38%                | 127                | 5%               |

Due to COVID-19 pandemic-related cancellations, multiple training courses were offered to allow CW specialists to catch up with Level 1 training. Of the 251 CW specialists who completed COREs 400-430, 243 are in varying stages of completing the required Levels courses which include CW1002, CW1009, and CW1024.

While "no shows" decreased, CW specialists attending and completing Level 1 training sharply declined. This will need to be monitored, as it is difficult to determine if remote work is affecting how training attendance is managed. These courses are intended for CW specialists to be completed between 50 to 100 percent caseload to account for time and caseload demands. Further inquiry may be necessary to identify the barriers to attended Level 1 training. A planned survey and focus group with CW specialists may provide further information.

### Level 2 Trainings

| Reporting Period   | Number Enrolled | Number Attended & Completed | Percent Attended & Completed | Number Incomplete | Percent Incomplete | Number of No Shows | Percent No Shows |
|--------------------|-----------------|-----------------------------|------------------------------|-------------------|--------------------|--------------------|------------------|
| 7/1/2021-3/31/2022 | 339             | 180                         | 53%                          | 154               | 45%                | 13                 | 4%               |

Due to the COVID-19 pandemic, Level 2 courses were not held from 3/1/2020 through 8/23/2021, resuming on 8/24/2021. Currently, 544 CW specialists need to complete Level 2 training. The CWS Training Program is currently reviewing the need to hold additional course sessions to support CW specialists in completing their Level 2 training.

### Level 3 Trainings

| Reporting Period   | Number Enrolled | Number Attended & Completed | Percent Attended & Completed | Number Incomplete | Percent Incomplete | Number of No Shows | Percent No Shows |
|--------------------|-----------------|-----------------------------|------------------------------|-------------------|--------------------|--------------------|------------------|
| 7/1/2021-3/31/2022 | 363             | 282                         | 78%                          | 3                 | 1%                 | 78                 | 21%              |

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 |
|--------------------|-----------------|-----------------------------|------------------------------|-------------------|--------------------|--------------------|------------------|
| 7/1/2021-3/31/2022 | 179             | 171                         | 96%                          | 1                 | >1%                | 7                  | 4%               |

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 CW4504 Clinical Team Training, a new course added during this reporting period.*

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 |
|--------------------|-----------------|-----------------------------|------------------------------|-------------------|--------------------|--------------------|------------------|
| 7/1/2021-3/31/2022 | 93              | 50                          | 76%                          | 30                | 0%                 | 13                 | 24%              |

Level 5 trainings offered this period included *CW5205 CSM Facilitator Training, CW5104 Generational Trauma, and CW5042 Setting the Foundation for LGBTQ+ Inclusion in Child Welfare.*

### CW Specialist Certification

One modification was made permanent. As of 7/1/2021, CW specialist III's are allowed to observe and sign off on three of the nine observations for Phase 2 and two of the seven observations for Phase 3.

### Phase 1 – CW Specialist Provisional Certification Assessment Results

For the reporting period July 2021 through March 2022, 253 CW specialists completed CW Provisional Certification Assessment from 14 CORE groups.

### Overall Certification Assessment Results (CORE Cohorts 430–442)

|                 | Number Ready | Percent Ready | Number Not Yet Ready | Percent Not Yet Ready | Total |
|-----------------|--------------|---------------|----------------------|-----------------------|-------|
| Child Interview | 224          | 89%           | 29                   | 11%                   | 253   |
| Adult Interview | 236          | 93%           | 17                   | 7%                    | 253   |

### Comparison to Previous Outcomes

Historically, yearly results vacillate within an average of 10 percentage points with this year being consistent. A few systemic factors may account for any decreases.

While the CWS Training program has typically seen more struggles in the area of the Adult Interview, this reporting period indicates an increase in Ready findings for the Adult Interview. At the same time, there was a decrease in Ready findings for the Child Interview totals.

This reporting period, the CWS Training worked on the Module 6 Assessment rating rubric in an effort to increase objective evaluation and to ensure the safety components were aligned with track/program needs. Plans are to focus on increasing inter-rater reliability of the CWS Training programs field representatives (PFRs) using the rubric during this upcoming reporting period. This objective will be accomplished through periodic review of interview recordings as a group to assess each PFRs assessment.

**Child Interview Results by Program (CORE Cohorts 430–442)**

|                                 | Number Ready | Percent Ready | Number Not Yet Ready | Percent Not Yet Ready | Total      |
|---------------------------------|--------------|---------------|----------------------|-----------------------|------------|
| Child Protective Services (CPS) | 100          | 93%           | 7                    | 7%                    | 107        |
| Permanency Planning (PP)        | 96           | 83%           | 19                   | 17%                   | 115        |
| Family-Centered Services (FCS)  | 6            | 100%          | 0                    | 0%                    | 6          |
| Hotline                         | 9            | 75%           | 3                    | 25%                   | 12         |
| Resources                       | 13           | 100%          | 0                    | 0%                    | 13         |
| <b>Total</b>                    | <b>224</b>   | <b>89%</b>    | <b>29</b>            | <b>11%</b>            | <b>253</b> |

**Comparison to Previous Outcomes**

Results for CORE show a slight decrease from the previous reporting period of 92 percent to this reporting period of 89 percent. Despite the slight decrease, 89 percent reflects a positive content correlation.

There continues to be a higher rate of "Not Yet Ready" results among CPS and PP, as they have the highest population of specialists attending CORE. The other programs have a smaller sample size, making it harder to extrapolate. Hotline specialists struggle with the Child Interview, as their primary interviewees are adults and shadowing Child Interviews is an ongoing challenge. Additionally, changes were made to the OJT based on field responses to make the OJT experiences more track specific. Hotline specialists have a multitude of training that focuses on engagement and interactions with adults, which is reflected in their Adult Interview outcomes, illustrated in the graph below.

**Adult Interview Results by Program (CORE Cohorts 430–442)**

|              | Number Ready | Percent Ready | Number Not Yet Ready | Percent Not Yet Ready | Total      |
|--------------|--------------|---------------|----------------------|-----------------------|------------|
| CPS          | 103          | 96%           | 4                    | 4%                    | 107        |
| PP           | 103          | 90%           | 12                   | 10%                   | 115        |
| FCS          | 6            | 100%          | 0                    | 0%                    | 6          |
| Hotline      | 12           | 100%          | 0                    | 0%                    | 12         |
| Resources    | 12           | 92%           | 1                    | 8%                    | 13         |
| <b>Total</b> | <b>236</b>   | <b>93%</b>    | <b>17</b>            | <b>7%</b>             | <b>253</b> |

**Comparison to Previous Outcomes**

The data reflected for this reporting period shows a 5 percent increase in Ready assessment findings and an increase in Not Yet Ready evaluation for the Adult Interview compared to last year. Historically, this interview is more difficult for CW specialists. FCS continues to be the most consistent program with both Child and Adult Interview evaluations across various reporting periods. Focus groups and observations indicate that CW specialists are having trouble moving from their engagement skills into interviewing for safety.

As planned, interview times were increased for Module 6 from 25 to 35 minutes effective March 2022 for CORE 441. CW specialists averaged 20:40 minutes prior to the change and 24:53 minutes after the change. The CWS Training Program will monitor the results to ascertain outcomes.

Following Module 6, CW specialists continue their training by completing required Level courses. Upon course completions, CW specialists are determined to be Provisionally Certified.

### **KIDS Assessment Total (CORE Cohorts 430–442)**

|      | Number Meets Standards | Percent Meets Standards | Number Needs Improvement | Percent Needs Improvement | Total |
|------|------------------------|-------------------------|--------------------------|---------------------------|-------|
| KIDS | 212                    | 94%                     | 16                       | 6%                        | 228   |

In CORE 441, 22 CW specialists did not complete the KIDS assessment due to new a security requirement at the Oklahoma state level. This prevented the CWS Training program from allowing employees to log in using a training IDs. The CWS Training program is currently working for a permanent solution to the temporary work around in use. Two specialists left the agency after completing their Child and Adult Interviews, but did not complete their KIDS and AOCS assessments. A third CW specialist also did not complete due to connectivity issues, separate from CORE 441. With a smaller sample size, there was a 3 percent decrease from last year; however, the results reflect CW specialists remain effective navigating KIDS. The CWS Training program will explore options for CW specialists to have more practice time and evaluate outcomes.

### **AOCS Results by Program (CORE Cohorts 430–442)**

|              | Number Meets Standards | Percent Meets Standards | Number Needs Improvement | Percent Needs Improvement | Total      |
|--------------|------------------------|-------------------------|--------------------------|---------------------------|------------|
| CPS          | 84                     | 79%                     | 22                       | 21%                       | 106        |
| PP           | 92                     | 81%                     | 22                       | 19%                       | 114        |
| FCS          | 5                      | 83%                     | 1                        | 17%                       | 6          |
| Hotline      | 8                      | 67%                     | 4                        | 33%                       | 12         |
| Resources    | 10                     | 77%                     | 3                        | 23%                       | 13         |
| <b>Total</b> | <b>199</b>             | <b>79%</b>              | <b>52</b>                | <b>21%</b>                | <b>251</b> |

Two CPS specialists left the agency prior to taking the AOCS.

### **Comparison to Previous Outcomes**

Outcomes for this reporting period show a 7 percent improvement in Meets and a 7 percent decrease in the number of Needs Improvement. More emphasis was placed on CW specialists practicing completing an AOCS and a micro-learning/refresher course was also designed and is available for new CW specialists to review prior to their Module 6 assessment. Since the course was launched, 69 CW specialists accessed the course and 56 or 28 percent of those assessed completed it. The CWS Training program will increase awareness of this resource among CW specialists and supervisors.

### **Post-CORE Survey**

All CW specialists and their supervisors complete a 12-question survey tied to the CORE competencies after CORE/Provisional Certification.

### **CW Specialists Post-CORE Survey Response**

From July 2021 through March 2022, 312 CW specialists were provisionally certified and completed Phase 1 of CORE. Fifty-nine specialists completed but their cohorts began

outside of the reporting period and 253 began and ended within the reporting period. 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 76 percent response rate, which is a 12 percent increase from last year. There were 213 Phase 1, 25 Phase 2, and 141 supervisory responses.

A total of 46 CW specialists left the agency during Phase 2, 44 were not related to certification, two of whom left due to unknown reasons.

Below are the CORE survey results from July 2021 through March 2022.

|                                                                        | No Confidence | Some Confidence | Unsure About My Confidence | Confident | Very Confident | Total |
|------------------------------------------------------------------------|---------------|-----------------|----------------------------|-----------|----------------|-------|
| Engage clients with empathy and no judgment                            | 0%            | 2%              | <1%                        | 44%       | 54%            | 212   |
| Interact with clients using cultural sensitivity                       | 0%            | 2%              | 1%                         | 43%       | 53%            | 212   |
| Approach clients with developmental appropriateness                    | 0%            | 2%              | 3%                         | 46%       | 49%            | 211   |
| Understand and employ family decision-making                           | 0%            | 3%              | 3%                         | 50%       | 44%            | 212   |
| Assess safety and risk to children                                     | 0%            | 2%              | 2%                         | 53%       | 42%            | 212   |
| Assess well-being needs of child and family                            | 0%            | 2%              | 1%                         | 54%       | 43%            | 212   |
| Assess permanency needs and make decisions that support permanency     | 0%            | 4%              | 7%                         | 57%       | 33%            | 212   |
| Testify in court                                                       | 1%            | 9%              | 22%                        | 50%       | 18%            | 212   |
| Remain strengths-based in assessing and planning with clients          | 0%            | 2%              | 3%                         | 52%       | 43%            | 212   |
| Understand the stages of child development                             | 0%            | 3%              | 4%                         | 53%       | 40%            | 212   |
| Apply trauma informed principles to working with children and families | 0%            | 3%              | 3%                         | 55%       | 39%            | 211   |
| I was prepared to complete Provisional Certification                   | 0%            | 2%              | 7%                         | 53%       | 38%            | 212   |
| I am confident I can be effective in my job in CW                      | 1%            | 4%              | 3%                         | 52%       | 40%            | 211   |

The table above depicts an average rate of 92 percent of CW specialists completing CORE feeling confident or very confident about their knowledge, skills, and abilities to perform their work as specialists.

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? | 5%   | 32%  | 42%  | 17%       | 5%        | 212   |



|                                                                                                                         |     |     |     |     |     |     |
|-------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| How would you rate your level of skill on this topic AFTER you interviewed the client in the simulation lab?            | <1% | 4%  | 29% | 48% | 18% | 212 |
| How would you rate your CONFIDENCE using the skills from training BEFORE interviewing the client in the simulation lab? | 5%  | 26% | 36% | 23% | 9%  | 212 |
| How would you rate your CONFIDENCE using the skills from training AFTER interviewing the client in the simulation lab?  | <1% | 7%  | 30% | 41% | 22% | 212 |

Based on the responses provided, 63 percent of CW specialists report feeling good, very good, or excellent in their skills prior to attending simulation. Following simulation, CW specialists report 95 percent in the same areas, indicating an overall increase of 32 percent.

Confidence reflects a similar pattern, with 68 percent of CW specialists reporting confidence before their simulation experience and 93 percent reporting confidence following.

| Questions                                                                                                                             | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Total |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|-------|
| The OJT experiences increased my knowledge of the topic(s).                                                                           | <1%               | 3%       | 8%                         | 49%   | 40%            | 211   |
| The OJT experiences helped me develop new skills.                                                                                     | <1%               | 3%       | 11%                        | 46%   | 39%            | 211   |
| The OJT experiences provided me with opportunities to learn about the other programs and resources within CW, DHS, and the community. | <1%               | 4%       | 9%                         | 52%   | 35%            | 211   |

In June 2021, the CWS Training program worked closely with the CORE CW Supervisor Workgroup to propose changes to the OJT activities to emphasize track-specific job shadowing opportunities. Feedback from the workgroup and from CWS programs personnel indicated the changes were more aligned with job specific tasks and OJT was altered beginning with CORE 435.

The table above represents responses from CW specialists who completed OJT prior to and after the changes were implemented. The neutral responses from CW specialists remained the same. Overall, there is 87 percent agreement (agree/strongly agree) that OJT experiences contribute to knowledge and skill development. The CWS Training program will assess how to provide more effective suggestions for CW supervisors to better prepare and support CW specialists in OJT.

### **CW Supervisor Post-CORE Survey Response**

During the reporting period of 7/1/2020 through 3/31/2021, 331 participants completed Phase 1 of CORE. Despite this, only 22 percent of CW supervisor surveys were received compared to 19 percent last year. Plans are to condense the email to CW supervisors, which includes the survey link, using attachments for additional information normally included in the email, and evaluate if follow-up reminder emails improve the response. Communication prior to formatting changes to supervisors will explain benefits to survey information. Evaluation of the new formatting will provide feedback as to effectiveness.



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                     | 1%               | 1%                   | 17%              | 45%                     | 36%             | 76    |
| Mentor or coach the specialist on ethics and values of the work           | 0%               | 3%                   | 20%              | 38%                     | 39%             | 76    |
| Expect them to use the training they received in CORE                     | 0%               | 1%                   | 12%              | 33%                     | 54%             | 76    |
| Set goals for them that are based on the training they received           | 0%               | 4%                   | 13%              | 46%                     | 37%             | 76    |
| Ease work pressure to allow time to integrate new training into practice. | 3%               | 5%                   | 17%              | 42%                     | 33%             | 76    |

CW supervisor surveys show a decrease in the ability to support their CW specialists consistently (A Good Part of the Time and All of the Time) from the previous reporting period. One category increased by 5 percent and one remained stable. The two categories to monitor include a 6 percent decrease in easing pressure to integrate training into practice and an 11 percent decrease in coaching toward ethics and values.

As this is only the second year for these questions, it is unclear if this drop is related to remote work conditions, which create less opportunity for CW supervisors to naturally engage with their CW specialists as they would when in the office together. Other systemic pressures may need monitoring or the outcomes may normalize with more time to evaluate. Increasing the sample size will provide more confidence, especially if those who complete the survey are representative of all supervisors.

|                                                                                                                                                                       | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|-------|
| Specialist's skill improved during CORE process                                                                                                                       | 0%                | 1%       | 8%                         | 64%   | 26%            | 76    |
| Specialist's knowledge improved during CORE process                                                                                                                   | 0%                | 1%       | 5%                         | 64%   | 29%            | 76    |
| Specialist's attitude and/or ways of thinking about clients had desirable change during CORE process                                                                  | 0%                | 4%       | 20%                        | 55%   | 21%            | 76    |
| Specialist's ability to assess safety improved during CORE process                                                                                                    | 0%                | 3%       | 7%                         | 63%   | 28%            | 76    |
| Coaching (by supervisor or mentor) improved the specialist's knowledge of the job                                                                                     | 0%                | 0%       | 3%                         | 57%   | 41%            | 76    |
| Coaching (by supervisor or mentor) improved the specialist's competency of the job                                                                                    | 0%                | 0%       | 1%                         | 58%   | 41%            | 76    |
| Specialist connects the DHS Quality Standards and the CW Practice Standards to daily practice                                                                         | 0%                | 3%       | 5%                         | 64%   | 28%            | 76    |
| Specialist had enough time to complete OJT activities                                                                                                                 | 0%                | 3%       | 4%                         | 62%   | 32%            | 76    |
| OJT activities provided me (the supervisor) with opportunities to discuss the specialist's experience, understanding of, and relevancy to the specialist's job duties | 0%                | 0%       | 9%                         | 57%   | 34%            | 76    |
| OJT activities provide the specialist with broader understanding of DHS and CW services.                                                                              | 0%                | 0%       | 9%                         | 63%   | 28%            | 76    |

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.

Information from this reporting period indicates an increase in Strongly Agree from the previous year. While overall agreement increased 6 percent, there was an 8 percent increase from Agree to Strongly Agree for this reporting period, indicating CW supervisors find value and relevance in CORE and its effectiveness. This finding aligns with a CW supervisor survey completed in March 2022 that asked CW supervisors to provide feedback specific to CORE and OJT. Survey results indicated confidence and value in CORE and mixed feedback related to OJT. The CWS Training Program conducted focus groups for any CW supervisor who volunteered to attend. Twenty supervisors volunteered their time for a total of four focus groups.

The purpose of the focus groups is to learn about barriers to completing and supporting OJT and how the CWS Training program may provide support to CW supervisors with specialists in CORE. The CWS Training program will include lessons learned and share with CW supervisors in various formats and update the CORE companion guide. An example to include is suggestions for how to better prepare a CW specialist for OJT activities to provide greater context and application to their work.

### **Phase 2 – Certification Surveys – CW Specialists at 75 percent Caseload**

For the reporting period of July 2021 through March 2022, 312 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.

From 7/1/2021 through 3/31/2022, 312 CW specialists entered Phase 2, while 60 specialists completed Phase 2. This reporting period saw 46 CW specialists leave the agency during Phase 2, compared to the prior reporting period, when 171 CW specialists left during the same phase. Of the 46 who left, 44 left due to reasons unrelated to the certification process and two left for reasons unknown to the CWS Training program.

Phase 2 continues to prove difficult for new CW specialists to advance within the timeline provided. For the reporting period, 715 CW specialists remain in Phase 2. The reduction in the number of certification observations by CW supervisors of specialists and mentors being approved to observe new specialists did not increase completion of this phase. Initial reports from CW supervisors reveal an ongoing challenge managing via telework and, with retention lower than desired, supervisors are increasingly busy.

The below information is from July 2021 through March 2022 with a 42 percent completion rate.

|  | No<br>Confidence | Some<br>Confidence | Unsure About<br>My<br>Confidence | Confident | Very<br>Confident | Total |
|--|------------------|--------------------|----------------------------------|-----------|-------------------|-------|
|--|------------------|--------------------|----------------------------------|-----------|-------------------|-------|

|                                                                        |    |    |     |     |     |    |
|------------------------------------------------------------------------|----|----|-----|-----|-----|----|
| Engage clients with empathy and no judgment                            | 0% | 0% | 0%  | 60% | 40% | 25 |
| Interact with clients using cultural sensitivity                       | 0% | 4% | 0%  | 56% | 40% | 25 |
| Approach clients with developmental appropriateness                    | 0% | 0% | 0%  | 58% | 42% | 24 |
| Understand and employ family decision-making                           | 0% | 0% | 0%  | 60% | 40% | 25 |
| Assess safety and risk to children                                     | 0% | 0% | 0%  | 64% | 36% | 25 |
| Assess well-being needs of child and family                            | 0% | 0% | 0%  | 64% | 36% | 25 |
| Assess permanency needs and make decisions that support permanency     | 0% | 0% | 16% | 56% | 28% | 25 |
| Testify in court                                                       | 4% | 4% | 16% | 56% | 20% | 25 |
| Remain strengths-based in assessing and planning with clients          | 0% | 0% | 4%  | 64% | 32% | 25 |
| Understand the stages of development                                   | 0% | 0% | 8%  | 60% | 32% | 25 |
| Apply trauma informed principles to working with children and families | 0% | 8% | 8%  | 48% | 36% | 25 |
| I was prepared to complete Provisional Certification                   | 0% | 0% | 8%  | 60% | 32% | 25 |
| I am confident I can be effective in my job in CW                      | 0% | 0% | 0%  | 52% | 48% | 25 |

### 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%       | 0%      | 60%   | 40%            | 25    |
| My skills for competent practice have continued to improve                                 | 0%                | 0%       | 0%      | 48%   | 52%            | 25    |
| My knowledge of competent practice has continued to improve                                | 0%                | 0%       | 0%      | 48%   | 52%            | 25    |
| I am confident I can manage my caseload                                                    | 0%                | 0%       | 8%      | 60%   | 32%            | 25    |
| I can connect the DHS Quality Standards and the CW Practice Standards to my daily practice | 0%                | 0%       | 4%      | 52%   | 44%            | 25    |

Outcomes for Phase 2 continue to indicate CW specialists are confident in their early stages of working with clients and transferring learning into their practice. Performing in court remains a challenge 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. The CWS Training program will explore ways to increase the number of completed surveys as such a low rate complicates generalizing results.

### 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%       | 0%      | 40%   | 60%            | 25    |
| I feel supported by my supervisor                                                  | 0%                | 0%       | 0%      | 36%   | 64%            | 25    |
| I feel valued as a professional                                                    | 0%                | 0%       | 8%      | 60%   | 32%            | 25    |
| My supervisor is available to me                                                   | 0%                | 0%       | 0%      | 36%   | 64%            | 25    |

|                                                                    |    |    |    |     |     |    |
|--------------------------------------------------------------------|----|----|----|-----|-----|----|
| My supervisor is a resource to me                                  | 0% | 0% | 0% | 36% | 64% | 25 |
| I have received emotional support from my supervisor               | 0% | 0% | 0% | 32% | 68% | 25 |
| Coaching I receive is helping me improve my skills as a specialist | 0% | 0% | 0% | 44% | 56% | 25 |
| Coaching I receive encourages me to be successful in my job        | 0% | 0% | 0% | 44% | 56% | 25 |

## Survey Results

Despite the small sample size, the survey indicates CW specialists are perceiving and receiving support from their supervisors. This finding is important with OKDHS maintaining telework. While policy is in place for in-office work, the traditional office structure and expectations about working in the office have changed. Additionally, CW supervisors shared that telework is challenging, especially when a new employee is added to the team. Despite any challenges that may exist, CW supervisors who complete this phase of certification appear to be successful in their ability to support, coach, and value their staff, especially new CW specialists. What is less clear is whether this generalizes to other CW supervisors.

Feeling valued as a professional was noted last year, as 13 percent of responses indicated feeling neutral or disagreeing with feeling valued. For this reporting period, a distinct difference in this response reflects 96 percent of CW specialists agree and strongly agree with feeling valued and only 4 percent remaining neutral, which is a decrease from the last reporting period.

## CW Supervisor Phase 2 Certification Surveys

### Survey Response

From July 2021 through March 2022, 312 CW specialists began Phase 2, 60 CW specialists completed Phase 2, and 715 remained in progress. Of the 46 CW specialists who left the agency, 44 were not certification related and the other two are unknown. These numbers are skewed as three surveys were included from CW specialists who completed prior to 7/1/2021 but completed the survey during this reporting period.

| Questions/<br>Measurement                                          | Strongly<br>Disagree | Disagree | Neither<br>Agree nor<br>Disagree | Agree | Strongly<br>Agree | Total |
|--------------------------------------------------------------------|----------------------|----------|----------------------------------|-------|-------------------|-------|
| Engage clients with empathy and no judgment                        | 0%                   | 2%       | 0%                               | 46%   | 52%               | 63    |
| Interact with clients using cultural sensitivity                   | 0%                   | 2%       | 0%                               | 52%   | 46%               | 63    |
| Approach clients with developmental appropriateness                | 0%                   | 0%       | 3%                               | 57%   | 40%               | 63    |
| Work with clients using trauma-informed practices                  | 0%                   | 3%       | 8%                               | 56%   | 33%               | 63    |
| Understand and employ family decision-making                       | 0%                   | 0%       | 2%                               | 59%   | 40%               | 63    |
| Assess safety and risk to children                                 | 0%                   | 0%       | 0%                               | 59%   | 41%               | 63    |
| Assess well-being needs of child and family                        | 0%                   | 0%       | 2%                               | 52%   | 46%               | 63    |
| Assess permanency needs and make decisions that support permanency | 0%                   | 0%       | 14%                              | 51%   | 35%               | 63    |
| Testify in court                                                   | 0%                   | 2%       | 34%                              | 48%   | 16%               | 62    |
| Make adjustments to work with families                             | 0%                   | 3%       | 5%                               | 54%   | 38%               | 63    |

|                                                               |    |    |    |     |     |    |
|---------------------------------------------------------------|----|----|----|-----|-----|----|
| Remain strengths-based in assessing and planning with clients | 0% | 3% | 2% | 59% | 37% | 63 |
| Understand the stages of development                          | 0% | 0% | 3% | 55% | 42% | 62 |
| Manage tasks of working in CW                                 | 0% | 0% | 5% | 62% | 33% | 63 |
| Demonstrate competency when they interviewed a child.         | 0% | 0% | 0% | 56% | 44% | 63 |
| Demonstrate competency when they interviewed an adult.        | 0% | 0% | 0% | 56% | 44% | 63 |

Overall, CW supervisors report confidence in new CW specialist's skills at this stage of development. The CW specialists and their supervisors are consistent with their assessment of skills except for testifying in court.

Testifying in court saw an increase in neutral responses by 10 percent. Testifying in court is a skill that is learned over time and confidence in one's ability to testify may be connected to the frequency in which one is required to testify. Surveys from CW specialists continue to reflect this course is valued by specialists. The CWS Training Program will continue to closely monitor mock court to evaluate if confidence can be improved for new specialists.

| 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%                | 2%       | 0%      | 60%   | 38%            | 63    | <i>Agree/Strongly Agree decreased 1%</i>  |
| I have enough time necessary to support the specialist's ongoing skill development     | 3%                | 19%      | 13%     | 51%   | 14%            | 63    | <i>Agree/Strongly Agree decreased 11%</i> |
| The specialist can connect the DHS Quality and CW Practice Standards to daily practice | 0%                | 5%       | 3%      | 62%   | 30%            | 63    | <i>Agree/Strongly Agree decreased 4%</i>  |
| I am available to the specialist                                                       | 0%                | 0%       | 2%      | 50%   | 48%            | 63    | <i>Agree/Strongly Agree decreased 2%</i>  |
| I encourage the specialist to use the skills they have learned in CORE and OJT         | 0%                | 2%       | 5%      | 51%   | 43%            | 63    | <i>Agree/Strongly Agree decreased 1%</i>  |

## Survey Results

The survey results for July 2021 through March 2022 indicate a decline in positive reports specific to CW supervisor ability to support specialists as they complete Phase 2 of certification. Most notable, is the decrease in time needed to support their specialists. While this has been an ongoing challenge for supervisors, there was an increase of 17 percent in disagreement with time available. This is evident in the data for Phase 2 completions, which continues to increase.

## Phase 3 – Certification Surveys – CW Specialists at 100 percent Caseload

### Survey Response

From July 2021 through March 2022, 60 CW specialists began Phase 3, 52 completed Phase 3, and 87 are currently in progress. Three left during Phase 3.

A total of six responses for Phase 3 surveys were received with a return rate of 12 percent. Discrepancies are due to certification submissions falling outside of the evaluation period.

| 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%       | 0%      | 17%   | 83%            | 6     | Agree/Strongly Agree increased 3%    |
| My supervisor gives me adequate information on how well I am performing.                                  | 0%                | 0%       | 0%      | 33%   | 67%            | 6     | Agree/Strongly Agree increased 3%    |
| My supervisor encourages me to use the skills that I learn in training on the job.                        | 0%                | 0%       | 0%      | 33%   | 67%            | 6     | Agree/Strongly Agree Increase by 10% |
| I feel supported by my supervisor                                                                         | 0%                | 0%       | 0%      | 17%   | 83%            | 6     | Agree/Strongly Agree Increase by 9%  |
| I feel valued as a professional                                                                           | 0%                | 0%       | 0%      | 50%   | 50%            | 6     | Agree/Strongly Agree increased 18%   |
| My supervisor is available to me                                                                          | 0%                | 0%       | 0%      | 17%   | 83%            | 6     | Agree/Strongly Agree increased 3%    |
| My supervisor is a resource to me                                                                         | 0%                | 0%       | 0%      | 17%   | 83%            | 6     | Agree/Strongly Agree no change       |
| I have received emotional support from my supervisor                                                      | 0%                | 0%       | 0%      | 17%   | 83%            | 6     | Agree/Strongly Agree increased by 6% |
| Coaching I receive is helping me improve my skills as a CW Specialist                                     | 0%                | 0%       | 0%      | 50%   | 50%            | 6     | Agree/Strongly Agree increased 3%    |
| Coaching I receive encourages me to be successful in my job                                               | 0%                | 0%       | 0%      | 33%   | 67%            | 6     | Agree/Strongly Agree increased by 6% |

## Survey Results

While the survey size is small, the results for these specialists indicate positive supervisor engagement and support to the CW specialists. This finding aligns with results from Phase 2, which also reflects overall satisfaction with supervisor support and availability. The CWS Training program will explore ways to increase the number of completed surveys as such a low rate complicates generalizing results.

## Survey Response

From July 2021 through March 2022, 22 CW supervisors completed with a return rate of 42 percent.

| Questions/<br>Measurement             | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Total |
|---------------------------------------|-------------------|----------|----------------------------|-------|----------------|-------|
| Explain their role as a CW Specialist | 0%                | 0%       | 0%                         | 32%   | 68%            | 22    |

|                                                                    |    |    |    |     |     |    |
|--------------------------------------------------------------------|----|----|----|-----|-----|----|
| Engage clients with empathy and no judgment                        | 0% | 0% | 0% | 28% | 73% | 22 |
| Interact with clients using cultural sensitivity                   | 0% | 0% | 0% | 32% | 68% | 22 |
| Approach clients with developmental appropriateness                | 0% | 0% | 0% | 27% | 73% | 22 |
| Work with clients using trauma-informed practices                  | 0% | 0% | 5% | 27% | 68% | 22 |
| Understand and employ family decision-making                       | 0% | 0% | 0% | 23% | 77% | 22 |
| Assess safety and risk to children                                 | 0% | 0% | 0% | 23% | 77% | 22 |
| Assess well-being needs of child and family                        | 0% | 0% | 0% | 23% | 77% | 22 |
| Assess permanency needs and make decisions that support permanency | 0% | 0% | 0% | 41% | 59% | 22 |
| Testify in courts                                                  | 0% | 0% | 5% | 50% | 45% | 22 |
| Make adjustments to work with families                             | 0% | 0% | 0% | 36% | 64% | 22 |
| Remain strengths-based in assessing and planning with clients      | 0% | 0% | 0% | 23% | 77% | 22 |
| Understand the stages of development                               | 0% | 0% | 5% | 27% | 68% | 22 |
| Manage tasks of working in CW                                      | 0% | 0% | 0% | 41% | 59% | 22 |
| Demonstrate competency when they interviewed a child.              | 0% | 0% | 0% | 32% | 68% | 22 |
| Demonstrate competency when they interviewed an adult.             | 0% | 0% | 0% | 27% | 73% | 22 |

| Questions                                                                               | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Total |
|-----------------------------------------------------------------------------------------|-------------------|----------|---------|-------|----------------|-------|
| Observing the Specialist interview allowed me to assess their competency for the job.   | 0%                | 0%       | 0%      | 41%   | 59%            | 22    |
| I have enough time necessary to support the Specialist's ongoing skill development      | 4.5%              | 9%       | 4.5%    | 50%   | 32%            | 22    |
| The specialist can connect the DHS Quality and CW Practice Standards to daily practice. | 0%                | 0%       | 0%      | 45%   | 55%            | 22    |
| I am available to the Specialist                                                        | 0%                | 0%       | 0%      | 45%   | 55%            | 22    |
| I encourage the specialist to use the skills they have learned in CORE and OJT          | 0%                | 0%       | 0%      | 41%   | 59%            | 22    |

## Survey Results

Survey responses between Phase 2 and Phase 3 continue to trend upward in positive reporting. Although CW supervisors continue to report concerns with necessary time, surveys illustrate an increase in agree and strongly agree in Phase 3. Additionally, supervisor perception of specialist skills also reflect an increase in both agree and strongly agree.

The number of employees completing Phase 3 is lower than in previous years, which is consistent with supervisor responses specific to time necessary to support their specialists. While there are multiple factors that likely affect supervisors time, it is unknown if there are specific trends across the state affecting supervisors.

## Ongoing Staff Training

### Level 1 Testing Results

During the reporting period of July 2021 through March 2022, to align with CORE, a decision was made to move from pre-and post-tests for Level 1 training and replace those



with a Kirkpatrick Level II, self-assessment. The self-assessment is administered after the course and asks participants to measure their knowledge and confidence in a variety of areas before the training and after the training. This alignment to use a self-assessment will provide more information regarding supports to improve the Level 1 classes. Some courses historically did not realize the desired post-test increase, likely related to poorly designed pre-and post-tests and/or learning objectives that are on the pre-and post-test yet not covered in the course. The CWS Training program also partnered with the collaborative to observe those courses immediately following CORE and post-CORE required levels to review learning objectives and ensure those were being covered in the course.

To receive credit for completing a Level 1 class, a CW specialist is required to complete the self-assessment at the end of the course.

3,578 specialists enrolled in Level 1 training for the evaluation period. Of those 3,578 CW specialists, 1,520 attended and completed training for a 42 percent completion rate. 1,023 CW specialists, or 28 percent, began but did not complete training, and 127, or 4 percent, were no shows. The CWS Training program continues to monitor the downward trend in specialists completing training. Providing feedback higher on the organizational chart may provide support for attending training or start a conversation related to prioritization of CW specialist development.

The following courses are under revision and will include a virtual course if needed:

- *CW1002 Intro to Childhood Sexual Abuse* - Updates regarding policy were included.
- *CW1009 Behavioral Health and Substance Abuse* - Adjustments to the in-person training are being made and are expected to be completed by quarter 1 of SFY 2023.
- *CW1100 Childhood Development* - This course is currently listed as a Level 2 course. Most of the material was included in CORE and a Level 1 course is being added to continue the learning for newer CW specialists. This course will focus on the impact of trauma on development.
- *CW2100 Childhood Development* - This course is being edited to build upon and expand learning from CORE and the Level 1 course.
- *CW1024 Domestic Violence* - This course was edited to ensure alignment with experiential model and is in the review process.

*CW1004 Family-Centered Services* continues to record a pre-and post-test. Pre-test results yield an average of 88 percent accurate responses. Post-test results yield an average of 92 percent accurate responses. Averaged results indicate a 4 percent increase in accurate responses after course completion. The results indicate CW specialists entered with a high level of knowledge and left with a minimal increase.

Self-assessments measuring confidence in knowledge and skill before class against knowledge and skill afterwards reflect significant increases specific to the learning objectives for the course. The report reflects CW specialists self-reporting an increase in



confidence and high confidence before class at an average of 32 percent, whereas after class, results indicate 88 percent of confidence and high confidence in ability to perform the skills and apply the knowledge learned.

*CW1005 Child Protective Services* continues to record concerns in pre- and post-testing results. Pre-test results yield an average of 59 percent accurate responses. Post-test results yield an average of 79 percent accurate responses. Averaged results indicate a 19 percent increase in accurate responses after course completion and an improvement from last reporting period.

Self-assessments measuring confidence and high confidence before the course indicate 46 percent, whereas after the course, an increase to 89 percent confident and highly confident.

*CW1006 Permanency Planning.*

Self-assessments before the course reflect a 43 percent confident/highly confident response followed by a 90 percent response for confidence/highly confident.

*CW1007 Foster Care and Adoption New Specialist Training.*

This course has not previously held pre- and post-tests for the CWS Training program to measure learning. The self-assessments were implemented during this reporting period and reflect CW specialists are increasing their confidence following the course, as indicated by a shift in confidence before the class from 55 percent confidence to 98 percent total reported confident/highly confident.

It may be important to note, this course is also the most post-CORE required level course aligned with the Experiential Training Model used in CORE. This may not be directly related to the shift in confidence, yet it is something to assess.

*CW1016 Oklahoma Successful Adulthood.*

Post-tests are not available due to pausing while the self-assessment questions were finalized. Self-assessments are not available for this reporting period. The primary focus was to ensure self-assessments for post-CORE required levels were collected which took longer than expected. Efforts will be made to create self-assessments for this course for the next reporting period.

*CW1020 Family-Centered Services.*

This course was not previously offered, as *CW1004 Family-Centered Services* was the umbrella course, which included both CPS and FCS specialists.

Self-assessments for this course reflect specialists report 29 percent confidence prior to the course and 85 percent confidence following the course.

*CW1024 Domestic Violence.*

When approved, the self-assessment will be created and this course can be reassessed at that time.

*CW1057 Bridge Guiding Principles* is a course that has typically seen poorer results. This course does not currently have a Level II Kirkpatrick Self-Assessment. For the limited time the pre- and post-test was conducted this year, 80 percent of the post-test question results indicate a less than 70 percent accurate response, with 50 percent of the total questions showing 55 percent or fewer correct responses.

*CW1077 Assessing & Addressing Concerns in Resource Homes* is a new course for Foster Care and Adoption specialists. Currently, there is not a Level II self-assessment for this course. Survey questions do reflect 87 percent of specialists believe their skill increased following the course and 87 percent of specialists indicated confidence in using the training on the job.

### Level 1 Post-Course Self-Assessment

Each class contains a post-course self-assessment that asks about understanding and application from a perspective of before the course and after the course.

| Questions                                                                              | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree | Change from Previous Year           |
|----------------------------------------------------------------------------------------|-------------------|----------|-----------|-------|----------------|-------------------------------------|
| Question 1: As a result of this course, I increased my level of skill on this topic.   | 6%                | >1%      | 1%        | 26%   | 67%            | Agree/Strongly Agree increased 5%   |
| Question 2: I am confident that I will use this training on the job.                   | 5%                | >1%      | 2%        | 26%   | 67%            | Agree/Strongly Agree increased 2.5% |
| Question 3: The online materials prepared me for class.                                | 5%                | 2%       | 9%        | 29%   | 55%            | Agree/Strongly Agree increased 3%   |
| Question 4: The group activities facilitated learning and added value to the training. | 5%                | 1%       | 2%        | 29%   | 63%            | Agree/Strongly Agree increased 8%   |

Overall, Level 1 classes are performing well. The self-assessments reflect an increase in confidence in knowledge, skills, and applicability confidence.

Question 1 pertains to increased skill level, which is the primary desire for job-related training. The CW specialist's ability to do the work also informs the Training program that they have the knowledge and encapsulates the previous Question 2 on development of new skills.

Question 2 speaks to confidence of application, which replaces the previous questions of confidence in using the information learned, job relevance, and a plan to implement the learning.

Question 3 refers to online learning materials, which not all courses require prior to attending training. This question may cause some confusion for CW specialists who may not have been required to complete online training. This question may need to be

removed from the survey for all courses that do not have an online completion requirement.

Question 4 addresses the efficacy of the PFR's facilitation skills and their ability to assist CW specialist's ability to make a connection from the activity toward an understanding of application to their work.

## Level 2 Trainings

Level 2 classes are comprised of *CW2005 Advanced CPS Policy*; *CW2025 Medical Aspects of Abuse and Neglect*; *CW2100 Assessing Concerns for Resource Homes* and *CW2111 Early Childhood Development*.

CW2111 is currently being revised, as much of the content is now included in CORE. The intention is to develop a Level 1 course that will build on the CORE content and the Level 2 will do the same. Additionally, there is a plan to create multiple childhood development courses specific to age ranges to target age, development, and the impact of trauma on the developing child. These courses will also include more focus on trauma-responsive behaviors and interventions.

Due to the COVID-19 pandemic, Level 2 classes were not held from March 2020 through August 2021. Of the 1,499 specialists eligible for Level 2 training, 955 specialists need to complete their Level 2 training.

In Level 2 courses, 339 CW specialists enrolled with 180 attending and completing, for a 53 percent completion rate; 154 specialists did not complete; and 13 were considered no shows to training.

| Questions                                                                              | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree | Change from Previous Year |
|----------------------------------------------------------------------------------------|-------------------|----------|-----------|-------|----------------|---------------------------|
| Question 1: As a result of this course, I increased my level of skill on this topic.   | 10%               | 1%       | 1%        | 18%   | 70%            | N/A                       |
| Question 2: I am confident that I will use this training on the job.                   | 11%               | 1%       | 1%        | 19%   | 68%            | N/A                       |
| Question 3: The online materials prepared me for class.                                | 12%               | 2%       | 14%       | 31%   | 42%            | N/A                       |
| Question 4: The group activities facilitated learning and added value to the training. | 11%               | 1%       | 1%        | 21%   | 66%            | N/A                       |

Question 1 results indicate a less than favorable response related to increased skill for the overall courses. A closer look at the Level 2 courses indicates high levels of disagreement for all courses except CW2100 Assessing Safety in Resource Family Homes. This course and CW2025 Medical Aspects of Child Abuse both utilize the Experiential Training Model as the premise of their design. CW2025 has a lot of material and is currently being reviewed to determine how to best manage the time this course deserves.

Question 3, which specifically asks about pre-requisite training continues to present unclear results.

### 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 skillsets 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 274 CW specialists completed Level 3 classes from July 2021 through March 2022.

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*.

For CW3300, 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.

Of the 40 CW specialists who attended CW3300 Coaching for Mentors, 30 CW specialists completed their online booster.

### Level 3 Survey Response

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 244 CW specialists who attended classes, 244 CW specialists completed surveys for a return rate of 100 percent. CW3029 Introduction to Coaching had 41 completions, this is an online course and is not surveyed.

| 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%        | 12%   | 88%            | No change                         |
| Question 2: As a result of the training, I have developed new skills.                        | 0%                | 1%       | 1%        | 18%   | 80%            | Agree/Strongly Agree decreased 1% |

|                                                                                                   |    |    |    |     |     |                                          |
|---------------------------------------------------------------------------------------------------|----|----|----|-----|-----|------------------------------------------|
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 0% | 0% | 1% | 15% | 84% | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 4: The training was relevant to my job duties.                                           | 0% | 0% | 0% | 15% | 85% | <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% | 5% | 15% | 80% | <i>Agree/Strongly Agree decreased 4%</i> |
| Question 6: I have a plan to implement this training.                                             | 2% | 0% | 2% | 7%  | 89% | <i>Agree/Strongly Agree decreased 3%</i> |
| Question 7: I am very confident I will use this training on the job.                              | 0% | 0% | 1% | 10% | 89% | <i>No change</i>                         |

Survey results indicate CW specialists continue to perceive the training as a valuable learning experience that is relevant to their job duties. There were small variations with agree to strongly agree in three questions with some shifting toward agree.

#### Level 4 Completion Data

Level 4 trainings are designed for CW supervisors and above. Level 4 classes were completed by 171 CW supervisors from July 2021 through March 2022.

#### Level 4 Survey Response Rate

Of the 171 supervisors that attended Level 4 trainings, 171 surveys were completed resulting in a 100 percent overall response rate. This is the second year of producing a steady and consistent response rate of 100 percent.

Of the 19 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%       | 1%        | 10%   | 88%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 2: As a result of the training, I have developed new skills.                        | 0%                | 0%       | 3%        | 12%   | 85%            | <i>Agree/Strongly Agree decreased 2%</i> |

|                                                                                                   |    |    |    |     |     |                                                           |
|---------------------------------------------------------------------------------------------------|----|----|----|-----|-----|-----------------------------------------------------------|
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 1% | 0% | 0% | 13% | 86% | <i>Agree/<br/>Strongly<br/>Agree<br/>decreased<br/>1%</i> |
| Question 4: The training was relevant to my job duties.                                           | 0% | 2% | 1% | 16% | 81% | <i>Agree/<br/>Strongly<br/>Agree<br/>decreased<br/>2%</i> |
| Question 5: The information I received from this training can definitely be used with my clients. | 0% | 0% | 0% | 29% | 71% | <i>No change</i>                                          |
| Question 6: I have a plan to implement this training.                                             | 0% | 1% | 1% | 14% | 84% | <i>Agree/<br/>Strongly<br/>Agree<br/>decreased<br/>1%</i> |
| Question 7: I am very confident I will use this training on the job.                              | 0% | 0% | 2% | 8%  | 90% | <i>Agree/<br/>Strongly<br/>Agree<br/>decreased<br/>2%</i> |

Overall, Level 4 classes continue to produce steady enrollment and completion numbers. Survey results decreased slightly or stayed the same in agree/strongly agree, trainings at this level continue to indicate information is relevant to their roles with their clients.

### 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, 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 1, 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**

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; Managing Discord; Evoking Change Talk; and using the Spirit of Motivational Interviewing (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. The second phase added this reporting period is training in Indirect Trauma Sensitive Supervision (ITSS) focusing on the importance of supervisors using learned skills to monitor for signs of trauma, recognize the effects of trauma, and provide ongoing support using specific strategies with specialists. CW supervisors participate in a simulation where they can practice ITSS, a simulation setting with actors prepped in ITSS scenarios. Simulation and scenarios need to include an emphasis on reflection, empathy, and assessing specialist strain. The desired outcome of this simulation is for supervisors to be able to offer meaningful support and help specialists prevent, minimize and process stressful/trauma experiences.

Planning is underway to offer a follow-up course to Supervisor Academy graduates. This course would give supervisors an opportunity to boost their skills, through classroom practice, peer and trainer feedback, and receive coaching to improve skills.

A total of 40 CW supervisors completed the Supervisor Simulation Experience, with 40 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%       | 1%        | 44%   | 55%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 2: As a result of the training, I have developed new skills.                             | 0%                | 0%       | 0%        | 60%   | 40%            | <i>No change</i>                         |
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 0%                | 0%       | 1%        | 64%   | 35%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 4: The training was relevant to my job duties.                                           | 0%                | 0%       | 1%        | 69%   | 30%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 5: The information I received from this training can definitely be used with my clients. | 0%                | 0%       | 0%        | 45%   | 55%            | <i>No change</i>                         |
| Question 6: I have a plan to implement this training.                                             | 0%                | 0%       | 0%        | 45%   | 55%            | <i>No change</i>                         |
| Question 7: I am very confident I will use this training on the job.                              | 0%                | 1%       | 0%        | 63%   | 36%            | <i>Agree/Strongly Agree decreased 1%</i> |

Overall, the survey indicates a high level of satisfaction with the Supervisor Simulation Experience. Survey results decreased slightly or stayed the same in agree/strongly agree. Results continue to indicate CW supervisors find the content helpful and applicable to their daily role, and have a plan to use the new knowledge and implement the skills learned with their clients.

### Supervisor Academy Results

Due to the Academy's length, some CW supervisors will be in some aspect of completion this state fiscal year. During the reporting period of July 2021 through March 2022 three Supervisor Academy cohorts (0921, 1221, and 0322) began with 39 CW supervisors:

- Three cohorts (0321, 0621, and 0921) completed, consisting of 40 CW supervisors with 35 CW supervisors graduating within the reporting period.
- Cohort (1221) will complete in June 2022, consisting of 14 CW supervisors.
- Cohort (0322) will complete in September 2022, consisting of 14 CW supervisors.

### Supervisor Academy Module Completion

Supervisor Academy is divided into four modules. During this reporting period, Module 1 was held three times, with 39 CW supervisors completing. Module 2 was held three times with 42 CW supervisors completing. Module 3 was held three times with 38 CW supervisors completing. Module 4 was held three times with 35 CW supervisors completing.

### Supervisor Academy Survey Response Rate by Module

The survey was completed by 157 CW supervisors attending Modules 1-4 for an overall response rate of 96 percent. Discrepancies in reporting for Supervisor Academy is due to occasional accommodations made to supervisors to move from their original cohort and complete with another cohort. This option is sometimes allowable due to work conflicts, special circumstances, or emergencies.

### 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%        | 45%   | 55%            | No change                         |
| Question 2: As a result of the training, I have developed new skills.                        | 0%                | 0%       | 2%        | 31%   | 67%            | Agree/Strongly Agree decreased 2% |
| Question 3: The training has affected some of my attitudes concerning this topic area.       | 0%                | 0%       | 1%        | 21%   | 78%            | No change                         |
| Question 4: The training was relevant to my job duties.                                      | 0%                | 0%       | 1%        | 59%   | 40%            | Agree/Strongly Agree decreased 1% |



|                                                                                                   |    |    |    |     |     |                                   |
|---------------------------------------------------------------------------------------------------|----|----|----|-----|-----|-----------------------------------|
| Question 5: The information I received from this training can definitely be used with my clients. | 0% | 1% | 0% | 65% | 34% | No change                         |
| Question 6: I have a plan to implement this training.                                             | 0% | 0% | 0% | 36% | 64% | Agree/Strongly Agree increased 2% |
| Question 7: I am very confident I will use this training on the job.                              | 0% | 0% | 0% | 20% | 80% | No change                         |

Overall, the survey continues to indicate a high level of satisfaction with Module 1 of Supervisor Academy. Survey results indicates miniscule fluctuations or stayed the same in agree/strongly agree. Three of the seven questions continue to produce 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%       | 0%        | 36%   | 64%            | Agree/Strongly Agree increased 4% |
| Question 2: As a result of the training, I have developed new skills.                             | 0%                | 1%       | 0%        | 22%   | 77%            | Agree/Strongly Agree decreased 1% |
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 0%                | 0%       | 0%        | 12%   | 88%            | Agree/Strongly Agree increased 1% |
| Question 4: The training was relevant to my job duties.                                           | 0%                | 1%       | 2%        | 60%   | 37%            | Agree/Strongly Agree decreased 3% |
| Question 5: The information I received from this training can definitely be used with my clients. | 0%                | 0%       | 0%        | 20%   | 80%            | Agree/Strongly Agree increased 1% |
| Question 6: I have a plan to implement this training.                                             | 0%                | 0%       | 0%        | 85%   | 15%            | No change                         |
| Question 7: I am very confident I will use this training on the job.                              | 0%                | 0%       | 0%        | 23%   | 77%            | No change                         |

Overall, the survey indicates a high level of satisfaction with Module 2 of Supervisor Academy. Based on previous years Module 2 continues to produce improved results. Five of the seven questions had 100 percent satisfaction up from 4 percent from last year. The most significant increase was in question 1, which increased by 4 percent when it was down by 4 percent last year.

### 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% | 16% | 84% | <i>No change</i>                         |
| Question 2: As a result of the training, I have developed new skills.                             | 0% | 1% | 1% | 16% | 82% | <i>Agree/Strongly Agree decreased 2%</i> |
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 0% | 0% | 0% | 22% | 78% | <i>Agree/Strongly Agree increased 2%</i> |
| Question 4: The training was relevant to my job duties.                                           | 0% | 1% | 1% | 63% | 35% | <i>Agree/Strongly Agree decreased 2%</i> |
| Question 5: The information I received from this training can definitely be used with my clients. | 0% | 0% | 0% | 84% | 16% | <i>No change</i>                         |
| Question 6: I have a plan to implement this training.                                             | 0% | 0% | 0% | 75% | 25% | <i>No change</i>                         |
| Question 7: I am very confident I will use this training on the job.                              | 0% | 0% | 0% | 23% | 77% | <i>No change</i>                         |

Overall, the survey continues to indicate a high level of satisfaction with Module 3 of Supervisor Academy. Five of the seven questions continue to produce 100 percent agree/strongly agree positive scores.

#### 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%       | 1%        | 74%   | 25%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 2: As a result of the training, I have developed new skills.                             | 0%                | 0%       | 0%        | 80%   | 20%            | <i>No change</i>                         |
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 0%                | 0%       | 0%        | 25%   | 75%            | <i>No change</i>                         |
| Question 4: The training was relevant to my job duties.                                           | 0%                | 0%       | 1%        | 69%   | 29%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 5: The information I received from this training can definitely be used with my clients. | 0%                | 0%       | 0%        | 84%   | 16%            | <i>No change</i>                         |
| Question 6: I have a plan to implement this training.                                             | 0%                | 1%       | 0%        | 14%   | 85%            | <i>Agree/Strongly Agree decreased 1%</i> |
| Question 7: I am very confident I will use this training on the job.                              | 0%                | 0%       | 0%        | 13%   | 87%            | <i>No change</i>                         |

The survey indicates a steady level of satisfaction with Module 4 of Supervisor Academy. Survey results decreased slightly or stayed the same in agree/strongly agree.

## Supervisor Academy Results

The survey results indicate a high level of satisfaction with Supervisor Academy. Previous years also reflected a fluctuation in satisfaction, congruent with this report. Through collaborative efforts, curriculum development, restructure of content as needed, and with courses going back to in-person full-time, it is anticipated the ratings will increase and CW supervisors will show an increased satisfaction in all seven areas surveyed.

## Level 5 Testing Reports

Level 5 trainings offered from July 2021 through March 2022 include CW5205 CSM Facilitator Training include two new courses launches: CW5104 Generational Trauma and CW5042 Setting the Foundation: LGBTQ+ Inclusion in Child Welfare.

88 CW specialists completed Level 5 trainings with a return rate of 100 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%        | 31%   | 69%            | No change                         |
| Question 2: As a result of the training, I have developed new skills.                             | 0%                | 0%       | 1%        | 68%   | 31%            | Agree/Strongly Agree decreased 1% |
| Question 3: The training has affected some of my attitudes concerning this topic area.            | 0%                | 0%       | 1%        | 61%   | 38%            | Agree/Strongly Agree decreased 1% |
| Question 4: The training was relevant to my job duties.                                           | 0%                | 0%       | 1%        | 73%   | 26%            | Agree/Strongly Agree increased 3% |
| Question 5: The information I received from this training can definitely be used with my clients. | 0%                | 0%       | 0%        | 60%   | 40%            | No change                         |
| Question 6: I have a plan to implement this training.                                             | 0%                | 0%       | 0%        | 26%   | 74%            | No change                         |
| Question 7: I am very confident I will use this training on the job.                              | 0%                | 0%       | 0%        | 31%   | 69%            | No change                         |

The survey indicates a steady level of satisfaction with Level 5 trainings. Courses offered vary each year for this level. Survey results varied slightly or stayed the same in agree/strongly agree. Four of the seven questions continue to produce 100 percent agree/strongly agree positive scores.

## 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 2021-2022**

- 53 OKDHS employees participated in CWPEP
  - 36 at the OU campus in Norman
  - 15 at the OU campus in Tulsa
  - 2 online

### **MSW Graduates May 2022**

- 13 OKDHS employees graduated with MSW degrees and returned to OKDHS to complete employment obligations.

### **BSW Graduates, Hired, or Anticipated to Be Hired**

- 12 BSW students graduated in May 2021 and were hired by OKDHS
  - 5 from OU
  - 4 from East Central University
  - 1 from Oral Roberts University
  - 2 Northwestern Oklahoma State University
- 25 professionally trained social workers began employment obligations with OKDHS.

## 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:**

- **63,217** is the number of duplicate children for Federal Fiscal Year (FFY) 2021  
*Source: National Child Abuse and Neglect Data System (NCANDS Child File Data for FFY 2021)*

**(2) Of the number of children described in (1), the number with respect to whom such reports were:**

- Substantiated – **14,438** (duplicate victims)  
*Source: NCANDS Child File Data for FFY 2021*
- Unsubstantiated – **48,779** (duplicate victims)  
*Source: NCANDS Child File Data for FFY 2021*
- Determined to be false – **0**  
*Source: NCANDS Child File Data for FFY 2021*

**(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 – **12,733**  
*Source: NCANDS Child File Data – Supplemental for FFY 2021 (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 – **3,334**  
*Source: NCANDS Child File Data for FFY 2021*

**(4) The number of families that received preventive services, including use of differential response, from the state during the year:**

- **1,787** Family-Centered Services (FCS) cases during FFY 2021  
*Source: Oklahoma Statewide Automated Child Welfare Information System (SACWIS) (KIDS) Collected for FFY 2021 NCANDS Agency file*

**(5) The number of deaths in the State during the year resulting from child abuse or neglect:**

- **15**  
*Source: 2021 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 2021 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 – **79** personnel
- Assessment and Investigation – **713** personnel

*Source: Oklahoma SACWIS (KIDS)*

*Reported: FFY 2021 NCANDS Agency File*

**(7B) The average caseload for the workers described in (7A) above:**

- For FFY 2021, the average number of reports accepted for assessment or investigation per CPS child welfare (CW) specialist was **37** per month

*Source: KIDS Database – data collected for FFY 2021*

- The average number of assessments/investigations completed FFY 2021 was **4** per month

*Source: KIDS Database – data collected for FFY 2021*

**(8) The agency response time with respect to initial investigation of reports of abuse or neglect:**

- **53.25** hours

*Source: Oklahoma SACWIS (KIDS)*

*Reported: FFY 2021 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 **5.57** hours
- Priority II reports **72.37** 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, for details pertaining to Child Welfare Services (CWS) staff training.
- Data of the education, qualifications, and training of such personnel.
  - On 5/4/2022, the CWS division employed 1,965 staff with a bachelor's degree, 240 staff with a master's degree, 1 staff with a PhD, and 3 staff with a Juris Doctorate.
- Demographic information of the CPS personnel.
  - On 5/4/2022, the CWS division employed 2,207 CW specialists, including CW supervisors. Of those, 1,866 identified as female, 330 identified as male, and 11 had no reported gender identification. Of the 2,207 CW specialists, 252 identify as American Indian, 25 identify as Asian, 387 identify as African American, 98 identify as Hispanic, 7 identify as Pacific Islander, 1,429 identify as Caucasian, and 7 report an unspecified or unreported race/ethnicity identification.
- 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 is 12 cases, including both assessments and investigations. Each CPS supervisor has a maximum of five direct reporting CW specialists.

**(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:**

- **432** distinct children  
*Source: Oklahoma SACWIS (KIDS)*
- 475 children substantiated whose families received Family Preservation Services in the previous five years
- 512 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:**

- **3,380** (All children removed have a court appointed representative)
- Court-appointed special advocate (CASA) reported serving 3,380 children with an average of 13 contacts per child for FFY 2021

**(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 2021 Annual Report, Oklahoma Child Death Review Board 2021 Recommendations***, and the ***Oklahoma Advisory Task Force Board on Child Abuse and Neglect Administrative Report***.

**(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 2021, **370** youth under the age of 18 years met at least one of the above criteria during the period of 10/1/2020 through 9/30/2021. In OKDHS' out-of-home care population on 9/30/2021, there were **24** youth under 18 years of age in OKDHS custody placed in a detention type facility. **21** youth were in the shared custody of OJA during FFY 2021.

**(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 2021 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 – **4,165**  
*Source Oklahoma SACWIS (KIDS)*  
*Reported in the FFY 2021 NCANDS Agency File*
- The number of children referred – **984**  
*Source: Oklahoma SACWIS (KIDS)*  
*Reported in the FFY 2021 NCANDS Agency File*

**17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv):**

- **12**  
*Source: FFY 2021 NCANDS Child File*

**(18) The number of infants:**

(A) identified under subsection (b)(2)(B)(ii):

- **2,540**  
*Source: FFY 2021 NCANDS Child File – Supplemental Report*

(B) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii):

- **187**  
*Source: FFY 2021 NCANDS Child File; and*

(C) for whom a referral was made for appropriate services, including services for the affected family or caregiver:

- **1,496**  
*Source: FFY 2021 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 2020 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 23 CFS-101 – Excel, Oklahoma FY 23 CFS-101 – PDF, and Oklahoma FY 22 CFS-101 Reallotment.***