



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



CHILD WELFARE SERVICES

June 30, 2023

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Attachments

- (1) *OKDHS Executive Organizational Chart*
- (2) *CWS Executive Team Organizational Chart*
- (3) *CWS Regions and Districts Map*
- (4) *CWS Foster Care and Adoptions Map*
- (5) *CWS Organizational Chart*
- (6) *Clinical Team Update 2023*
- (7) *OKDHS CWS Regions and Tribal Jurisdictions*
- (8) *OKDHS CWS Tribal Program Contacts*
- (9) *OKDHS Tribal IV-E Unit*
- (10) *Oklahoma Tribal ICW Contact List*
- (11) *Oklahoma Child Death Review Board 2023 Recommendations*
- (12) *Oklahoma Domestic Violence Fatality Review Board Annual Report 2022*
- (13) *Oklahoma Advisory Task Force Board on Child Abuse and Neglect Administrative Report*
- (14) *Annual Report of Education and Training Vouchers Awarded*
- (15) *Training Plan with Cost Allocation*
- (16) *Oklahoma FY 24 CFS-101 - Excel*
- (17) *Oklahoma FY 24 CFS-101 - PDF*
- (18) *Oklahoma FY 23 CFS-101 Reallotment*

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. CWS has operated under the direction of Deborah Shropshire, M.D. since June 2019. In January 2023 Dr. Shropshire became the OKDHS Director and Tricia Howell was named the CWS Director. The CWS Director reports directly to one of three OKDHS Deputy Directors who reports to the OKDHS Director. The OKDHS Director 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, a leadership and employee support administrator, and an integrated legal services 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. 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***. Another deputy director oversees Foster Care and Adoptions (FC&A) services that are provided in all five regions as shown in the attached ***CWS Foster Care and Adoptions Map***. To support the critical work in the five regions, five teams, each led by a deputy director, a clinical director, or administrator are responsible for CWS Placement Programs, CWS Programs, 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.
 - Enhanced Foster Care – provides additional therapeutic support services for children and youth with complex needs and the resource families caring for them.
- 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.

- Tribal Coordinators – collaborates with the 38 federally-recognized tribes in Oklahoma to coordinate services 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:
 - Budget and Finance – includes 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. The team also coordinates Title IV-B and Title IV-E funding to tribes.
 - 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:
 - The CWS Clinical Team which consists of the clinical team director, a pediatric psychologist, a pediatrician, mental health consultants, nurses, and a licensed social worker. The clinical team enhances and supports best practices in mental and physical health system wide.
 - Leading the clinical team in providing support for youth and families in the Oklahoma CW system by offering clinical expertise and guidance to CWS programs, specialists, and community partnerships.
- The Administrator for Leadership and Employment Support is responsible for:
 - Human resources and payroll for the CWS division.
 - Employee-support efforts throughout the CWS division; collaboration with the OKDHS Human Resources, Legal, Finance, and other support divisions on issues that impact CWS; and 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 transform as an organization that is transparent, innovative, and committed to improve the trajectory of Oklahoma families by deconstructing systemic barriers that prevent the agency from serving where and when needed. Leadership has remained 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 has involved 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. As a result, OKDHS has modernized its real estate footprint by adding "access points" for customers by embedding the workforce with community partners in locations convenient for those who need services. Oversized buildings are being replaced with intentionally designed spaces to better serve children and families.

Inclusion and collaboration are key to serving all Oklahomans. OKDHS continues to collaborate with more than 100 partner organizations in serving individuals and families throughout the state. These partners include nonprofit and faith-based organizations, health departments, law enforcement, and numerous other social agencies. These partnerships significantly improve opportunities to blend funding, coordinate service delivery, and develop resources for both common and unique needs of individuals, families, and communities.

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.

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.

Of note, in March 2023, OKDHS and the CWS division achieved a major milestone in the Pinnacle Plan agreement developed in 2012 as the result of a federal class action lawsuit brought against the state of Oklahoma on behalf of children in the custody of OKDHS. The resulting massive CW system reform has involved making improvements in seven core performance areas, measured by 30 targeted outcomes, and monitored by court approved "Co-Neutrals" since 2013. In March 2023, the Co-Neutrals determined that good faith efforts had been achieved in 23 of the 30 targeted outcomes, marking sustained improvement in five of the seven core performance areas. Further, the Co-Neutrals unreservedly found that Oklahoma has become a model CW system in important respects through its commitment "to being a self-correcting child welfare agency that continuously assesses its data, information and feedback from stakeholders." The *March 2023 Co-Neutral 19th Commentary* and all related Pinnacle Plan reports are available at <https://oklahoma.gov/okdhs/services/child-welfare-services/the-oklahoma-pinnacle-plan>.

COLLABORATION

Child Welfare Services (CWS) is engaged in substantial, ongoing, and meaningful collaboration with families, children, youth, tribes, courts, foster families, service providers, and numerous 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 parents, children and youth, tribes, courts, foster families, service providers, numerous partners, and communities of all types across the state is ongoing and occurs regularly through conversations, meetings, small and large workgroups, social media platforms, websites, focus groups, surveys, and other forums.

CWS continues to ensure stakeholders are actively involved in CFSP implementation via ongoing meetings and workgroups, along with partnering with other provider agencies to hold, at a minimum, bi-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 formal and informal stakeholders include:

- adoptive parents;
- biological parents;
- Child Advocacy Centers/Freestanding Multidisciplinary Teams;
- Child Death Review Board;
- Child Protection Coalition in Oklahoma County;
- Child Protection Coalition in Tulsa County;
- Child Welfare Professional Enhancement Program;
- Children of Incarcerated Parents Committee;
- Children's Advocacy Centers of Oklahoma;
- Children's Court Improvement Program;
- Children's State Advisory Workgroup;
- Circle of Care Parent Partners;
- Court-Appointed Special Advocates;
- CW Policy and Practice Group;
- Evolution Foundation;
- faith-based partners, including 111Project;
- foster and adoptive parent associations and support groups;
- Juvenile Judges Oversight Advisory Committee;
- Legal Aid Services of Oklahoma;
- legislative workgroup;

- National Child Welfare Anti-Trafficking Collaborative;
- National Resource Center for Youth Services;
- NorthCare Parent Partner Program;
- Oklahoma Advisory Task Force Board on Child Abuse and Neglect;
- Oklahoma Attorney General's Office Victim Services Unit;
- Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board;
- Oklahoma Commission on Children and Youth;
- Oklahoma Department of Corrections;
- Oklahoma Department of Mental Health and Substance Abuse Services;
- Oklahoma Domestic Violence Coalition;
- Oklahoma Family Network;
- Oklahoma Health Care Authority;
- Oklahoma Indian Child Welfare Association;
- Oklahoma Institute for Child Advocacy;
- Oklahoma Office of Juvenile Affairs;
- Oklahoma Partnership for School Readiness;
- Oklahoma Planning and Advisory Council;
- Oklahoma State Department of Education;
- Oklahoma State Department of Health;
- Oklahoma Therapeutic Foster Care Association;
- Post-Adjudication Review Board;
- resource parents;
- Self-Healing Communities;
- service providers;
- Special Review Committee;
- State Advisory Team;
- Sustainable Implementation Committee on Home Visitation;
- Tribal Child Protection teams;
- Tribal/State Collaboration Workgroup;
- tribes;
- University of Oklahoma;
- young adults previously in care;
- Young Women's Christian Association;
- youth service agencies; and
- youth in care.

Further details regarding collaboration and stakeholder involvement are found throughout other sections of this 2024 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 within the United States Department of Health and Human Services. As per the CB's goal, CFSRs are conducted with the intent for Oklahoma to improve its 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.

Of note, there were challenges in acquiring and analyzing the CFSR case review data for this 2024 Annual Progress on Services Report (APSR) due to modifications made to the OMS database in preparation for the new CFSR Round 4 OSRI. This resulted in Oklahoma's inability to electronically pull the consolidated 12-months' worth of data, which included cases open or opened within AFCARS periods 21B and 22A. The OMS contractor, JBS International, was also unable to pull the consolidated data. As a result, the Region 6 CB instructed Oklahoma to use the six months of data for 21B as reflective of both AFCARS periods unless there was a difference of more than 10 percent between 21B and 22A, for which Oklahoma was instructed to manually consolidate both six months' data and calculate a 12-month average. A note is included within each Outcome and/or Item below as to the number of months used in the case review analysis.

The cases resulting in the data discussed in this APSR were open or opened within AFCARS period 21B, and in some instances 22A, and included 64 children in foster care and 41 families receiving in-home services. The CFSR case reviews occurred from April 2022 through March 2023 with periods under review ranging from April 2021 through March 2023. 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 **General Information**, State Agency Administering the Program, CWS is divided into five geographical regions across the state with 27 districts aligned according to district attorney's responsibilities within 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.

Because of regional and district differences, as well as the limited number of cases reviewed, item ratings may vary significantly between regions. This variance is seen in Items 3, 4, 7, 9, 11, 12A, 12B, and 12C. In order to further analyze and address reasons for these variances, CWS Continuous Quality Improvement Programs has developed a qualitative and quantitative process whereby additional programmatic data and practice profiles are reviewed on a regular basis and practice improvement charters have been developed in each region to measure and improve overall practice. More information about this is detailed in this APSR under the **Quality Assurance System**.

The COVID-19 pandemic continued during this reporting period, 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 (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 Framework 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

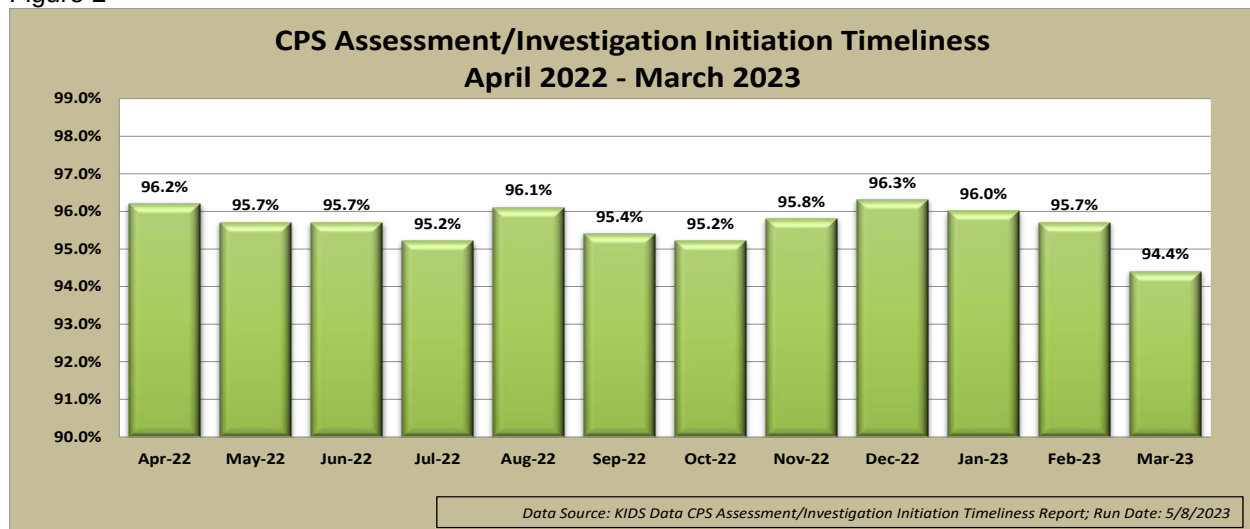
In Oklahoma, all reports of child maltreatment are processed by the centralized Hotline to determine whether a report is accepted and assigned for a CPS investigation or assessment (Alternative Response). A response time is also determined based on the severity and immediacy of the reported maltreatment. 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 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 2022 through March 2023.

Figure 1

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTAL
% Within Policy	96.2%	95.7%	95.7%	95.2%	96.1%	95.4%	95.2%	95.8%	96.3%	96.0%	95.7%	94.4%	95.6%
# of Reports	2872	2423	2285	2270	2765	2874	2652	2369	2202	2890	2622	2822	31046
# Within Policy	2763	2320	2187	2161	2657	2743	2524	2270	2121	2773	2510	2665	29694
# Not Within Policy	109	103	98	109	108	131	128	99	81	117	112	157	1352
Average Length of Time to Initiate (Days)	1.8	1.7	1.7	2	1.9	1.9	1.9	1.8	1.8	1.9	2	2	1.9
Data Source: KIDS Data CPS Assessment/Investigation Initiation Timeliness Report; Run Date: 5/8/2023													

Figure 2



A difference exists between the above KIDS quantitative data which indicates initiation timeliness at 95.6 percent during April 2022 through March 2023, a 12-month timeframe, and the qualitative case review data in Figure 3 which indicates initiation timeliness at 94.1 percent during April 2021 through September 2022, an 18-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 2023 APSR which reflected initiation timeliness at 84 percent, Oklahoma CWS' statewide average performance increased over 10 percent for this item. *Note: per the instructions of the Region 6 CB, the six months of data for 21B only was used for Safety Outcome 1, Item 1. Therefore, comparison of outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.*

Figure 3

CFSR Case Review Data: 4/2021-9/2022	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 34	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
<u>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</u>				94.12% n=32	0% n=0	5.88% n=2	n=31
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.	94.12% n=32	5.88% n=2	n=31				

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022

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

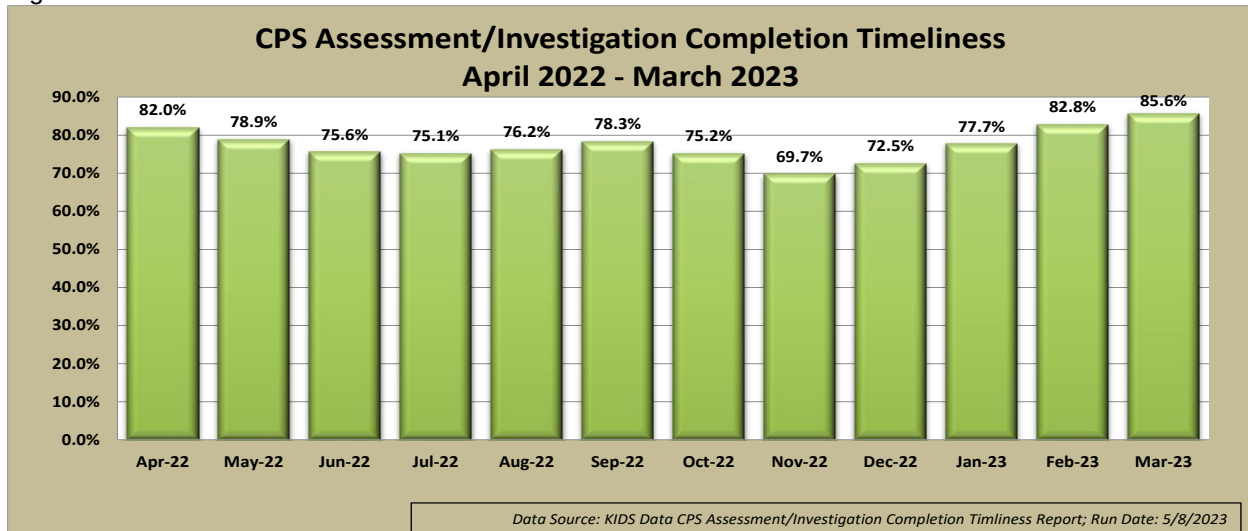
impact this outcome include a lack of follow-up attempts to complete face-to-face contacts when failed attempts occur and/or a lack of face-to-face contacts with all alleged child victims within the specified policy requirements. These practices, during this reporting period, are a mix of both metro and rural regions. Regional variances ranged from a low of 87.5 percent in two regions compared to a high of 100 percent in other three regions.

In addition to initiation, timely completion of CPS investigations and assessments is also an indicator of ensuring child safety. From April 2022 through March 2023, CWS completed 77.5 percent of 30,954 CPS investigations and assessments within required time frames, as seen in Figures 4 and 5. CWS' completion timeliness of 77.5 percent is a 3.6 percent decrease for this reporting period compared to the 2023 APSR of 81.1 percent. While a decrease was seen this reporting period, 77.5 percent is still a slight improvement when compared to the 2021 APSR of 77.2 percent.

Figure 4

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTAL
% Within Policy	82.0%	78.9%	75.6%	75.1%	76.2%	78.3%	75.2%	69.7%	72.5%	77.7%	82.8%	85.6%	77.5%
Completed	2688	2681	2716	2323	2363	2385	2646	2543	2709	2728	2250	2942	30954
# Within Policy	2188	2115	2052	1744	1800	1867	1989	1772	1964	2120	1862	2517	23990
# Not Within Policy	480	566	664	579	563	518	657	771	745	608	388	425	6964
Average Length of Time to Complete (Days)	45.5	47.0	49.7	50.6	48.6	47.2	51.4	52.5	52.3	51.1	47.1	48.1	49.3
Data Source: KIDS Data CPS Assessment/Investigation Completion Timeliness Report; Run Date: 5/8/2023													

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, 46.15 percent substantially achieved, reflects a slight increase of 1.53 percent in ensuring safety for children, when compared

to the 2023 APSR. CWS has multiple strategies in place that focus on the improvement of safely maintaining children in their homes, whenever possible and appropriate. *Note: per the instructions of the Region 6 CB, the six-months of data for 21B only was used for Safety Outcome 2, Item 1, and Item 2. Therefore, comparison of outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.*

Figure 6

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 28 of 32 applicable cases, services to protect the child(ren) in the home and prevent removal or re-entry into foster care is a strength in 87.5 percent of cases. This represents an increase of 4.89 percent for this reporting period when compared to the 2023 APSR of 82.61 percent. Significant regional rating variance is noted for this item, ranging from a strength of 100 percent to a low of 60.0 percent. Various 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: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 32	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	87.5% n=28	12.5% n=4	n=33

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022

As indicated in Figure 8, removing children from their homes decreased this reporting period when compared to the 2023 APSR.

Figure 8

Month	In Care at Beginning of Month	Removed During the Month	Exited During the Month	Removed at End of Month
Mar-19	7966	351	350	7967
Mar-20	7761	305	284	7782
Mar-21	7864	357	365	7856
Mar-22	7230	353	372	7211
Mar-23	6987	283	358	6912
Data Source: KIDS Database; Run Date: 5/4/2023				

As seen in Figure 9, which reflects new FCS cases opened each month during this reporting period, CWS continues to place an emphasis on 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.

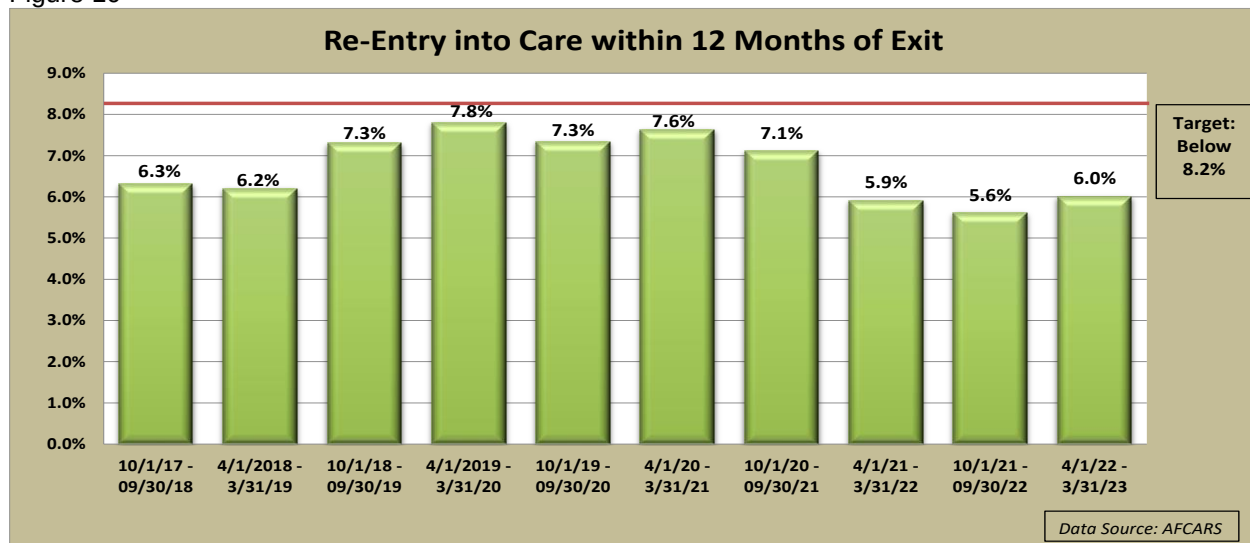
Figure 9

New FCS Cases Open at Least 7 days by Month											
Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
122	93	88	76	100	85	75	77	82	83	110	104
Data Source: KIDS Database; Run Date: 5/10/2023											

For the current period, 1,495 families were served through FCS, a decrease of 185 FCS cases compared to the 2023 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 in addition to the number of children entering care. 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 remains below the CWS target rate of 8.2 percent. Additionally, according to the Oklahoma CFSR Data Profile for February 2023 issued by the Children's Bureau, Oklahoma's risk standardized performance of 3.9 percent for re-entry into foster care is below the national performance standard of 5.6 percent.

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. Additional issues noted this reporting period were 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;
- frequent caseworker visits to the parents leading up to trial reunification;
- appropriate frequency of caseworker visits with the child after trial reunification.

As seen in Figure 11, case review data for Safety Outcome 2, Item 3, indicates that of 65 applicable cases, risk and safety assessment and management is a strength in 46.15 percent of cases reviewed. This number is a 1.53 percent increase compared to the 2023 APSR of 44.62 percent. Significant regional rating variance is noted for this item, ranging from a strength of 92.3 percent to a low of 23.0 percent. These practices occurred in of both metro and rural regions.

Figure 11

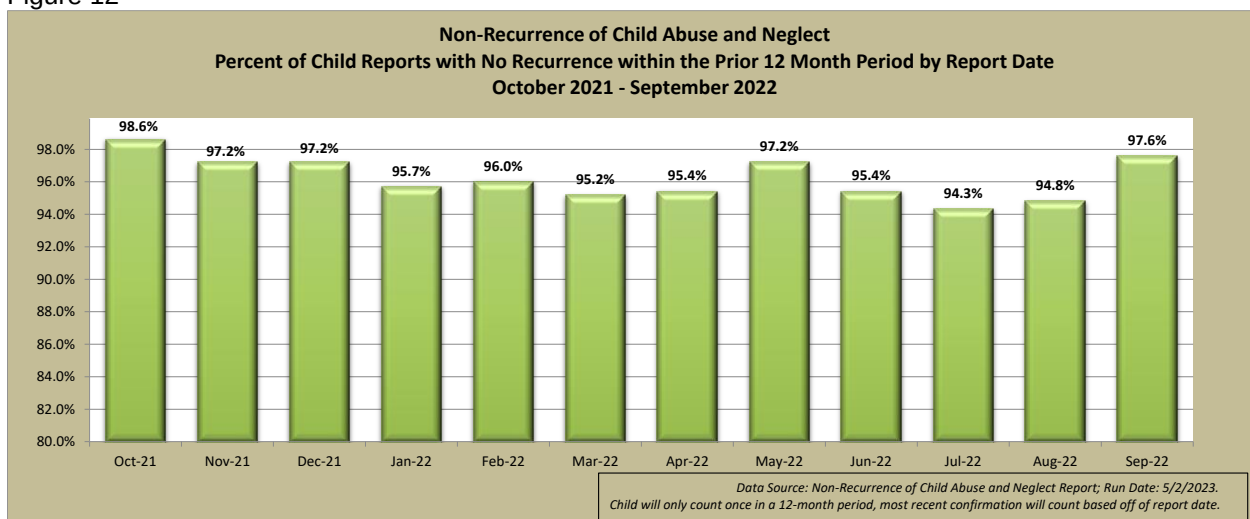
CFSR Case Review Data: 4/2021-9/2022		Performance Item Rating	
Applicable Cases: 65	Strength	Area Needing Improvement	Cases NA
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.			
Item 3: Risk and Safety Assessment and Management	46.15% n=30	53.85% n=35	n=0
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

In looking at the individual elements of risk and safety assessment and management in the 65 applicable cases, the initial assessment accurately assessed all risk and safety concerns in 80.9 percent of cases reviewed, which was a 13.7 percent increase compared to the 2023 APSR. The ongoing assessment accurately assessed all risk and safety concerns in 50.77 percent of cases reviewed, which was also an increase of 2.47 percent compared to the 2023 APSR. The accurate and appropriate development and monitoring of Safety Plans occurred in 62.07 percent of the cases reviewed, which was an 8.87 percent increase compared to the 2023 APSR.

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 2021 through September 2022 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 that for substantiated child victims in October 2021 through September 2022, when recurring maltreatment did occur, it occurred within an average of 88.5 days or about 12 weeks.

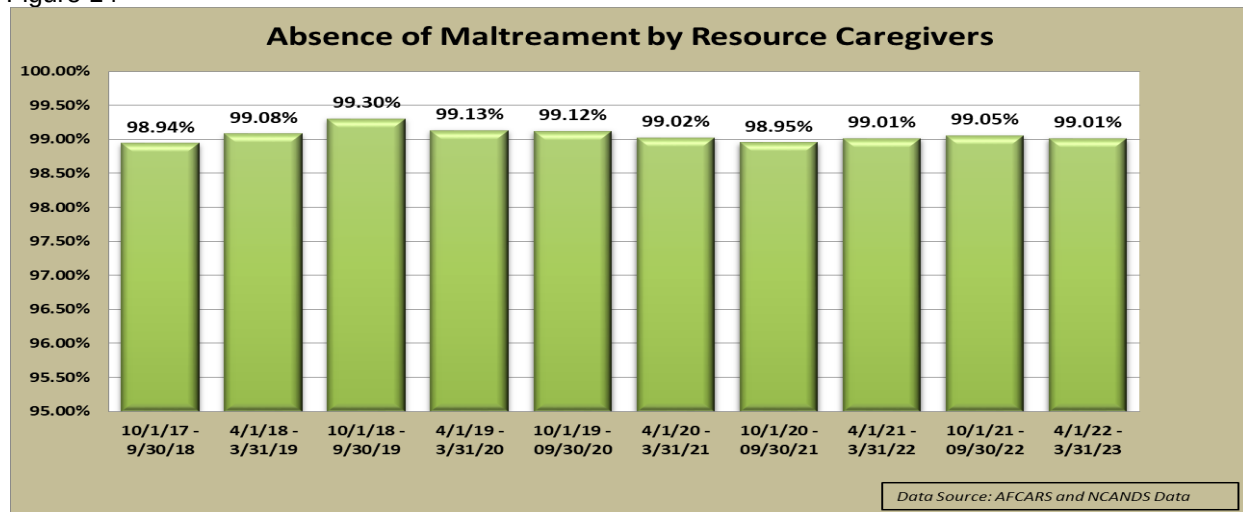
Figure 13

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	TOTAL
% Non-Recurrence	98.6%	97.2%	97.2%	95.7%	96.0%	95.2%	95.4%	97.2%	95.4%	94.3%	94.8%	97.6%	96.1%
# of Confirmed	1123	1045	981	996	1020	1285	1118	1124	1145	1149	755	245	11986
# of Non-Recurrence	1107	1016	954	953	979	1223	1067	1092	1092	1083	716	239	11521
# of Recurrence	16	29	27	43	41	62	51	32	53	66	39	6	465
Average Length of Time to Recurrence	67.3	66	75.3	90.3	113.5	96	87.5	99.4	89.6	87.5	82.2	47.7	88.5
<i>Data Source: Non-Recurrence of Child Abuse and Neglect Report; Run Date: 5/8/2023. Child will only count once in a 12-month period, most recent confirmation will count based off of report date.</i>													

Ensuring the safety of children placed in OKDHS custody continues to be CWS' paramount priority. Specific strategies, such as completing qualitative-regional reviews of unsubstantiated and substantiated reports in home-based 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 17.5 percent, partially achieved in 72.5 percent, and not achieved in 10.0 percent of 40 cases reviewed. These ratings indicate a decrease of 7.5 percent for substantially achieved ratings, an increase of 5 percent of partially achieved ratings, and an increase of 2.5 percent of not achieved ratings when compared to the 2023 APSR of 25 percent substantially achieved, 67.5 percent partially achieved, and 7.5 percent not achieved. *Note: per the instructions of the Region 6 CB, the six months of data for 21B only was used for Permanency Outcome 1, Item 4, Item 5, and Item 7. Therefore, comparison of*

outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.

Figure 15

CFSR Case Review Data: 4/2021-9/2022		Performance Item Ratings		Outcome Ratings			
Applicable Cases: 40	Strength	Area Needing Improvement	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Permanency Outcome 1: Children have permanency and stability in their living situations.				17.5% n=7	72.5% n=29	10% n=4	n=0
Item 4: Stability of Foster Care Placement	60% n=24	40% n=16	n=0				
Item 5: Permanency Goal for Child	62.5% n=25	37.5% n=15	n=0				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	37.5% n=15	62.5% n=25	n=0				

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022

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 60 percent of 40 cases reviewed. This result is a decrease of 11.25 percent, compared to the 2023 APSR of 71.25 percent placement stability.

Figure 16

CFSR Case Review Data: 4/2021-9/2022		Performance Item Rating		
Applicable Cases: 40		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		60% n=24	40% n=16	n=0

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022

Regional rating variance for this item ranges from a strength of 25 percent as a low to 87.5 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 2022 through March 2023, 98.4 percent of children had a case plan goal documented in KIDS, which is a decrease of 0.2 percent when compared to the 2023 APSR.

Figure 17

CFSR Item 20 - Period Ending 03/31/2023 - 22B - 23A				
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
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%
22B - 23A	10,750	10,163	10,000	98.4%
<i>Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)</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 62.5 percent, which is an increase of 3.75 percent in performance when compared to the 2023 APSR of 58.75 percent.

Figure 18

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 40	Strength	Area Needing Improvement	Cases NA
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 5: Permanency Goal for Child	62.5% n=25	37.5% n=15	n=0
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</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 40 cases reviewed, all goals were established timely in 70.0 percent of cases; all goals were appropriate for 85.0 percent of cases; and TPR was filed timely or an

exception applied in 83.3 percent of applicable cases.

Permanency goal strength regional rating variance for this item ranges from a strength of 37.5 percent as a low to 75.0 percent as a high. 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 40 cases included in case reviews, Permanency Outcome 1, Item 6, 37.5 percent made concerted efforts toward permanency. This number is a 3.75 percent decrease in performance compared to the 2023 APSR of 41.25 percent.

Figure 19

CFSR Case Review Data: 4/2021-9/2022		Performance Item Rating		
Applicable Cases: 40	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	37.5% n=15	62.5% n=25	n=0	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022				

Of the 40 cases reviewed, permanency goals included:

- 14 children with a goal of reunification - OKDHS and the court made concerted efforts to achieve timely reunification in six cases;
- 2 children with a goal of guardianship - OKDHS and the court made concerted efforts to achieve timely guardianship in one case;
- 26 children with a goal of adoption - case reviews found nine had concerted efforts.

Note: The above numbers do not equal 40 cases as a child may have had more than one goal during the period under review.

Regional strength ratings for this item varied from 0 percent to 75 percent. Four regions decreased and only one region increased by 50 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	1469	741	50.4%
	# Guardianships	Guardianships In < 18 Months	% Guardianships Timely
Guardianships in Less than 18 months	358	150	41.9%
	# of Finalized Adoptions	Adoptions In < 24 Months	% Adoptions Timely
Adoptions in Less than 24 months	1578	593	37.6%
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 22B through 23A reflects 95.7 percent of Periodic Hearings were held timely, an increase of 1 percent. For the same period, KIDS quantitative data in Figure 22 reflects 90.3 percent of Permanency Hearings were held timely, an increase of 1.7 percent.

Figure 21

CFSR Item 21 - Period Ending 03/31/2023 - 22B - 23A						
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
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%
22B - 23A	10,750	16,144	15,754	97.6%	15,454	95.7%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)						

Figure 22

CFSR Item 22 - Period Ending 03/31/2023 - 22B - 23A						
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
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%
22B - 23A	10,750	7,298	6,895	94.5%	6,590	90.3%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)						

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 64 qualifying cases reviewed, Figure 23 case review data indicates substantial achievement of 70 percent, which is a 5 percent increase when compared to the 2023 APSR report of 65 percent. *Note: because it was determined there was more than a 10 percent difference in ratings between 21A and 22B for Item 7, Item 8, Item 10, and Item 11; the two six-month time frames were manually consolidated and calculated to a 12-month average per the instructions of the Region 6 CB. Since all of these Items, plus Item 9, fall under Permanency Outcome 2, Item 9 was also manually consolidated to a calculated average in order to keep the Outcome rating consistent.*

Due to the level of difficulty in calculating the data for statewide and regional purposes, the data is subject to human error and is potentially unreliable. Likewise, comparison of outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.

Figure 23

CFSR Case Review Data: 4/2021-3/2023	Performance Item Rating			Outcome Ratings			
Applicable Cases: 64	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				70.4% n=45	27.0% n=17	2.5% n=2	n=0
Item 7: Placement With Siblings	82.63% n=42	17.36% n=8	n=22				
Item 8: Visiting With Parents and Siblings in Foster Care	71.7% n=53	28.2% n=16	n=11				
Item 9: Preserving Connections	62.5% n=64	37.5% n=24	n=0				
Item 10: Relative Placement	78.5% n=63	21.4% n=12	n=1				
Item 11: Relationship of Child in Care With Parents	82.6% n=43	17.3% n=8	n=21				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023							

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 82.63 percent of 42 applicable cases, which is an increase of 4.45 percent when compared to the 2023 APSR of 78.18 percent. Regional variances in strength ratings ranged from 71 percent to 81 percent. All regions but one increased with one region decreasing by 54.6 percent.

Figure 24

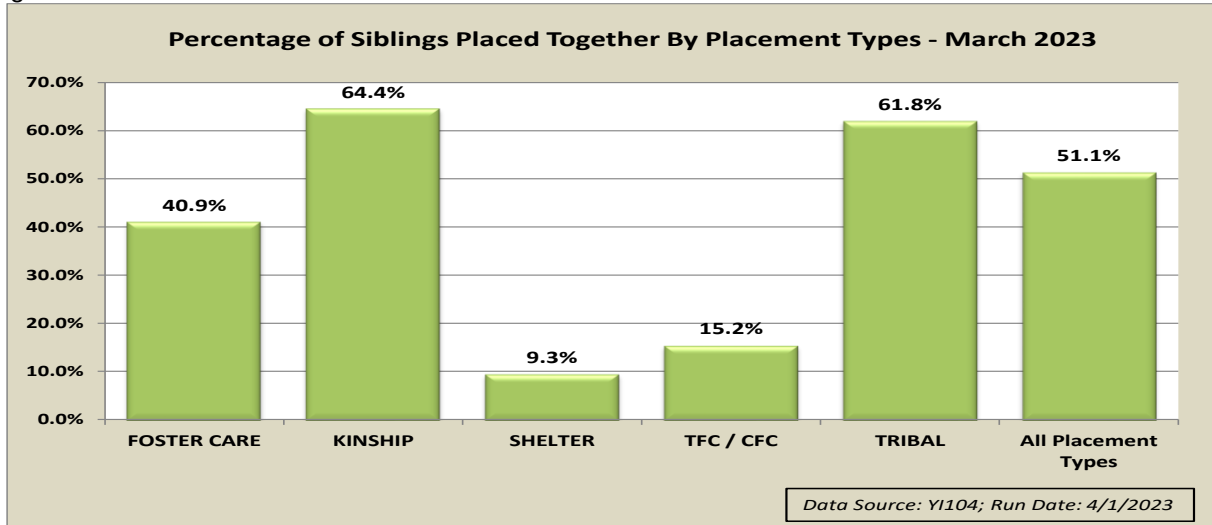
CFSR Case Review Data: 4/2021-3/2023		Performance Item Rating		
Applicable Cases: 42	Strength	Area Needing Improvement	Cases NA	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 7: Placement With Siblings	82.63% n=42	17.36% n=8	n=22	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023				

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 2022 through March 2023 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 2.10, 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 71.7 percent of 53 applicable cases reviewed. This number is a 2.5 percent increase in performance when compared to the 2023 APSR of 69.2 percent.

Regional case review ratings for this performance ranged in strength from 27.5 percent to 91.6 percent. While two regions improved, the other three regions decreased.

Figure 26

CFSR Case Review Data: 4/2021-3/2023		Performance Item Rating		
Applicable Cases: 53		Strength	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 8: Visiting With Parents and Siblings in Foster Care		71.7% n=53	28.2% n=16	n=11
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023				

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 62.5 percent in 64 applicable cases, which is an increase of 6.3 percent in performance compared to the 2023 APSR of 56.25 percent. Regional performance variances for this item as a strength range between 40.6 to 84.3 percent during this reporting period.

Figure 27

CFSR Case Review Data: 4/2021-3/2023		Performance Item Rating		
Applicable Cases: 64	Strength	Area Needing Improvement	Cases NA	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 9: Preserving Connections	62.5% n=64	37.5% n=24	n=0	
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023				

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 92.8 percent of cases. Where ICWA was found to apply, concerted efforts to place the child within the ICWA placement preference were found in 92.8 percent of cases

Item 10: Relative Placement

Early identification of appropriate and stable kinship placements for children helps improve outcomes for children and families. Figure 28 case review data, Permanency Outcome 2, Item 10, reflects that placement with a relative was a strength in 78.5 percent of 63 cases, which is an increase of 3.5 percent in performance when compared to the 2023 APSR of 75 percent. Regional performance varied in strength ratings from 65.6 percent to 96.8 percent.

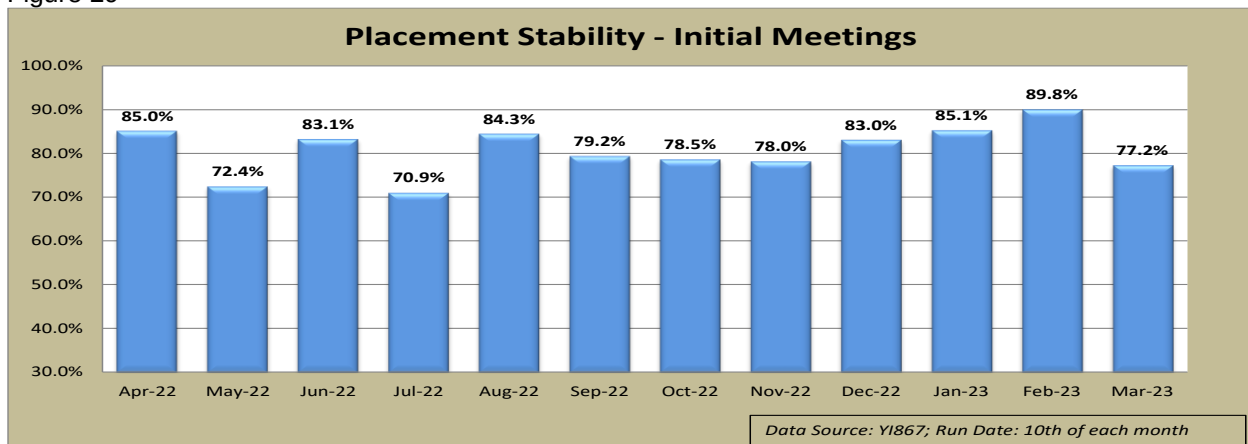
Figure 28

CFSR Case Review Data: 4/2021-3/2023		Performance Item Rating		
Applicable Cases: 63		Strength	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 10: Relative Placement		78.5% n=63	21.4% n=12	n=1
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023				

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 2022 through March 2023, were held for 80.5 percent of children. The occurrence of IMs increased by 3.4 percent when compared to the statewide average of 77.1 percent from April 2021 through March 2022. 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 82.6 percent of cases reviewed, an increase of nearly 10 percent compared to the 2023 APSR. Regional variances in performance for this item include strength ratings ranging from 52.7 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: 4/2021-3/2023		Performance Item Rating		
Applicable Cases: 43		Strength	Area Needing Improvement	Cases NA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				
Item 11: Relationship of Child in Care With Parents		82.6% n=43	17.3% n=8	n=21

Data Source: CSFR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023

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. Concerted efforts for mothers were found in 82.8 percent, an increase of less than one percent compared to the 2023 APSR. Concerted efforts for fathers were found in 83.5 percent of applicable cases reviewed, an increase of 9.4 percent compared to the 2023 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, of 52.31 percent represents an 11.54 percent increase in substantially achieved performance when compared to the 2023 APSR of 40.77 percent. *Note: per the instructions of the Region 6 CB, the six months of data for 21B only was used for Well-Being Outcome 1, Item 12, Item 12A, Item 12B, Item 12C, Item 13, Item 14, and Item 15. Therefore, comparison of outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.*

Figure 31

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating			Outcome Ratings			
Applicable Cases: 130	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				52.31% n=34	21.54% n=14	26.15% n=17	n=0
Item 12: Needs and Services of Child, Parents, and Foster Parents	58.46% n=38	41.54% n=27	n=0				
Item 12A: Needs Assessment and Services to Children	67.69% n=44	32.31% n=21	n=0				
Item 12B: Needs Assessment and Services to Parents	66.04% n=35	33.96% n=18	n=12				
Item 12C: Needs Assessment and Services to Foster Parents	81.58% n=31	18.42% n=7	n=27				
Item 13: Child and Family Involvement in Case Planning	70.49% n=43	29.51% n=18	n=4				

Item 14: Caseworker Visits with Children	44.62% n=29	55.38% n=36	n=0	
Item 15: Caseworker Visits With Parents	62.26% n=33	37.74% n=20	n=12	
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</i>				

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 58.46 percent of the cases reviewed, which, in comparison to the 2023 APSR of 48.46 percent, is an increase of 10 percent. Regional performance varied from a strength rating of 7.6 percent to 100 percent.

Figure 32

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 65	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	58.46% n=38	41.54% n=27	n=0
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</i>			

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 67.69 percent of the 65 cases reviewed, which represents an increase of 3.07 percent when compared to the 2023 APSR of 64.62 percent. Regional performance variation of strength ratings ranged from 30.07 to 100.00 percent.

Figure 33

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 65	Strength	Area Needing Improvement	Cases NA
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.			
Item 12A: Needs Assessment and Services to Children	67.69% n=44	32.31% n=21	n=0
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Further analysis of the case review data indicates that 73.85 percent of children reviewed had a comprehensive needs assessment that accurately assessed the child's needs, which is a slight decrease by less than 1 percent when compared to the 2023 APSR. Services provision to meet those needs was 63.79 percent, a 5.61 percent increase when compared to the 2023 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 66.04 percent of 53 applicable cases reviewed. This review data indicates a 13 percent increase in performance when compared to the 2023 APSR of 53.13 percent. Regional performance varied greatly with strength ratings ranging from 9 to 100 percent.

Figure 34

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 53	Strength	Area Needing Improvement	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12B: Needs Assessment and Services to Parents	66.04% n=35	33.96% n=18	n=12
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

A concerted effort to accurately assess the mother's needs and address those needs was a strength in 69.39 percent of cases, an improvement of 3.83 percent compared to the 2023 APSR. Efforts to accurately assess the father's needs and address those needs were a strength in 62.16 percent, a 2.67 percent increase when compared to the 2023 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 81.58 percent of 38 applicable cases, which represents a 1.3 percent increase compared to the 2023 APSR of 80.26 percent. Performance per region ranged in strength from 42.8 to 100 percent.

Figure 35

CFSR Case Review Data: 4/2021-9/2022		Performance Item Rating		
Applicable Cases: 38		Strength	Area Needing Improvement	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				
Item 12C: Needs Assessment and Services to Foster Parents		81.58% n=31	18.42% n=7	n=27
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</i>				

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 70.49 percent of 61 applicable cases that involve the child and the family in case planning, which results in a 6.08 percent increase in performance when compared to the 2023 APSR of 64.41 percent. Strength ratings increased in three regions and two regions decreased. Further analysis of the case review data indicates that efforts to actively involve the child in the case planning process occurred 72.22 percent of the time, efforts to actively involve the mother in the case planning process occurred 75.51 percent of the

time, and efforts to actively involve the father in the case planning process occurred 66.67 percent of the time.

Figure 36

CFSR Case Review Data: 4/2021-9/2022		Performance Item Rating	
Applicable Cases: 61	Strength	Area Needing Improvement	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 13: Child and Family Involvement in Case Planning	70.49% n=43	29.51% n=18	n=4
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

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 OKDHS 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) 2022, 95.0 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

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	Percentage Completed
FFY2018	95.0%
FFY2019	95.2%
FFY2020	94.9%
FFY2021	95.8%
FFY2022	95.0%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 1	

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 44.62 percent of the 65 cases reviewed, an increase of 2.31 percent when compared to the 2023 APSR of 42.31 percent. Regional performance variations range from 7.6 to 100 percent. One region increased by 20 percent, while one region remained the same. The other three remaining regions decreased. An overall theme for all regions was that they did not increase caseworker visits during changes in the case or special circumstances to ensure safety.

Figure 38

CFSR Case Review Data: 4/2021-9/2022		Performance Item Rating		
Applicable Cases: 65	Strength	Area Needing Improvement	Cases NA	
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.				
Item 14: Caseworker Visits with Children	44.62% n=29	55.38% n=36	n=0	
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</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 64.62 percent of the applicable reviewed cases, a decrease of 8.46 percent when compared to the 2023 APSR. The quality of those visits was found to be sufficient in 55.38 percent, which is a 6.15 percent increase when compared to the 2023 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 62.26 percent, which is an improvement of 21.63 percent when compared to the 2023 APSR of 40.63 percent. Performance in each region varies widely, ranging from 9 to 100 percent.

Figure 39

CFSR Case Review Data: 4/2021-3/2023	Performance Item Rating		
Applicable Cases: 53	Strength	Area Needing Improvement	Cases NA
<u>Well-Being Outcome 1</u> : Families have enhanced capacity to provide for their children's needs.			
Item 15: Caseworker Visits With Parents	62.26% n=33	37.74% n=20	n=12
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023			

Data indicates that the frequency of caseworker visits with both parents improved compared to the 2023 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 73.47 percent of cases for mothers and 72.22 percent for fathers. Both were an increase of 1.25 and 11.18, respectively. Another increase occurred in sufficient quality of caseworker visits this reporting period for both mothers and fathers. Quality caseworker visits happened at 73.47 percent with applicable mothers and 61.76 percent with applicable fathers, which was an increase of 24.03 and 15.01 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 80.3 percent of 51 cases reviewed. This indicates an increase in performance of 7.1 percent when compared to the 2023 APSR of 73.2 percent. Regional performances for this item ranged from 50 to 100 percent. *Note: per the instructions of the Region 6 CB, the six months of data for 21B only was used for Well-Being Outcome 2 and Item 16. Therefore, comparison of outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.*

Figure 40

CFSR Case Review Data: 4/2021-9/2022	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 51	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
<u>Well-Being Outcome 2:</u> Children receive appropriate services to meet their educational needs.				80.39% n=41	1.96% n=1	17.65% n=9	n=14
Item 16: Educational Needs of the Child	80.39% n=41	19.61% n=10	n=14				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022							

The above rating includes both the accurate assessment of educational needs, which was sufficient in 82.3 percent of applicable cases, and provision of services to meet identified needs, which was sufficient in 76.7 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 56.2 percent in 64 applicable cases. This number reflects an increase of 7 percent compared to the 2023 APSR of 49.1 percent. *Note: per the instructions of the Region 6 CB, the six months of data for 21B only was used for Well-Being Outcome 3, Item 17, and Item 18. Therefore, comparison of outcome ratings, performance item ratings, and practices to the 2023 APSR may be inaccurate.*

Figure 41

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating			Outcome Ratings			
Applicable Cases: 64	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well-Being Outcome 3: <u>Children receive adequate services to meet their</u>				56.25% n=36	20.31% n=13	23.44% n=15	n=1

physical and mental health needs.					
Item 17: Physical Health of the Child	67.86% n=38	32.14% n=18	n=9		
Item 18: Mental/Behavioral Health of the Child	60.34% n=35	39.66% n=23	n=7		
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</i>					

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 67.8 percent of applicable cases. This number represents an increase of 8.75 percent when compared to the 2023 APSR of 59.05 percent. Regional performance variations occur with the strength rating for this item ranging from 45.4 to 100 percent. All but one region increased in performance.

Figure 42

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 56	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	67.86% n=38	32.14% n=18	n=9
<i>Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022</i>			

Assessments of physical health were found in 72.7 percent of applicable cases reviewed and in 78.7 percent of cases pertaining to dental health, which is an 8.25 percent decrease in physical health assessments and an 18.4 percent increase in dental assessments compared to the 2023 APSR. Provision of appropriate services to meet identified physical health needs were found in 71.7 percent of applicable cases and in 74.1 percent of applicable cases for dental health needs. There was a decrease of 6.7 percent for physical health services and an increase of 15.5 percent for dental health need services compared to the 2023 APSR. Appropriate oversight of medication was present in 100 percent of applicable cases reviewed, a 15.6 percent increase from the 2023 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 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 staff in CW safety plans regarding medical care of at-risk youth; and
- help connect families and CW specialists 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 60.34 percent of 58 applicable cases, which represents a 2.16 percent decrease in performance when compared to 62.5 percent in the 2023 APSR. Performance varies per region in regard to this item with strength ratings ranging from 46.1 to 100 percent. Three of the five regions increased in this area.

Figure 43

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 58	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	60.34% n=35	39.66% n=23	n=7
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Further analysis of the applicable cases reviewed found accurate assessment of mental/behavioral health occurred in 68.9 percent with appropriate services provided in 100 percent of applicable cases, which is an improvement since the 2023 APSR. Sufficient oversight of prescription medication related to mental/behavioral health needs occurred in 100 percent of applicable cases, which is a 26.32 percent increase compared to the 2023 APSR of 73.68 percent.

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. OKDHS CWS policy contains Instructions to Staff on 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 corresponding to AFCARS 1.0 are run on a weekly basis. 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.

The first reporting period for AFCARS 2.0 was the 23A reporting period, October 2022 through March 2023. Federal utilities for monitoring compliance and data quality were not developed as part of AFCARS 2.0. Oklahoma, therefore, developed nine exception reports to monitor compliance and data quality for the new AFCARS reporting. These exception reports identify missing and/or inconsistent data among AFCARS fields. The exception reports update daily and are monitored by Federal Reporting Unit staff. The reports that identify education errors, parent and termination of parental rights (TPR) errors, foster parent errors, and pregnant/parenting errors are automatically distributed to the field at the worker/supervisor level each week. Federal Reporting Unit staff assist caseworkers as necessary with understanding and correcting errors. They also assist with data correction needed as identified in the additional exception reports: adoption/guardianship parent errors; health condition errors; prior adoption/guardianship errors; and tribal errors.

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, TPR, placement, foster family, court hearings, permanency plan, tribal custody, and finance. The Federal Reports Unit strives to ensure that all elements are consistently under the 2 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 field, 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 the 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 ongoing basis or specifically when identified as needed by CWS programs or management staff.

CWS programs staff 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 23A AFCARS population for October 2022 through March 2023 indicates: 8,777 children are in the population and 8,669 or 99 percent with a documented legal status of Emergency, Temporary, Permanent, or Voluntary Custody; 1,119 or 12.7 percent of children in that population with TPR to one parent only; and 2,433 or 27.7 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 have not had 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 2022 through March 2023, 10,313 children were served in out-of-home care. Of those, 6,520 children were still in out-of-home care on the last day of the reporting period, and 6,507 of those children, 99.8 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 10,313 children in the served population during April 2022 through March 2023, 9,842 children, 95.4 percent, had a documented CPG as of 3/31/2023. Of the 471 children without a CPG documented, 390 children, 3.4 percent, were in out-of-home care less than 60-calendar days. This indicates that 98.8 percent of the child served in this period either had a CPG or did not meet the required time frame for a CPG to be documented. Of the 81 children that were in out-of-home care longer than 60-calendar days without a CPG documented in KIDS, 43 of those children are still in out-of-home care, which is 0.42 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 2023 APSR will be available at <https://oklahoma.gov/okdhs/library/data.html>. The contact person is Sherry Skinner at (405) 312-0594 or Sherry.Skinner@okdhs.org.

Case Review System

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 written case plan or 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 their 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. Discussion of progress on the services listed in the child's ISP with the parent(s) is ongoing. Case planning should begin immediately following the child's removal and continue until case closure. There are several touch points in which

case planning and review of the child's ISP can occur, such as a family meeting (FM). FMs occur as early as 30-calendar days following removal and continue to occur every 60-calendar days until the CPG reunification is no longer the CPG. In the event the CPG changes from reunification, subsequent FMs occur every 90-to-80-calendar days. Addressing the services and supports outlined in the child's ISP can occur at regular caseworker visits with both the child's parent and placement provider.

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 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.

Monthly online trainings via Microsoft Teams are provided, 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. The OKDHS Foster Care Ombudsman team conducts 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 a training on the topic of Safety with the intent of educating foster parents on how the courts and CW determine/assess safety according to the law, along with a few of the more popular topics from the past.

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. For example, foster parents have the opportunity to complete the Resource Parent Report to the Court form to provide information to the court on each child placed in their home, from their perspective. The foster parent may include the following child-specific information:

- Strengths, hobbies, talents, and extracurricular activities
- Social skills and interactions with others
- Educational progress and adjustment
- Physical health, including medical and dental appointments
- Emotional health and wellbeing
- Oklahoma Successful Adulthood activities
- Adjustment to the resource family
- Family time with parents and siblings
- Connections to kin, culture, and community
- Foster parent's view on child's current needs and how to address these needs
- Foster parent's view on child's permanency plan

OKDHS CWS also 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

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.

Provider Training

Functioning of provider training 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 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. Additions to the curriculum in State Fiscal Years (SFY) 2022 and 2023 include ICWA training and updated information on visitation, now referred to as Family Time. NRCYS is working with CWS to update the curriculum. The goal of the update is to provide resource families with added opportunities to practice skills by taking part in training activities to reinforce the content of the curriculum. The plan is to implement the updated curriculum in SFY 2024.

Guiding Principles includes a session on Culture and Connections where the participants learn how 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 they 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 most recent report covers the specified period of April 2022 through March 2023 and 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. The number of participants each fiscal year is dependent upon the number of traditional, kinship, and adoptive applicants.

During this reporting period 74 in-person 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.

Figure 44

Participants by Type for Initial In-person Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	612	76%
Foster	162	21%
Adoptive	17	2%
Other	12	1%

Data Source: National Resource Center for Youth Services

Evaluation information for the in-person training continues to be positive. Attendees regularly comment that:

- The information on the adverse childhood experiences (ACE) study was new and interesting information.
- The training information on discipline was practical and helpful. They report going home and implementing the strategies presented with positive results.
- Other impactful training information included brain development, the effects of trauma, and crisis intervention.

CWS and NRCYS offer online pre-service training that has 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. Feedback from families who completed online training continues to be positive. Online participants frequently comment that the impactful trainings included:

- the difference between discipline and punishment; and
- trauma and its effect on children and their behavior.

Figure 45 provides a breakdown of the participants completing their training requirement online from April 2022 through March 2023.

Figure 45

Participants by Type Pre-service Online Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	1,247	77%
Foster	318	19%
Adoptive	17	1%
Tribal	45	3%

Data Source: National Resource Center for Youth Services

To support the training of Guiding Principles for contracted RFP agencies and tribes, NRCYS offered seven Training of Trainers (TOT) sessions. These trainings were delivered to 37 RFP agency and tribal CW program staff.

NRCYS offers training through the RFT contract to support the in-service training requirements of resource parents. These are provided in a virtual format with a total of 10 webinars offered each year. Topics offered during this reporting period included *Fear Made Me Do It*, *Helping Children with their Socio-Emotional Development*, *Selecting Competent Mental Health for Children in Care*, and *Sexual Development from Infancy through Adolescence*. All webinars were recorded and are available for resource parents on the NRCYS website.

Enhanced Foster Care (EFC) Services Training

EFC is a service category within the Continuum of Care (COC) developed by CWS to respond to the complex behavioral, medical, developmental, and mental health needs of children in OKDHS or tribal custody. EFC services is intended to provide therapeutic care in traditional and kinship resource homes similar to what is provided in a private, contracted Therapeutic Foster Care (TFC) home. EFC refers to child-specific services provided to kinship or traditional homes for children already placed in those settings, or about to be placed in one of these identified settings, including as a first placement.

In January 2022, the NRCYS and CWS EFC Programs staff began a collaborative effort to design and implement a training process for foster care families receiving EFC services. EFC families are traditional foster care parents who have children in their homes that have been assessed and identified as having needs which require a higher level of care. Rather than move the child, families are equipped with more knowledge and skills to meet the needs of the child while the child remains in their care.

To support traditional and kinship resource homes as they provide therapeutic care to children in OKDHS custody, CWS identified Pressley Ridge, a treatment parenting training curriculum, as a training resource for EFC families. Pressley Ridge Training is a 12-module competency and evidence-based curriculum designed for TFC. Because resource families receive 27-hours of pre-service foundational training in the Guiding Principles curriculum, CWS identified 15 additional hours of ongoing skills-based training specifically for EFC families. By utilizing selected training modules such as *Therapeutic Communication*, *Understanding Behavior*, *Changing Behavior*, *Conflict Resolution* and *Understanding and Managing Crisis*, families receive real-time hands-on skills which can be applied immediately.

NRCYS provides a year-end report that outlines statistical data on the number of participants and what they gained from the training. This report includes the fourth quarter of SFY 2022 through the third quarter of SFY 2023 and is a recap of the most relevant information captured during this reporting period from CWS information systems reports, NRCYS databases, event pre/post-survey results, and training evaluations. CWS receives quarterly reports throughout the contract year. For this reporting period, requirements for EFC training remained the same. The number of participants was dependent on the number of children assessed and identified as needing EFC services in SFY 2023.

In this reporting period, eight existing RFT staff were selected to attend a TOT for the Pressley Ridge curriculum. The newly trained EFC trainers participated in a pilot training for families from May through June 2022.

During this piloted period, EFC conducted seven EFC Pressley Ridge training courses, via Zoom, in April through June 2022. Overall, this resulted in:

Figure 46

Participants Attending Pressley Ridge Training

Enrollments	147
Completions	64
In Progress (make-up session needed)	43
No Shows	36
Cancellations	4

Data Source: National Resource Center for Youth Services

NRCYS fully implemented ongoing training for EFC families beginning SFY 2023. The training consists of 15 hours of the Pressley Ridge Curriculum in a virtual format. Training sessions were scheduled during the week convenient for families to attend, including Saturday and Sunday afternoon.

During this reporting period the following data was collected for families attending the 15 hours of Pressley Ridge training. This data is inclusive of the fourth quarter of SFY 2022 through the third quarter of SFY 2023.

Figure 47

Participants Attending Pressley Ridge Training

Enrollments	717
Completions	313
In Progress (make-up session needed)	74
No Shows	128
Cancellations	48

Data Source: National Resource Center for Youth Services

In February 2023, NRCYS implemented in-service training for EFC families. In-service training provides ongoing information and training topics as identified by EFC families through training evaluation. In-service training is provided once a month for 90 minutes in a virtual training format. The topics offered were *Creating Connections with Children and Young People* and *Understanding Trauma and Its Effects on the Brain*.

There were 29 participants in the February 2023 in-service training and there were 54 participants in the March 2023 in-service training. Future topics for upcoming virtual training are *Effective Discipline*, *Caring for Teens Diagnosed with Autism*, *Enhance Foster Care Resources*, *How to Help Children Succeed in School*, and *How to Manage Secondary Traumatic Experiences*.

NRCYS will implement one in-person in-service training each quarter in SFY 2024. The first in-person in-service training will provide families with the opportunity to receive four credit training hours for their attendance and participation.

State Licensed/Approved Facilities

Pressley Ridge was selected and implemented as the pre-service TFC and Intensive Treatment Family Care (ITFC) training model in July 2018. All new TFC/ITFC families approved since that time continue to receive Pressley Ridge training as a part of their initial onboarding and approval process. This training consists of 36 training hours and equips families with skill-based competencies to use for treatment and support when accepting placement of a child with significant behavioral health needs along with emotional and behavioral challenges. 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 any changes to the existing training requirements or curriculum in the next year.

As of 3/31/2023, six agencies that held a TFC contract had a total of 30 families complete the full Pressley Ridge training from April 2022 through March 2023, as seen in the table below. Each TFC contractor is responsible for ensuring all pre-service training is completed prior to the home's approval.

Figure 48

TFC/ITFC Families That Completed Pressley Ridge April 2022–March 2023

Bair Foundation	Choices for Life (CFL)	Homebased (HBSR)	Oklahoma Families First	Open Arms	TFI
4	2	14	5	3	2

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

TFC homes are required to complete 18 hours of in-service training. ITFC homes are required to complete 20 hours of in-service training with six of those hours 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. Contract monitoring and performance reviews ensure compliance and opportunities to address deficiencies in practice or process.

CWS requires contracted group home provider agencies to receive training in accordance with Child Care Licensing (CCL) mandates. Once background check results have been received, 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 initial and additional ongoing training. The contract states, *"The Contractor's clinical staff and residential child and youth care professionals shall 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 situation. 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 Systematic Training to Assist in the Recovery from Trauma (START) training within 90 days of employment, as well as training on how to use and apply the reasonable and prudent parenting standard.

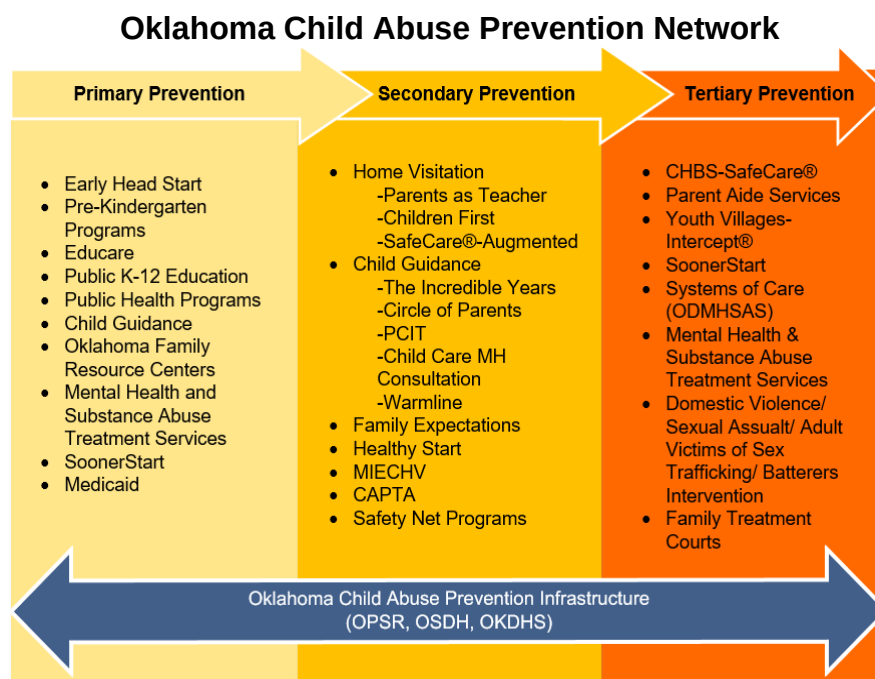
Although no changes are anticipated to the contract or training requirements scheduled for next year, CWS consistently monitors the services and training provided and is open to changes as needed to better serve children, youth, and providers.

Service Array and Resource Development

During this reporting period OKDHS continued to work towards a goal of redefining what it means to be a public human service organization and leadership continues to be committed to finding pathways to come alongside communities to identify ways to serve

and invest in a comprehensive, continuum of prevention and community-based supports and resources for children and families to meet the unique needs as defined by the communities themselves. The strategic framework and investments in evidence-based, trauma-informed programs that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being are helping to reshape the CW system into a child and family well-being network as part of Oklahoma's broader vision of child and family strengthening and well-being. OKDHS continues to make a comprehensive and systematic transformation of the CW system through strategies aimed at developing tertiary prevention services and reducing entries into foster care, as well as those designed to increase the speed of exits from foster care by improving the likelihood of reunification and reducing delays for adoption or guardianship when reunification is not possible. The established infrastructure and pathways for families to receive a continuum of evidence-based primary, secondary and tertiary prevention services, within an integrated, broader prevention continuum, as illustrated in Figure 49, is helping to support and strengthen families, prevent child maltreatment, and ensure the long-term health, safety, well-being, and educational success of Oklahomans.

Figure 49



Oklahoma has 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. These services are aligned with an integrated, broader prevention continuum, sufficient to keep children safe and to meet the children's and families' needs. OKDHS continues to increase agency capacity to serve children and families 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.

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. These core services include in-home parent skill-based programs, mental health and substance abuse prevention and treatment services, domestic violence and sexual assault intervention programs, batterer's intervention programs, and sexual abuse treatment services.

Oklahoma provides a variety of voluntary home-based family support programs that deliver services to both expectant parents and families with children younger than age six aimed at increasing protective factors to reduce child maltreatment, prevent family separation, and increase well-being. 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. OKDHS also invests in two evidence-based models of home visiting: SafeCare® and Intercept®. These home visiting models are administered through the Oklahoma Children's Services (OCS), a statewide, community-based, contracted services program authorized by Section 1-9-110 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-9-110), aimed towards the development and implementation of a diverse array of prevention and remedial community-based services and care for children who are alleged or adjudicated deprived. OCS, the single largest service contract serving families whose needs encompass voluntary preventive services, reunification, services to maintain placements, offers services designed to help ensure and enhance the safety, well-being, and social functioning of the child and the child's family. 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 (MIECHV) Program, Community-Based Child Abuse Prevention (CBCAP) Program, and Titles IV-A, IV-B, and IV-E, have sustained this infrastructure.

Oklahoma's mental health and substance abuse treatment services, jointly funded and administered through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and OHCA, the state's Medicaid authority, have implemented and sustained multiple well-established, evidence-based programs and services that support and strengthen safe and healthy children and families. ODMHSAS is the state's safety net mental health and substance abuse treatment services system with treatment services to include inpatient hospital and outpatient community-based mental health treatment services, residential treatment and outpatient services to address substance use dependence and addiction, in addition to targeted services designed to address the needs of high-risk populations. ODMHSAS also provides prevention services at the state and local levels, in partnership with area health providers, schools, law enforcement, veteran's groups, and other community stakeholders. Additionally, ODMHSAS

administers the Oklahoma Systems of Care, a statewide collaborative network involving members of local communities, organizations, agencies, facilities, centers, and groups that serve the needs of children, youth, and young adults. The programs within Systems of Care include: wraparound/coordinated services, transition aged youth, infant and early childhood, and school-based services.

The domestic violence and sexual assault intervention programs are administered through the Office of the Oklahoma Attorney General (AG), Victim Services Unit, as authorized by Title 74 § 18p-1 *et seq.* of the Oklahoma Statutes. The Victim Services Unit supports crime victims and their families through certification of domestic violence or sexual assault programs and may provide other services, including counseling, case management, and referrals. In addition, the AG's office provides certification of batterer's intervention programs.

Sexual abuse treatment services are administered by OKDHS as authorized by Section 1-7-103(f) of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-103(f)) through contracted, community-based providers to provide services to children and families who are involved with the CW system and are at risk for child sexual abuse, or in which sexual abuse has occurred. These services are administered through individual, family, and group counseling format and are specialized and comprehensive to victims of child sexual abuse and their families. The interventions are designed to assist parents and adolescent offenders to effectively manage thoughts, feelings, attitudes, and behaviors associated with their risk to reoffend and for non-offending parents to recognize at-risk situations and provide appropriate, protective parenting. These services are available in all five CW regions. In FFY 2022 sexual abuse treatment services were provided to 486 families, 298 children.

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 continues to build upon 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. Additionally, Medicaid expansion in Oklahoma has allowed for more children and families to have

access to an array of services that meet the needs of the children and families OKDHS CWS serves.

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

OKDHS has long recognized effective cross-system collaboration between other public state agencies and those with a vested interest in the CW system, including providers, tribal partners, courts, families and youth, is necessary towards improving safety, permanency, and well-being of children served by the CW system. OKDHS continues to strengthen its ability to leverage diverse voices by strategically fostering relationships with other agencies, community partners, service providers, tribes, and those with lived expertise. The governor has enacted a vision of cross-agency collaboration that involves shared goals for the people served, deconstructing barriers that prevent Oklahomans from receiving the supports they need, and innovating across sectors to leverage our combined resources. Commitment to collaboration and partnership, support for this unified vision across all levels of the existing system, and the resources to connect existing strategies in a meaningful way are the key elements to the transformational evolution of Oklahoma's child and family well-being network.

OKDHS CWS, the OSDH, and Oklahoma Commission on Children and Youth (OCCY) continue efforts in redesigning service delivery to promote the health, safety and well-being of children, youth, and their families. The agencies continue to utilize the Bi-Annual Collaborative Convenings as a mechanism for cross-systems coordination with stakeholders to align the health and human services systems and strengthen collaborations toward developing a Child and Family Well-Being Network that keeps children safe and strengthens families while preserving culture, family, and community. The convenings are opportunities to share feedback and discuss strategies to design pathways and remove systemic barriers to more adequately address the needs and ensure a comprehensive continuum of culturally relevant, community-based supports and services. In addition, OKDHS continues to leverage The Partnership with the eight child-serving state agencies, the larger stakeholders representing agencies, advocacy groups, and family members through the State Advisory Team (SAT), and the Children's State Advisory Workgroup, the working arm of SAT, to provide a mechanism for cross-system collaboration to ensure access to effective behavioral health support, resources, and services and support the execution of shared goals that support children, families, and communities. Under the direction of the OKDHS Director, an agency-assigned tribal liaison is a support to the CWS Division aimed to ensure tribal collaboration and voice to promote and facilitate the co-designing of a child and family well-being network. The Tribal State Workgroup and the CWS Tribal Programs Unit ensure continued collaboration and coordination with all 38 federally recognized tribes in Oklahoma. Engagement with families, children and youth, tribes, courts, and other partners is

ongoing and occurs regularly through various system collaborative meetings and workgroups.

The OKDHS agency-wide Strategic Engagement office continues to collaborate and provide assistance to the CWS Division for building and maintaining relationships with key stakeholders, community and faith-based engagement, and related projects or initiatives that ensure services and supports for all children and families and a broader approach to serve statewide and distribute resources where needed the most. Strategic engagement with community partners requires OKDHS to be both responsive to partner inquiries wanting to partner with the agency and based on the needs identified by local CW leadership where community resources could be beneficial. This is completed by engaging in several activities: CarePortal, new CW spaces as part of the real estate modernization plan, Service First, and individual work with local non-profits and community groups. CarePortal meets tangible needs of biological, kinship, foster, and adoptive families through the CarePortal network which is a faith-based engagement with a local nonprofit and churches across the state. New trauma-informed CW only spaces are being opened up across the state and community partners have stepped forward to meet the needs identified by local leaders to help the space be safe, welcoming, and inclusive. Service First is a partnership with community partners across the state that provide space to CWS for families to meet, staff to work, and family visitation in neutral locations. Lastly, individual group (collaborative, non-profits, or a single contact) can work with the Strategic Engagement team on identifying what the community partner feels is a local need and how they envision meeting that need. Teaming up with local CW leadership and creating a unified vision with the partner, developing a formal Memorandum of Understanding (MOU), agreeing to data sharing if needed, and seeing supports come from grass roots efforts, the team assists in meeting the needs of local communities.

CarePortal is a partnership with local non-profit 111Project and with Global Orphan Project which owns the technology platform of CarePortal. OKDHS contracts with both 111Project and Global Orphan allowing statewide access to both OKDHS CWS, partners, tribes, and school-based workers. Based on the success of the project, in 2022, CWS entered into contract with 111Project to strengthen its infrastructure to expand statewide within three years. Since the contract, an additional 12 counties have been added, making CarePortal now active across 43 counties. Based on community readiness and identified counties, OKDHS will continue to aggressively spread CarePortal statewide. In 2022, 4,052 requests were sent out to local community churches by CWS caseworkers across the state, and 2,752 or 67.9 percent of those requests were met. These met requests impacted 5,494 children for a total estimated economic impact of \$2,323,337. For comparison, in 2021, of the 2,055 met requests, 4,072 children were positively impacted with an estimated economic impact of \$1,741,825.

OKDHS has been undergoing a real estate modernization. Service First, a statewide initiative to expand partnerships in a way that allows OKDHS to meet customers where they are, has been the first phase of the real estate modernization. In collaboration with local CW leadership and community partners a MOU is established with identified

partners for usage of their space for confidential staff workspace, conference rooms to hold various FMs, and play areas for Family Time. OKDHS currently has 83 MOUs with 81 partners across the state. The second phase of the real estate modernization has been intentionally designed and strategically located trauma-informed CW facilities that allow for tailored services for children and families and have basic necessities that meet families' needs. Built to serve the needs of the workforce and the families served; these spaces will be critical in the ongoing development of a collaborative family strengthening system that ensures childhood well-being and safety. These spaces will empower biological and foster parents with the tools they need to be successful. These spaces will feature kitchen areas, showers, washers and dryers, FM rooms, and areas for Family Time. These spaces will also include workstations, meeting rooms, and conference areas for staff. The first location was opened in January 2023 and additional locations will be identified, leased, renovated, and opened throughout 2023 and 2024.

The Strategic Engagement team also collaborates with local non-profits, community collations, and other community groups, having both formal and informal community partners across the state. These partners offer services or goods to families, help support Holiday Hope, the CWS annual Christmas gift program, and other community needs. Additionally, OKDHS continues to support Be A Neighbor, a statewide technology platform that connects Oklahomans with resources across local communities. "Neighbors" are non-profits, faith-based groups, and community organizations that are meeting local needs through mentorship and resources. Approximately 6,000 Oklahomans have signed up to help connect and volunteer with location organization to support families in need.

The CWS School-Based Services program, a contractual and collaborative partnership between OKDHS and local school districts, continues to expand within school districts across the state to provide 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 has grown this past 2022-2023 school year to 50 school-based specialists statewide, serving 26 partnering school districts.

Further details regarding the agency responsiveness to the community are found throughout other sections of this APSR 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**.

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. Waivers and variances to some policy requirements are allowed after thorough assessment. Upon an applicant's or CW specialist's request, CWS leadership, at its discretion, may grant a waiver 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. These 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. Regarding both of these exception types, they are reviewed and approved on a case-by-case basis by a field manager or higher level; the level of involved leadership is based on the specific case details and the nature of the request. 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 regularly 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 attend 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 training courses is to provide information to enhance RFA quality and the initial assessment process for kinship, traditional, and adoptive homes. If an agency trains their own staff internally, they are invited to attend TOT sessions for the pre-service training and 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. This marks the third year of this review process, and as of this reporting period, the team completed a review of 573 resource homes through December 2022. 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 nine resource home types include 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 supervisor, and together they identify any areas needing follow-up. 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. 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 training courses.

Residential Facilities

Approximately 94 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 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 four 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 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 training courses 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, is 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.

To ensure criminal background checks are completed, adherence to this requirement is included in the quarterly resource homes quality assurance reviews completed by the QA CPR team. At the conclusion of each quarterly review, the CPR team conducts a debriefing and shares their results with participating FC&A field managers and supervisors to provide feedback, insight, and training opportunities.

Diligent Recruitment of Foster and Adoptive Families

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.

State Use of Cross-Jurisdictional Resources for Permanent Placements

The ICPC is a means to ensure protection of 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 data related to Oklahoma ICPC case processing is maintained in the Access Database by the CWS ICPC Programs Unit. The Access Database was issued by the American Public Human Services Administration for use by ICPC Administrators in June 2001.

Before calculating the number of home study requests for this reporting period, 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;
- obtaining a list of all home studies referred out-of-state from 4/1/2022 through 3/31/2023; and
- counting the total number of requests referred during that period.

The calculations for timeliness rate involved:

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

The timeliness of home study decisions from other states impacts permanency for Oklahoma children. Figure 50 shows the status of timeliness of home study decisions received by Oklahoma from other states over a three-year period. These are the ICPC decisions that impact permanency for children under Oklahoma's jurisdiction.

Figure 50

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
4/1/2022-3/31/2023	195	71	36.4%	20+(71)=91	46.7%
4/1/2021-3/31/2022	193	70	36.3%	19+(70)=89	46.1%
4/1/2020-3/31/2021	244	75	30.7%	30+(75)=105	43.03%

When compared to the previous reporting period, there has been a slight, 0.1 percent, improvement in the timeliness rate of home studies received from other states within 60-calendar days and a 0.6 percent improvement in the timeliness rate of home studies received from other states within 75-calendar days. While there were modest improvements in the timeliness of home study decisions received from other states for the placement of Oklahoma children, they are not significant.

Of the home study decisions received by Oklahoma during the current reporting period, 96 of the ICPC requests resulted in approved foster, relative, or adoptive resources which resulted in the placement of 100 Oklahoma children.

Oklahoma's ICPC rate of response to other states requests for home study decisions continues to be higher compared to the rate of timeliness at which Oklahoma receives home study decisions from other states. Figure 51 shows the timeliness of home study decisions sent by Oklahoma to other states over a three-year period. These are the ICPC decisions that impact permanency for children under the jurisdiction of other states across the nation when an ICPC home study request was sent to Oklahoma.

Figure 51

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
04/01/2022-03/31/2023	305	161	52.8%	23+(161)=184	60.3%
04/01/2021-03/31/2022	320	133	41.5%	32+(133)=165	51.6%
04/01/2020-03/31/2021	301	113	37.5%	38+(113)=151	50.2%

The data for the current reporting period reveals an 11.3 percent improvement in the timeliness of home study decisions issued by Oklahoma to other states within a 60-calendar day timeframe and an 8.7 percent improvement in the timeliness of home study decisions within a 75-calendar day timeframe. These are significant gains in the timeliness of home study decisions issued by Oklahoma over this reporting period.

Of the home study decisions issued by Oklahoma during the current reporting period, 164 of the ICPC requests resulted in approved foster, relative, or adoptive resources which resulted in the placement of 152 children from other state's jurisdictions.

To understand the data related to the timeliness associated with ICPC placement decisions, it is important to note that each state across the nation has their own statutory requirements for foster/adoptive parent licensing. 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 CWS ICPC Programs team struggles to find methods to improve how timely other states respond to requests for home studies in other jurisdictions for the placement of other children, as CWS ICPC staff have no authority or control over how quickly those assignments are made or worked once they are sent to a receiving state for action. In addition, the response time by a receiving state depends on that receiving state's overall functioning at each level involved in the processing of ICPC cases once the case arrives at the intended destination. As a sending state, Oklahoma has very little ability to make an impact on improving how quickly another state can complete an assessment of a family and issue a placement decision through the use of the ICPC.

The area in which Oklahoma can make an impact on the timeliness of ICPC home study decisions is on how quickly Oklahoma can issue a home study decision in response to a request received from another state who wishes to place a child within Oklahoma.

The ICPC Programs team has had standard operating procedures in place since 2016 that provide monthly ICPC logs to field staff and leadership to obtain updates on any pending ICPC requests, designated regional ICPC field liaisons who can be contacted should OK ICPC staff have issues with ICPC requests, positive relationships with foster care and adoption field leadership, and monthly report logs that are provided to the ICPC program team members with their case statuses listed and overdue cases identified for action. Each of these efforts are made in an attempt to ensure requests are completed in a timely manner. Because no significant changes were made to the ICPC Programs processes or protocols over this reporting period, and with the consistent efforts to ensure communication between the central ICPC office and CWS field staff completing home study assessments, it appears these are contributing factors to Oklahoma producing ICPC home study decisions at a higher rate than the decisions received from other states.

An additional reason for improvement in timeliness may be that staff involved in the ICPC processes in Oklahoma have become more familiar with the technology required to do foster care and adoption work at the onset of the pandemic in 2020. Field staff are more

familiar with using digital forms, obtaining e-signatures, and creating digital casefiles that save a great deal of time when compared to previously scanning paper files one page at a time.

The timeliness rate for the current reporting period is higher than the previous two periods but is very similar to the 2019-2020 reporting period where the Oklahoma 60-calendar day timeliness rate was 55.1 percent, and the within 75-calendar day timeliness rate was 62.5 percent.

In addition to maintaining a focus on the timeliness of ICPC home study decisions, the CWS ICPC Programs team and CWS regional and district staff continue to dedicate efforts toward stabilizing ICPC placements both within and outside Oklahoma when safely possible to minimize placement moves for children served by the ICPC. Placement stabilization efforts include ongoing case consultation, enhancing services when necessary, which may require securing additional funding for children placed through ICPC through the use of state dollars when Oklahoma children cannot be provided necessary services in a receiving state through that state's Medicaid system, or through consulting with a sending state to ensure contract funds are secured for services for children incoming to Oklahoma who may require services that cannot be provided under Oklahoma Medicaid. When issues with existing ICPC placements cannot be resolved, and it is not possible to safely maintain a placement through coordinated casework efforts between the sending and receiving states, CWS ICPC Programs and OK CWS field staff work to ensure that all parties are informed of the reasons the placement is no longer in the best interest of the child(ren) and coordinate efforts to return the children subject to the ICPC placement to their state of jurisdiction. Ongoing collaborative case support is a primary function of the CWS ICPC Programs Unit once placements are made as the work associated with securing an approval for an out of state placement does not end when a child is placed, it only ends when that child's stay in the out-of-state placement is over, whether that is through achieving permanency with the placement resource, reunification following placement, or in some cases, when children experience placement disruption when a placement cannot be stabilized due to safety issues or licensing/approval issues with the placement resource.

Oklahoma is taking steps toward joining the National Electronic Interstate Compact Enterprise (NEICE), an electronic system for exchanging all of the data and documents required by ICPC that is mandated for all Compact member states to join by 2027 as part of the Family First Act of 2018. Plans are for Oklahoma to join NEICE in 2023-2024, which will allow for access to a wider array of reports associated with ICPC requests and subsequent placements rather than relying solely on data pulled from an Access Database, filtered, counted, and manually calculated.

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, the Dave Thomas Foundation for Adoption (DTFA), Mainspring Consulting, and a collaborative effort between the Annie E. Casey 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

The Oklahoma Title IV-E Prevention Program Plan was approved in October 2021 and at this time is fully implemented with evaluation and CQI activities 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. 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 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 has continued 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 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 Phase 1 continuum gap analysis report, Child Welfare Continuum of Care Gap Analysis (Phase 1), was completed and provided to CWS leadership for review on 5/18/2022. The report outlined key themes related to the major contributors to unsuccessful prevention efforts, placement disruptions, and step-ups to group placements. The analysis will be used to identify key partners who must sit at the table with CWS to assess internal and external data related to at-risk populations and identify areas of biggest impact for a deeper analysis. This collaborative interagency effort will establish a vision for an ongoing COC and will inform future strategies, identification of system supports and resources, and opportunities for collaboration with external partners.

Phase 2 of the project began in June 2022 with an initial interagency meeting to address system gaps impacting a sub-population of youth within the continuum. In July 2022, Oklahoma Office of Juvenile Affairs (OJA), the ODMHSAS, the Oklahoma Health Care Authority (OHCA), and CWS participated in an interagency strategy meeting. The goal of the meeting was to develop interagency strategies to address the current gaps impacting the population. The interagency strategies are currently in draft status. Although interagency strategies have not been finalized at this time, these collaborative efforts will continue as Oklahoma begins planning for its Child and Family Services Review (CFSR) Round 4 program improvement plan.

The regional multidisciplinary team (MDT) process continues to staff the complex needs of children and youth and collaborate with regional resources to develop action steps to support the child or youth's safety, permanency, and well-being. The regional MDTs staff the following populations:

- new shelter admits and those placed for over 30-calendar days;
- Measure 6.4 cohort of legally-free youth ages 15 to 17 or older;
- children with specialized needs, such as Developmental Disabilities Services (DDS);
- youth placed in group homes longer than four months upon referral from the Specialized Placements and Partnerships Unit (SPPU) liaison to the MDT lead and dependent on the youth's discharge plan;
- youth whose parent(s) may meet criteria for reinstatement of parental rights;
- youth placed in any residential setting greater 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 and district directors.

Many successes occur by staffing these populations through the MDT process, as CW specialists with the child or youth on their caseload have an entire regional team

supporting them in identifying the service array, the most appropriate level of care, and planning for permanency and well-being efforts. Feedback from participants describe the process as supportive, bringing hope in developing goals to assist the children and youth who are staffed. More regional requests were made during this reporting period because of positive outcomes from the MDT staffing.

The MDT works closely together to streamline efforts by selecting actionable goals for completion to support the child or youth's placement, permanency, and well-being outcomes. Data collection continues to be critical, and a new MDT report supports tracking outcomes and trends to inform strategy enhancements to the staffing process. In addition, My Meetings are now occurring, which are facilitated by the MDT lead. The purpose of My Meeting's is the achievement of safe and timely permanency for youth in the 6.4 cohort with no clear path to permanency and as identified by assigned staff or MDT lead. My Meetings provide the opportunity for youth voice and involvement in their own permanency journey.

The next stage will be for MDT leads to place a heightened focus on youth in congregate care settings that have completed treatment and are ready for a lower level of care. Conversations have just begun on this focused effort.

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. Additionally, work began on establishing data use agreements between OKDHS and the NPCS. Throughout this work it was recognized the tool OKDHS had been piloting for the review process was overly cumbersome and did not meet the needs of a true systemic related review. As a result, the decision was made to utilize the Safe Systems Improvement Tool that is internal to NPCS and is consistent with most other states that are part of the safe systems review collaborative. This change has delayed implementation, but progress continues to create a standardized process 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

Youth Transition Services (YTS) continues to serve children and youth with a case plan goal (CPG) of adoption, as well as all youth with a CPG of planned alternative permanent placement, adhering to the Wendy's Wonderful Kids (WWK) evidence-based model. As this model focuses on connections and permanency efforts specific to each child or youth and their individual situation, YTS scaled back general recruitment efforts, employing heightened focus on finding permanency through building the natural network for each child and youth. YTS now utilizes general recruitment efforts as additional permanency

options when matches through the youth's natural network are unsuccessful or time prohibitive.

As YTS staff serve children and youth of all ages who have no identified path to permanency, new areas of work needing heightened focus are ever emerging. YTS leadership continually strives to modify the program and protocols to better meet the needs of assigned children and youth, while supporting all forms of legal permanency and recognizing the importance of relational and cultural permanency.

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 eliminate unnecessary use of group placement for youth in foster care. Oklahoma CWS is one of three CW systems, selected as a demonstration community, to lead the nation in the transformative effort. Oklahoma CWS began the ENGP collaborative effort in April 2022.

In October 2022 an Oklahoma community-based organization (CBO), The Education and Employment Ministry (TEEM), was selected to facilitate this effort. A committee, consisting of individuals with lived experience, assisted CWS in the selection of the CBO. Members included youth, biological parents, foster parents, family members, adoptive parents, Annie E. Casey Foundation, and Casey Family Programs. TEEM is responsible for arranging and conducting meetings as well as managing the co-design team with additional support from the Annie E. Casey Foundation and Casey Family Programs.

In November 2022 a CBO orientation session was held in Atlanta, Georgia and attended by members of TEEM, CWS, and the selection committee to meet and learn from the two other demonstration sites and to kick off the co-design process on a national level.

TEEM then began developing a co-design team to support the overall work of the ENGP project. This core co-design team, composed of 12 people, will begin the research and development of new strategies for Oklahoma to prevent youth from unnecessarily entering group placement and to support family-based kinship and foster care placements. Members of the team include youth, biological parents, foster parents, family members, adoptive parents, community partners, CWS, Annie E. Casey Foundation, and Casey Family Programs.

On 3/2/2023 a kickoff event was held in the community to begin the co-design process. The core co-design team meets weekly and has a target date of October 2023 to present two proposed strategies to CWS leadership.

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.

Upon completion of the partnership with Mainspring, the state of Oklahoma did not move forward with extending foster care for this reporting period.

CQI

CWS CQI Programs was used regularly throughout this reporting period as a support to district and regional staff in CWS-related CQI processes, as well as 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 105 CFSR case reviews as described in this APSR under **Update to Assessment of Current Performance in Improving Outcomes**, CFSR Child and Family Outcomes. Additional programmatic data provided, as part of the practice profiles, included

- family meeting continuum (FMC) fidelity review data,
- parent, youth, and community survey data,
- permanency safety consultation (PSC) fidelity data,
- maltreatment in care (MIC) in family-based settings data,
- investigatory appeals review data, and
- Child Protective Services (CPS) safe sleep review data.

Information from these profiles was shared with the CWS Executive Team, regional leadership at the CQI Statewide Implementation Team (SIT) meetings, and regional practice improvement charter teams during regularly held regional charter meetings.

CWS CQI Programs staff continued as regular members of both the regional leadership teams and the regional charter 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. These processes have become well established across the state and within each region and allow for ongoing measuring and progress tracking of CFSP goals in addition to advising the development and revision of regional practice improvement charters in efforts of sustaining and surpassing 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. 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 has led to enriched FC&A Resource staff growth and development across the state while furthering CQI efforts in this practice area.

During this reporting period CWS CQI Quality Assurance (QA) staff continued work on sustainability of the Safety through Supervision Framework (Framework). Progress made included but was not limited to:

- creation of Framework tip sheets for CW supervisors and district directors;
- completion of Framework refresher sessions in each district in each region; and
- completion of a workday meeting with district, regional, and programs staff.

As a result of these efforts, a positive impact regarding the quality of Framework activities across the state is beginning to take shape. Work regarding the Framework will continue moving forward in efforts of improving overall child welfare practice in Oklahoma.

CWS CQI Programs received technical assistance during this reporting period from the Child Welfare Capacity Building Collaborative Centers for States (Center) related to the CFSR Round 4 Statewide Assessment. The Center supports included regularly occurring meetings to assist CWS with stakeholder engagement, communication planning, data collection including identification of gaps, and analysis and interpretation. The Center also provided assistance in utilizing quantitative and qualitative data as evidence for documenting strengths and areas needing improvement within the Oklahoma system to inform the development of the Statewide Assessment. Further support from the Center has been requested related to the CFSR Round 4 including stakeholder interviews, Program Improvement Plan (PIP) development, and PIP monitoring. CWS has also made a request for Center support related to the Comprehensive Child Welfare Information System development process.

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	FFY 2022	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	3.1	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	1,495	2,500	KIDS Data
Absence of maltreatment in care	99.08%	99.13%	99.02%	99.01%	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%	87.50%	95.00%	CFSR
Safety Outcome 2: Item 3: Risk and safety assessment and management	18.46%	40.77%	45.38%	44.62%	46.15%	95.00%	CFSR

Objective	Progress
1.1 Increased use of Intensive Safety Services (ISS) developed through the IV-E Waiver Demonstration Project, and other well-supported or promising prevention services to keep children safely in their own home. Increased use of services will be monitored annually over the five-year period, with a goal to increase the number of ISS services each year. As other well-supported and promising prevention	1.1 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 2021 through September 2022, 1,002 children were determined eligible for ISS per the predictive risk model PREMISS. Of those, 225 families, consisting of 475 children, received ISS. 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 (OUHSC) Department of Pediatrics, Center for Child Abuse and Neglect (CCAN), and Department

services are identified, a target for use will be established. (a) Enhance the use of Comprehensive Home-Based Services (CHBS), Safe Care, ISS, and Motivational Interviewing to preserve families. Use of services will be monitored annually over the five-year period, with a goal to increase the number of families served through the identified evidence-based interventions each year.	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 evaluation continues; however, annual reports are not completed due to the delay in execution of the Data Sharing Agreement needed to receive the data to complete an analysis. Once the Agreement was executed, the integration of the new Adoption and Foster Care Analysis and Reporting System (AFCARS) and the submission of the National Child Abuse and Neglect Data System further delayed receipt of the data. A report of the findings will be available in the next reporting period. 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. In October 2021, 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. This Pay for Success contract allowed for an additional 156 children in 69 families receive 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. 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. 1.1a CHBS is a stepdown for the family after ISS is completed and provides continued weekly supports in the home from four-to-six months, along with the FCS specialist. This contracted service uses an evidence-based model, SafeCare®, that is a behavioral intervention that directly addresses parental behaviors related to home safety, child health, and parent-child interactions. CHBS is provided through OCS for families involved with CWS to meet a child's, parents, or kin caregiver's needs directly related to the child's safety, permanency, and well-being, or to prevent the child from entering out-of-home care. CHBS continues to be the single largest service contract serving families whose needs encompass voluntary preventative services, reunification, and services to maintain placements. All CHBS services are available statewide.
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	Through implementation of the Title IV-E Prevention Program that began on 10/1/2021, CWS continues system transformation and enhancing prevention practices and strategies to increase service access to serve more families preventively and further reduce foster care intervention. 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. The two approved Title IV-E evidence-based in-home parent skill-based prevention programs, SafeCare® and Intercept®, are contracted with community-based providers that have an established history of serving families involved with the CW system who had experienced child maltreatment. For FFY 2022, 1,322 families received CHBS, excluding the case type of reunification and maintain placement, and 98 families received Intercept® services, excluding the case type of reunification and maintain placement.
Objective	Progress
1.2 Increase access to evidence-based programs and services to support and prevent maltreatment and unnecessary family separation. Evaluation will occur through number of services available, relationship, and community collaborative. (a) mental health and substance abuse prevention and treatment services – number of services offered/clients served annually; (b) in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling – number of services offered/clients served annually; and (c) partner with Domestic Violence programs to stop family violence – number of services offered/clients served annually.	1.2 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. Oklahoma continues to invest in home visiting programs through the programs available within the CWS OCS Programs, including the services approved in Oklahoma's Title IV-E Prevention Program Plan, for families involved with the CW system and the home visiting programs delivered through the 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 and to help protect children, reduce child abuse and neglect, and improve child health and development in Oklahoma. 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 to increase the access to mental health and substance abuse treatment services, including the availability and capacity of those mental health services for infants and young children. 1.2a 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. For the reporting period of April 2022 through March 2023, 41 children and 1,085 adults were referred to substance use treatment services and 4,661 children and 1,801 adults were referred to mental health services.

	Refer to Goal 2, objective 2.6 for information related to Oklahoma Systems of Care (SOC) and Wraparound services. 1.2b Services beyond SafeCare® and Intercept® through the CWS OCS Program 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. In State Fiscal Year (SFY) 2022, \$5,873,438.68 of state funds were used to support Children First, and another \$1,752,798.00 to support Start Right, and federal investments contributed \$3,813,038.78 toward home visiting programs. During SFY 2022, 27 home-based family support program sites provided services to a total of 2,796 families, 2,331 children, in 58 of the 77 Oklahoma counties. Programs available included: • 12 Parents As Teachers (known as Start Right) regional program sites were available to families in 29 counties; • 10 Nurse-Family Partnership (known as Children First) regional program teams were available to families in 47 counties; and • 5 SafeCare® program sites were available to families in 11 counties. It is critical to note that home-based family support programs continue to decline due to decreased funding. However, the investment of Temporary Assistance for Needy Families (TANF) funding as a result of a TANF Investment Strategy created by OKDHS to nonprofit organizations with family stability as a component of their mission has increased access to SafeCare® during this reporting period. 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 program, The Incredible Years Parent groups, The Incredible Years Treatment groups, The Incredible Years Classroom groups, Circle of Parents, Parent Child Interaction Therapy, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) parentPRO and home visiting, Oklahoma Family Resource Centers, Parents as Teachers, and SRAE – School and Community Based Sexual Risk Avoidance Education Program. Other activities supported in FFY 2022 through the CBCAP include: • Behavioral Risk Factor Surveillance System (BRFSS);
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	• Pyramid Model implementation; • Children's State Advisory Workgroup (CSAW); • Cross-Sector Coordinator position; • Statewide Parent Partnership Board; • Outcomes Data System; • Oklahoma Family Resource Center Network and Oklahoma Family Resource Centers (OFRC), including funding to support Parent Advisory Committees and Community Councils at each OFRC; • Funding professional development through a variety of trainings and conferences; • Ongoing work on the five-year Oklahoma State Plan for the Prevention of Child Abuse and Neglect including collaboration with OKDHS on biannual meetings; and • Co-sponsoring the Annual Child Abuse and Neglect Conference. The focus of the efforts by OSDH, through CBCAP funds have been on family and community-centered programming. The services and supports provided through OSDH are enhanced through partnerships with public and private program providers. OSDH and OKDHS CWS collaborate to ensure that CBCAP and CFSP goals are aligned. 1.2c From October 2021 through September 2022, the domestic violence crisis hotline received 23,575 calls. During this same period, 4,894 individuals were served in shelter through the Oklahoma Attorney General's Office certified domestic violence programs, comprising a total of 135,127 shelter nights. An additional 19,107 persons were served with non-shelter services. Of those served in both shelter and non-shelter services, 302 individuals identified as lesbian, gay, bisexual, transgender or queer (LGBTQ+). Of those served in the shelter, 1,898 were children and 2,884 were women. Of all children served in both shelter and non-shelter services: 2,204 were age 12 or younger; 1,512 children received crisis intervention services; 1,631 children received victim advocacy services; 1,558 children received individual or group counseling support; and 151 youth ages 13-17 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. CWS continues to facilitate the Child Welfare and Domestic Violence Statewide Collaborative, which meets quarterly to address statewide trends and promote support between CWS, community partners, and service providers. The Child Welfare and Domestic Violence Statewide Collaborative has been important for agencies and programs to share statewide information about current trends, what programs are currently doing, grants that programs have received in effort to meet the increased needs for services, share updates from on legislative committees and what programs are expanding. The Tulsa County collaborative remains active. Muskogee County is working to reengage their local collaborative since stopping during the COVID-19 pandemic. Both
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	Tulsa and Muskogee actively participate in the statewide collaboration. The Child Welfare and Domestic Violence Statewide Collaborative identified an area of need in lack of service providers that advertise domestic violence services for the LGBTQ+ community. The group continues its effort to develop a list of agencies that serve the LGBTQ+ community, which is challenged by the lack of agencies who advertise service for this specific population. Members of the Child Welfare and Domestic Violence Statewide Collaborative continue to provide support for the Oklahoma Partners for Change Conference scheduled for 9/13/2023 and 9/14/2023 through volunteering for conference planning, registration, workshop monitoring, and presenting workshops. CWS Permanency Programs staff, Tulsa Domestic Violence Intervention Services, and the Oklahoma City YWCA assisted in the curriculum update for the CWS Child Welfare Domestic Violence training (CW 1024). Both agencies contract with CWS Training Programs to provide trainers for this valuable training.
Objective	Progress
1.3 Improve the quality of safety decisions through enhanced policy followed by training and support to the field. All action steps are aligned with the CFSR Performance Improvement Plan (PIP) and will be implemented by June 2020. (a) This will include updates to the Child Welfare Safety Guidebook to include safety guides for all programs. (b) All CORE trainings and Supervisor Academy training will be updated to focus on enhanced safety practices outlined within the CFSR PIP. (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.	1.3a This objective is completed: however, refer to Goal 1, Objective 1.5 for further information regarding updates and ongoing sustainability. 1.3b Completed. 1.3c OKDHS CWS continues to utilize the targeted 2020-2024 CFSP Training Plan with already established training, support, and resources for all CW staff 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 CWS training to prepare CWS 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 CWS training for CW specialists and supervisors, and has infused it with the Hope Theory and its application to: • buffer the effects of adverse childhood effects (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. The Science of Hope is a statewide initiative, and the current Training Plan consists of ensuring all State of Oklahoma employees receive Hope Awareness Training. As a state agency, OKDHS

	has included the Hope Awareness Training within its Connections Training provided to all new employees. A new and revised Hope Awareness Training course launched in July 2022 and is available for all OKDHS employees and all other Oklahoma state agency employees. During this reporting period, OKDHS hired a team of Hope Ambassadors who intentionally work with various CW staff to identify hope-centered strategies for implementation with two main goals: (1) Arm CWS staff with strategies from the hope framework that serve to protect them from the adverse effects of secondary trauma. (2) Model strategies from the hope framework for the families they serve in order to improve overall well-being and leave them with a hope-centered mindset going forward. In addition, all CWS Family Meeting (FM) coordinators have attended Hope Navigator training and are currently using the hope framework, hope-centered strategies, and a shared language in the Family Meeting Continuum (FMC). These staff members have a great impact on families and are trained to facilitate meetings using the hope framework in action. Finally, in this reporting period a strategy was created for all CW Permanency Planning (PP) specialists to receive hope-based training on how to help youth set goals and identify pathways to achieve their goals. This effort has been piloted with a select group of CWS specialists with positive results. Full implementation will occur in SGY 2024.
Objective	Progress
1.4 Qualitative maltreatment in care reviews will continue for a portion of unsubstantiated investigations of maltreatment in each region, as well as on all substantiated investigations by CPS Programs and regional leadership. Results of data analysis will be compiled quarterly and communicated to the field. Qualitative reviews will occur in each region every quarter to support specialists in improving practices to better outcomes.	1.4 Qualitative MIC reviews and analysis efforts continued during this reporting period. MIC Programs staff as well as Child Protective Services (CPS) Programs staff continued reviews for every substantiated MIC incident in a family-based setting. These case reviews are conducted to ensure proper findings are made and to analyze quality practices by CPS, PP, and Resource foster home specialists. Feedback from the reviews is provided to all respective field staff from the assigned specialists up through regional leadership staff. CWS district directors and field managers are expected to review and conduct transfer of learning (TOL) meetings with any involved specialists and supervisors as recommended within the review, in efforts of improving ongoing practice. The reviews are conducted and returned to the field staff within approximately 30 days of investigation closure. During this reporting period, CWS district directors, field managers, and PP supervisors also conducted monthly MIC reviews. The reviews were logged in Qualtrics, and trends were reviewed and shared with the regions and other program leaders quarterly. There has been no substantial change reflected in the top contributing factors to MIC and are similar to those identified in the past several reporting periods. These factors include: lack of quality worker contacts/visits, lack of communication/information sharing, and children in out-of-care that have special needs or challenging behaviors. These contributing factors are the practice improvement areas to which the expanded strategy efforts are specifically targeted. Therefore, no additional efforts have been

	identified as necessary at this time. Focus remains on improving the quality of monthly worker visits and assessments conducted during monthly contacts as well as information sharing between CWS specialists. Additionally, during this reporting period, MIC Programs and the Co-Neutrals conducted a joint review of unsubstantiated MIC investigations from July through September 2022. A comparison was completed which indicated similar concerns were identified by both reviewing parties. The noted concerns included insufficient information gathered to support the finding, existence of prior child maltreatment reports, lack of documenting sleeping arrangements, incongruent and contradictory information, and failure to contact collateral references. The findings of this joint review, and what CW specialists can do to enhance practices identified as in need of improvement during the review, were provided directly to CW supervisors and district leaders through TOLs. Additionally, these findings were shared with the MIC regional leads as these match similar concerns noted by CW field managers and CW supervisors in their monthly quality visit reviews (QVR). Based on these findings a new process for conducting unsubstantiated MIC reviews is under development and expected to begin within the second quarter of 2023. The intent is to transition into a more preventative approach to programmatic operations and MIC reviews. This new unsubstantiated review process will focus more on the practice response regarding any identified concerns. Unlike the unsubstantiated reviews completed in the past, this review will proactively identify areas of MIC prevention when they are observed and will be shared back to the assigned CW staff through TOL recommendations in real-time. As this review process continues development there also may be adjustments made to the substantiated reviews conducted by MIC Programs staff, district directors, and field managers. As PP supervisors continued to complete their monthly QVRs, completion rates and progress is reviewed and communicated back to the regions monthly, while practice trends are reviewed and reported back to the regions each quarter. Efforts toward timely reviews continue to inform trainings, practice improvement charters, TOL recommendations, and all other actions necessary to enhance safety of children in out-of-home care. Ongoing efforts will be directed at analyzing and strengthening the quality of preventative practices.
Objective	Progress
1.5 Supervisors will utilize the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making in order to understand and treat safety needs, decrease trauma, and strengthen parental protective capacities. Full implementation of the Supervisory Framework will occur by June 2020.	1.5 As reported in the 2021 APSR of 6/30/2020, statewide implementation of the Supervisory Framework was achieved at the end of May 2020, which coincided with the conclusion of Oklahoma's CFSR Round 3 PIP. Work by the CWS CQI Programs QA teams on the enhancement and consistent utilization of the Framework continues. During this reporting period revisions began to the CW specialist monthly conference Framework guide to mirror the CW supervisor monthly Framework guide. Extensive planning occurred during the last reporting period to conduct Framework refreshers

	facilitated by CQI QA for all CW supervisors and district directors. The Framework refreshers were implemented in August 2022 and have since occurred in-person in each district within all regions, with the focus being on support and guidance for district directors and CWS supervisors. CQI QA is now working to schedule and conduct Framework refreshers for staff who were unable to attend the originally scheduled refreshers in their districts. These will be concluded in May 2023. During the rollout of the district Framework refreshers, it was determined FC&A field staff would benefit from a customized refresher, tailored to that program's needs. After planning meetings between CQI QA and FC&A leadership, CQI QA staff then conducted a simulated refresher for FC&A programs and field staff where their input was sought to better understand their needs from which to create a FC&A-specific Framework refresher. Next steps include conducting a refresher for FC&A field managers in June 2023. The Framework refreshers will then be conducted jointly with appointed CQI QA programs field representatives (PFRs) and FC&A staff for all FC&A supervisors. After the statewide Framework refreshers are conducted for FC&A staff, deployment of a follow-up survey, similar to the one deployed in 2021, will occur to gauge continued focused guidance, support, and possible Framework improvements, if needed. In April 2023, a CQI QA, programs and field staff workday meeting was held with identified CWS program staff along with regional deputy directors and assistant deputy directors, district directors, and selected CW supervisors. The purpose of the meeting served to explore past and present feedback and input from field staff regarding barriers, understanding, and usage of the Framework. In-depth discussions occurred during breakout groups to discuss suggestions and recommendations of Field Observation guide revisions to create a more "staff friendly" version in addition to incorporating Hope Science language. Next steps are to revise the guides based on the recommendations.
Objective	Progress
1.6 The CQI Program will partner with other CWS programs to compose combined reviews over statewide and regional practices impacting quality safety decisions and positive safety outcomes. Information outlining areas of practice requiring focus, also referred to as regional practice summaries, will be provided to the region every six months so that regional leadership understands current barriers and practice areas needing improvement	1.6 This objective is completed. Regional practice summaries, as well as other qualitative and quantitative data, continue to be provided to each region every six months. Further information about CFSR case review practice profiles can be found in this APSR under the Quality Assurance System.

and can be intentional on the focus of improving outcomes in the areas identified.	
Objective	Progress
1.7 Increase the completion of Family Service Agreement (FSA) at the time a Safety Plan is completed ensuring that services are timely, flexible, coordinated, and accessible to families and are organized as a continuum, linked to a wide variety of supports in order to meet children and families' ongoing needs. Full implementation is in alignment with CFSR PIP action steps and will occur by June 2020. Ongoing evaluation of the quality and appropriateness of completed Family Service Agreements and Safety Plans will occur through the qualitative review process of CFSR's. Outcomes of the completed reviews will be added to the regional practice summaries presented by the Continuous Quality Improvement Program CFSR team.	1.7 This objective is completed. Refer to Objective 1.6 regarding CFSR case review practice profiles.
Objective	Progress
1.8 Enhance the family meeting continuum in each region to improve the assessment of child safety and increase family involvement early on and throughout the life of the case through child safety meetings (CSMs), Initial Meetings (IMs), and ongoing family meetings throughout the life of a case. Full implementation is in alignment with the CFSR PIP action steps and will occur by June 2020. Ongoing evaluation to occur through qualitative review process through CFSR's, CSM reviews, and ongoing placement stability reviews.	1.8 As of 4/4/2022, FMC was implemented statewide. With implementation of the FMC complete, focus has shifted to ensure effectiveness and sustainability of the strategy. Strategy updates are provided, and feedback is shared during the monthly permanency 6.2 leads meeting, which includes both CWS programs leadership and FMC leads from each region. Regional FMC leads and district directors are then able to share information with field staff in their respective districts/region. Training for CWS staff and stakeholders has been ongoing. In May 2022, a training about the FMC was provided to statewide tribal partnerships. In August 2022, FC&A Resource staff in Regions 1, 2, 3, and 4 were trained as to the FMC and their roles in the FMs. In March 2023 a training on the FMC was provided to the Bryan County CIP. Ongoing training is provided as needed for new FMC facilitators and the FMC lead is available for regional trainings as needed. In addition, the FM section of the Practice Model Guide was updated in September 2022 to reflect current FMC practice. The FMC practice guide is also currently undergoing revisions to include updates to current practice and virtual meeting protocol.

	CWS continues to incorporate hope-centered language during FMs. In addition, updates to the FM summary and CSM summary reports are in the final revision stage to include hope-centered language, including identification of goals and pathways. Feedback from FMC facilitators, who attended a Science of Hope training in June 2022 included the desire to continue to partner with Dr. Angela Pharris and OKDHS Innovation Services to provide ongoing support. The first quarterly meeting was held September 2022 with the FMC facilitators trained as Hope navigators along with Dr. Pharris and OKDHS Innovation Services. The second quarterly meeting was held in March 2023. In November and December 2022, FMC staff, along with PP and EFC Programs staff, attended a two-day Hope Navigator training with Dr. Pharris. An additional Hope Navigator training is scheduled for June 2023. From November 2021 to January 2023, there were 220 parent surveys, four youth surveys and 296 community surveys completed. • Parent survey responses indicate 212 or 80 percent of parents have a better understanding of the CW process as a result of the FM process, 116 or 77.9 percent feel part of the team and 215 or 95.9 percent felt the purpose of the meeting was explained. Parents are asked about the frequency of the meetings, with 95 percent indicating they appreciate the frequency of the meetings. The survey seeks to capture the parent's perception of whether their input during the meeting was valued and utilized. Eighty-two percent of parents surveyed felt their input was valued and 78 percent reported they felt their input was used during the decision-making. Ninety-two percent of parents responded they are hopeful for the future of their families. • There were four surveys completed by youth. All regions are encouraged to support youth by inviting them to the meetings if appropriate and completing the survey. Discussions regarding how to include children and youth in FMs are ongoing. • Foster parents, tribal partners, and court appointed special advocates (CASA) were the highest number of respondents to the survey. Responses indicated that 99 percent of community partners felt the purpose of the meeting was explained. Ninety-six percent responded that they "strongly agreed" or "agreed" that the CW specialist was knowledgeable about the case. Eighty-eight percent of survey participants expressed that they feel the team meets just enough. Survey results are compiled quarterly and shared during the CQI SIT, as well as regional practice profiles. In September 2022, three brochures were issued: • The Family Meeting Continuum, OKDHS Pub-22-01; • Youth, OKDHS Pub 22-36; and • Child Safety Meeting, OKDHS Pub 22-37.
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	The Family Meeting Continuum and Youth brochures are designed to provide families and youth an opportunity to prepare for each meeting and describes each participant's role in the meeting. Families and youth are encouraged to bring up their ideas during the meeting, so each brochure has several prompter questions with additional space to write out thoughts prior to the meeting. The current brochure for CSMs was updated to incorporate hope-centered language. All brochures are accessible to CWS staff on the OKDHS InfoNet and CWS toolkits. CWS specialists provide the brochure to the family before the CSM. The brochure is also attached to the meeting invite that is sent by the meeting facilitators. The FM fidelity reviews were concluded during this reporting period. During the review period from April 2022 through March 2023, 318 fidelity reviews completed. A summary and analysis of findings and recommendations was compiled, which included the following: • There was an increase during each quarter as to CW specialists being knowledgeable about the case and discussion about safety and placement issues. • There was opportunity for CW specialists to articulate the safety threats and protective capacities during the meeting. • There was a lack of family supports participating in the meeting, as well as Resource staff. • There was an increase during each reporting period of CWS staff engaging the family participants in a strengths-based, hope-centered approach and demonstrated CWS practice standards. The final analysis and summary is shared with staff as part of a quarterly report compiled by CQI. The findings are presented at the CQI SIT meeting and will be presented to the PP leads during the monthly PP leads meeting, and to the FMC supervisors and district directors during the quarterly FMC supervisors meeting. The WebFOCUS YI142 Family Meeting Continuum Report continues to be distributed monthly to regional leadership and FMC supervisors. FMC supervisors utilize this report to track meeting due dates, past due dates, most recent FM, and parent participation. Through observations and fidelity reviews, it was noted that scheduled meetings were being documented as a completed FM even if no one from the family was present. New guidance was provided to the FMC facilitators and regional leadership in October 2022, advising these meetings be documented as "attempted" rather than completed and that attempts to reschedule the meeting with the family are to be made. It is expected that with the new guidance, the actual number of "completed" FMs will likely decrease; however, this will enhance fidelity and measuring outcomes for when the family is actually engaged throughout the FMC. The FMC lead continues to maintain a log of cases that meet criteria for exception from the FMC based on criteria outlined in the exception guide. The list of exceptions is provided with the YI142 to CW supervisors each month for review.
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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 steady increase from FFY 2021 to FFY 2022 for the required 60-calendar day FM. Data representation relies on accurate meeting selection by CW staff when documenting meetings.

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
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%
FFY22	14,254	9,059	11,026	82.2%

Data Source: KIDS Database; Run Date: 5/4/2023.

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

Note: The FMC, and all meeting types within, is an Oklahoma Pinnacle Plan strategy developed, tracked, and reported on in more detail in Oklahoma Pinnacle Plan Semi-Annual Reports located at <https://oklahoma.gov/okdhs/services/child-welfare-services/the-oklahoma-pinnacle-plan>.

Objective	Progress
1.9 Increase community collaborative with the Oklahoma State Department of Health (OSDH), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and Court Improvement Project (CIP) utilizing mental health consultants as a liaison between local CWS district offices and community service providers to increase preventive and ongoing services to children and families. Implementation is in process as outlined through the CFSR PIP. Ongoing evaluation of community collaborative will occur annually during the five-year evaluation period.	1.9 Refer to the attached <i>Clinical Team Update 2023</i> for information pertaining to OKDHS CWS Clinical Team's goals and work. 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.

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	FFY 2022	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%	77.3%	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%	61.6%	68.0%	AFCARS
Two or fewer placement settings for children in care for 24+ months	33.0%	34.1%	36.6%	41.0%	41.3%	42.0%	AFCARS
Initial placement as kinship	47.2%	46.8%	50.6%	50.5%	53.5%	55.0%	KIDS Data
Reunification in less than 12 months	55.5%	56.3%	51.0%	47.4%	50.5%	69.9%	AFCARS
Guardianship in less than 18 months	59.8%	63.5%	56.5%	51.7%	41.9%	65.0%	KIDS Data
Adoption in less than 24 months	45.9%	47.8%	39.8%	40.2%	37.6%	54.5%	AFCARS
Absence of maltreatment in care	99.08%	99.13%	99.02%	99.01%	99.01%	99.68%	NCANDS and AFCARS

Objective	Progress
2.1 Enhance focus on ensuring as many supports and connections are present during CSMs and IMs. Ensuring that not only are meetings scheduled within policy, but that they are of good quality. Full implementation is in alignment with the CFSR PIP action steps and will occur by June 2020. Ongoing evaluation to	2.1 For ongoing evaluation, see Goal 1, Objective 1.6. Ensuring a child remains connected to kin, culture, and community while in out-of-home care 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. The Important People in a Child's Life form aides in assessment of the family's support system, and is

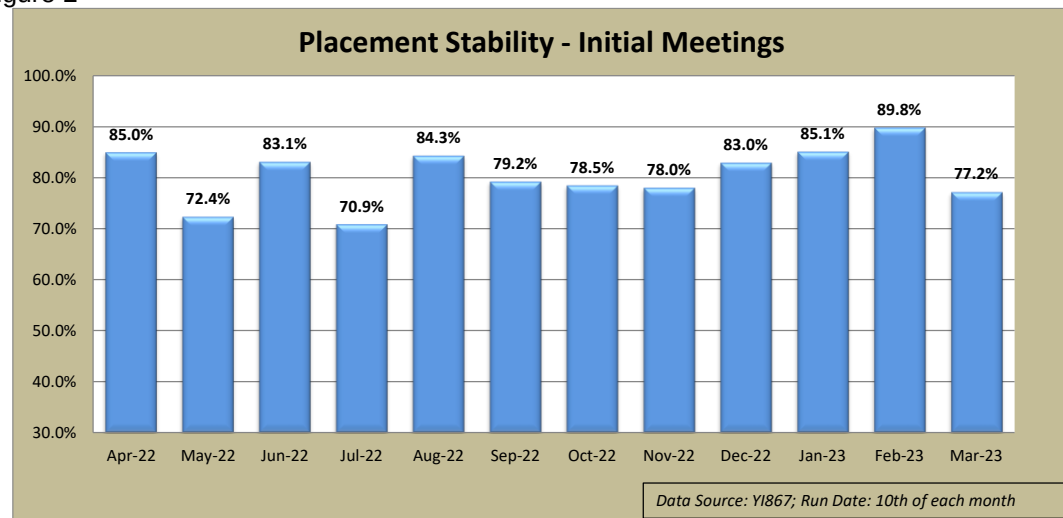
occur through qualitative review process through CFSR's, CSM reviews, and other qualitative reviews completed by CQI.

completed prior to or during the CSM. Information from the form is then entered into KIDS. During this reporting period, revisions to policy were made that direct the CW specialist to assist the family with identifying and inviting family supports to the CSM and subsequent FMs.

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 and to develop a family support plan for the caregivers. The Child and Resource Family Service and Support Plan (Plan) was updated in November 2022 to include enhancements focusing on identifying better support through actionable planning to meet any identified needs for a child or youth entering a family-based placement. 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 IM 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 in order to support placement stability in the new placement.

As shown in Figure 2, the number of completed IMs remained relatively steady from April 2022 through March 2023.

Figure 2



The WebFOCUS YI687B and YI627B Placement Stability Efforts Report is sent to regional supervisors, placement leads, and regional leadership on a weekly basis as a proactive

	approach in identifying IMs that need to be documented in KIDS for completion or compliance. The report was updated in April 2023, so that the upcoming due dates and delinquent dates for IMs are highlighted for ease of reference. A July 2022 placement stability analysis indicated that required resource parent check-in calls had no impact on placement stability. Based on these findings, all CWS staff were notified on 09/13/2022 that completion of these calls was no longer required. The analysis and determination are explained in detail in Oklahoma Pinnacle Plan Semi-Annual Reports located at https://oklahoma.gov/okdhs/services/child-welfare-services/the-oklahoma-pinnacle-plan. As noted in Goal 1, Objective 1.8, there have been 318 FM fidelity reviews conducted on FMs since April 2022. Feedback from reviewers indicate there is an opportunity to increase participation of family supports in both CSM's and ongoing FMs. Reviewers provide feedback to staff about the attendance of supports during the debriefing process immediately following the FM. Fidelity reviews completed on IMs indicate that when they were held, a Plan was created 93.75 percent of the time. Parent, youth, and community surveys have been ongoing since November 2021. These surveys collect information from families and participants about FMs. One area within the survey addresses the presence of family supports during the meeting. From November 2021 through January 2023 there were 220 parent survey responses. Seventy five percent of parents responded they had an opportunity to invite support systems to the FM, while 25 percent reported they did not have that opportunity. The responses indicated the number one reason family supports were not present at the FMs was because the family did not know they could invite them. The Family Meeting Summary report form is currently undergoing revisions. The revised form will include a section to identify individuals who need to be invited to the next FM. The revised form will be reviewed with CWS staff to highlight this new section about the primary CW specialist engaging with the family prior to the FM to verify attendance and to discuss supports to invite on behalf of the family. Updated brochures about CSMs and FMs were created in September 2022, as described in Goal 1, Objective 1.8. The updated brochure elaborates on the importance of inviting supports to the meeting and outlines each participant's role during the meeting. CWS staff provide the family a copy of the brochure prior to the meeting and an electronic copy is also attached to the email invite sent by the meeting facilitator. 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
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timeliness, participation, and meeting recommendations. In addition, the YI060 Child Safety Meeting contains detailed data regarding meeting attendees. The WebFOCUS YI142 Family Continuum Report contains detailed data regarding all FMs, including if the parents were present and if the meetings were held timely. CW supervisors and leadership utilize this report as a management tool to identify trends related to FM attendance and timeliness.

The number of completed FMs has increased steadily over the years as shown in Figure 3, from 54.4 percent of children in out-of-home care having a FM in FFY 2018 to 82.2 percent in FFY 2022.

Figure 3

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
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%
FFY22	14,254	9,059	11,026	82.2%
Data Source: KIDS Database; Run Date: 5/4/2023. 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
2.2 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.	2.2 For review of outcomes, see Goal 1, Objective 1.6 CFSR case review practice profiles. Refer to Objective 2.1 for information regarding Child and Resource Family Support Plans. Historically, when a child entered placement upon removal, the assigned CW specialist contacted the caregiver within two-business days of placement to complete a Resource Parent Check-In Call to ensure the child's needs were met and the resource family felt supported. Additionally, CWS wanted to ensure the resource family had the necessary information to provide for the child and was aware of the next steps in the case process. The Resource Parent Check-In Call Guide, provided to all CW staff, was designed to facilitate meaningful conversation between staff and the resource family. A placement stability analysis completed in July 2022 indicated completion of a Resource Parent Check-In Call did not contribute to a child's stability in placement. This was due to policy changes that occurred after implementation of the Check-In call, whereby the assigned CW specialist is required to visit the child in the new resource home on the day placement is made and then twice per month for the first 60-calendar days for a total of five visits. With increased contact with

resource parents to ensure all needs were met and the results of the placement stability analysis, the decision was made to cease Resource Parent Check-In Calls in September 2022.

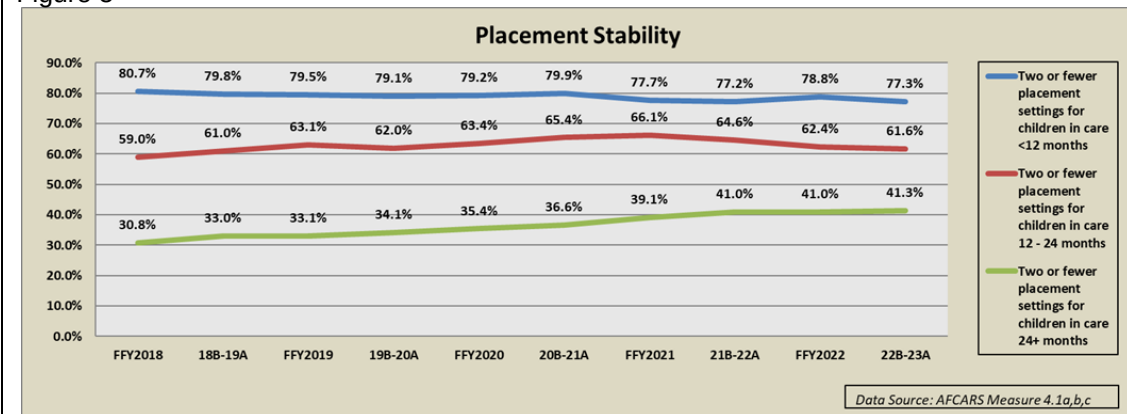
Figures 4 and 5 reflect the state quantitative data for the reporting period of April 2022 through March 2023 and show that in the last two AFCARS periods, 22B through 23A, two of the three placement stability measures remain above the target.

Figure 4

(Placement Stability) Increase the proportion of children who experience two or fewer placement settings											
Measure	FFY2018	18B-19A	FFY2019	19B-20A	FFY2020	20B-21A	FFY2021	21B-22A	FFY2022	22B-23A	Target
Two or fewer placement settings for children in care <12 months	80.7%	79.8%	79.5%	79.1%	79.2%	79.9%	77.7%	77.2%	78.8%	77.3%	83.3%
Two or fewer placement settings for children in care 12 - 24 months	59.0%	61.0%	63.1%	62.0%	63.4%	65.4%	66.1%	64.6%	62.4%	61.6%	59.9%
Two or fewer placement settings for children in care 24+ months	30.8%	33.0%	33.1%	34.1%	35.4%	36.6%	39.1%	41.0%	41.0%	41.3%	33.9%

Data Source: AFCARS Data

Figure 5



Objective

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

Progress

General Recruitment: The Oklahoma Foster Care and Adoption Support Center and the Oklahoma Fosters website, www.OKFosters.org, are the points of contact for all individuals interested in foster care and adoption. Once a family has started the assessment process, families submit documents as well as monitor where they are in the overall process towards approval through the OKBenefits portal. CWS Recruitment staff regularly contact families in the approval process to ensure any barriers to timely approval are addressed.

	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. As of this reporting period, the Guiding Principles training curriculum is in the process of being rewritten and updated with an anticipated release date by December 2024r. For targeted recruitment, nine CWS 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 to 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. Events include working in tandem with partners from Native American tribes in the communities, health fairs, and community farmers' markets; working with LGBTQ+ partners via recruitment booths at some of their events; attending sporting events at local schools to target homes for teens; and working closely with local churches. OKDHS CWS foster home recruitment goals include new homes approved by both the CWS Recruitment Units and contracted resource family partner (RFP) agencies. As of 5/1/2023, preliminary data for new foster homes report CWS and RFP totals at 61.2 percent of the goal of 766 new homes. See details in the Foster and Adoptive Parent Diligent Recruitment Plan under Updates to Targeted Plans. 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. In the fall of 2022, a workgroup was created with the goal of improving family search and engagement as well as minimizing barriers to placing children with kin. This group includes internal CWS staff as well as kinship parents with lived experience and meets monthly, with subgroups meeting more frequently. To better match children with families that can meet their needs, CWS continues to utilize and support the agency's 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 who has 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 927 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.
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	A TFC/ITFC liaison group of Recruitment staff streamlines 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. Through these efforts, a record number of 23 TFC/ITFC homes were recruited during this report period. Recruitment staff continues to promote TFC/ITFC resource needs in virtual and in-person meetings with prospective families and on social media pages, including the Oklahoma Fosters website. A new recruitment and retention incentive promotion was initiated in May 2022 with the original ending date of December 2022 extended to June 2023. 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 TFC/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. For this reporting period, the incentive promotion resulted in 71 new foster homes, along with 71 current homes receiving the recruitment incentive, plus an additional eight new TFC homes from families that stepped up. Two other recruitment incentives were initiated during this report period. One provided a financial incentive for any OKDHS staff member to recruit a new foster family during the months of October 2022 through June 2023. This incentive has resulted in 12 employees receiving incentives for recruiting 12 new foster families. The second incentive pertained to CWS Recruitment staff and RFP recruitment staff. If they exceeded their recruitment goals for the second quarter of SFY 2022 they received the incentive bonus; and, if they also exceed their goals for the entire SFY, they will be eligible for another incentive payment. An additional incentive was offered during this period which involved a payment to traditional foster families who had placement of a child, or children, between the months of July 2022 through June 2023. This incentive is only paid once to a family, but it allows for newer approved families to also receive the incentive upon placement of a child. 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 of 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
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	family, through monthly and quarterly contacts, as well as all ongoing communications between the families and their assigned FC&A specialist and all CW specialists assigned to children placed in the home. 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. 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 as it becomes a central hub where current and prospective foster parents can find resources, support, and information. As of 4/1/2023, there was a net loss of 77 resource homes for SFY 2023. This is an improvement over last year's net loss of 219 homes. Staff shortages both within CWS and the RFP agencies have impacted recruitment efforts during this reporting period; however, recent employee recruitment efforts within OKDHS have shown some success in hiring or rehiring additional CWS staff. An annual survey is emailed to one fourth of current foster parents each quarter. Conducted through the University of Oklahoma Center for Public Management (OU-CPM), the survey results are analyzed as to why foster parents choose to stay and identifies trends that can be assessed and corrected. An annual report is then compiled by OU-CPM with components that include a descriptive analysis, a logistic regression analysis, a Kruskal-Wallis analysis, and content analysis. OU-CPM has completed two annual reports to date. The third annual report, which will cover SFY 2023 and is due in the fall quarter of SFY23, will include trends identified with the goal of helping guide future initiatives to improve customer service satisfaction with foster and adoptive parents.
Objective	Progress
2.4 Continued focus on enhanced safety discussion and collaboration, and consistency of safety decisions made across all programs, including Foster Care and Adoptions. All action	2.4a A safety guidebook was developed and completed in 2018 to better direct CW specialists in conducting high quality safety practices across programs. This compilation provides definitions, examples, and guidance on the appropriate way to assess and document comprehensive safety decisions from the initial call all the way through the case until case closure. This tool is for CW staff to use when assessing the protective capacities of the PRFC

steps are aligned with the CFSR PIP and will be implemented by June 2020. (a) Any practice guidance will be updated in the Child Welfare Safety Guidebook. (b) Updated CORE and Supervisory Academy training to reflect enhanced safety practices updated through the CFSR PIP.	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. The guidebook continues to be distributed at all new CW specialist trainings and is available to all CW staff online in the OKDHS library. Updates to the guidebook began in April 2023 so that it contains the most current information on policy, procedures, forms and revisions in KIDS. The guidebook will continue to ensure collaboration across all programs. Once the guidebook is updated it will be disbursed and available to staff, to replace the existing version. 2.4b Completed.																												
Objective	Progress																												
2.5 Supervisors will utilize the three key strategies outlined in the Supervisory Framework to support staff in critical decision-making. Full implementation of the Supervisory Framework will occur by June 2020.	2.5 Refer to Goal 1, Objective 1.5 for information related to the Supervisory Framework.																												
Objective	Progress																												
2.6 Monitor and enhance contracts of Systems of Care (SOC) and mobile response to ensure that if a child in foster care is in crisis, appropriate services can be provided without disruption to the child's placement. Strategy is in alignment with the CFSR PIP and will be evaluated annually throughout the five-year evaluation period.	2.6 CWS refers children 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 2022 through March 2023, SOC had 1,400 clients enrolled. Of those clients, 25.8 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. 40.4 percent were enrolled in Tier 3 service coordination, and 33.9 percent were enrolled in Tier 4 Wraparound services. As shown in Figure 6 the largest age group served by SOC was children ages 6-11. Figure 6 <table><tr><th colspan="4">Enrollment by Age and Gender</th></tr><tr><th></th><th>Males</th><th>Females</th><th>Total</th></tr><tr><td>Aged 3 and Younger</td><td>43</td><td>27</td><td>70</td></tr><tr><td>Aged 4-5</td><td>139</td><td>107</td><td>246</td></tr><tr><td>Aged 6-11</td><td>355</td><td>301</td><td>656</td></tr><tr><td>Aged 12-15</td><td>153</td><td>181</td><td>334</td></tr><tr><td>Aged 16-18</td><td>41</td><td>53</td><td>94</td></tr></table> <i>Data Source: ODMHSAS; Run Date: 5/17/2023</i>	Enrollment by Age and Gender					Males	Females	Total	Aged 3 and Younger	43	27	70	Aged 4-5	139	107	246	Aged 6-11	355	301	656	Aged 12-15	153	181	334	Aged 16-18	41	53	94
Enrollment by Age and Gender																													
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Aged 16-18	41	53	94																										

SOC is the provider assigned to families who were approved for EFC as part of the COC strategy work. Four hundred and twenty-one EFC clients were enrolled in SOC services April 2022 through March 2023.

SOC's Youth Crisis and Mobile Response Stabilization received 6,435 calls from April 2022 through March 2023. Eighty-two percent of the total mobile responses resulted in placement stability where the child remained in their existing living situation. There were 633 calls with the child in OKDHS custody, and 78 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:

- 178 calls were made by OKDHS caseworkers;
- 158 calls were made by foster parents;
- 108 calls noted foster disruption as the reason for the call;
- 113 calls had a risk factor of change in custody;
- 187 calls had a risk factor of change in placement; and
- 217 calls had OKDHS staff on the scene.

MHCs completed a total of 1,889 consultations from April 2022 through March 2023 with the majority in Region 2, as shown in Figure 7. 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 in ensuring that 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 7

OKDHS Region	Total Consultations
1	405
2	520
3	472
4	233
5	259
<i>Data Source: ODMHSAS; Run Date: 5/17/2023</i>	

Objective	Progress
2.7 Increase utilization of the CarePortal to access resources for resource homes in order to meet need and safety care for children in OKDHS custody. The number of needs met by use of the CarePortal will be monitored annually.	2.7 CWS partners with the Global Orphan Project to continue 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. 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, children, and youth. The program's goal is to expedite CPG achievement. Based on the success of the project, in 2022 CWS entered into contract with the 111Project to strengthen its infrastructure to expand statewide within three years. Since then, an additional 12 counties were added, making CarePortal now active across 43 counties. In 2022, 4,052 requests were sent out to local community churches by CW specialists and supervisors across the state, and 2,752 or 67.9 percent of those requests were met. These met requests impacted 5,494 children for a total estimated economic impact of \$2,323,337. CW staff are required to complete a CarePortal specific training prior to using the CarePortal tool. The training is accessible at any time through the OKDHS Learning Management System (LMS).
Objective	Progress
2.8 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.	2.8 This object is completed; however, CWS will continue to its strong commitment to collaboration and communication with RFP partners. Additionally, training and other supports offered to CWS and RFP staff as reported in previous years will continue.
Objective	Progress
2.9 Use of Child Behavioral Health Screeners (CBHS) for children in out-of-home placement to ensure that a child's educational, developmental, physical, and mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely. Implementation is ongoing. Evaluation will occur annually throughout the five-year evaluation period. Qualitative and Quantitative data will be presented annually to the regions.	2.9 CWS sustained CBHS administration and utilization within practice to ensure continued identification of children's needs and access to services through monthly administration and follow-up with service providers. CW specialists continue to administer CBHS during caseworker visits with children residing in family-like placements, such as foster family care, adoptive homes, their own home in trial reunification (TR), in FCS cases, and youth in group home and shelter settings. Figure 8 reflects the state quantitative data for the reporting period of April 2022 through March 2023. The number of completed CBHS remained steady during that time period with a statewide average of 45 percent.

Figure 8

Date	Total Children Due	Screened In Month	%
Apr-22	6218	3085	49.6%
May-22	6145	2947	48.0%
Jun-22	6082	2730	44.9%
Jul-22	6042	2795	46.3%
Aug-22	6003	2706	45.1%
Sep-22	6027	2698	44.8%
Nov-22	6192	2664	43.0%
Dec-22	6050	2574	42.5%
Jan-23	6040	2768	45.8%
Feb-23	6036	2517	41.7%
Mar-23	6048	2614	43.2%
TOTAL	66883	30098	45.0%
<i>Data Source: YI810A; Run Date: 5th of each month for prior month</i>			

The OKDHS CWS Clinical Team, in partnership with University of Oklahoma Health Science Center (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.

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. A webinar is available, 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.

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 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.

As previously reported, efforts began in 2021 on incorporating the Child and Adolescent Needs and Strengths (CANS) assessment components for use as a complementary tool alongside the CBHS to aid in placement decision-making and level of need recommendations. At that time,

	the CANS assessment tool was part of the Family First Prevention Services Act (FFPSA) focusing on children placed in congregate care settings through Qualified Residential Treatment Programs (QRTPs). Third-party assessors are contracted with the OUHSC, and as of the writing of this report, there are currently seven of 10 clinicians completing the CANS assessments. The hiring process is ongoing. In the meantime, the previously reported overtime plan for CWS program field leadership staff to complete the CANS assessments for the current EFC, TFC, ITFC, and congregate care population is still in place as of the writing of this report. There are currently only three program field leadership staff participating in the overtime plan, which expires in June 2023. The overtime team supported the OUHSC assessor team by completing the baseline assessments for various populations, including a control group population, which in turn confirmed the finalization of the CANS assessment algorithm for the various levels of care. Administration of the CANS assessment began in April 2022 to a prioritized list of children and youth who are receiving EFC services and supports. The TFC/ITFC population was prioritized in October 2022 and levels C, D+, and all E- level (QRTPs) group homes were prioritized in November 2022. In January 2023 an online referral process began, in which all new placement requests for EFC, TFC/ITFC, and QRTPs are referred for a CANS assessment. A CANS assessment online training is in development, in collaboration with the OUHSC CANS assessment supervisor, with the goal of completion in August 2023. The training will be required for all PP and FC&A staff. Next steps include continuing the hiring process of the remaining third-party assessors to manage the number of initial CANS assessments and CANS reassessments. Additional communication is being developed for foster parents and CW specialists to further their understanding of the CANS assessment and their role in the process. The CANS assessment training will launch in August 2023. CWS Placement Programs will continue to address any barriers to timely completion, with the goal of the CANS assessment being an embedded part of the initial and ongoing placement process for EFC, TFC/ITFC, and QRTPs levels of care by November 2023.
Objective	Progress
2.10 Focus Actively Seeking KINnections (ASK) efforts within each region to enhance strategies in building permanent connections and locating family for the child in OKDHS custody. Objective is aligned with the CFSR PIP. Full	2.10 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.

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.

Figures 9, 10, and 11 reflect the state quantitative data for the reporting period of April 2022 through March 2023. As shown in Figure 10 kinship foster care had more total placement days for children than any other placement type while Figure 11 shows that 53.5 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 9

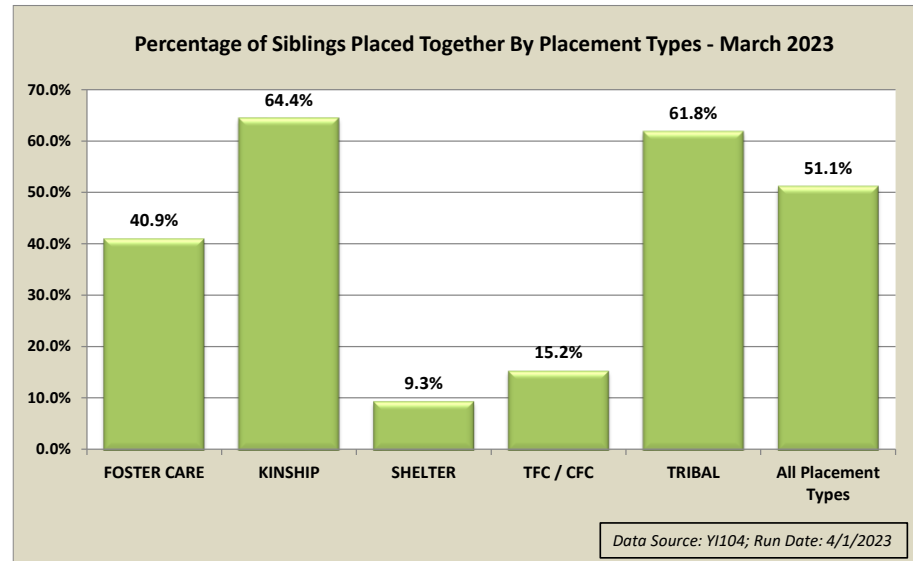
Placement Days by Resource Type for 12 Months Ending March 31, 2023					
RESOURCE TYPE	Age 0-2	Age 3-5	Age 6-12	Age 13-17	TOTAL
KINSHIP FOSTER CARE	16.0%	10.3%	15.8%	7.2%	49.2%
REGULAR FOSTER CARE	12.5%	9.3%	10.5%	3.6%	35.9%
CONGREGATE CARE	0.2%	0.1%	1.8%	6.1%	8.2%
TFC	0.0%	0.1%	1.3%	0.3%	1.8%
OTHER	1.4%	0.9%	1.2%	1.4%	4.9%
TOTAL	30.1%	20.8%	30.6%	18.5%	100.0%
<i>Data Source: Measure1c - Placement Days by Resource Type Report; Run Date: 4/5/2023</i>					

Figure 10

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-22	169	287	58.9%
May-22	146	263	55.5%
Jun-22	107	239	44.8%
Jul-22	122	240	50.8%
Aug-22	177	331	53.5%
Sep-22	181	371	48.8%
Oct-22	157	290	54.1%
Nov-22	136	247	55.1%
Dec-22	111	215	51.6%
Jan-23	154	282	54.6%
Feb-23	143	286	50.0%
Mar-23	167	257	65.0%
TOTAL	1770	3308	53.5%
<i>Data Source: Y1867; Run Date: 10th of each month</i>			

One of the benefits associated with placing children with kin is the increased likelihood that siblings are placed together. As seen in Figure 11 kinship homes have the highest percentage of siblings placed together at 64.4 percent.

Figure 11



Objective	Progress
2.11 Develop parent stakeholder group to gather and apply feedback from parents and relatives in improving ASK efforts. A parent feedback group will be developed by June 2020. Objective is aligned with the CFSR PIP. Full implementation will occur by June 2020 and the information obtained from parent stakeholders will be used to guide strategies in building permanent connections and locating families for children in OKDHS custody.	2.11 The public OKDHS website still includes a webpage where parents can access information about various CWS programs, including ASK and family engagement. The webpage 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.

	Due to the low completion rate, other avenues for soliciting feedback from parents was explored in SFY 2022 with OKDHS Innovation Services. Because of the high response rate from parents for FMC surveys, it was decided that incorporating the parent exit survey into the FMC process would increase response rates. See Goal 1, Objective 1.8. This new change was implemented in January 2023; however, the focus of parent surveys quickly shifted in February 2023 to obtain feedback for Oklahoma CFSR Round 4 Statewide Assessment (SWA). Once the SWA is completed, the broad parent experience survey will resume. In February 2023, CWS Permanency Programs staff was invited to attend a monthly meeting with the Oklahoma Evolution Foundation which provides support for a group of parents with lived experience. OKDHS was asked to provide any agenda topics to present to the group for monthly discussions. Evolution Foundation manages this group of parents in partnership with the Oklahoma Family Network (OFN), a non-profit which informs and connects individuals with special needs. OKDHS is currently exploring a contract with OFN which would oversee a group of parents with lived experience who would be available to OKDHS for meetings, speaker panels etc.
Objective	Progress
2.12 Use case reviews to develop qualitative assessments that analyze key indicators of maltreatment to present to staff on a quarterly basis, using current data to inform decisions on trends of practice that are identified within the reviews. Results of data analysis will be compiled quarterly and communicated to the field. Qualitative reviews will occur in each region every quarter to support CW specialists in improving practices to better outcomes.	2.12 Refer to Goal 1, Objective 1.4.
Objective	Progress
2.13 Enhance communication between programs who are involved with resource families in use of resource alerts, written plans of compliance, screen-out consultations, injury alerts, and ten-day staffings in order to prevent maltreatment in care. Ongoing evaluation through the five-year evaluation period will occur through qualitative reviews including CFSR's, maltreatment in care reviews, and any other type of review.	2.13 This objective is completed.

Objective	Progress
2.14 Provide ongoing training for staff surrounding quality worker visits with children and parents and use of qualitative reviews to inform practice. Training is in alignment with the CFSR PIP. Ongoing training updates will occur by June 2020. (a) Update CORE and Supervisor Training to reflect practice changes surrounding quality worker visits. (b) Update Supervisor Training to ensure supervisors are able to utilize data and reports to assess outcomes of quality worker visit measurements.	2.14a Training for all CW staff is continuously reviewed and updated to reflect revised policy and practice guidance. CWS programs staff continues to offer support through a global email address for each program area to address questions on safety and practice concerns. PP post-CORE Level training for new staff continued during this reporting period with curriculum updates specific to policy and practices; updates to the Child's Individualized Service Plan (ISP) to reflect changes identifying youth who are pregnant and parenting; adding an experiential activity to review concepts of protective capacity to support application to the ongoing AOCS; updates to guidance for utilizing secured email; and updates to the PP Task and Timeframes Guide to reflect updated policy changes, including a permanency planning process chart and a Placement Stability Documentation Guide. The CWS Supervisor Academy continues to be updated to provide guidance to new supervisors about policy changes and current guidance updates, along with emphasis on assessing safety through supervision and focus on timely permanency. 2.14b The CWS Supervisor Academy training continued in FFY 2023 to address the specific needs of new supervisors and remains a quality and positive learning model. During reports training, supervisors pull data for their specific units to build strategies for specific focus during supervision. All training for CW staff continues to be reviewed and updated to align with efforts and strategies aimed at MIC reduction, placement stability, and timely permanency.
Objective	Progress
2.15 Make changes within the KIDS system to reflect expectations of parent visitation. Including updates with reports and tracking to ensure parents are being engaged often and consistently. Changes to the KIDS system is in alignment with the CFSR PIP. Changes will be fully implemented by March 2020.	2.15 All targeted changes are completed. CWS leadership remains committed to improving parent engagement efforts and as such, set a target of 95 percent for parent visit completion efforts in FFY 2021. The 95 percent target included parents visited, attempted, and those with exceptions. Statewide yearly average of total efforts for FFY 2022 was 92.7 percent, and each month's total efforts were over 90 percent. The Parent/Worker Contact report and the WebFOCUS Permanency Planning Dashboard remain the two primary tools for monitoring compliance of worker/parent contact requirements. Both tools are accessible to all CWS staff. 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 has been useful to CW staff in monitoring individual or team progress toward the established target percentage. The

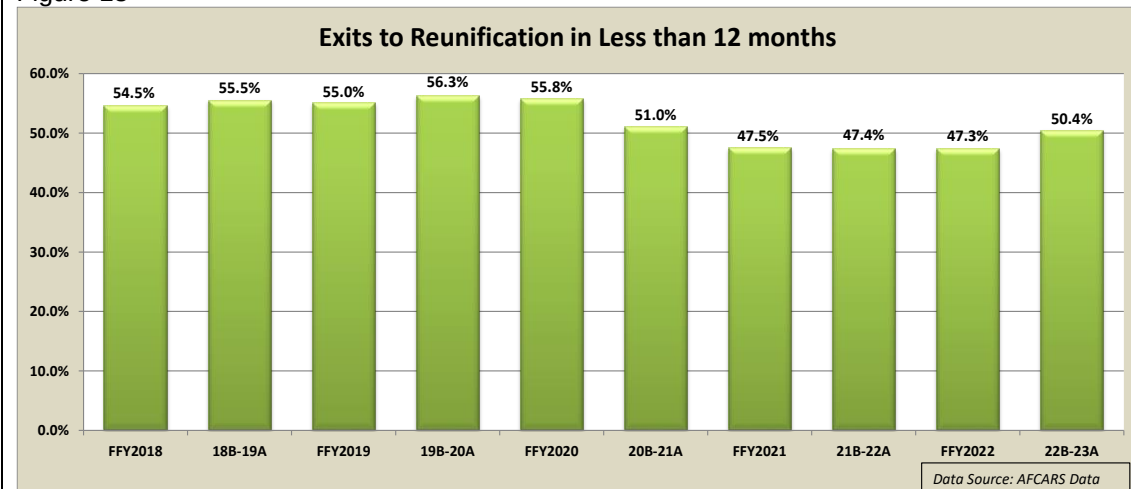
	Parent/Worker Contact report tracks the percent of parents visited each month, attempted visits to see the parent, and exceptions if the parent is unknown or incarcerated. PP Programs began emailing the report to regional leadership teams three times a month in October 2020. The communications emails 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 were further broken down by the contact types of face-to-face, telephone, or virtual. Due to overall improved compliance in completing and documenting worker/parent contacts, in addition to determining that CW regional and district leadership is capable of using the available tools to monitor their teams without assistance from PP Programs, communication emails from PP Programs staff to regional and district leadership gradually decreased to monthly frequency in 2022 and ceased after the December 2022 data was reported in a January 2023 email. In addition to compliance, messaging to regional leadership teams continues to focus on quality contacts with parents utilizing the Quality Contact Guide. The CQI QA team created a review tool to evaluate the quality of worker/parent contacts. The tool is intended to be administered by CW supervisors to guide the supervisors' feedback to CW specialists. Results will be stored in Qualtrics for use in further data analysis and review as needed. The tool is not currently required but remains available for use in districts and regions that desire to evaluate or improve the quality of worker/parent contacts. 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.
Objective	Progress
2.16 Use of Permanency Safety Consultations (PSCs) to assess for safety in a team approach at key junctures of the case and throughout the life of the case while the case plan goal is reunification. The PSC fidelity review tool will be utilized for transfer of learning and debriefing purposes during sessions that Continuous Quality Improvement Program support staff are present. Practice trends will be presented to regional leadership quarterly.	2.16 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 TR. As shown in Figure 12, from October 2021 through September 2022, 7,488 children had a PSC completed at least once while their case was open. The decrease from previous reporting periods in the number of PSCs is due to (1) time frame changes for the initial PSC as described below, and (2) the overall decrease of children in OKDHS custody.

Figure 12

Permanency Safety Consultations Oct 1, 2021 - Sep 30, 2022	
Number of PSC's	Number of Children Participating in a PSC
4,245	7,488
Data Source: KIDS Database, Run Date: 5/4/2023. Duplicated count, as a child counts in each PSC where they are identified.	

Figure 13 reflects the state quantitative data for the reporting period of April 2022 through March 2023 and shows that 50.4 percent of children were reunified in less than 12 months. Reunification exits in less than 12 months had a slight decline in FFY 2021 but increased in the last reporting period of 22B-23A.

Figure 13



As shown in Figure 14, reunification in less than 12 months was 50.4 percent timely, guardianship in less than 18 months was 41.9 percent timely, and adoptions in less than 24 months was 37.6 percent timely.

Figure 14

Permanency Timeliness			
	# Reunifications	Reunifications In < 12 Months	% Reunifications Timely
Reunifications in Less than 12 months	1469	741	50.4%
	# Guardianships	Guardianships In < 18 Months	% Guardianships Timely
Guardianships in Less than 18 months	358	150	41.9%
	# of Finalized Adoptions	Adoptions In < 24 Months	% Adoptions Timely
Adoptions in Less than 24 months	1578	593	37.6%
Data Source: AFCARS Composites			

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. The PSC Guidebook is also available electronically, accessible through the PP Programs InfoNet site.

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. WebFOCUS reports were modified in April 2022 to reflect the updated initial PSC due date.

PSC fidelity reviews ended in August 2022. The original intent of fidelity reviews was to provide feedback to district leadership teams regarding fidelity to the PSC model to ensure consistency statewide. The fidelity reviews served as a key component for PSC implementation and sustainability but since fidelity to the model has remained consistent, a shift in focus was necessary to support fidelity of the FMC. Ongoing support about PSC practice guidance continues to be provided to the districts as needed or requested. The PSC Coordinator and CQI support staff remain available to participate in district PSCs to provide immediate support and feedback.

	In April 2022, additional data regarding children with a Safe PSC was added to the first PSC report communication email of the month, identifying children who had not yet entered TR after a Safe PSC, and providing practice guidance regarding existing expectations in an effort to maintain urgency towards timely reunification after a Safe PSC. Data was then collected to provide a baseline in order to understand the length of time children were waiting to enter TR after a Safe PSC. The data revealed variability across districts. Additionally, previous fidelity review data identified that completion of previous action items as a PSC practice was an area in need of improvement across the state. The impact of failing to complete action items is particularly detrimental for children with a Safe PSC, as they are pending entry into TR. The existing Safe PSC process involves monthly follow up of action items between the CW supervisor and specialist. Subsequent conversations with permanency leads and leadership about the data and the existing PSC process led to the development of an enhanced "Safe" PSC accountability process, initially communicated to district and regional staff in November 2022 for formal implementation in January 2023. The enhanced accountability process elevates the Safe PSC action item to include a monthly review by the district director and PSC team, rather than only PP supervisor and specialist as previously required. A documentation component in KIDS provides means to track these efforts. WebFOCUS reports and the monthly PSC report have been modified to reflect these changes. The monthly reviews with district director participation are expected to continue until a child enters TR. A full PSC every 90-calendar days will not be required unless a recurrence of safety threats is identified. In March 2023, the assistant deputy directors in each region began holding monthly calls with assigned district staff to gather case specific information about the barriers preventing children from entering TR after a Safe PSC and provide an added level of accountability to ensure completion of action items created during the previous Safe PSCs and subsequent action item reviews. Information gathered during these calls is documented in a regional tracking report maintained by the assistant deputy directors. The information gathered in the first three months of the enhanced Safe PSC accountability process has begun to set a foundation for understanding what specific barriers are present, in what regions and districts they are occurring, and quantifying how many children and families these barriers affect. The population of children waiting more than 30 days to enter TR has decreased each month since the enhanced "Safe" PSC accountability process was implemented. As of 12/5/2022, 211 children with a Safe PSC were still waiting to enter TR after 30 days. As of 5/1/2023, this population had decreased to 161 children. To provide a snapshot of timeliness, a KIDS-generated PSC report identifies upcoming and overdue PSCs across all cohorts, in addition to the children needing "Safe" PSC action item reviews and a summary of number of days since the Safe PSC. The PSC report is updated and emailed monthly to CW supervisors, district directors, and regional directors, along with practice guidance to enhance PSC quality and intentionality. Due to maintained improvement in completing PSCs timely, weekly communication of the PSC report decreased to monthly in September 2022.
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	A PSC-related panel discussion was held in October 2022 at the quarterly Statewide CWS Leadership Meeting. The panel consisted of district directors who hold quality PSC discussions with their teams, have higher permanency outcomes, and low number of days between a Safe PSC and TR. Permanency Programs staff and the PSC coordinator posed questions to the panel members about how they manage the PSC process in their districts and how they ensure there is necessary follow-up on identified action steps. The intent of the panel discussion was for other districts to critically examine their own PSC process for potential enhancements. 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.
Objective	Progress
2.17 Use qualitative reviews and ongoing training of outcomes of Initial Meetings and resource placement calls, shifting the focus from completion of the initiative to quality of work therefore improving outcomes. Ongoing evaluation to occur through CFSR's and ongoing placement stability reviews quarterly to regional leadership throughout the five-year evaluation period.	2.17 For IM and the FMC updates, see Goal 1, Objective 1.8.
Objective	Progress
2.18 Continue ongoing collaboration with CIP to engage staff in barriers with the court and improve relationships with court partners in order to enhance capacity of quality representation by contract attorneys, increase timely permanency outcomes, and improve relationships between CW and the courts in order to better outcomes for families navigating the CW system. Ongoing partnership will occur with CIP throughout the five-year evaluation period.	2.18 CWS programs staff continued to be part of the CIP committee in FFY 2023. 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. Round 2 of the CIP joint project officially started on 10/1/2022 and will measure outcomes for children removed during a six-month period ending 3/31/2023. A meeting was held on 4/17/2023 with CIP representatives, district directors for Bryan, Cleveland and Lincoln Counties as well as CWS QCI QA, PP, and KIDS Data Programs staff. The purpose of the meeting was to re-visit measurement outcomes for the Round 2 project and to ensure any other data needs were addressed. PP Programs and CQI QA staff have remained involved in CIP district-level meetings to provide support in improving practices identified by the district. PP Programs staff developed a two-part workshop for the CIP districts during the last reporting period, with the goal of developing

	consistency across the individual districts in relaying progress updates to the court. The workshop was provided to supervisors in Bryan County on 9/29/2022, in Cleveland County on 11/17/2022, and in Lincoln County on 1/9/2023. An accompanying CW specialist focused workshop that utilizes the districts' supervisory team in facilitation has been developed and was provided in Bryan County on 1/26/2023 and Lincoln County on 2/10/2023. Although initially created for the CIP districts, the material and learner-focused presentation make the workshop adaptable for any district, as court report presentation has been identified as a practice area to target for improvement in multiple districts. Many districts have reached out to PP Programs to provide this training to their staff and during this reporting period, nine districts received this training for their supervisors.
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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	FFY 2022	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%	58.50%	95.0%	CFSR
Percent of children receiving a Child Behavioral Health Screener in accordance with policy	66.7%	60.2%	47.1%	49.6%	45.0%	98.0%	OU
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%	96.5%	97.0%	KIDS Data
Percent of children needing an intervention and served in FCS	25.0%	49.9%	53.8%	50.8%	48.0%	50.0%	KIDS Data

Objective	Progress
3.1 Enhance family-centered practices by utilizing services that are focused on the family as a whole and are developmentally and/or culturally appropriate. Utilize service providers that will work with families as partners in identifying and meeting needs and strengthening families. Evaluation will occur through contract monitoring of the service providers by CWS Program staff in the form of monthly reports received by the contractors, quarterly site visits/contractor meetings, and annual contract renewal process.	3.1 OKDHS continues to make comprehensive and systematic transformation of the CW system and continues to be focused on enhancing tertiary prevention direct services for children and families, as well as CW practices toward a CW prevention-focused practice model to improve safety and well-being outcomes. OKDHS aims to not bring more families into the CW system, but rather improve prevention practices and enhance and expand the services and supports that allow for more families to be served in FCS and not within foster care. 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. These strategies include FCS enhancement through the Safety through Supervision Framework and access to prevention services such as CHBS – SafeCare®, Youth Villages Intercept®, and the implementation of the Title IV-E Waiver demonstration project – Intensive Safety Services (ISS). These programmatic strategies, and in partnership with stakeholders, continue to develop

pathways to strengthen families, keep children safely in their own homes, decrease the number of family disruptions by increasing prevention efforts, prevent child maltreatment, and support Oklahoma's shared vision of a child and family well-being network. The Oklahoma Title IV-E Prevention Program Plan is helping the agency further advance efforts toward decreasing the need for foster care as an intervention and enhance the agency's aim of becoming a hope-centered, trauma-informed organization by expanding capacity in prevention support and services for children at-risk of entering the CW system and by creating a child and family well-being network. The Oklahoma Title IV-E Prevention Program and services are designed to produce change at two levels: the child and family level and the system level. The continued focus on family-centered practice improvement and a hope-centered, trauma-informed systems approach is expected to result in both positive outcomes for children, youth, and their families, and positive functioning within OKDHS.

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

Figure 15

CHBS - Maintain Placement Services Apr 1, 2022 - Mar 31, 2023					
Families Referred for Services	Families Receiving Services	% of Families	Children Referred for Services	Children Receiving Services	% of Children
46	40	87.0%	89	81	91.0%
Data Source: KIDS Database; Run Date: 5/4/2023					

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.

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. OU NRCYS continues to provide support for the OKDHS-contracted group home providers to ensure successful implementation of the Q RTP contract requirements and to strengthen working with families as partners in identifying and meeting youth and family needs. During this reporting period OKDHS has continued to work towards a goal of redefining what it means to be a public human service organization and leadership continues to be committed to finding pathways to come alongside communities to identify ways to serve and invest in a comprehensive, continuum of prevention and community-based supports and resources for children and families to meet the unique needs as defined by the communities themselves. The strategic framework and investments in evidence-based, trauma-informed programs that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being are helping to reshape the CW system into a child and family well-being network as part of Oklahoma's broader vision of child and family strengthening and well-being. 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. Oklahoma has 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. These services are aligned with an integrated, broader prevention continuum, sufficient to keep children safe and to meet the children's and families' needs. Oklahoma provides a variety of home-based family support programs, including the services approved in Oklahoma's Title IV-E Prevention Program Plan, that deliver services to both expectant parents and families with children involved with the CW system aimed at increasing protective factors to reduce child maltreatment, prevent family separation, and increase well-being. Oklahoma's mental health and substance abuse treatment services, jointly funded and administered through ODMHSAS and OHCA, which is the state's Medicaid authority, has implemented and sustained multiple well-established, evidence-based programs and services that support and strengthen safe and healthy children and families. 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.
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Objective	Progress
3.2 Evaluation of providers understanding of children, families, and resource parents' needs and effectiveness of services provided through information gathered by community stakeholders during the annual stakeholder meetings in partnership with OSDH and CIP. Findings will be assessed to develop and identify solution-focused plans for increasing collaboration between CWS and providers to achieve better outcomes for children and families. Information will be distributed to executive and regional leadership and CW staff.	3.2 Refer to Goal 1, Objective 1.9 regarding progress in increasing community collaboration with OSDH and Goal 2, Objective 2.18 regarding CIP. Bi-annual stakeholder meetings held in partnership with OSDH took place this reporting period in October 2022 and April 2023. The October meeting was held via a virtual format and the April meeting was held in-person in conjunction with the 29th Oklahoma Child Abuse and Neglect Conference. Stakeholder meeting details are provided in this APSR under the Quality Assurance System.
Objective	Progress
3.3 Support and enhance a competent, skilled, and professional trauma-informed child welfare workforce to identify and meet the needs of children and families; determining the appropriateness of the services array and broader CW decision-making and case planning. Support will be provided during CFSR case review debriefings with leadership, supervisors, and specialists. Regional case review summaries, as well as other qualitative review summaries, will be provided to the Executive Team and regional leadership that identify practice trends impacting quality outcomes.	3.3 The CWS CORE curriculum includes trauma-focused foundational learning for new CW staff. Work is in progress to build on this foundation through future Level courses. Trauma-informed training for CW supervisors includes simulation training during CWS Supervisor Academy, with a focus on Motivational Interviewing Experience and Indirect Trauma Sensitive Supervision. For additional information in this regard see the Training Plan, Updates to Targeted Plans within the 2020-2024 CFSP. Refer to Goal 1, Objective 1.6 for CFSR case review practice profiles and support provided through the debriefing process and practice profile summaries shared with the CWS Executive Team and regional leadership.
Objective	Progress
3.4 Utilize outcomes from CFSR reviews to inform and enhance the quality and timeliness of the Child Behavioral Health Screener to better serve the needs of children. Information will be shared through CFSR case debriefings and regional case review summaries.	3.4 Refer to Goal 2, Objective 2.9 regarding progress about use of CBHS. Refer to Goal 1, Objective 1.6 regarding the CFSR case review practice profiles information sharing and utilization of outcomes.
Objective	Progress
3.5 Effectively use IMs to support family involvement in assessing needs of the child and resource family by identifying and providing appropriate services to support placement	3.5 For more information related to ongoing IM and Support Plan qualitative reviews, see Goal 2, Objective 2.1.

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.																															
Objective	Progress																														
3.6 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.	3.6 The CWS School-Based Services program, a contractual and collaborative partnership between OKDHS and local school districts, continues to expand within school districts across the state to provide 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 has grown during the 2022-2023 school year to 50 school-based specialists statewide, serving 26 partnering school districts. CWS is in the process of collecting program feedback from stakeholders for the 2022-2023 academic school year. OKDHS CWS looks forward to increasing the number of partnerships with schools for the 2023-2024 academic school year.																														
Objective	Progress																														
3.7 Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) to identify and link through referral for necessary medical and behavioral health treatment. The EPSDT will support CWS in early identification of medical and behavioral interventions.	3.7 Section 1-7-103 of Title 10A of 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. Oklahomans younger than age 21 receiving medical benefits may receive the EPSDT. Figure 16 illustrates the utilization of the EPSDT for children removed in April 2022 through March 2023 and Figure 17 illustrates the utilization for those children younger than age 6 served in the same time frame. Figure 16 <table><tr><th colspan="10">Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) for Children Removed in the Period</th></tr><tr><th>Period</th><th>Children Removed and in Care at least 21 Days</th><th>Number with a Medical Visit</th><th>Percent of Children Removed with a Medical Visit</th><th>Number with a Medical Visit within 21 Days of Removal</th><th>Percent of Children Removed with a Medical Visit Timely</th><th>Number with a Medical Visit Routine Child Check</th><th>Percent with a Medical Visit Routine Child Check</th><th>Number with a Medical Visit Routine Child Check within 21 Days</th><th>Percent with a Medical Visit Routine Child Check Timely</th></tr><tr><td>22B - 23A</td><td>3253</td><td>2609</td><td>80.2%</td><td>1650</td><td>50.7%</td><td>405</td><td>12.5%</td><td>57</td><td>1.8%</td></tr></table> <i>Data Source: KIDS Data (Period 22B - 23A covers 4/1/2022 - 3/31/2023)</i>	Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) for Children Removed in the Period										Period	Children Removed and in Care at least 21 Days	Number with a Medical Visit	Percent of Children Removed with a Medical Visit	Number with a Medical Visit within 21 Days of Removal	Percent of Children Removed with a Medical Visit Timely	Number with a Medical Visit Routine Child Check	Percent with a Medical Visit Routine Child Check	Number with a Medical Visit Routine Child Check within 21 Days	Percent with a Medical Visit Routine Child Check Timely	22B - 23A	3253	2609	80.2%	1650	50.7%	405	12.5%	57	1.8%
Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) for Children Removed in the Period																															
Period	Children Removed and in Care at least 21 Days	Number with a Medical Visit	Percent of Children Removed with a Medical Visit	Number with a Medical Visit within 21 Days of Removal	Percent of Children Removed with a Medical Visit Timely	Number with a Medical Visit Routine Child Check	Percent with a Medical Visit Routine Child Check	Number with a Medical Visit Routine Child Check within 21 Days	Percent with a Medical Visit Routine Child Check Timely																						
22B - 23A	3253	2609	80.2%	1650	50.7%	405	12.5%	57	1.8%																						

Figure 17

Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) for Children Under Age 6 Served in the Period					
Period	Children Served in Period	Number with a Medical Visit	Percent of Children with a Medical Visit	Number with a Medical Visit Routine Child Check	Percent with a Medical Visit Routine Child Check
22B - 23A	1909	1746	91.5%	162	8.5%
<i>Data Source: KIDS Data (Period 22B - 23A covers 4/1/2022 - 3/31/2023)</i>					
<i>Population includes any child under the age of 6 that was in care the entire review period</i>					

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.

Objective

3.8 Utilization of an evidence-based screener to determine appropriate treatment needs of children and families.

Progress

3.8 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 Q RTP requirements through Family First.

OKDHS continues to utilize CBHS as an evidence-based tool to assist CW specialists in determining appropriate treatment needs of children. 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.

QUALITY ASSURANCE SYSTEM

The Child Welfare Services (CWS) Continuous Quality Improvement (CQI) Quality Assurance (QA) program was utilized regularly throughout this reporting period as a program support to staff in CWS-related continuous quality improvement processes, as well as measuring progress of the goals and objectives for the **Plan for Enacting the State's Vision to Improve Outcomes** within the Oklahoma 2020-2024 Child and Family Services Plan (CFSP). This support was primarily accomplished through compilation and sharing of the statewide and regional practice profiles created from the 105 cases randomly selected 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) 21B and 22A combined reporting periods of April 2021 through March 2022 and included practice occurring during April 2021 through March 2023. Additional programmatic data included, as part of the practice profile for AFCARS reporting periods 21B and 22A, were:

- family meeting continuum (FMC) fidelity data;
- parent, youth, and community survey data;
- permanency safety consultation (PSC) fidelity data;
- maltreatment in care (MIC) in family-based settings data;
- investigatory appeals data; and
- Child Protective Services (CPS) safe sleep review data.

Information from these profiles was shared with the CWS Executive Team, regional leadership at the CQI Statewide Implementation Team (SIT) meetings, and regional practice improvement charter teams during regularly held regional charter meetings. In addition to the programmatic data, the profiles contain identification of strengths and areas needing improvement on all safety, permanency, and well-being outcome items 1-18 for 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 both the regional leadership teams and the regional practice improvement charter teams, attending their monthly 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. These processes have become well established across the state and within each region and allow for ongoing measuring and progress tracking of CFSP goals in addition to advising the development and revision of regional practice improvement charters, in efforts of sustaining and surpassing progress realized up to this point.

The CQI Programs' Contract Performance Review (CPR) team continued quality assurance reviews this reporting period related to 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 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 evaluation and transparent partnering between CPR staff, FC&A Programs, and regional/district 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.

During this reporting period CWS CQI Programs QA staff continued work on the sustainability of the Safety through Supervision Framework (Framework). Progress made included but was not limited to:

- creation of Framework tip sheets for child welfare (CW) supervisors and district directors;
- completion of Framework refreshers in each district in each region; and
- completion of a Framework workday meeting with district, regional, and programs staff.

As a result of these efforts, a positive impact regarding the quality of Framework activities across the state is beginning to take shape. Work regarding the Framework will continue moving forward in hope of improving overall CW practice in Oklahoma.

The Comprehensive Child Welfare Information System (CCWIS) implementation team is currently in the planning phase and has partnered with an external consultant who will support CWS' efforts toward issuing a Request for Proposal (RFP). The RFP will include CCWIS requirements as well as specifications around optimizing CWS business processes as well as quality assurance processes. Additionally, CWS plans to partner with an independent quality assurance vendor to monitor deliverables through the design, development, and implementation phases.

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 typically consists of 130 cases reviewed over two six-month periods comprised of 80 children in foster care, 40 each six-month period, and 50 families receiving in-home services, 25 each six-month period, respectively. During this reporting period the sample was reduced to 105 cases reviewed over two six-month periods and included 64 children in foster care and 41 families receiving in-home services. This reduction was a result of Oklahoma's CFSR Round 4 preparations as a self-review state and new mandatory training activities undertaken by the CQI Programs CFSR staff due to the OSRI instrument updates and new guidance around item application.

CWS maintains the five essential components identified in the Children's Bureau's "Information Memorandum ACYF-CB-IM-12-07" that comprise an effective continuous quality improvement quality assurance 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 continuous quality improvement process through a team dedicated to quality assurance activities, known as CQI Programs. CQI Program's administrative structure remained stable during this reporting period. CQI Programs is led by a programs administrator who reports directly to the deputy director of CWS Programs. Within CQI Programs five teams have direct responsibility for activities related to the quality assurance 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 focused quality assurance work includes conducting reviews for contracts associated with out-of-home placements, serving as second-level quality assurance reviewers for the CFSR team, and reviewing 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 quality assurance 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 quality assurance 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 Programs staff to further develop and enhance their expertise during this reporting period included annual completion of Online Monitoring System (OMS) module trainings; and overviews of the review process (Procedures Manual), conducting case-related interviews/interview guides, the OSRI and instructions, the Reviewer Brief, Correlation Guide provided by the Children's Bureau, updates to the Frequently Asked Questions (FAQs) on the OMS website, Appendix C, and ongoing questions/answers by third party quality assurance reviews, bi-annually and by the CFSR team annually. The CFSR team also partnered with CWS staff reviewers external to the CFSR team to model one case review per external reviewer including the debriefing. Additionally, the CFSR and QA teams engaged in the Children's Bureau's E-Learning online academy as part of the CFSR Round 4 preparation.

During this reporting period QA team members participated in the Capacity Building Center's CQI Training Academy: Using Data to Implement Change, and both QA and MIC team members participated in CW 5033: Championing the Learner. This course provided CQI QA staff with an ability to provide a learning-centered approach to facilitation of training and coaching other CW staff. It explained the principles of adult learning in the classroom, engagement strategies to involve participants in their own learning, and how to display a mutual learning mindset. The MIC team members began a self-paced course titled Google Data Analytics, which is part of the Grow with Google program offered by the State of Oklahoma. The objectives of this course are relevant to the CQI Programs' quality assurance development efforts as it enhances staff ability to conduct data analytics through better understanding of collection, transformation, and organization of data in order to draw conclusions, make predictions, and drive informed decision-making.

Quality Data Collection

CWS collects data, both quantitative and qualitative, from a variety of sources to support its current quality assurance system. Oklahoma's Statewide Automated Child Welfare Information System, 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 quality assurance mechanisms outlined in the CFSR Procedure Manual. The audit and 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 quality assurance reviews conducted by trained staff from the CPR team; and by CQI Programs staff's involvement in debriefing every completed review.

Additional quantitative and qualitative case level data were collected directly by CQI Programs as part of the QA team's role in completing reviews of family meetings, timely permanency, PSCs, quality caseworker visits, and contacts 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, timely permanency, 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 that are comprised of CW staff at all levels, 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 continued 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

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 continuous quality improvement 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 fifth and sixth Bi-Annual Collaborative Convening meetings, co-hosted by OKDHS CWS and OSDH, along with prevention partners and

stakeholders, were held to share efforts of systems transformation and cross-systems coordination to align strategic priorities and strengthen collaborations. The 10/13/2022 convening allowed partners to hear from Oklahoma Secretary Justin Brown, along with other state leaders, about the efforts currently underway to move 'upstream'. The presentations included a focus on efforts to include parent voice and enhance child well-being outcomes in Oklahoma. At the 4/5/2023 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 engaging the voices of those with a vested interest in system reform to ensure there is a well-functioning services array and resource development system to meet the needs of Oklahoma children and families. Presentations included continued efforts to strengthen families, keep children safely in their own homes, decrease the number of family disruptions by increasing prevention efforts, prevent child maltreatment, and support Oklahoma's shared vision of a child and family well-being network through the goals and objectives within the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, the CFSP, and the State Plan for Services to Children and Youth. The presentations were followed by a roundtable feedback session with stakeholders that will aid in the Oklahoma CFSR Round 4 Statewide Assessment.

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 handling child maltreatment, and child maltreatment related fatalities, was invited to participate in the Bi-Annual Collaborative Convening meetings in October 2022 and April 2023, along with continuing to review and discuss the CFSP and yearly progress to align with future planning of Children's Justice Act (CJA) activities. CJA funds and activities support the state in addressing the safety outcomes outlined in the CFSP. At the 4/28/2023 Task Force meeting, the Task Force CWS representative provided an overview of the CFSR process, including sharing the latest CFSR performance outcomes. 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 2022 through March 2023, 31,046 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 6,500 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 22,000 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

No children with a prior adoption from another country were placed in OKDHS custody during April 2022 through March 2023.

Services for Children Younger Than Age Five

CWS continues to use multiple methods of identifying and tracking children younger than age 5 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 younger than age 5 in foster care relative to the total number of children in out-of-home care at the end of the Federal Fiscal Year (FFY) remained relatively steady over the past five FFYs. CWS has numerous projects aimed at increasing the number of children served preventatively, including continued 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, 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

screeners 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 district and regional 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 Enhanced Foster Care (EFC) Programs staff for consideration of EFC services in their current foster home to stabilize placement.

The CBHS outcomes evaluation from data collected May 2015 through March 2023 consisted of 423,861 screeners, which were administered across 44,530 children. Repeated administrations of CBHS reveals information about how a child is functioning over time and assesses improvement or regression in functioning. For FFY 2022, of the 49,922 administered screeners across 9,967 children, 17,132 were scored as elevated/positive and warranted a referral for a trauma-informed mental health assessment. Of the 9,967 children administered a screener, 5,370 children or 55.5 percent screened had scores which warranted a referral for a clinical assessment. Of those 5,370 children, 3,497 or 65 percent screened were already receiving behavioral health services, with 1,873 or 35 percent with a score that warranted a referral for a clinical assessment were reported not currently receiving behavioral health services. The data also shows that out of the total 9,967 children administered a screener, 4,597 or 46.1 percent of children with screeners had scores not warranting a referral. Of those 4,597 children, 1,073 were still receiving some type of behavioral health services, with 3,524 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 45 percent of eligible children from month-to-month as seen in Figure 1 with state quantitative data from April 2022 through March 2023. Input gathered from the focus group was provided to CWS leadership and the OKDHS Clinical Team. The OKDHS Clinical Team has proposed modifications to the screener for children age four and older. The modified screener condenses several questions, resulting in an overall shorter screener with 13 fewer questions. No modifications to the screener for children age 3 and younger are being considered at this time. Changes to frequency of the screener's administration are being considered, but the specifics as to what that would entail are not yet concrete.

Figure 1

Date	Total Children Due	Screened In Month	%
Apr-22	6218	3085	49.6%
May-22	6145	2947	48.0%
Jun-22	6082	2730	44.9%
Jul-22	6042	2795	46.3%
Aug-22	6003	2706	45.1%
Sep-22	6027	2698	44.8%
Nov-22	6192	2664	43.0%
Dec-22	6050	2574	42.5%
Jan-23	6040	2768	45.8%
Feb-23	6036	2517	41.7%
Mar-23	6048	2614	43.2%
TOTAL	66883	30098	45.0%
<i>Data Source: Yi810A, Run Date: 5th of each month for prior month</i>			

Children entering OKDHS custody are required to receive an Early and Periodic, Screening, Diagnostic, 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 designed to ensure the availability of, and access to, required health care resources of Medicaid-eligible children and adolescents. 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. The receipt of an identified EPSDT screening causes the member to be eligible for all necessary follow-up care that is within the scope of the SoonerCare program. EPSDT covers services, supplies, or equipment that are determined to be medically necessary for a child or adolescent, and which are included within the categories of mandatory and optional services in Section 1905(a) of Title XIX,

regardless of whether such services, supplies, or equipment are listed as covered in Oklahoma's Medicaid State Plan.

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

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 is a three-year intensive case management and home visiting program. This project is evaluating PCAP in Oklahoma with a randomized control trial in two sites – Oklahoma City and Tulsa and their surrounding areas. Over a period of five years, the evaluation will show how PCAP will save state programs money by reducing substance use for mothers, reducing the number of subsequent babies born exposed to substances, reduce CW involvement, and lower incarceration rates. The goal of this evaluation is to establish PCAP as evidence-based and to scale up and sustain the program.

The first year of the project from October 2021 through September 2022 was a planning period and included the completion of many critical tasks. The PCAP project team completed job descriptions, hired and trained staff, secured commercial real estate for the two sites, began community outreach, developed research and implementation protocols and guidebooks, created the research database, and secured IRB approvals from the University of Oklahoma (OU), OKDHS, and ODMHSAS. The PCAP project team also developed a partnership and Memorandum of Understanding (MOU) with OU

Outreach to oversee implementation. The PCAP project team is in the process of hiring the final staff for each site.

The Tulsa PCAP site launched in December 2022 and the Oklahoma City site launched in March 2023. The PCAP project team through intensive outreach, partnership, media attention, and the development of a social media campaign have reached over 700 individuals representing substance use treatment facilities, mental and behavioral health, hospitals, clinics, health departments, judicial, legal, tribal, state and local agencies and organizations across Oklahoma. The PCAP project team also developed and distributed over 10,000 PCAP referral flyers and PCAP referral business cards. The media coverage on local news channels in Tulsa and Oklahoma City, presentations and vendor table presence at local conferences, PCAP overview webinars and weekly meetings with individuals and organizations, including coalition and community meetings have all contributed to 56 referrals through April 2023. Those that met the program eligibility requirements and consented to the study were then randomly assigned to the PCAP condition or the control conditions; six have been randomly assigned to the PCAP condition and 10 to the control condition.

The PCAP project team is applying for a National Institutes of Health grant to expand the study to link participants to administrative data from three state agencies and examine a wider array of outcomes over time. At the end of this evaluation, the aim is for ODMHSAS to sustain the program and offer the program statewide and develop a national training and implementation center to support scale and replication.

During State Fiscal Year (SFY) 2023, CWS continued working 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. An implementation framework was created and led by an In-Depth Technical Assistance team which includes training for providers, hospitals, and OKDHS staff. Tulsa County was selected as a pilot site and began in November 2022 after staff were trained. The pilot will be extended until September 2023 to allow for data collection. The workgroup is in the process of discussing a second pilot site to tentatively begin in September 2023.

Sites will be rolled out in increments with full statewide implementation completed by July 2024.

To help with the rising number of children entering out-of-home care, especially young children younger than age 5, 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 seven active FTCs located in 10 counties. The courts implementing this approach are located in Custer/Washita, Kay, Oklahoma, Okmulgee, Tulsa, Creek and Johnson/Marshall/Murray Counties. As seen in Figure 2, the majority of children served in an FTC case from FFY 2018 through FFY 2023 continue to be younger than age 5.

Figure 2

	Adults	Children	Families	Children 5 & Under	% Under 5
FY18-23	522	739	397	507	69%
FY18	181	251	135	175	70%
FY19	194	263	143	182	69%
FY20	198	273	153	192	70%
FY21	196	294	156	207	70%
FY22	139	227	116	147	65%
FY23	126	198	107	124	63%

Data Source: ODMHSAS; Run Date: 4/20/2023

ODMHSAS, as the lead agency, was granted a five-year State Infant-Toddler Court Program grant in SFY 2023, 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 age 3 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 age 3 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 age 3 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 age 3 population.

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, and assists parents and children gain the knowledge and confidence they need to be successful in life. All substantiated CPS cases require a referral to SoonerStart for children age 2 years or younger and includes FCS cases. Findings from the SoonerStart evaluation allow the CW specialist and person responsible for the child (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. SoonerStart staff coach and provide services to the family in the home so that they can understand and implement strategies throughout daily routines. 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 the 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.

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.

As seen in Figure 3, the number of children younger than age 5 continues to be 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
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%
FFY2022	7,014	3,096	44.1%
Data Source: AFCARS Data Files			

As seen in Figure 4, the racial make-up of children younger than age 5 in out-of-home care on the last day of the FFY has decreased for children identified as white from FFY 2018 to FFY 2022. However, the number of children identified as Indian, black, and multi-racial has increased over the last five FFYs.

Figure 4

Children Under 5 By Race - In Care Last Day of Federal Fiscal Year					
Year	White	Indian	Black	Asian / Pacific Islander	Multi-Racial
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%
FFY2022	42.7%	15.1%	11.0%	0.2%	31.0%
Data Source: AFCARS Data Files					

In Figure 5, the percentage of children younger than age 5 on the last day of the FFY with an indicated disability has steadily increased over the last five FFYs with a large increase in FFY 2022.

Figure 5

Children Under 5 With Disability Indicated In Care Last Day of Federal Fiscal Year			
Year	Children Under 5 Years of Age	Disability Indicated	Percentage
FFY2018	3,995	372	9.3%
FFY2019	3,815	358	9.4%
FFY2020	3,580	350	9.8%
FFY2021	3,413	350	10.3%
FFY2022	3,096	440	14.2%
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 age 5 remain almost half of the population of children in out-of-home care with a steady increase of identified disabilities.

Efforts to Track and Prevent Child Maltreatment Deaths

Preventing child maltreatment fatalities includes addressing the underlying issues of: substance abuse, behavioral health, domestic violence, family instability, poverty, infant mental health, lack of parental support, and access to resources. The prevention of child maltreatment fatalities requires a public health framework with both public and private sector partners engaged and working at both state and local levels toward positive partnerships impacting advocacy, community awareness, and systemic change. OKDHS CWS partners with public health agencies, law enforcement, child maltreatment physicians, and the courts in an effort to prevent and track child maltreatment fatalities. OKDHS CWS is a member of the Oklahoma Child Death Review Board (CDRB), 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, 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. 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 Bi-Annual Collaborative Convening in October 2022 and April 2023. OKDHS continues regular attendance and participation with the CDRB and the Board of Child Abuse Examiners.

The CDRB made recommendations in 2021 to the OCCY which included the recommendation that an environmental scan be completed to determine what education exists in Oklahoma to non-professional caregivers regarding infants and unsafe sleep. The environmental scan, completed in 2022, determined there is limited instruction available to the general public and caregivers about safe sleep for infants.

Since 2014, CWS, in all CPS investigations involving an infant age 12 months or younger, the CPS caseworker views sleeping arrangements and discusses safe sleep with the PRFC(s). In August 2022, CWS began conducting and tracking practice reviews focused on the quality of unsafe sleep education provided to PRFCs during a CPS investigation. The reviews are randomly selected from criteria including (1) a CPS investigation with at least one infant 11 months or younger at the time the report was received (2) and the

CPS investigation was closed within the month prior to the month of review. The review captures if the CPS caseworker 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 if not the resolution, and if the infant's current sleeping arrangements were documented. To date, 494 reviews are completed. Of those, 186 reviews had documentation that unsafe sleep education was provided to the parents, 84 reviews documented the PRFCs reaction to the education provided, 129 reviews documented the PRFCs sleep plan for the infant, and 261 reviews contained documentation of the infant's sleeping arrangement. This ongoing data collection is provided quarterly to CQI and respective district leadership to enhance practice and documentation surrounding safe sleep education.

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 \$4,413,894. PSSF has a 25 percent state match of \$1,103,474 and an MOE of \$1,520,000 for a total of \$7,037,368. Family Preservation Services account for \$1,887,733 or 42.8 percent, Family Support accounts for \$936,768 or 21.2 percent, Family Reunification Services account for \$1,589,393 or 36 percent, and Adoption Promotion and Support accounts for \$0 or 0 percent of the grant amount. Provided in the attached **Oklahoma FY 24 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. Adoption Promotion and Supports is less than 20 percent because Oklahoma is using Adoption Savings to support the programs.

PSSF grant monies used to fund multiple services include contingency funds, tribal programs, family treatment 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 24 CFS-101 - Excel**.

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 were used for Trial Reunification Services and for the expansion of Family Preservation and Family Support Services:

- 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 who otherwise would be placed in a group home.

There were no challenges or barriers to using these funds. Supplemental funding in the amount of \$310,321 or 29 percent accounted for Family Preservation Services; \$321,344 or 30 percent accounted for Family Support Services, \$442,983 or 41 percent accounted for Trial Reunification Services; and \$0 or 0 percent accounted for Adoption Promotion and Support. No supplemental funds were spent on Adoption Promotion and Support because Adoption Savings funding covers all expenditures related to this program.

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 younger than age 5 who, by virtue of age, are identified specifically in policy and protocols to be considered "vulnerable." This age group accounts for 52.5 percent of the children who entered care in FFY 2022. Additionally, 83.3 percent of the cases in which abuse or neglect was substantiated occurred in the younger than age 12 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 2022, 46.7 percent presented with substance abuse as a contributing factor and 32.6 percent with domestic violence. This reporting period CWS began programming changes to the Statewide Automated Child Welfare Information System (SACWIS), known as KIDS, to begin capturing data specific to children who experience maltreatment as the result of marijuana or drug ingestion and children whose parent was under the influence of drugs or alcohol, including medical marijuana or prescription drugs, at the time of the alleged maltreatment. This information will began being captured in KIDS fall 2023.

There was no new legislation this reporting period impacting CW policy.

This reporting period CWS implemented two new trainings. *CW 5042 Setting the Foundation: LGBTQ+ Inclusion in Child Welfare* is an in-person training designed for CW specialists working with youth in OKDHS custody who identify or may identify as LGBTQ. This training discusses risk factors for youth identifying as LGBTQ, as well as services for the youth, their families, and resource families. In addition, CW specialists learn to use supportive language and protect and preserve confidentiality for youth before, during, and after the "coming out" process. *CW 5052 Best Practices Serving LGBTQ+ Youth and Adults* expands upon the foundational course and includes best practices for positive outcomes and removing system barriers for LGBTQ+ youth and adults involved in the CW system. The course equips CW professionals with a deeper understanding of common experiences and challenges faced by LGBTQ+ youth and adults in the CW system. The course provides resources for ongoing learning and planning for both individual and organizational practice improvement. This course is accompanied with a *LGBTQ+ Guidebook* which is an online course that provides basic definitions involving the LGBTQ+ community.

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 1,311 referrals, an average of 18 referrals per month, were received and 320 referrals thus far representing 472 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 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.

OKDHS has partnered with the OUHSC Center of Child Abuse and Neglect (CCAN) to conduct the evaluation on Oklahoma's Kinship Navigator Program, Family KINnections 2.0 (FamKIN). All aspects of the evaluation design, implementation, and outcome analysis, and report will be through OUHSC CCAN. The evaluation will be led by Dr. Debra Hecht, Associate Professor of Pediatrics at OUHSC CCAN.

OUHSC CCAN is a university-based, interdisciplinary center dedicated to the prevention and treatment of child maltreatment. OUHSC CCAN has demonstrated its capacity to accommodate reasonable scientific rigor within the demands and realities of services research, along with well-established research-practice partnerships with state authorities and frontline service provide agencies.

The evaluation team is trying to adapt the ongoing evaluation to meet the Title IV-E Prevention Services Clearinghouse standards, learning from the studies reviewed and feedback from the programs that were both approved and rejected by the Clearinghouse. The original ACYF funded Family KINnections project from 2012 through 2015, predated the Clearinghouse, and a re-analysis of the data is required to ensure that the baseline equivalency and attrition requirements stated in the Handbook of Standards and Procedures for the Title IV-E Prevention Services Clearinghouse are met and/or addressed appropriated in the analyses. This will be accomplished by testing out a matched comparison approach, which involved receiving and processing additional data from OKDHS in order to create a matched comparison sample. During SFY 2022, the additional data required for this reanalysis was obtained from OKDHS, and the data processing and cleaning process was begun.

With respect to the current implementation of FamKIN, a randomized assignment is being utilized to assist with clarifying the impact of the program on desired outcomes. The targeted goals and outcomes of interest for this demonstration are:

- Increasing the stability of placement/permanency for children in Kinship Caregiver families.
- Increasing the well-being of children in kinship placement.
- Increasing the successful functioning of kinship caregiver families.

- Reducing maltreatment in care.

The Outcome Evaluation is designed to be quantitative with a degree of true-experimental rigor, sufficient to draw clear conclusions about the effects of FamKIN on safety, permanency, and well-being outcomes. The outcome evaluation uses a randomized trial design with unequal allocation to the treatment and services as usual groups. In addition to these two groups, families are considered who were initially assigned to FamKIN but declined to enroll as the Services Not Received (SNR) group. Since program data will only be used that is already going to be collected and tracked by OKDHS and NorthCare, this will be considered more of a program evaluation, and informed consent of the participants for research will not be necessary. The families will consent to treatment at NorthCare, and the appropriate disclosures and releases of information are obtained. MOUs between OKDHS, NorthCare, and OUHSC have been obtained to allow for the sharing of data. This project has been approved by the OUHSC IRB, and all of their recommendations for human protections will be followed.

During SFY 2022, based on the success and feedback of programs who did not meet criteria from the Clearinghouse, the evaluation team adjusted the analysis approach with the current implementation of FamKIN. The additional data required for the analysis was obtained and the data cleaning and processing work began.

During SFY 2023, it is anticipated that the re-analysis of the original Family KINnections project, as well as the analysis of the current implementation will be completed. Kinship Navigator program is in the process of evaluation and plan to have it reviewed by the Clearinghouse.

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

May 2017 through March 2023

- 604 kinship families served representing 1,015 children in care.
- 75 percent of the children served have not experienced a placement disruption since services began.
- 1,311 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.

July 2021 through June 2022

- 154 kinship families served representing 251 children in care.
- 81 percent of the children served have not experienced a placement disruption since services began.
- 205 referrals received.

April 2022 through March 2023

- 165 kinship families served representing 261 children in care.
- 87 percent of the children served have not experienced a placement disruption since services began.
- 233 referrals received.

The April 2022 to March 2023 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 July 2021 through June 2022 data reflects existing and new families and children served during that fiscal year.

Prospective Activities for 2024

- Family KINnections' goal is to serve 180 families representing 300 children.
- Family KINnections is still in partnership with the OUHSC Child Development Center and has continued a kinship resource parent support group that began in 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. Family KINnections continues to provide kinship caregivers up to six credit hours toward recertification for attending the support group with the approval from CWS. Family KINnections will continue to refer and engage kinship caregivers in this support group into 2024 and has increased the amount of session times to provide caregivers more availability for engagement.
- Family KINnections continues to be 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 continue to increase the amount of education that resources families receive regarding SafeCare curriculum that focuses on

Parent-Child Interaction, Home Safety and Health throughout 2024.

- Family KINnections has developed an OKDHS process map for kinship families to have a snapshot of the trajectory of a case from beginning to end, for all potential permanency outcomes.
- Family KINnections has developed a discharge packet to provide resource families at case closure to receive crisis intervention information. The packet includes Heartline 211 and 988 crisis helpline, quality visitation form, parenting support program information, and a resource guide for basic resource needs.
- In SFY 2024 Family KINnections will be connecting youth who identify as LGBTQ+ to the Q-Space program that is a youth organization. Q-Space offers a safe and substance free space for LGBTQ+ Oklahomans ages 13 to 25.
- Family KINnections connects transitioning age youth to NorthCare adult services program and Wraparound that is extended to the age of 24, as well as the Oklahoma Successful Adulthood (OKSA) program and Pivot programs that provide a comprehensive area of services, ensuring young people have access to resources as they transition to adulthood.
- Family KINnections provided outreach to Indian Child Welfare Cheyenne and Arapaho Tribes to assist in future collaboration.
- Family KINnections connects youth to OKSA's Teen Conference for youth ages 14 to 18 to connect with other youth with lived experience and supportive resources.
- Family KINnections refers to the Latino Community Development Agency to assist resource families and children who are undocumented in the Latino community.

Oklahoma continues to utilize Title IV-B, subpart 2 funding to assist in enhancing the evidence base toward meeting the requirements for consideration in the review by the Title IV-E Prevention Services Clearinghouse in accordance with Family First Prevention Services Act. The continued evaluation is needed to achieve an approval rating through the Clearinghouse. Oklahoma will seek approval to amend the Title IV-E Prevention Program Plan for this program upon receiving a rating that will allow for utilization of the Title IV-E Prevention funds.

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 2022 to ensure the child's needs and safety were assessed on an ongoing basis.

As seen in Figure 6, caseworkers visiting children monthly has remained steady over the last five FFYs at approximately 95 percent.

Figure 6

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	Percentage Completed
FFY2018	95.0%
FFY2019	95.2%
FFY2020	94.9%
FFY2021	95.8%
FFY2022	95.0%
<i>Source: KIDS WebFOCUS Caseworker Contacts</i> <i>Federal Measure 1</i>	

Figure 7 depicts the percentage of caseworker visits being conducted in the child's home. This percentage has remained steady since FFY 2018 with a slight decrease in FFY 2022.

Figure 7

Measure 2: Monthly Caseworker Vists Made in Child's Home	
FFY	Percentage Completed
FFY2018	94.4%
FFY2019	94.1%
FFY2020	95.0%
FFY2021	95.2%
FFY2022	93.9%
<i>Source: KIDS WebFOCUS Caseworker Contacts</i> <i>Federal Measure 2</i>	

Figure 8 depicts seven additional monthly caseworker visit items including visits to children in Tribal custody.

Figure 8

Monthly Caseworker Visits - Report Items
CWS Reports on Items 1-7 during the Period Under Review
1. Aggregate number of children in the data reporting population: 10108
2. Total number of monthly caseworker visits made to children in the reporting population: 78548
3. Total number of complete calendar months children in the reporting population spent in care: 82659
4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence: 73747
5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care: 95.0%
6. Percentage of visits that occurred in the residence of the child: 93.9%
7. Percentage of visits to children in Tribal custody: 26.6% (1143)

CWS continues to prioritize 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. A new child worker visit report was created in FFY 2022 which tracks completion of worker visits to align with policy expectations following a new placement. The report will assist managers in ensuring staff are increasing their visits with children following a new placement.

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.

Adoption and Legal Guardianship Incentive Payments

Oklahoma received \$408,000 in adoption incentive payments for FY 2022. 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 was facing its most difficult budget years on the heels of committing to increasing the rates for foster care and adoptions, which was long overdue. Adoption savings has been 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 almost \$72 million and as of September 2022, had thousands of children eligible to receive Title IV-E adoption assistance because of the applicable child

criteria. So far, Oklahoma has reported spending \$41 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 federal fiscal year and the budgeting cycle of the state fiscal year. The savings are calculated for the FFY that ends on September 30th of each year; the funds are then budgeted during the next SFY which begins on July 1st of each year.

Oklahoma uses all Adoption Savings monies toward post-adoption supports:

- To date, a portion of these funds were used for post-adoption supports and subsidies. In the upcoming fiscal year, Oklahoma plans to continue 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 to adoptive families. OKDHS continues to contract with the University of Oklahoma for development, implementation, and evaluation.
- These funds are also used to support adoptive families in preparing documents and meeting other requirements for the Adoption Hearing. Oklahoma plans to continue use of 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 Public Law (P.L.) 115-123. To support implementation of FFPSA and further its goals, Congress passed the Family First Transition Act as part of P.L. 116-94 signed into law on 12/20/2019. FFPSA Transition Grants may be used for any purpose specified in title IV-B of the Act, the portions of the Act authorizing the Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1) and the MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2). Funds may also be used for activities directly associated with 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 will be 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 has begun using this monies toward implementation of FFPSA qualified residential treatment programs. The monies will also be used to help fund the transitions from large to smaller group homes in an effort to provide better and more effective services to children in these type placements.

Family First Transition Act Funding Certainty Grants

FFPSA, enacted on 2/9/2018, as part of P.L. 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 P.L. 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.

To date, these funds have not been used. However, Oklahoma was operating a Waiver on 9/30/2019 and plans to use these monies to fund the waiver program and/or 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 ages 14 to 26 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.

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 age 16, 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 in OKDHS or tribal legal custody and in out-of-home placement;
- young adults ages 18, 19, and 20 receiving voluntary extended services or were in OKDHS or tribal custody in out-of-home placement on or after their 16th birthday;
- youth who entered a permanent guardianship with kin or adoption after age 16 and have not reached their 21st birthday; and,
- young adults ages 21 to 26 who on their 21st birthday were participating in the ETV program.

The estimated total number of youth and young adults likely to be eligible for the OKSA Chafee/ETV program in SFY 2024 is approximately 3,000.

Beginning at age 14, 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 ages 14 to 18 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 of the new 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. 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 with a large metro county began in the fall of 2022. The process was similar to the previous pilot where information was gathered from CW specialists and youth via pre- and post-surveys as well as focus groups. The last of the data from this pilot is being collected and sent to the researchers for evaluation. When this process is completed, statewide training and implementation will expand to other regions of the state during SFY 2024.

Transition planning is encouraged for each youth beginning at age 17 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 18th 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 ages 14 to 21.

The OKSA program is 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. There continues to be discussion around data sharing and the memorandum of understanding (MOU) content. The current plan is to begin implementation of the curriculum in the fall of 2023.

Youth and young adults ages 16 to 21 who exited care can call the OKSA Helpline alumni network to request services and resources that complement the youth's/young adult's plan and own efforts towards self-sufficiency. When making satisfactory academic progress, young adults ages 18 to 21 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 age 16. 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. The conference 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 June 2022, Teen Conference was a three-day in-person event. A total of 219 youth and adult sponsors attended the conference. Evaluations 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 2023, a one-day "Newcomers" conference will be held on 6/13/2023. This conference, formerly known as the JV Teen Conference, is for youth ages 14 and 15 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 the opportunities, supports, and services available to them. Participants will focus on building connections, exploring educational pathways, and using the Science of Hope to set and achieve goals.

The DDS Developmental Disability Services Conference 2023 that was held on 5/31/2023 was a collaboration between the OKSA program and DDS division to provide an annual, one-day life skills event. This conference provides opportunities for youth to practice life skills, to promote awareness of community resources, and to strengthen youth/adult relationships. Youth participants are 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 to adulthood across the state.

- Preparation funds for youth ages 14 to 18 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 ages 18 to 21 in transition to adulthood 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 ages 18 to 21 who exited care at, or after age 18, and are transitioning into adulthood. These funds include rent deposits and payments and utility deposits and payments.

An incentive payment of \$350.00 is issued as a youth exits care at age 18 year 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 continues to work on increasing youth engagement during the exit interview processes to identify disparities of service specifically to those youth who are historically underserved. As part of the Round 4 Child and Family Services Review process, OKSA met with the Children's Bureau consultants in April 2023 regarding the exit interview processes and implementing methodologies within the survey tool that would lead to better engagement. As a result, additional and more case specific questions have been added to the exit tool.

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. 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 six 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 and young adults to begin receiving money immediately.

Credit reports for each youth age 14 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.

Aftercare services are provided through the OKSA Helpline alumni network. The OKSA Helpline assists young adults ages 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, available to youth and young adults statewide.

OKSA's fiscal agent contract, Acumen fiscal agent services, makes it possible for OKSA to offer a multitude of options to get funding into the hands of young people. These options include checks, 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 CW 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 age 14.

- Providing IL specialists who assist CWS and tribal CW staff.
- Providing technical assistance and consultation to professionals serving 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 providing professional experiences to youth and valuable information to CWS.
- Facilitating training and technical assistance for caseworkers in the field on transitioning youth issues, positive youth development, and trauma-informed care.
- Facilitating annual OKSA county coordinator retreat. This event ensures OKSA-specific caseworkers in the field receive the most up-to-date information about the program. These caseworkers 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 to adulthood, 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. That pilot ended in January 2023. OKSA staff again collected baseline and follow-up data on Hope from the second pilot district. The information has been submitted to the Hope Research Center staff and is in the process of being collated. The contract with the Hope Research Center through the OU School of Social Work has been renewed for an additional period in order to continue the Hope project. As part of the contract regular conferences are held to ensure progress on the project continues to move forward.

- 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: Objective 1.2 is complete. 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 has integrated the Hope model training into the Level I OKSA training and will begin the new curriculum in August 2023.

- 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. The first pilot of the tool began in May 2021. The second pilot began in the fall of 2022 and the data collected is in the process of being organized. An ongoing feedback loop will help inform revisions of the draft tool finalization. The location of a platform to house the new assessment and planning tool is underway. Statewide roll out of the new assessment and planning tool is planned for fall 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 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. On 12/3/2021, CWS leadership notified all PP specialists, Youth Transition Services (YTS) specialists, district directors, and regional deputy directors to complete the training by 1/31/2022 and 80 percent of those have completed thus far. This training is a requirement for PP staff, and part of the YTS onboarding checklist for new PP staff. 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. 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.

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: Creation of materials on education laws and policy as well as creating and maintaining a list of school alternatives for youth will be one of the education focuses for FY2024. 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 12th grade, null (meaning their current grade level is not identified in the database), and unknown. This search produced a total number of 87 in SFY 2023. OKSA then contacted each youth on the list to verify if they were working toward a high school diploma or high school equivalency and 36 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 youths identified as being a senior in high school was 79.

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, 110 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 35 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: OKDHS partnered with EmpowerOKC to serve students ages 14 to 21 with their Check and Connect program. Check and Connect is a mentoring program which assists with the development of life skills such as cooking, driver's education, employment, and money management, while highlighting high school completion and college readiness.

OKDHS partnered with the Oklahoma Department of Rehabilitation Services (DRS) to help students with disabilities make a successful transition to post-secondary education through their Transition School to Work program.

OKDHS partnered with the Oklahoma Institute for Child Advocacy to create an annual event focused on post-secondary education, technical school training programs, and employment opportunities. The 2023 event included presentations from Oklahoma State University and Metro Tech followed by a tour of the Oklahoma State University campus.

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.

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.

In 2021 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 has developed partnerships with 31 organizations that represent pathways to direct work (13), pathways to career preparation (12), and pathways to career discovery (6). 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 youth and young adults ages 16-24. In 2022 the employment navigator built relationships with all of the Job Corps programs in the state to better assist youth in connecting with these programs. In 2023 the employment navigator is exploring ways to develop a Positive Youth Development training for employers.

- 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: In 2021 OKDHS partnered 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. In 2022 the OKSA program partnered with ODMHSAS and its Employment, Housing, and Homeless Projects Team to host a 3rd Annual Statewide Employment and Housing summit. 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 continues to maintain 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. In 2022 OKSA launched a new website which consisted of an employment hub that can refer youth and young adults to the employment partners websites directly from the hub. This hub not only assists youth and young adults in being referred to partners and employers but assists in marketing who is involved with the OKSA employment network.

- 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: In 2021, through the partnership with the Oklahoma Office of Workforce Development with the Youth Apprenticeship Readiness Grant Program, OKSA worked 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.

In 2021 to build capacity for youth's employability, the OKSA employment navigator created and facilitated three employment themed life skills groups. In 2021, youth who attended the annual teen conferences attended employability workshops 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. In 2022 at the teen conference, youth focused on increasing soft skills, such as communication, teamwork, collaborative problem solving, and negotiation. In 2022 the OKSA employment navigator partnered to host a workshop on youth entrepreneurship titled "Secrets to Starting a Side Hustle" which discussed how to identify a market, start a side business, and manage the finances. In 2023 the employment navigator is planning on hosting workshops on how supportive adults in the lives of the youth OKSA serves can assist in equipping youth with the necessary tools for employment.

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 adult.
- 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 fifth 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.

- OKSA has completed 86 housing assessments, through the third quarter of SFY 2023, to help connect young adults to housing pathways and 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.
- OKSA partnered with Pivot Inc. to develop and build 15 tiny homes outlined in detail below.
- In SFY 2023 OKSA added New Leaf transitional housing for young people with disabilities like Autism to the OKSA transitional living program list
- OKSA continues to utilize rent and utility assistance.

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.
- All of these are continuing to happen with intentions to expand 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.

- On 10/24/2022, the CoC was awarded a HUD YHDP grant in Round 6 to focus on housing and homeless services for the city's young adult population.
- OKSA's housing navigator attends monthly Core Planning Team meetings, with communitywide partner agencies, to represent OKDHS transitioned-aged youth needs.
- 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.
 - On 4/14/2023, four OKSA young adults participated in a focus group with the Tulsa-YHDP Planning Committee to provide feedback surrounding their unique housing needs and ways the funding might be utilized to support those needs through the coordinated community plan.

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 age 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.
- The FYI Voucher program has moved under the special project's unit at OHFA and communications around referrals have not been as strong since there has been

turnover in staff. The housing navigator will connect with OHFA to coordinate a meeting for the first quarter of SFY 2024 to revisit the goals of the shared MOU.

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. As a result of Division X funding OKDHS/OKSA have entered into a partnership with Pivot to use a portion of their Tiny Home Community specifically for transitioning foster youth. As of 8/25/2022, OKDHS/OKSA and Pivot Inc. have a signed contract for Pivot to work in partnership with OKSA to develop, build, and maintain 15 tiny homes, a community center, and laundry mat, for transitioned aged foster youth on their community property. This will include case management and access to all Pivot program services. As of May 2023, the Program Development Committee has met four times to outline standard operating procedures and referrals between the two programs, and to meet with builders to receive blueprint updates and tentative summer 2023 groundbreaking.
- 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 CW or criminal justice systems in need of additional housing supports to successfully transition from care. The Project, now referred to as ATLAS, was awarded additional YHDP-HUD funding to provide TLP housing through Sisu Youth Services. The OKSA helpline works in partnership to make, receive, and provide support to referrals. The OKSA housing navigator participated in a Landlord Engagement Event with the Statewide OHFA on 10/5/2022, to inform landlords of the housing needs of Oklahoma youth in foster care and how they can engage in OHFA's various voucher programs to support the needs of these young adults.
- The OKSA housing navigator is meeting with the 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.
- The OKSA housing navigator attends monthly planning meetings with the Oklahoma Commission on Children and Youth's Homeless Children and Youth Steering Committee to review data, propose policy solutions, and coordinates services relating to children and youth at-risk of becoming homeless or experiencing homelessness. The program includes cross sector partners representing state and local government, non-profit, faith community, business, education, and others.
- The housing navigator met with a Chickasaw Nation transitional living resource specialist and Chickasaw Nation Legislators on 1/12/2023 to provide information

and data on housing needs of youth in foster care and how they might expand housing services coverage for their 13 Oklahoma counties.

- On 1/10/2023 OKSA staff met with ODMHSAS Systems of Care and Tribal Behavioral Health staff to discuss ways the two agencies could spread awareness between programs on ways to better connect services and supports especially around housing needs for shared populations.

Oklahoma Foster Youth Advocates (OKFYA)

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

Information was brought before the group for input, which ranged from policy changes to marketing materials during quarterly OKFYA meetings. In the event the project could not wait for a quarterly meeting, OKFYA members and the blended team were consulted in a variety of ways, including email and social media. 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." In order to provide opportunities for young adults with lived foster care experience to use their voices to educate and advocate for youth who are currently in foster care, OKSA staff provided Presenting with Purpose training for young adults with foster care experience. There were six participants who attended the training. This training will continue to be provided quarterly throughout SFY 2024.

- 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:

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.

After much consideration and collaboration with youth and young adults, community providers, and NRCYS, OKSA decided to explore other options for networking and advocacy for youth and young adults who have experienced foster care. As a result, OKFYA was discontinued on 4/1/2022. OKSA started a contract of Mr. Chauncey Strong with Strong Training and Consulting, LLC on 4/1/2022. The purpose of consulting with Mr. Strong is to help OKSA with youth engagement to determine the best approach to engaging youth. Chauncey has assessed the OKSA program by interviewing staff members, administrators, as well as youth and young adults with former foster youth experience to determine whether or not OKFYA needs to be rebuilt or youth need to be engaged in other ways that are more effective for the program. Mr. Strong will complete his evaluation and present his findings to the OKSA staff in June 2023. The next step is to renew Mr. Strong's

contract to guide the youth engagement coordinator with implementation of the new strategies as a result of his assessment.

The youth engagement coordinator recruited and prepared young adults with lived foster care experience to speak on panels throughout the year. The panels consisted of three to four panelists per panel. The panelists spoke at the Court Improvement Conferences in Tulsa and Oklahoma City in October 2022; educating the judicial system about the needs that foster youth have while in foster care. They spoke at two adoption panels educating adoptive parents and the CWS statewide leadership team about the experiences that children and youth who have been adopted through foster care encounter. Panelists also spoke at two foster parent trainings where they spoke to foster parents sharing their experiences as foster youth. One of the panels was in-person the other was virtual. Panelists spoke to two college classes where they educated social work students, as well as law students, and psychology students about the experiences of youth in foster care. A panel was held at the annual County Coordinator conference. After each panel, the youth engagement coordinator facilitated a briefing with the panelists to talk about their feelings and experiences while speaking on the panel as well discussed any triggers that may have come up during the panels. The youth engagement coordinator reached out to each of the panelists individually to check in with them one week after they spoke on the panels to debrief anything they needed to discuss individually.

OKSA partnered with the Annie E. Casey Foundation and Casey Family Programs to provide opportunities for young adults to participate in a group to end foster group placements for foster youth in Oklahoma. OKSA recruited two young adults to participate in the implementation of the project. The young adults were part of the selection committee to select community providers to lead this project. They were part of the interviewing process, and they participated in selecting the community provider that was the best fit for leading the project. One of the young adults, along with the youth engagement coordinator, went to Atlanta, Georgia to participate in the National Convening for lived experience and community partners to share ideas and co-learning with other states. There are multiple stages of this project. OKSA will continue to partner with Annie E. Casey to provide young adults opportunities to participate where needed.

OKSA recruited a young adult to be the speaker for the foster youth voice at the Bi-Annual Collaborative Convening. The young adult spoke to social workers, OKDHS administrators, as well as community stakeholders.

OKSA recruited a young adult to participate with the Casey Fellowship. This student attended a conference in Washington D.C. where they met with other Casey Fellows. The young adult is currently working closely with OKDHS to implement the Science of Hope throughout OKDHS. She is also recruiting young adults with lived foster care experience to work as camp counselors at the three conferences that Oklahoma puts on in the summer.

OKSA partnered with the Oklahoma Commission on Children and Youth to recruit one young adult with lived foster care experience to speak to legislators about homelessness for foster youth after leaving care.

OKSA also partnered with Oklahoma Commission on Children and Youth to recruit one young adult to speak to legislators about the benefits of tax exemption for young adults who have lived foster care experience.

National Youth in Transition Database (NYTD)

ACF found Oklahoma in compliance with the NYTD requirements for NYTD data submissions in 2023. 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, as well as Tribal/State Workgroup meetings. NRCYS distributes NYTD data to community partners on at least a yearly basis. In SFY 2023 OKSA began working with a national youth engagement consultant to help revision the Oklahoma YYA network. As part of the program assessment, NYTD data was shared to inform the work toward systemic improvement. In SFY 2023, OKSA continued to offer Professional Development Trainings available to CW staff, foster families, and community stakeholders, utilizing NYTD data to help guide training topics. OKSA also shared outcome data in an OKSA Newsletter distributed bi-annually 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 stakeholder feedback groups in SFY 2024. These will include groups led by, and primarily consisting of, current and former foster youth. In principle, these planned feedback groups would meet to examine NYTD service and outcomes data to improve awareness, increase collaboration, and discuss suggestions for potential interventions and systemic enhancements to focus on during the next five years.

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 2023, 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, 72 percent of youth ages 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, 100 percent of youth ages 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, 81 percent had a 90-calendar day transition plan completed.

OKSA will explore why Oklahoma has one of the highest percentages of homelessness among young adults age 19 with this percentage being 43 percent. During a peer-to-peer virtual NYTD meeting, OKSA inquired if there were any comparison reports in regard to

homeless percentages between states that have extended foster care and those states that do not. OKSA will explore this further in SFY 2024.

Coordinated Services with Other Federal and State Programs for Youth

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

Tuition waivers are 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 ages 16 to 21 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 2023, three 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.

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.
 - Housing Solutions is the lead agency for the Tulsa County HUD-funded CoC. 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. On 10/24/2022, the CoC was awarded a HUD YHDP grant in Round 6 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) manages the extended medical coverage, SoonerCare, for youth ages 18 to 26 who aged out of foster care. OHCA is also the state organization that provides medical coverage to youth who have aged out of foster care in other states. For youth who have aged out of foster care in Oklahoma, it is a seamless process and their medical coverage continues without reapplying for benefits. For youth who aged out of foster care in another state other than Oklahoma, they can apply for benefits at Soonercare.org. No written documentation of custody status will be required. The state of Oklahoma will accept a self-attestation from those youth. 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 on OKSA's website, www.oksa.ou.edu. They may also reach out to the OKSA Helpline at 1-800-397-2945 for assistance.

CWS has partnered with the Oklahoma State Department of Health's Vital Records Division to streamline the initial birth certificate application process. The new process will start with new removals, with a two-week lag for data entry purposes, being pulled into a report and being sent to Vital Records where two copies will be ordered. OKSA has partnered with CWS staff assigned to this project to ensure that transition aged youth already in care also receive their birth certificate. OKSA has appointed a position within the program to ensure transition aged youth are being added to the report that is sent to Vital Records. This position will work closely with district and regional CW staff assigned transition aged youth to gather the needed information for Oklahoma State Department

of Health's Vital Records Division. OKSA will work on creating a report to track percentages of youth leaving care with these documents in SFY 2024.

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 age 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 18th 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 DRS, 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.

Oklahoma DRS expands opportunities for employment and economic self-sufficiency by helping youth with disabilities bridge barriers to succeeding in school and employment-based settings. DRS' Pre-Employment Transition Services are intended to help students with disabilities get an early start in identifying career interests to achieve community integration, independence, post-secondary education and/or competitive integrated employment.

Honestly Youth Sexual Health, previously known as Thrive, is an organization in the Oklahoma City metro area leading a public-private collaboration to reduce the teen birth rate in Central Oklahoma. Honestly Youth Sexual Health 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. OKSA has participated in trainings that Honestly Youth Sexual Health has put on throughout the year.

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 six 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.

Lou Hartpence Scholarships for young adults ages 18 to 23 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 ages 18 to 23 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.

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 \$52,228.27 was used for items included in the student's cost of attendance 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.
 - 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
2021-2022 School Year (July 1, 2021 to June 30, 2022)	164	57
2022-2023 School Year (July 1, 2022 to June 30, 2023)	137	36

New Awards

- Fall 2022 - 26
- Spring 2023 - 10

Graduates*

- 4 Baccalaureate degrees received by students participating in the ETV Program at time of graduation;
- 1 Masters degree received by a student who aged out of the ETV Program within the last two years; and
- 1 technical school certificate.

*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. The training was completed April 26-27, 2022. In SFY 2023, 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 2023, the OKSA program continued facilitation of quarterly trainings with the county coordinators in each region of the state. OKSA also offers individualized Overview Trainings when requested by county coordinators for their office and co-workers. 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. As part of the SFY 2024 stakeholder engagement feedback planning, OKSA will engage in outreach to Tribal partners.
2. OKSA performs training and technical assistance upon request from tribal nations. In SFY 2023 targeted training was provided to three tribes who are members of the inter-agency Tribal Youth Workgroup. In addition, the OKSA housing navigator met with tribal leadership to discuss housing needs for youth within their tribal

district, and how they could best respond to the housing needs experienced by youth exiting foster care.

3. 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.
4. 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.
5. In SFY 2023 OKSA participated in an inter-agency Tribal Youth Workgroup, which includes representatives from OKDHS, the tribes, and stakeholders. The workgroup is currently working with Tribal representatives to create and refine planning to target outreach and service delivery efforts.
6. There were seven youth in tribal custody who attended the annual Oklahoma Teen Conference, and three youth in Tribal custody who attended the summer conference for youth receiving DDS. In addition, requests for funds and technical assistance, along with OKSA resource mailings, were received and processed for 72 youth in tribal custody by NRCYS in SFY 2023.

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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 programs manager and four programs field representatives (PFRs) known as tribal coordinators. The program is under the CWS programs administrator for Prevention Services. The Tribal Programs Unit is responsible for collaborating with the 38 federally recognized tribes in Oklahoma. Each tribal coordinator is assigned specific tribes, arranged loosely by geographical location within the five CWS regions. Each tribal coordinator is assigned a specific region, in conjunction with the tribes located most closely with the region. These assignments provide tribes a direct contact for consultation with CWS. See attached ***OKDHS CWS Regions and Tribal Jurisdictions*** and ***OKDHS Tribal Program Contacts***. The Tribal programs manager is also the contract monitor for State Title IV-B Promoting Safe and Stable Families (PSSF) funds provided to eligible tribes. The Tribal IV-E Unit, under CWS Operations and Business Processes, is comprised of a programs manager, four programs field representatives (PFRs), and two custody specialists. See attached ***OKDHS Tribal IV-E Unit***. The Tribal IV-E Unit works alongside the Tribal Programs Unit to provide Title IV-E funding to tribes and works administratively to provide services outlined in the Tribal/State agreements.

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 including Difficulty of Care payments, if applicable. Tribal resource placement is available for children in tribal and OKDHS custody. Through the agreements, tribally approved foster homes are provided childcare assistance and kinship start-up stipends. They also receive mileage reimbursement, access to the respite program, and insurance for children in OKDHS custody placed in the homes. Child Abuse and Neglect Information System Searches (CANIS) are conducted by Tribal IV-E staff for tribal foster care, adoption, and guardianship applicants. These searches are conducted on either a routine or emergency basis including access to an on-call worker for CANIS searches. Tribal resources are maintained in the Statewide Automated Child Welfare Information System, known as KIDS, by the Tribal IV-E Unit. Currently, 377 tribal resources are in the KIDS system. The Tribal IV-E Unit also handles Title XIX medical services and Title IV-E determinations and re-determinations for 466 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. A back-to-basics Title IV-E session is held each month for Tribes interested in Title IV-E determinations and re-determinations. The Tribal IV-E Unit also arranges 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.

The Tribal IV-E unit is involved in maltreatment in care strategies such as screen-out consultations for children in tribal custody and 10-day staffing's for children in tribal custody, and with tribal foster homes and placement assessments for children in OKDHS custody being placed in tribal foster homes. Tribal IV-E staff regularly communicate with Tribes regarding services and information for tribal foster homes.

CWS Foster Care and Adoptions Programs work 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.

OKSA

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.

Additional information about OKSA consultation and coordination with tribes is found in this 2024 Annual Progress and Services Review report under the **Update on the Service Descriptions**, John H. Chafee Foster Care Program for Successful Transition to Adulthood.

Oklahoma ICWA Partnership Grant

The seventh year of the Oklahoma ICWA Partnership grant began on 10/1/2022. The grant was scheduled to end on 9/30/2022; however, a second 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.

With COVID restrictions now lifted, in-person meetings with hybrid options have become the norm, providing more opportunities for enhanced collaboration. While few in-person meetings were held previously, most meetings now offer virtual or hybrid options. This has positively impacted the ability to maintain momentum and foster relationships with partners. The ICWA Partnership grant team continues to ambitiously pursue projects, while keeping grant funding time constraints at the forefront of planning.

The ICWA Partnership grant team continues to be composed of the principal investigator, grant program field coordinator, grant evaluator, research assistant, and a grant-funded contracted staff position through the Oklahoma Indian Child Welfare Association (OICWA), which was created to assist with grant activities. Several staff changes, resulting in only two of the original team members remaining, have impacted project momentum. The team was affected by the resignation of the grant manager in the first quarter of year six, which was amplified by the decision to leave the position vacant. This resulted in a lack of internal communication with the state, as tasks previously performed by the grant manager were reassigned to other team members. In addition, the OICWA contracted position was filled by a new team member when the former coordinator accepted the role of OICWA's first Executive Director.

When experienced staff and team members leave, they take with them institutional knowledge and expertise and their absence is notable. Despite these internal setbacks, the ICWA Partnership, comprised of CWS, OICWA, and the Court Improvement Project, remains committed to improving the safety, permanency, and well-being of Native American children and families through improved communication, training, and accountability of CW 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 CW, the court system, and tribes.

Activities:

- **Court Case File Review:** The court case file review tool has been developed to provide indicators of ICWA court practice and tribal involvement. The tool collects data from court documents and has been used in multiple Oklahoma counties. Reports have been shared with judges, and there are plans to conduct additional reviews. This objective focuses on building relationships between the court system and tribes through data collection and sharing.
- **Kay and Noble County/Pawnee Area ICWA Partnership Pilot Project:** The partnership project involves collaboration between tribal CW directors, judges, local OKDHS leadership, and other partner agencies to address ICWA practice issues. The project includes strategic planning, joint consensus, and the establishment of an ICWA unit. It also mentions networking with other ICWA enhancement changemakers across the nation, indicating efforts to build relationships between different entities.
- **Kick Off Meeting:** The Kick Off Meeting for the Kay and Noble County ICWA Partnership pilot project brought together tribal and state CW representatives and stakeholders. The meeting aimed to inform stakeholders of the goals of the pilot project and promote communication and collaboration between tribes and agencies.
- **Peer-to-Peer Consultation:** The Kay and Noble County ICWA Partnership members have collaborated with changemakers across the nation to discuss strategies to enhance ICWA practice that have worked in other states. Consultation has included colleagues in Minnesota and California. This relationship building helps identify potential solutions to barriers that may have been overcome in other areas of the nation.

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

Activities:

- **Kay and Noble County/Pawnee Area ICWA Partnership Pilot Project:** The strategic planning session identified areas of ICWA practice that needed improvement, including ICWA units/ICWA court and enhanced child protection team. The project aims to address these areas and improve compliance with ICWA policies and procedures.

- **Qualified Expert Witness Toolkit:** The project focuses on developing a Qualified Expert Witness (QEW) Toolkit, which is a training program to support trainers of the Oklahoma Indian Child Welfare Act. The curriculum aims to improve understanding of laws and policies affecting American Indian/Alaskan Native (AI/AN) peoples and promote compliance with ICWA.
- **Tulsa County ICWA Court:** The Tulsa County ICWA Court team is working on initiatives such as Active Efforts Training, Active Efforts reporting form, and improving documentation to enhance compliance with ICWA requirements. The formation of the Tulsa ICWA Court Council Team and the establishment of a Judicial Committee also contribute to strengthening ICWA compliance.

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

Activities:

- **ICWA Data Projects:** The grant team is working on data projects, including the ICWA Snapshot and ICWA Scorecard, to provide data reports on statewide ICWA practice. These projects aim to improve communication and sharing of ICWA-related information among tribes, state governments, and courts.

The evaluation team's study on factors affecting time-to-permanency for ICWA cases and the Quality Data project in several counties also contribute to enhancing management information systems and communication by providing valuable data and insights.

- **Kay and Noble County/Pawnee Area ICWA Partnership Pilot Project:** After formalizing their ICWA units and holding the Kickoff Meeting the members of this group rested their focus on collecting data related to time-to-permanency with the goal of measuring the effectiveness of ICWA specialized units in reducing length of time in care on ICWA cases and ensuring tribes have accurate information on tribal children in custody.

Overall, the provided information aligns with all three objectives, highlighting efforts to build relationships, enhance compliance, and improve management information systems in the context of ICWA implementation.

ICWA Training

The Tribal Programs Unit trains CWS staff on ICWA compliance, ICWA policy, and procedures. As the CWS consultants on ICWA, the Tribal Programs Unit conducts training with CWS regional offices throughout the state the CWS Supervisor Academy training. The CWS Supervisor Academy is mandatory training for new supervisors and has a full-day ICWA component which includes pre-work, a pre-test, and a post-test. Supervisor trainings were held in-person in June 2022, September 2022, November 2022, and March 2023. Online resources are available to CWS staff through concise readily available instructions on OKDHS/ICWA policy and procedures through the

OKDHS InfoNet tribal page and accessible through laptop or cell phone applications for field work.

The Tribal Programs Unit rolled out an ICWA Basics training in July 2021 through the OKDHS Learning Management System that is available on demand for all CWS staff. The second segment, ICWA for Child Protective Services (CPS) was completed in 2022. This course builds on the learning from the ICWA Basics course and focuses on how ICWA principles and processes apply specifically to CPS specialists. This series of in-depth trainings are being developed to promote ICWA compliance in CWS. A completion report is available to the tribal coordinators to monitor CWS staff participation in the course. The third segment specifically for Permanency Planning specialists is due to be completed in 2023.

The Tribal Coordinators staff ICWA issues with CWS staff and act as liaisons between the State and tribes. The tribal coordinators work with their individually assigned tribes, regions, and counties to provide ongoing support. Training on OKDHS CWS policy and procedures is available through the tribal coordinators to tribes and are generally one-on-one trainings provided on-site at the tribal headquarters. Tribes also have access to OKDHS training for new hire CW workers.

ICWA Collaboration

The Tribal Programs Unit participates in and serves on various OKDHS, tribal, and community initiatives throughout the year. These include:

- Muscogee Nation Multidisciplinary Team (MDT)
- Lincoln County MDT
 - Kickapoo
 - Absentee-Shawnee
 - Sac and Fox
 - Citizen Potawatomie Nation
- Tribal Towns, Seminole, and Creek Child Protection Team (CPT)
 - Alabama-Quassarte Tribal Town
 - Kialegee Tribal Town
 - Thlopthlocco Tribal Town
 - Seminole
 - Creek
- 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 (SANCPT)
 - 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
- OICWA
 - Legislative committee
 - Substitute Care committee
 - Membership committee
 - Conference committee
 - Training committee
 - Public Relations committee
 - Special Projects subcommittee
- Family Resiliency Team meeting
 - Family Team Resources Evaluation Education (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
 - Kay/Noble/Pawnee ICWA Partnership
- 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 Program
 - Tribal/State Workgroup
 - OKDHS Tribal Programs Unit

The Tribal Programs Unit is also involved in various internal initiatives including maltreatment in care strategies, updates to the KIDS system and other process improvements, and regional leadership meetings. Updates on issues and initiatives from OKDHS and/or CWS leadership are sent to all tribes as needed to provide information and an opportunity for input. A team member also attends the monthly nation-wide State ICWA manager calls for updates and collaboration with other states' ICWA managers.

The tribal coordinators provide support to other units within CWS. A tribal coordinator is assigned as a tribal placement facilities liaison for tribal children in OKDHS custody placed in tribal facilities. A tribal coordinator is assigned as the youth liaison to coordinate with youth initiatives, both state and community. A tribal coordinator is also assigned to the Be a Neighbor project and Barrier Busters, a foster care initiative.

The Tribal Programs Unit is responsible for coordinating and planning the annual Completing the Circle (CTC) event. All Oklahoma tribes are invited to the planning sessions and tribes volunteer to host the event, which is generally held at a different tribal location each year. All foster parents currently fostering an AI/AN child are invited to attend the free event and are invited to bring all children in the home. The CTC is an educational/cultural event and provides hands on tribal experiences for the AI/AN child(ren) and foster family. The events include tribal princesses, drummers, dancers, tribal leaders, with opportunities for non-tribal attendees to participate in tribal dances and other tribal activities. The 14th annual statewide event hosted by the United Keetoowah Band of Cherokee was held in May 2022, with 534 registered attendees and 23 tribes attending/contributing to the event.

State PSSF/MaryLee Allen IV-B Subpart 2

The Tribal programs manager 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 2023 and were expanded to include Federal Region 6. Relevant training meetings were attended by the CWS Tribal

programs manager. Eleven tribes were served by the state PSSF Subpart 2 funds in SFY 2023. Tribes use the funds to support families through direct client services, salary and fringe benefits for PSSF staff, as well as supplies, travel, and training. The funds provide support for families to be kept intact through meeting immediate needs and through services not funded through other programs such as counseling. The funds also support adoption and foster care in order to provide best outcomes for children in out-of-home care. The tribes are required to have an open case on each family served and must account for all funds expended.

Reports to Tribes

The Oklahoma APSR 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 CWS staff and to tribes. The attached ***Oklahoma Tribal ICW Contact List*** provides the names of tribes and ICW staff that CWS programs and grant staff consult with throughout the year. Throughout this reporting period, all 38 tribes were contacted at various times through invitation to participate in the Tribal State Workgroup and initiatives involving the ICWA Partnership Grant.

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, childcare reviews due, Title IV-E reviews due, medical reviews due, and Adoption and Foster Care Analysis and Reporting System (AFCARS) errors. In addition, a KIDS-generated report is received by 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 so that the Unit can ensure that current services continue.

KIDS is the system for data entry for CWS cases and resources, including tribal resources and child-only service cases. 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 CWS, tribes, and other entities. This data is available for and shared with tribes as appropriate.

WebFOCUS reports are available for areas inclusive to 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 (OKDHS or tribal custody)
 - 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 on tribal children in custody, ICWA-compliant placement, ICWA findings, and case outcomes. The charts are screen prints of the OKDHS Child Welfare Dashboard and include the date and time the reports were run.

Figures 1a and 1b, YI826-Count of Native American Children by ICWA Finding show the comparison of data collected on 5/26/2022 (Figure 1a), and 5/22/2023 (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

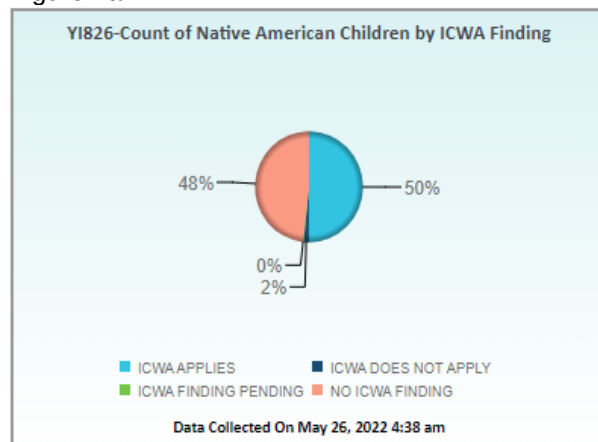
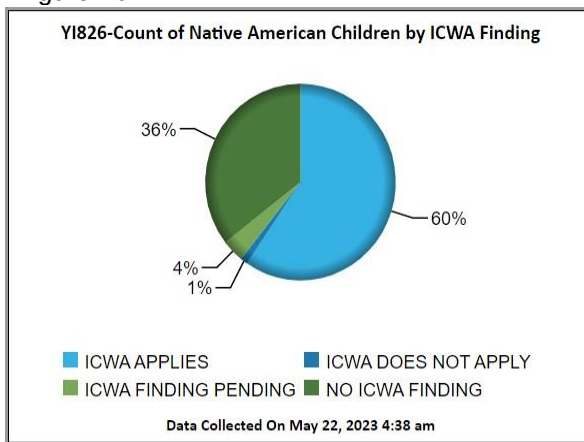


Figure 1b



The data indicates a 1 percent decrease in ICWA Does Not Apply and a 4 percent increase in ICWA Finding Pending on Figure 1b. The current data shows a significant increase in the finding that ICWA applies, from 50 percent to 60 percent. This finding is important as the court must inquire at every hearing if ICWA applies in each case involving an Indian child. The finding requires that ICWA be followed throughout the case. The finding of No ICWA Finding decreased from 48 percent on 5/26/2022, to 36 percent on 5/22/2023. This is a significant decrease in the number of cases without an ICWA finding. The trend in the data seems to indicate a positive outcome for ICWA compliance with CWS in identification of Indian children and corresponding court findings.

The YI826-Count of Native American Children by Current Placement Type is shown in Figures 2a and 2b. Figure 2a data was collected on 5/26/2022 and Figure 2b data was collected on 5/22/2023. The data shows the actual count of custody children in specified placements.

Figure 2a

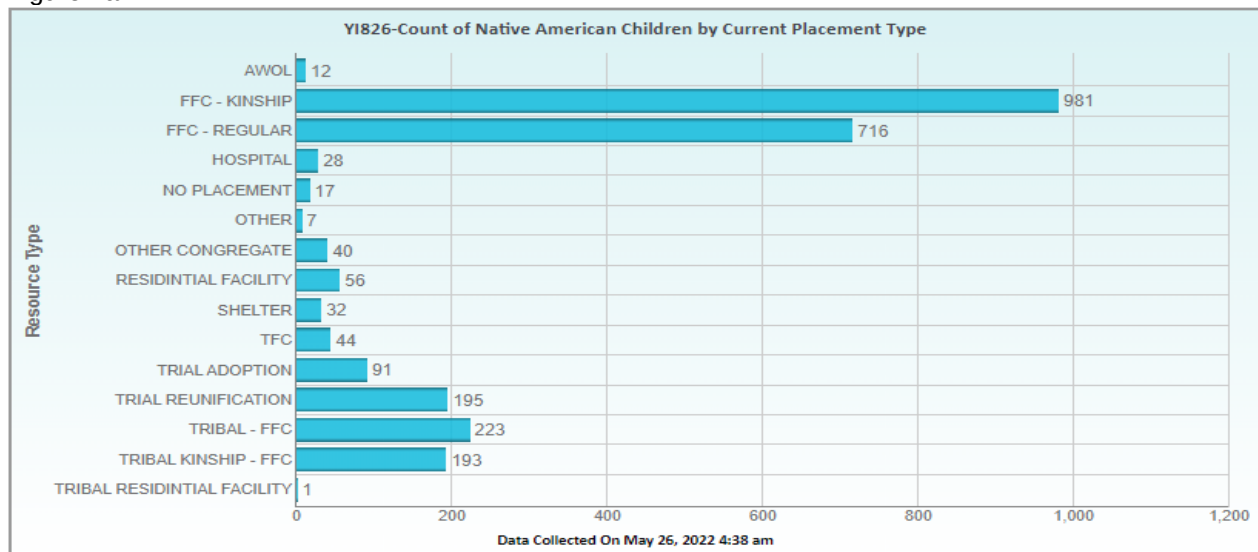
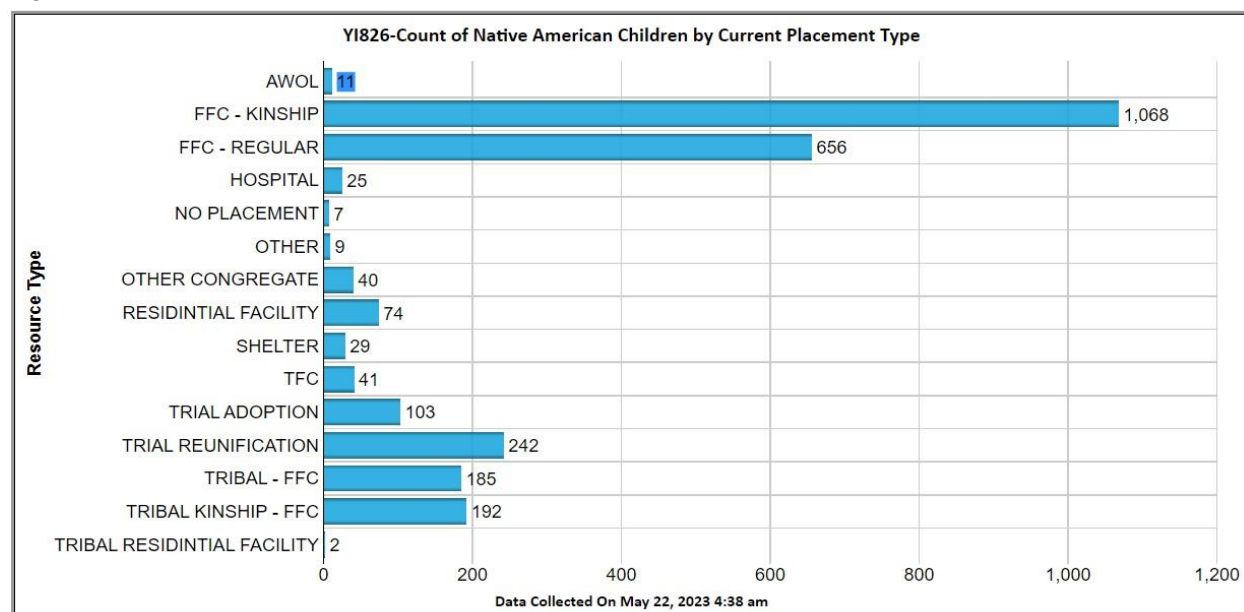


Figure 2b



Placement preferences under ICWA guidelines are put into place to keep Native American children connected to family and tribes. Compliance with the guidelines is shown by placement of the children in kinship and tribal placements. The current data presents a clear picture of placements of Native American children; and, that the largest number of placements are in kinship foster homes. Placement continues to be significant in non-tribal foster care, with a slight decrease from 2022 to 2023. This is followed by Tribally certified foster homes, both traditional and kinship. A slight increase occurred in the category this reporting period.

The line graph in Figure 3a, Y1826-Count of Native American Children Exiting Care by Month and Exit Reason, indicates the outcomes for Native American children. Figure 3a

data was collected on 5/26/2022 and Figure 3b data on 5/23/2023. The graphs show 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 3a

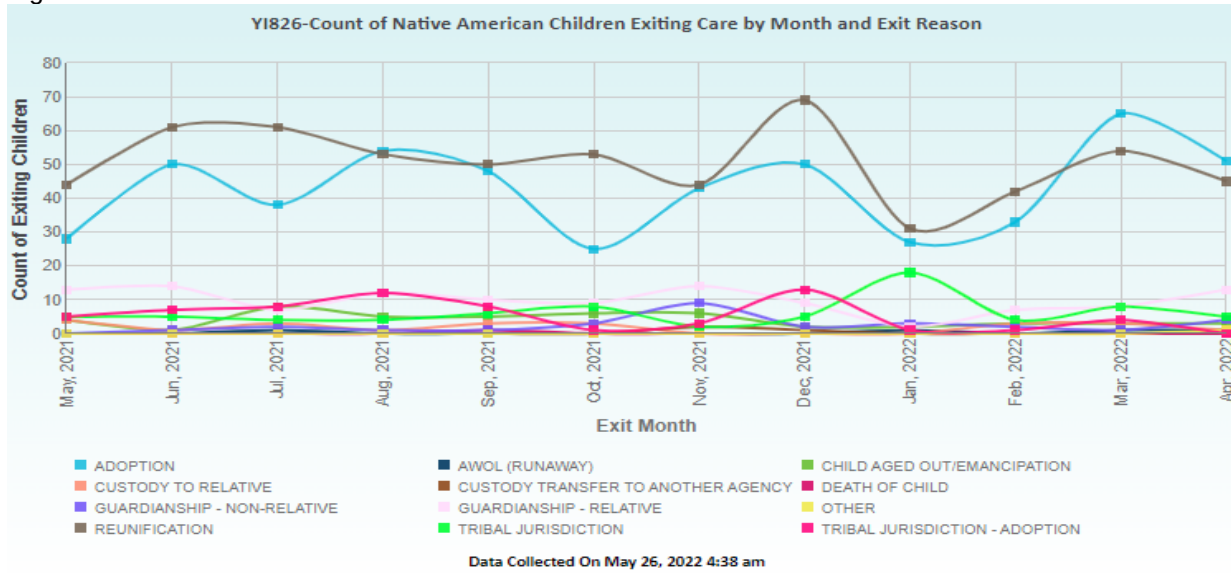
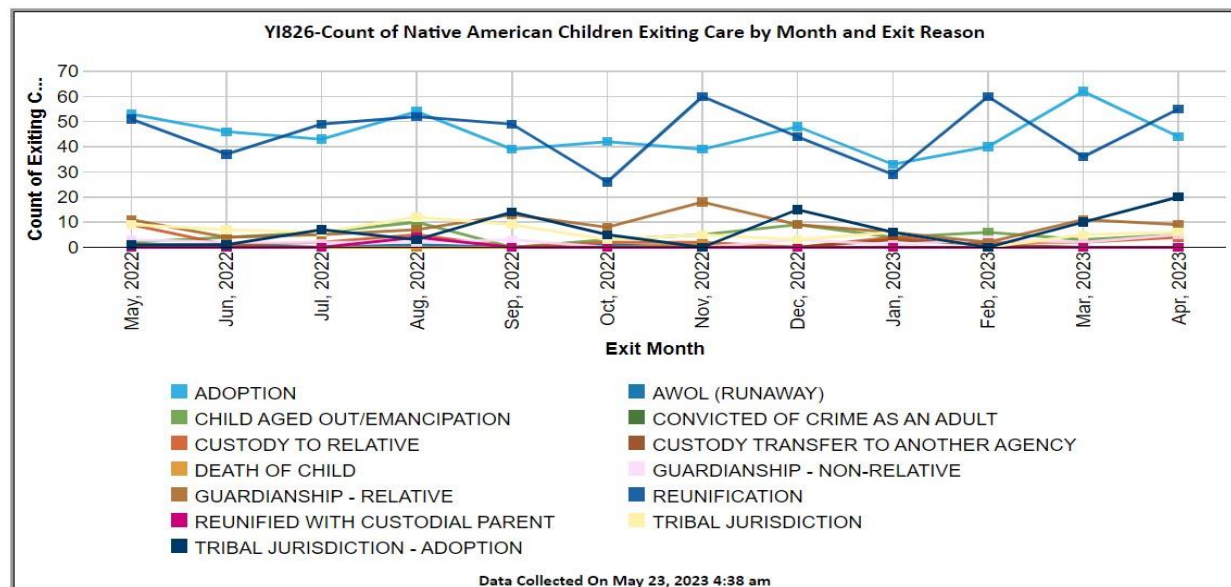


Figure 3b



Reunification and adoption remain the two highest outcomes for Native American children, with a gradual uptake in tribal jurisdiction adoptions and relative guardianships. Data shows transfer to Tribal custody decreasing 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 continues to leverage the well-established partnerships through the Tribal Programs Unit, ICWA Partnership, the TSW, and OICWA to collaborate with tribes on the Oklahoma Title IV-E Prevention Program Plan. The established OICWA FFPSA subcommittee 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. The subcommittee has continued during this reporting period in 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; and, 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

Oklahoma is in compliance with the Comprehensive Addiction and Recovery Act of 2016 (CARA) and Child Abuse Prevention and Treatment Act (CAPTA), which includes a definition of Plan of Safe Care (POSC) for reports both accepted for investigation as well as those not accepted and required reporting of Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorder (FASD). The policies related to POSC are fully implemented and include referral of infants diagnosed with NAS or FASD to a medical provider and referral of the mother or caregiver to substance abuse services. The POSC includes previously made plans by a medical professional to address the health and treatment needs of the infant and mother, when appropriate. Monitoring continues through data collection 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 conduct 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 has been decreasing since State Fiscal Year (SFY) 2018 with 1,586 families served in SFY 2022. A formal analysis as to this decrease has not yet occurred; however, this is a statewide total of families served. There are various contributing factors

observed by CWS programs staff in specific counties/districts across the state that may be impacting this, including: courts who are averse to prevention services of this type, requirement that only designated staff be assigned these cases, heightened focus on permanency cases rather than prevention cases, and lack of education or understanding by CW supervisors in order to advocate for FCS.

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. 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 2018 to SFY 2022, a total of 6,748 FCS cases were closed. Of the 1,207 families in a closed FCS case in SFY 2022, 1,023 families were successfully diverted, or 84.8 percent of the families served. Of the 1,023 families successfully diverted, 22.7 percent of families experienced a subsequent referral; however, only 2.0 percent experienced a subsequent removal by the end of the SFY.

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 (Framework). CWS Continuous Quality Improvement (CQI) Quality Assurance (QA) staff provided Framework refresher trainings for all CW supervisors and district directors beginning in August 2022 and by the end of this reporting period trainings had occurred in all districts/regions. These in-person refreshers focused on support and guidance in completing quality safety assessments. In April 2023, a CQI QA, programs and field staff workday meeting was held with identified CWS program staff along with regional deputy directors and assistant deputy directors, district directors, and selected CW supervisors. The purpose of the meeting served to explore past and present feedback and input

from field staff regarding barriers, understanding, and usage of the Framework. In-depth discussions occurred during breakout groups on suggestions and recommendations of Field Observation guide revisions to create a more "staff friendly" version in addition to incorporating Hope Science language. Next steps are to revise the guides based on the recommendations and finalize for utilization in efforts of supporting improvement to Oklahoma's overall CW practice.

2. Guidance was developed to assist CW staff on how to best document the AOCS in an ongoing case. Programs staff is developing a statewide AOCS training for all field staff with a target implementation date of fall 2023.

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 Statewide Domestic Violence Child Welfare Collaborative continues to meet quarterly. The Collaborative continues to support agencies and programs to share statewide trends and needs around the state. CWS PP staff, the Tulsa Domestic Violence Intervention Services, and the Oklahoma City YWCA assisted in the finalization of curriculum updates and the transition back to in-person training for *CW 1024 Child Welfare Domestic Violence*, a required training for all CWS staff. Both DVIS and YWCA contract with CWS to provide trainers for this important training. The Collaborative continues to share training information and supports for development opportunities with one another as many programs focus on meeting their programs staffing needs.

The members of the Collaborative will provide support for the upcoming September 13-14, 2023, Oklahoma Partners for Change (PFC) Conference by volunteering for conference planning, registration, workshop monitoring, and workshop presentations. The PFC focuses on development and strengthening services addressing stalking, DV, sexual assault, and sex trafficking.

The local task force in Tulsa County continues to meet in Region 5. The Muskogee County group has paused meeting and is looking to reengage in Region 4 in the coming months. The Collaborative continues to see an increased need for DV

services around the state. Several programs are working to expand their services through adding programs, acquiring grants, and collaborations.

The Collaborative recognizes a need to identify DV services specific to the LGBTQ+ survivors and has found one program that specifically advertises DV services for this population, the Diversity Center in Oklahoma City, which is a certified Office of Attorney General program. Several other programs serve this population but do not advertise specifically to the LGBTQ+ community.

2. The training course, *CW 1024 Domestic Violence*, updated in fall 2022, with the newest course updates fully implemented in December 2022.
3. The DV Desk Reference continues to be used by CWS staff as a valuable resource when assessing family DV.

The CAPTA state grant funds OKDHS staff who provide technical assistance, consulting, and training to field staff in all of the described areas. CAPTA funding is also used for administrative costs related to training across the state which includes district staff and community partners. Proposals have been received from Oklahoma Child Advocacy Centers and MDTs to improve legal preparation and representation for children in judicial proceedings. A committee is currently reviewing those proposals and CWS is awaiting the committee recommendation. In the meantime, OKDHS has entered into IV-E agreements with public defender offices to provide both children and parent representation. Senate Bill 706 (2023) amended Title 10A of the Oklahoma Statutes 10A O.S. § 1-4-502 requiring a jury trial within deprived court to have a scheduling date within 30 days from knowing the demand for a jury trial and requires the trial occur within six months unless the court issues written notice supporting the reason for a delay. This law goes into effect 7/1/2023.

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 2022 through March 2023:

- 882 substantiations indicated an infant was born substance-exposed or tested positive.
- Of those infants, 54 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.
- POSC Training from April 2022 through March 2023:
 - In May 2023, a new training *CW 5195 Plan of Safe Care* was launched as an online training. The training is required to be completed by all CPS staff by 8/31/2023.
 - POSC/Family Care Plan training was provided internally on the following dates during this reporting period:
 - 4/13/2022 – Oklahoma County CW staff;
 - 10/20/2022 – Tulsa County Family Care Plan Joint Presentation with ODMHSAS to CW and community stakeholders;
 - 2/08/2023 – CW Supervisor Refresher – Annual Update (CWS Statewide Supervisor Training);
 - 3/30/2023 – Tulsa County Family Care Plan Joint Presentation with ODMHSAS to CW and community stakeholders;
 - 5/2/2023 – CW Supervisor Refresher – Annual Update; and
 - 5/3/2023 – CW Supervisor Refresher – Annual Update
 - 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. The collaboration between OKDHS CWS and ODMHSAS resulted in co-training on the SAFER initiative in the Tulsa area during this reporting period. These trainings are planned to roll out statewide in SFY 2024.
 - 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. During this reporting period CWS created a Plan of Safe training with content related to both Plans of Safe Care and Family Care Plans. Completion of the training is required for all CPS supervisors and specialists by the end of August 2023.
 - 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 courses: *Advanced Specialized CPS Services*, *CWS Supervisor Academy*, and *Supervisor Refresher – Annual Updates*.

- The state does not anticipate the need for technical assistance to support compliance in the next federal fiscal year.
- CAPTA State Grant 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 Annual Report 2022*** 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) Annual Report*, is not available; however, the ***Oklahoma Child Death Review Board 2023 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.

None of the citizen review panel reports nor the 2023 CDRB recommendations to OCCY contained specific recommendations for OKDHS CWS. However, as reported in previous Annual Progress and Services Report's, the 2021 CDRB recommendations to OCCY included a recommendation for completion of an environmental scan 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 age 11 months or younger, the CPS caseworker views sleeping arrangements and discusses safe sleep with the person(s) responsible for the child (PRFCs). In August 2022, CWS began conducting quality assurance 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 (1) a CPS investigation with at least one infant age 11 months or younger at the time the report was received and (2) the CPS investigation was closed within the month prior to the month of review. The review captures if the CPS caseworker 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, 494 reviews are completed. Of those, 186 reviews had documentation that unsafe sleep education was provided to the PRFCs, 84 reviews documented the PRFCs reaction to the education provided, 129 reviews documented the PRFCs sleep plan for the infant, and 261 reviews contained documentation of the infant's sleeping arrangement. This ongoing data collection will be provided quarterly to Continuous Quality Improvement Programs 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 provided \$100 million in supplemental Federal Fiscal Year (FFY) 2021 funding for the CAPTA State grant. These funds were allotted by the statutory formula specified in section 106(f) of CAPTA which is based primarily on child population younger than age 18. Grants were awarded to all agencies previously approved for FFY 2021 CAPTA State Grant funding. No separate application was required to receive the funding. ACF issued these awards on 4/29/2021. Oklahoma received an award of \$1,291,488.

The FFY 2021 American Rescue Plan supplemental appropriation may be used to improve the 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, funds will be used in the coming year toward sustained quality practice improvement in the assessment of child safety by all CWS caseworkers, supervisors, and district leadership teams across the state.

There are no foreseen barriers to expending this 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. Oklahoma policy states new foster and adoptive families will be approved within 60-calendar days of initial inquiry. Contact is made with families in the approval pipeline weekly to ensure any barriers to timely approval are addressed. Approvals beyond the 60-calendar day timeframe are primarily due to the family's choice to move more slowly through the process. These delays are primarily due to families identifying other events that are a higher priority, illness of themselves own or family members, and slow responses for out-of-state background checks.

The yearly recruitment goal continues to be split between CWS and the resource family partner (RFP) agencies. The pinnacle target goal this year is 766 new resources with CWS and the RFP agencies aiming to recruit 383 each. As of 5/1/2023, CWS and the RFPs combined have met 61.2 percent, or 469 of the goal. CWS recruited 263 homes, or 68.7 percent, and the RFP agencies recruited 206 homes, or 53.8 percent, as seen in Figure 1.

Figure 1

Preliminary Data for New Foster Homes SFY23													
Agency	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total	Pinnacle SFY23 Target	% of Target Achieved
ANGELS FOSTER FAMILY	0	5	0	3	5	0	1	1	2	2	19	383	53.8%
ANNA'S HOUSE	0	2	1	3	0	1	1	3	2	4	17		
CHOICES FOR LIFE	0	0	0	0	0	0	2	0	1	0	3		
CIRCLE OF CARE	0	4	2	4	2	5	7	4	8	8	44		
FAMILY FOR LIFE, INC.	1	1	1	4	4	2	2	1	2	2	20		
HBSR	1	0	1	4	2	2	2	1	4	3	20		
LILYFIELD	1	0	0	2	1	0	1	2	2	0	9		
LIONS MEADOWS OF HOPE	0	3	2	0	0	3	1	0	0	4	13		
OK FAMILIES FIRST	0	0	0	2	0	3	1	3	3	0	12		
OPEN ARMS	0	0	0	0	0	0	1	0	0	0	1		
PANHANDLE SERV. FOR CHILDREN	0	0	0	0	0	0	0	0	0	0	0		
ST. FRANCIS COMMUNITY	1	0	0	0	0	2	0	1	2	0	6		
SUNBEAM FAMILY SERVICES	0	0	1	0	0	3	0	0	0	2	6		
TFI	2	0	1	0	0	4	0	0	3	1	11		
WESLEYAN	2	2	2	2	1	2	0	5	1	1	18		
YOUTH & FAMILY SERVICE, INC.	0	0	0	1	1	0	3	0	0	2	7		
RFP Total	8	17	11	25	16	27	22	21	30	29	206		
REGION 1	4	3	4	6	3	5	2	3	4	4	38	383	68.7%
REGION 2	6	2	4	6	3	10	9	6	8	13	67		
REGION 3	1	2	3	3	0	5	0	2	7	3	26		
REGION 4	4	4	5	10	2	8	10	1	5	6	56		
REGION 5	1	5	4	11	7	13	10	10	8	8	76		
OKDHS Total	16	16	20	36	15	41	31	22	32	34	263		
Foster Care Total	24	33	31	61	31	68	53	43	62	63	469	766	61.2%
Data Source: Measure 2: Run Date 5/1/2023 - These are preliminary numbers and are subject to change.													

Data Source: Measure 2; Run Date 5/1/2023 - 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) 2022, to the number of open homes as of 4/1/2023, there is a net loss of 77 homes. While this is a loss, it is an improvement over the previous SFY loss of 219 homes and is trending in a positive direction.

Figure 2

Open RFP and OKDHS Foster Homes by Agency			
Agency Resource	7/1/2022	4/1/2023	NET
ANGELS FOSTER FAMILY NETWORK OKC	114	99	-15
ANNA'S HOUSE	44	41	-3
CHOICES FOR LIFE	11	11	0
CIRCLE OF CARE	180	180	0
FAMILY FOR LIFE, INC.	38	43	5
HBSR	47	49	2
LILYFIELD	43	34	-9
LIONS MEADOWS OF HOPE	23	29	6
OK FAMILIES FIRST	31	41	10
OPEN ARMS FOSTER CARE	3	1	-2
PANHANDLE SERVICES FOR CHILDREN, INC.	1	0	-1
ST. FRANCIS COMMUNITY SERVICES	79	55	-24
SUNBEAM FAMILY SERVICES	23	19	-4
TFI	133	112	-21
WESLEYAN	80	87	7
YOUTH & FAMILY SERVICE, INC.	19	22	3
OKDHS	835	804	-31
TOTAL	1704	1627	-77
Data Source: Measure 2a; Run Date: 4/30/2023			

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. As of this reporting period, *Guiding Principles* is in the re-writing and updating process with an anticipated release date of the end of 2024.

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.

An annual survey is emailed to one fourth of current foster parents each quarter. Conducted through the University of Oklahoma Center for Public Management (OU-CPM), the survey results are analyzed as to why foster parents choose to stay and identifies trends that can be assessed and corrected. An annual report is then compiled by OU-CPM with components that include a descriptive analysis, a logistic regression analysis, a Kruskal-Wallis analysis, and content analysis. OU-CPM has completed two annual reports to date. The third annual report, which will cover SFY 2023 and is due in the fall quarter of SFY 2023, will include trends identified with the goal of helping guide future initiatives to improve customer service satisfaction with foster and adoptive parents.

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 nine 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 include current or former resource parents to aid in recruitment and retention. Data is provided to all Recruitment staff, both internal and external, regarding current recruitment numbers, current open resource homes, number of children in OKDHS custody, sibling separations, and children placed outside their home county. Recruitment staff use the data to drive their recruitment plan activities to meet the needs of Oklahoma's children.

Events that had previously been held virtually, or canceled, the last few years due to the pandemic are now open for attendance and Recruitment staff are using these opportunities to provide information to larger groups of prospective foster families. Some examples are large community events that allow information booths where the public has a chance to ask questions about fostering, sporting events at local schools, and ethnic and minority meetings and events. Recruitment staff use 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 insight into the frequency of use of materials that are most popular with prospective families, as well as the frequency of use of these codes.

A new recruitment and retention incentive promotion was initiated in May 2022 with the original ending date of December 2022 extended to June 2023. 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. For this reporting period, the incentive promotion resulted in 71 new foster homes, along with 71 current homes receiving the recruitment incentive, plus an additional eight new TFC homes from families that stepped up.

Two other recruitment incentives were initiated during this report period. One provided a financial incentive for any OKDHS staff member to recruit a new foster family during the months of October 2022 through June 2023. This incentive has resulted in 12 employees receiving incentives for recruiting 12 new foster families. The second incentive pertained to CWS Recruitment staff and RFP recruitment staff. If they exceeded their recruitment goals for the second quarter of SFY 2022 they received the incentive bonus; and, if they also exceed their goals for the entire SFY, they will be eligible for another incentive payment.

An additional incentive was offered during this period which involved a payment to traditional foster families who had placement of a child, or children, during the months of July 2022 through June 2023. This incentive is only paid once to a family, but it allows for newer approved families to also receive the incentive upon placement of a child.

Recruitment collaboration meetings are held yearly that bring together recruiters from every recruitment area in Oklahoma, including all CWS recruiters, RFP agency recruiters, TFC recruiters, and tribes. These collaborations provide opportunities for networking as well as identifying barriers to recruiting families and brainstorming potential solutions.

A foster care recruitment planning meeting was held on 9/19/2022 for select CWS RFP Programs staff and all RFP agencies staff, and on 9/20/2022, for CWS Recruitment staff. These meetings were led by consultant Denise Goodman, PhD. Dr. Goodman is an independent consultant who offered her ongoing assistance beyond these meetings to work with the RFP/TFC Programs and CWS Recruitment staff about foster care recruitment efforts and needs. The purpose of the meeting was to discuss recruitment

ideas and review CWS data to help support recruitment plans. Data was provided that was specific to the regions and areas of the state served by CWS and RFP agencies. An activity was conducted that consisted of reviewing data and identifying needs to support recruitment efforts. An additional activity consisted of sharing ideas and strategies about recruiting foster families with a focus in these specific areas:

- Schools
- Social Media
- Electronic and/or print media
- Faith communities
- Affinity groups
- Community organizations
- Community events
- Public speaking opportunities

Dr. Goodman has offered further assistance to RFP agencies to work with them one-on-one with recruitment needs. Dr. Goodman has worked with CWS to create "Barrier Buster" meetings which include CWS FC&A staff, RFP agency staff, Tribal partners, and current foster families. These meetings are held monthly and focus on impediments within the foster care system in an attempt to remove them. This includes working to improve or eliminate forms used in the assessment process, recruitment barriers and messaging, daycare/childcare concerns, and respite or alternate care.

An ongoing 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 children with an expanded age range and behavior types. Also contacted were families that had, in the last year, made informational inquiries about fostering or had started the process but 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. CW staff inquires about possible kin at the time of removal, during the Initial Meeting, and continuously throughout the life of the case. In the fall of 2022, a workgroup was created with the goal of improving family search and engagement as well as minimizing barriers to placing children with kin. This group includes internal CWS staff as well as kinship parents with lived experience and meets monthly, with subgroups meeting more frequently.

To better match children with families that can meet their needs, CWS continues to utilize and support the Enhanced Foster Care (EFC) program which is aimed at meeting the complex needs of children who may qualify for therapeutic care and are in a traditional or kinship 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 who can work with a child who has 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 927 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.

Youth Transition Services (YTS) continues to serve children and youth with a case plan goal (CPG) of adoption, as well as youth with a CPG of planned alternative permanent placement, adhering to the Wendy's Wonderful Kids (WWK) evidence-based model of focusing connection and permanency efforts specific to each child or youth and their individual situation. Over the past year, YTS has scaled back general recruitment efforts, employing heightened focus on finding permanency through building the natural network for each child and youth, as per the WWK model, with general recruitment efforts being used as a backup when matches through the youth's natural network are unsuccessful or time prohibitive.

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 and in-person events. 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, partnering with community partners and ongoing partnership with experts such as Dr. Goodman, 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 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 older than age 3. A child younger than age 3 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 to occur 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 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 pediatric residents spend their continuity time in the Fostering Hope clinic, and a total of 28 residents have graduated with this valuable experience. Several graduates enter 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. One of the graduates is now a part of the pediatric training program and the Fostering Hope clinic. Starting 7/1/2023 CWS will be welcoming medical director, Dr. Larisa Hines to the CWS Executive Team. Dr. Hines is a child abuse pediatrician who has been the medical director for the Family T.R.E.E. and has extensive experience working with CWS.

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.

The Oklahoma State University Center for Health Sciences (OSU-CHS) behavioral health clinic has been providing individualized child and adolescent psychiatric care for several

youth in OKDHS custody. When applicable psychological assessments are also provided for youth in OKDHS custody. The Department of Psychiatry and Behavioral Sciences' Center for Integrative Research on Childhood Adversity with OSU-CHS continues work on their grant on adverse childhood experiences (ACEs) and protective factors. This national resource provides ongoing research to help support youth with adversity and trauma.

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. Oklahoma State University (OSU)-Tulsa was awarded a large grant on ACEs and protective factors, and the OU Department of Pediatrics and Oklahoma State Department of Health (OSDH) both are heavily involved in better understanding the location of populations with high ACEs and the location of services to address those needs. 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.

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's 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. However, Oklahoma will be implementing a statewide Health Information Exchange which will be instrumental for children in the CW system, allowing primary care and specialty clinicians access to the child's medical record. Additionally, OHCA has implemented a care management program specifically for children in foster care. Through the work of OHCA care managers there is improved coordination of care for children in the CW system.

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 serve 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 2022 through March 2023, the CW nurses completed 1,578 assignments in a total of 1,820 cases. As the program sustains and grows, there is potential to develop more formal supports around the continuity of health services for children and youth in out-of-home care.

The CW nurses team is fully staffed with nine registered nurses assigned to the five regions and one nurse manager.

During this reporting period, the nursing team participated in training staff on when to request and medical consultation and the process for ensuring the request is processed. This training was completed in all five regions and included CW district directors and supervisors.

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 2023***.

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 criterion is also used to provide education to clinicians that are practicing outside the evidence-based parameters.

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>.

OSU-CHS through a Health Resources & Services Administration grant obtained by ODMHSAS have launched a pediatric psychiatry consult line, Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP), that is available for free all physicians, nurse practitioners, physician assistants and other prescribing clinicians in Oklahoma. OKCAPMAP is available Monday through Friday for consultation with a licensed mental health professional and a child and adolescent psychiatrist. The line serves to support all children and adolescents up to age 21 across the state of Oklahoma many of whom are "at risk" of CW involvement or currently involved. This partnership supports collaboration with the clinical team, including mental health consultants, CWS nurses, and the adoption competency team.

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 2023***, 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 (QRTP) 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 CHES 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 mothers with substance use disorder. The CHES application 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. Additional resources with contracted managed care organizations will be of value for ongoing coordination and quality of care. Statewide contracts should be in place in the coming months. The intention is for the CWS medical director to have an active role in collaborating with the managed care organization that will serve the CWS Specialty Plan.

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. It can also be useful for comparison with the child's clinical diagnosis and existing mental health services treatment plan. When they do not appear to align, it may necessitate further consultation with the screener. The Child and Adolescent Needs and Strengths (CANS) assessment provides an additional level of information on the specific needs of children in the CW system requiring higher levels of care. Over the past year, baseline data was gathered to ensure the proposed algorithm was functioning correctly. The data was gathered for the targeted population of youth receiving EFC services and youth placed in TFC/ITFC, and QRTP levels of care. The hiring process for clinical assessors continues as there are currently seven out of 10 assessors administering the CANS assessment for initial placement requests and ongoing assessments when the youth remain in a higher level of care for six consecutive months. The CANS team will be expanding to a team of 14 in the near future. Full implementation of this process began in January 2023.

Currently the CBHS and CANS assessment are being used to inform treatment planning and support for the youth and the family caring for the youth. Over time, data trends will

be used to inform the statewide resources available and/or necessary to meet the needs of youth experiencing higher levels of foster care.

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. As part of the transition plan the youth is provided information on their option to designate a "Health Care Proxy" when they turn 18 years of age and the importance of completing an Advance Directive. The youth is also provided information on Sooner Care, the Oklahoma Medicaid program, including the process for continued medical coverage until age 26. Included in the conversation is the website, [Soonercare.org](https://www.soonercare.org), where the youth can access additional information on their Medicaid coverage and more detailed information on the 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

Like many youth in Oklahoma, including but not limited to youth in OKDHS custody, the challenges of the COVID-19 pandemic led to exacerbations in mental health issues. Across the Oklahoma community there has been an increase in the need for higher levels of care. Youth both involved and not involved in CWS have needed emergent and acute care that has not been available.

This past year, alongside the OHCA, CWS nurses began offering scheduled staffing calls with the CWS Specialized Placements and Partnerships Unit (SPPU), and the largest pediatric hospital providers in Oklahoma to staff youth that are receiving emergent care in the pediatric hospitals in Oklahoma City and Tulsa. These regular weekly meetings have helped to coordinate and provide essential care for youth in crisis.

In spring 2023, SPPU hosted a collaborative meeting with group home providers, ODMHSAS, OHCA, and the Tulsa Pediatric Emergency Department team to discuss the needs of youth in psychiatric crisis. The ODMHSAS detailed their existing and upcoming Urgent Recovery Centers expansion across the state. The urgent recovery centers will

work with a family model to include the care giver in the response to a youth in crisis. At this meeting the partnering entities were able to learn about the capacity for care with other community connections and help to facilitate relationships with those that are caring for youth in crisis.

The Clinical Team and CWS leadership 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

Since submission of the Oklahoma 2023 APSR, Oklahoma has not been affected statewide by any type of natural disaster or emergency.

Oklahoma Department of Emergency Management and Homeland Security (ODEMHS)

In accordance with Section 683.2 of Title 63 of the Oklahoma State Statutes, the responsibilities and procedures for state emergencies and disasters are delegated to the 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, state government agencies, county and municipal governments, school boards, tribes, and private agencies. ODEMHS maintains the State Emergency Operations Center which serves as a command center for reporting emergencies and coordinating state response activities.

Per the Oklahoma Administrative Code, Title 145:10-1-7, Nondiscrimination in disaster assistance, the ODEMHS and all personnel carrying out state major disaster or emergency assistance functions are required to perform work in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, or economic status.

Full information about the ODEMHS is available at <http://www.oem.ok.gov>, including all emergencies and disasters occurring in Oklahoma since 2005, programs and services, and training calendar.

OKDHS has designated staff who work directly with ODEMHS in emergency and disaster management.

OKDHS

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. Below are components of the plan that addresses Emergency Operations Plans/Continuity of Operations Plan (EOP/COOP) for all offices, facilities, and employees; all children in out-of-home care and/or in OKDHS custody; the statewide child abuse and neglect hotline; and the Statewide Automated Child Welfare Information System (SACWIS).

As with all services provided by OKDHS, disaster plans include 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.

Offices and Facilities

Each OKDHS county office develops and updates an 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 that allows them to remotely work from home or any other location. These devices also enhance the ability of employees to communicate and to 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. 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, children under court-ordered OKDHS supervision, and children placed in Oklahoma through the Interstate Compact on the Placement of Children. 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.

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.

OKDHS Child Care Licensing (CCL) requires children and youth in group homes to participate in fire drills six times a year on a bi-monthly 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."

Group homes contracted with OKDHS are mandated to notify the CWS SPPU as soon as possible when any disaster occurs such as fire, tornado, bomb, terrorist threat, or other

natural disaster. Additionally, in the event of a disaster, the SPPU liaison contacts the group homes 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 maintain 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 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.

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. The next DR exercise will take place in October 2023.

Recovery from the COVID-19 Pandemic

As reported in the 2023 APSR, by the end of that reporting period most standard operating procedures resumed to pre-COVID-19 pandemic levels. While isolated positive COVID cases occurred during this reporting period, they did not impact county or district standard operating procedures.

All OKDHS funded COVID-19 emergency relief payments and Cares Act monies were expended during the last reporting period except for Kith Care. OKDHS 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. Kith Care has been extended several times with a change occurring 10/1/2022, after which approved caretakers had to be related to the children rather than to the resource parent. Kith Care is expected to end 9/30/2023.

Addressing Disparities for Marginalized Groups

While all components of the above described disaster plan are to include all individuals and families regardless of race, color, sex, age, disability, national origin, religion, or political opinion or affiliation; a detailed review and assessment needs to occur in order to address any deficiencies or disparities for marginalized groups, including people of diverse racial and ethnic backgrounds. The review and assessment of the current disaster plan will be addressed in the 2025-2029 CFSP.

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 the reporting period of April 2022 through March 2023.

Initial Staff Training

CORE

CORE is a standardized comprehensive CW specialist training program that is designed around identified competencies, CWS policy, grounded in evidence-based and trauma-informed practices, and rooted in Oklahoma needs and context. The training program consists of four weeks of classroom learning, social simulations that include progressive skill building, online courses, and on-the-job training (OJT). Facilitation is provided by CWS Training program staff.

Collaborative

The CWS Training program continues its work with collaborative partners assisting in evaluation and refinement. The training collaborative partners include the University of Oklahoma Center for Public Management, National Resource Center for Youth Services, and 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.

Training Time Frame

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

Training Evaluation

The CWS Training program continues to move forward in implementing a multifaceted approach to training evaluation. A comprehensive evaluation project is underway to refine an overall framework for the evaluation processes in CORE and certification Phases 1-3. The first steps include reviewing historical data and identifying trends. Initial adjustments include adding engagement questions to the end of each module and conducting the Phase 1 survey immediately after completion of Module 6 in order to improve recall and completion percentage. The post-Module 6 survey covers four major areas of the training: CW competencies, overall readiness, simulations, and OJT.

The curriculum is heavily focused on a transfer of learning (TOL) process under CW supervisor guidance to reinforce in-person learning and shift more OJT planning to CW supervisors. This shift requires 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.

Training Enrollment/Attendance

CORE Training

Reporting Period	Number of COREs Held	Number Enrolled	Number Completed	Percent Completed	Number Not Yet Completed	Percent Not Yet Completed	Number Left Agency	Percent Left Agency
4/1/2022-3/31/2023	37	638	486	76.2%	79	12.4%	73	11.4%

During the reporting period of April 2022 through March 2023, 37 cohort groups participated in CORE training. Thirty-two cohorts (443-472) completed CORE Modules 1-6 while five cohorts (473-477) began but did not complete all modules before the reporting period ended as they were not scheduled to do so. Of the 638 CW specialists in cohorts 443-477, 486 completed all CORE requirements, 79 had not yet completed, and 73 left the agency prior to completing CORE

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

Level 1 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2022-3/31/2023	4,835	2,605	53.90%	2,026	41.90%	207	4.30%

Level 2 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2022-3/31/2023	406	197	48.80%	203	50.00%	6	1.50%

Level 3 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2022-3/31/2023	897	553	61.60%	176	19.60%	164	18.30%

Level 4 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2022-3/31/2023	383	234	61.10%	110	28.70%	35	9.10%

Level 5 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Incomplete	Percent Incomplete	Number of No Shows	Percent No Shows
4/1/2022-3/31/2023	321	179	55.80%	91	28.30%	50	15.60%

Cancellations by Specialist per Level Training

Reporting Period 4/1/2022-3/31/2023	Number of Enrolled	Cancelled #	Cancelled %
Level 1	4,835	2,026	41.9%
Level 2	406	203	50.0%
Level 3	897	176	19.6%
Level 4	383	110	28.7%
Level 5	321	91	28.3%
Total	6,842	2,606	38.1%

Level trainings are offered to CW specialists upon completion of the initial comprehensive CORE program, based upon their specialized job function, with Level 1 and Level 2 offerings. Level 3 focuses more on escalated and mentor related learning with Level 4 providing supervisory level learning. Level 5 is a general area of various topics.

Enrollment for elective classes has been low for most courses, requiring requests for employees to enroll to ensure adequate numbers of attendees for courses could be held.

Each quarter employees receive a list of upcoming courses. Follow-up e-mails usually result in sufficient enrollment; however, cancellations 24-48 hours prior to the trainings have resulting in approximately 50 percent attendance for Level 1 and 2 classes. The highest cancellation rate remains at Level 1 and 2 classes. New CW specialists learning to manage a full caseload continue to struggle attending classes. CW supervisors must approve cancellation from a Level 1 training.

CW Specialist Certification

Phase 1 – CW Specialist Provisional Certification Assessment Results

The Provisional Certification includes an Adult Interview, Child Interview, AOCS and KIDS system assessment. CORE Cohort groups 443-472 results are provided below.

Overall Certification Assessment Results (CORE Cohorts 443–472)

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
Adult Interview	448	97.2%	13	2.8%	461
Child Interview	440	95.4%	21	4.6%	461

	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
AOCS	372	80.7%	89	19.3%	461
KIDS	443	96.5%	16	3.5%	459

Comparison to Previous Outcomes

This reporting period indicates an increase in Percent Ready findings for the Adult Interview at 4.2 percent and in the Child Interview at 6.4 percent. Historically, yearly results vacillate within an average of 10 percentage points with this year being consistent.

While the CWS Training program has typically seen more struggles with the Adult Interview, this reporting period indicates an increase in Ready findings. For the second year the adult interview Ready findings were higher than the Child Interview.

This reporting period, 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. As planned, work focused on increasing inter-rater reliability of the CWS Training programs field representatives (PFRs), using the rubric assessment. During this review period, the CWS Training program PFRs observed a recorded Module 6 interview and assessed the interview individually utilizing the Module 6 rubric. Two areas of clarification was completed as a result.

Child Interview Results by Program (CORE Cohorts 443–472)

Child Interview Results by Program	Number Ready	Percent Ready	Change from Previous Year	Number Not Yet Ready	Percent Not Yet Ready	Total
Child Protective Services (CPS)	179	96.2%	+2.0%	7	3.8%	186
Family-Centered Services (FCS)	9	100%	+0.0%	0	0.0%	9
Hotline	17	94.4%	+17.5%	1	5.6%	18
Permanency Planning (PP)	192	95.0%	+8.9%	10	5.0%	202

Resources	43	93.5%	-6.5%	3	6.5%	46
Total	440	95.4%	+4.8%	21	4.6%	461

Comparison to Previous Outcomes

Results for CORE show an increase in Number Ready from the previous reporting period of 89 percent to this reporting period of 95.4 percent. There is a higher rate of Not Yet Ready results among Hotline, PP, and FC&A Resources. Hotline had the largest in gain in Percent Ready, which is significant as their primary interviewees are adults. Shadowing Child Interviews is an ongoing challenge. 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 table below.

Adult Interview Results by Program (CORE Cohorts 443–472)

Adult Interview Results by Program	Number Ready	Percent Ready	Change from 2021-2022	Number Not Yet Ready	Percent Not Yet Ready	Total
Child Protective Services (CPS)	181	97.3%	2.0%	5	2.7%	186
Family-Centered Services (FCS)	9	100%	0.0%	0	0.0%	9
Hotline	18	100%	0.0%	0	0.0%	18
Permanency Planning (PP)	195	96.5%	5.6%	7	3.5%	202
FC&A Resources	45	97.8%	5.0%	1	2.2%	46
Total	448	97.2%	3.7%	13	2.8%	461

Comparison to Previous Outcomes

The data reflected for this reporting period shows a 4.2 percent increase in Percent Ready assessment findings and a decrease 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.

As planned, interview times were increased for Module 6 from 25 to 35 minutes effective March 2022 for CORE 441. Specialists averaged 20:40 minutes prior to the change. The initial analysis combined Child and Adult Interview times while the follow-up analysis reviewed Child and Adult Interview times separately with an average of 23 minutes for Child Interviews and 27 minutes for Adult Interviews after the change. This includes a representative time data sample from 11 cohorts 464-474 conducted December 2022 through April 2023. The additional time may have affected the overall increase.

KIDS Assessment Total (CORE Cohorts 443–472)

	Number Meets Standards	Percent Meets Standards	Change from Previous Year	Number Needs Improvement	Percent Needs Improvement	Total
KIDS	443	96.5%	1.9%	16	3.5%	459

There were 459 CW specialists that completed the KIDS Assessment, from which 443 received Meets Standards. The data indicates a 2.5 percent increase in Meets Standard, reflecting that CW specialists remain effective navigating KIDS.

The CWS Training program implemented two areas of support to increase KIDS navigation skills. CWS Training partnered with KIDS staff and OMES to develop a Remote KIDS Train application. Beginning with CORE 473, CW specialists are provided access to download the KIDS Train application to their OKDHS issued laptops. The KIDS Train application is available to access within the first month of CORE. KIDS Train provides CW specialists a training environment with fictional cases to navigate and familiarize themselves with the KIDS screens/tabs. Implementation of KIDS Train also removed multiple challenges with Zoom and screen sharing during CORE Sandbox and Module 6 KIDS Assessment. The CWS Training program also developed a KIDS Navigation resource tool to assist in enhancing KIDS Navigation skills. This tool notes multiple tabs within KIDS and guides the CW specialist to navigate to different areas within tabs to locate specific information. The KIDS Navigation resource tool was provided to all CW supervisors in October 2022.

AOCS Results by Program (CORE Cohorts 443–472)

AOCS Results by Program	Number Meets Standards	Percent Meets Standards	Change from Previous Year	Number Needs Improvement	Percent Needs Improvement	Total
CPS	151	81.2%	+3.9%	35	18.8%	186
FCS	6	66.7%	-11.1%	3	33.3%	9
Hotline	10	55.6%	-6.0%	8	44.4%	18
PP	171	84.7%	+6.0%	31	15.3%	202
Resources	34	73.9%	-4.7%	12	26.1%	46
Total	372	80.7%	+3.2%	89	19.3%	461

Comparison to Previous Outcomes

Outcomes for this reporting period show a 1.9 percent improvement in Meets Standards and a 1.9 percent decrease in Needs Improvement. More emphasis was placed on CW specialists practicing completing an AOCS and a micro-learning/refresher course was designed and is available for new CW specialists to review prior to their Module 6 assessment, titled *CW5109 Assessment of Child Welfare Refresher*. Of the 461 learners assessed in the reporting period, 101 completed this refresher course. CW specialists who completed the course had a 6.9 percent higher Meets Standard rating over those who did not complete it.

AOCS Results	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
CW 5109 refresher	87	86.1%	14	13.9%	101
No refresher	285	79.2%	75	20.8%	360
Total	372	80.7%	89	19.3%	461

Additional Support Sessions

The CWS Training program implemented Module 6 Support Sessions for each CW specialist in CORE, beginning with cohort 459 and ending with cohort 472. The purpose is to provide additional support and coaching to each CW specialist as they prepare for Provisional Certification (Module 6). The Support Session is voluntary and the CW specialist can elect any area for support. Provisional Certification consists of three areas: KIDS Navigation Assessment, AOCS Assessment, and program specific adult and child

simulation interviews. The Support Sessions also serve as a layer of support for CW supervisors. Cohorts 459-472 consisted of a total 212 CW specialists who completed adult and child interviews.

Results – Cohorts 459-472	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
Adult Interview	204	96.2%	8	3.8%	212
Child Interview	205	96.7%	7	3.3%	212

Child Interview Results by Program	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
CPS	84	96.6%	3	3.4%	87
FCS	5	100%	0	0.0%	5
Hotline	9	100%	0	0.0%	9
PP	86	97.7%	2	2.3%	88
FC&A Resources	21	91.3%	2	8.7%	23
Total	205	97.1%	7	2.9%	212

Adult Interview Results by Program	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
CPS	84	96.6%	3	3.4%	87
FCS	5	100%	0	0.0%	5
Hotline	9	100%	0	0.0%	9
PP	84	95.5%	4	4.5%	88
FC&A Resources	22	95.7%	1	4.3%	23
Total	448	97.6%	13	2.4%	212

Cohort Comparisons

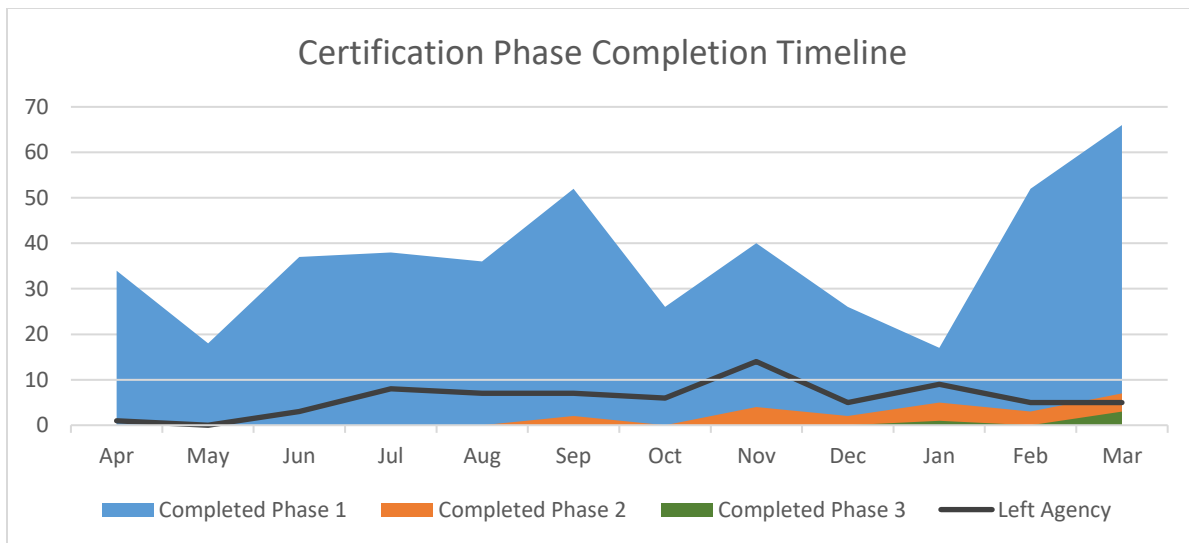
Cohorts 459-472 were offered additional support for Module 6 preparation. In a comparison of Percent Ready outcomes for cohorts 459-472 to cohorts 443-458, the outcomes for the Module 6 Child Interview with the Support Sessions increased for CPS, Hotline, PP, and FC&A. The outcome for FCS was unchanged. In contrast, the outcomes for the Adult Interview decreased for CPS, Hotline, PP, and FC&A. The outcome for FCS was unchanged. The top noted trend for CPS is lack of context gathered for a safety area. The top noted trend for PP is the lack of gathering current functioning information; most notably, the CW specialist interviews the adult about the CPS investigation aspects and not about current functioning and behavior changes. The top noted trend for FC&A is not addressing the safety areas of discipline, general parenting, relationships, and home environment.

Following review of the data, specifically the decrease in a Percent Ready outcome for Adult Interviews, the CWS Training program will review Module 4 curriculum to determine where adjustments and increased emphases are needed to address noted trends. An additional area to the Support Session tracking spreadsheet, to better measure which CW specialists did/did not participate in a support session, will be implemented. This additional data could potentially connect a Not Yet Ready outcome with not receiving a support session.

Certification Phase Completion—CORE Cohorts 443-472

Cohorts completing Provisional Certification are outlined by phase completion by month. Phase 2 is recommended for completion three months after Phase 1, and Phase 3 is recommended for completion three months after Phase 2 for best practice in supporting CW specialists early on in their tenure. Removing CW specialists who leave the agency, the approximate number of completions should align with the Phase 1 completion rate at three or four months.

Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Completed Phase 1	34	18	37	38	36	52	26	40	26	17	52	66	442
Completed Phase 2						2		4	2	5	3	7	23
Completed Phase 3										1		3	4
Left Agency	1		3	8	7	7	6	14	5	9	5	5	70



Certification Phase Completion—All CW specialists

For the reporting period April 2022 through March 2023, a total of 450 CW specialists completed Phase 1, 155 completed Phase 2, 149 completed Phase 3, and 210 left the agency.

Progress	Completions	Number of Specialist Survey Responses	Specialist Response Rate	Number of Supervisor Survey Responses	Supervisor Response Rate
Completed Phase 1	450	333	74%	152	34%
Completed Phase 2	155	76	49%	137	88%
Completed Phase 3	149	35	23%	50	34%

The above table reflects the ability to capture delinquent certification documentation for Phase 2 and 3 during the period under review.

Post-CORE Survey

All CW specialists and their supervisors complete a 26-question survey tied to the CORE competencies, general competencies simulation, and OJT after CORE/Provisional Certification. Based on the findings of the comprehensive evaluation project which began February 2023, the CWS Training plans to review Phase 2 and 3 surveys and add survey questions that provide a clearer insight into the first months after completing CORE.

CW Specialists Post-CORE Survey Response

From April 2022 through March 2023, 450 CW specialists were provisionally certified and completed Phase 1 of CORE. From that group, 333 responses were received to the Phase 1 survey for a 74 percent completion rate.

A total of 147 CW specialists left the agency during Phase 2: 134 were not related to certification, one noted it was certification related, and 12 left due to unknown reasons.

Questions: Please think about the following statements and rate yourself based on your own ability to do the following:	Average response (1=No Confidence, 5=Very Confident)	Percent Confident or Very Confident	Change from Previous Year
Engage clients in empathic and non-judgmental relationships	4.48	97.0%	-1.0%
Interact with clients with cultural sensitivity	4.44	96.4%	+0.4%
Approach clients with developmental appropriateness	4.36	94.0%	-1.0%
Understand and can work with family decision-making	4.34	95.5%	+1.5%
Assess safety and risk to children	4.33	93.4%	-1.6%
Assess well-being needs of the child and family	4.34	94.9%	-2.1%
Assess permanency for the child and make decisions that support permanency	4.16	86.7%	-3.3%
Testify in courts	3.73	65.5%	-2.5%
Remain strengths-based in assessing and planning with clients	4.32	93.1%	-1.9%
Understand the stages of child development	4.22	88.3%	-4.7%
Apply trauma informed principles to working with children and families	4.27	90.6%	-3.4%
I was prepared to complete the provisional certification process	4.26	90.7%	-0.3%
I am confident I can be effective in my job in child welfare	4.31	91.6%	-0.4%

Based on the range of statements the CW specialists rated themselves, the table above depicts an average rate of 91 percent of specialists completing CORE feeling Confident or Very Confident about their knowledge, skills, and abilities to perform their work. It is anticipated that *CW1100 Child Development* will assist with understanding child development and applying trauma informed principles post CORE, representing the two largest decreasing scores. Testifying in court remains the lowest scoring item and represents a skill best learned through exposure to the process.

Other simulation data of significance is illustrated by surveying CW specialists for confidence and/or ability before and after simulation.

Questions: Indicate your level of agreement about your learning	Average response (1=Poor, 5=Excellent)	Percent Good, Very Good, or Excellent	Change from Previous Year
How would you rate your level of skill on this topic BEFORE you interviewed the client in the simulation lab?	2.88	62.3%	-1.65%
How would you rate your level of skills on this topic AFTER you interviewed the client in the simulation lab?	3.90	94.9%	-0.12%
How would you rate your CONFIDENCE using the skills from training BEFORE you interviewed the client in the simulation lab?	3.10	68.7%	+0.67%
How would you rate your CONFIDENCE using the skills from training AFTER you interviewed the client in the simulation lab?	3.93	94.9%	+1.88%

CW specialists indicate a 62-68 percent confidence level with interviewing skills before participating in the simulation lab experience, compared to 94.9 percent confidence level of excellent, very good or good after completion.

Questions: OJT	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Agree or Strongly Agree	Change from Previous Year
The OJT experiences increased my knowledge of this topic.	4.26	88.6%	-0.4%
The OJT experiences helped me develop new skills	4.26	86.7%	+1.7%
The OJT experiences provided me with opportunities to learn about other programs and resources within Child Welfare, DHS, and the community.	4.29	88.3%	+1.3%

Overall, there was a 1 percent increase in agreement (Agree/Strongly Agree) that OJT experiences contribute to knowledge and skill development. Trainings with CW supervisors by CW Training personnel at their respective regional trainings have occurred during this reporting period. The intent is to assist CW supervisors in supporting CORE and focused on the OJT experience. Emphasis has been placed on enhancing preparation for and processing the OJT experience and connecting with future practice and is a modified version of the new training in supervisor academy.

CW Supervisor Post-CORE Survey Response

As planned, some formatting changes were made in the email to CW supervisors. During April 2022 through March 2023, 450 CW specialists completed Phase 1 of CORE. There were 152 CW supervisor responses out of 450 surveys for a 34 percent completion rate. The last reporting period provided only a 19 percent CW supervisor response rate.

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.

Questions: How often were you able to do the following with your new employee?	Average response (1=None of the time, 5=All of the time)	Percent All of the time or A good part of the time	Change from Previous Year
Encourage the Child Welfare Specialist to use the training they received in CORE?	4.09	78.9%	-2.1%

Mentor or coach the Child Welfare Specialist on ethics and values of the work?	4.14	83.6%	+6.6%
Expect them to use the training they received in CORE?	4.21	82.9%	-4.1%
Set goals for them that are based on the training they have received?	4.07	75.7%	-7.3%
Ease work pressure to allow time to integrate new training into practice?	3.95	75.7%	+0.7%

CW supervisors indicate they are able to support CW specialists to integrate their learning into practice. The lowest scoring item may reflect workload stress for supervisors.

Questions: Please rate your level of agreement with the following statements.	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
The Child Welfare Specialist's skills improved during the CORE process	4.21	86.8%	-3.2%
The Child Welfare Specialist's knowledge improved during the CORE process	4.28	90.8%	-2.2%
The Child Welfare Specialist's attitudes and/or ways of thinking about clients had a desirable change during the CORE process.	4.02	75%	-1.0%
The Child Welfare Specialist's ability to assess safety improved during the CORE process.	4.18	88.2%	-2.8%
Coaching (supervisor or the mentor) improved the Child Welfare Specialist's knowledge of the job.	4.36	94.1%	-3.9%
Coaching (supervisor or the mentor) improved the Child Welfare Specialist's competency on the job.	4.32	94.1%	-4.9%
The Child Welfare Specialist connects the DHS Quality Standards and Child Welfare Practice Standards to daily practice.	4.21	89.5%	-2.5%
The specialist had enough time to complete OJT activities.	4.23	91.4%	-2.6%
The OJT activities provided me (the supervisor) with opportunities to discuss the specialist's experience, understanding of, and relevancy to the specialist's job duties.	4.13	87.5%	-3.5%
The OJT activities provided the specialist with a broader understanding of DHS and Child Welfare Services.	4.10	86.8%	-4.2%

With a larger sample size, CWS Training is establishing a baseline. Overall, CW supervisors identify essential knowledge and skills are developed in CORE.

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

Historically CW supervisors have been sent an e-mail when a CW specialist is moving from Provisional Certification to begin observations for Phase 2. Upon completion of required observations, surveys were completed by the CW supervisor and the specialist. At three months, if documentation has not been submitted, another e-mail is sent to the CW supervisor requesting documentation.

Moving forward the plan is to e-mail CW supervisors each month to remind them to complete observations. Follow-up on delinquent documentation will occur every two months versus the current three months. It is believed the increase in communication will assist with CW supervisor feedback that reminders would be helpful and to document observations as they occur. Some CW supervisors relate not completing documentation as they struggle to recall enough of the observation to document. The survey for CW

specialists now occurs at the third month to capture the experience regardless of the number of observations completed. While this may not capture the culmination of the required number of observations it will reflect on the current experience.

At three months post CORE, new survey questions for CW specialists will include feedback regarding overall meeting of expectations for CORE, information related to CORE online content, and frequency of CW supervisor observations. Three months was chosen to capture the experience of CW specialists who tend to leave employment at this juncture. Based on what is learned there may be further surveys at the nine- or twelve-month mark. Planned focus groups with CW specialists at the same junctures will allow specialists to reflect back on what they expected to learn in CORE, what they believe should be covered and the applicability of CORE as well as the post CORE classes immediately upon completion of CORE.

Communication prior to formatting changes to CW supervisors will explain benefits to survey information. Evaluation of the new formatting will provide feedback as to effectiveness.

CW supervisors continue to struggle completing Phase 2 with most remaining in the phase longer than expected. Many of the surveys when completed capture the experience of a new CW specialist equivalent to their first-year post CORE instead of three months. The CW specialists who leave rarely have recorded observations. This continued outcome results in missing the experience of those who leave the agency early.

The below information is from April 2022 through March 2023 with 76 responses at a 49 percent completion rate.

Questions: Please think about the following statements and rate yourself based on your own ability to do the following:	Average response (1=No Confidence, 5=Very Confident)	Percent Very Confident or Confident	Change from Previous Year
Engage clients in empathic and non-judgmental relationships	4.55	98.7%	-1.3%
Interact with clients with cultural sensitivity	4.53	100%	+4.0%
Approach clients with developmental appropriateness	4.42	100%	0.0%
Understand and can work with family decision-making	4.41	97.4%	-2.6%
Assess safety and risk to children	4.51	98.7%	-1.3%
Assess well-being needs of the child and family	4.45	97.4%	-2.6%
Assess permanency for the child and make decisions that support permanency	4.39	94.7%	+10.7%
Testify in courts	3.74	69.7%	-6.3%
Make adaptations to work with families	4.33	93.4%	*
Remain strengths-based in assessing and planning with clients	4.37	96.1%	+0.1%
Understand the stages of child development	4.27	94.7%	+2.7%
Apply trauma informed principles to working with children and families	4.28	92.1%	+8.1%
I was prepared to complete the provisional certification process	4.25	93.4%	+1.4%
I am confident I can be effective in my job in child welfare	4.43	94.7%	-5.3%

*New question. No comparison to previous year.

92 percent of CW specialists remain confident in their early stages of work with clients, with testifying in court remaining the lowest of confidence.

Transfer of Learning

Questions: Rate your level of agreement with the following statements:	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
I can apply my training to be effective in my job tasks	4.38	97.4%	-2.6%
My skills for competent child welfare practice have continued to improve	4.51	100%	0.0%
My knowledge of competent child welfare practice has continued to improve	4.49	98.7%	-1.3%
I am confident that I can manage my caseload	4.28	89.5%	-2.5%
I can connect the OKDHS Quality Standards and Child Welfare Practice Standards to my daily practice.	4.47	97.3%	+1.3%

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. Noteworthy is that many of those surveyed are much further along in their tenure than anticipated due to the delinquency of completing certification which triggers this survey. Moving the survey to a designated time frame will capture a more accurate assessment of their early experience and new insights. CW specialists who receive field observations may have different experiences from those who do not. Planned focus groups and timed surveys may provide broader context.

Supervisor Quality and Support

Questions: Rate your level of agreement with the following statements:	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
My supervisor encourages me to use the skills that I learned in training in my daily practice.	4.67	98.7%	-1.3%
I feel supported by my supervisor	4.66	96.1%	-3.9%
I feel valued as a professional	4.37	89.5%	-2.5%
My supervisor is available to me	4.70	100%	0.0%
My supervisor is a resource for me	4.71	98.7%	-1.3%
I have received emotional support from my supervisor	4.66	96.1%	-3.9%
The Coaching I receive is helping me improve my skills as a Child Welfare Specialist	4.57	98.7%	-1.3%
The Coaching I receive from my supervisors encourages me to continue learning to be successful in my job.	4.63	98.7%	-1.3%

Survey Results

With a larger return rate, there is more confidence in the CW specialist experience. The survey indicates CW specialists are perceiving and receiving support from their supervisors. Feeling valued as a professional continues to have the lowest score though at 90 percent it remains a strength.

CW Supervisor Phase 2 Certification Surveys

Survey Response

From April 2022 through March 2023, 137 CW supervisors completed with a return rate of 88 percent.

Questions: Please rate the following using the scale provided.	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
Engage clients in empathic and non-judgmental relationships	4.51	97.1%	-0.9%
Interact with clients with cultural sensitivity	4.46	94.9%	-3.1%
Approach clients with developmental appropriateness	4.46	97.1%	+0.1%
Work with clients using trauma-informed practices	4.25	89.1%	+0.1%
Understand and work with family decision-making	4.35	93.4%	-5.6%
Assess safety and risk to children	4.39	96.3%	-3.7%
Assess well-being needs of the child and family	4.42	96.3%	-1.7%
Assess permanency for the child and make decisions that support permanency	4.25	87.6%	+1.6%
Testify in court	3.94	72.3%	+8.3%
Make adjustments when necessary to work with families	4.35	94.9%	+2.9%
Remain strengths-based in assessing and planning with clients	4.36	94.9%	-1.1%
Understand the stages of child development	4.29	94.1%	-2.9%
Manage the tasks of working in child welfare	4.21	90.4%	-4.6%
Demonstrate competency when they interviewed a child.	4.45	97.1%	-2.9%
Demonstrate competency when they interviewed an adult.	4.45	97.1%	-2.9%

The return rate more than doubled with an increase from 42 to 88 percent. Overall, CW supervisors continue to report confidence in new CW specialist's skills at this stage of development. Testifying in court demonstrated the largest gain this year and was higher than specialist's self-evaluation.

Questions: Please rate your level of agreement with the following:	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
Observing the Child Welfare Specialist interview allowed me to assess their competency for the job.	4.35	96.4%	-1.6%
I have enough time necessary to support the Child Welfare Specialist's ongoing skill development.	3.78	71.3%	+6.3%
The specialist can connect the DHS Quality Standards and Child Welfare Practice Standards to their daily practice.	4.17	92.7%	+0.7%
I am available to the Child Welfare Specialist.	4.45	95.6%	-2.4%
I encourage the specialist to use the skills they have learned in CORE and OJT.	4.34	95.6%	+1.6%

Survey Results

The survey results mirror last year's tendencies. There was a significant change in CW supervisors' observation of their time to support the CW specialists. Most notable is the increase in positive reports specific to time needed to support CW specialists. While this

has been an ongoing challenge for CW supervisors, there was an increase of 6 percent. CW supervisors who successfully complete Phase 2 experiences may not be generalized to other supervisors who consistently struggle with completion.

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

Survey Response

From April 2022 through March 2023, 149 CW specialists completed Phase 3. From the 11 who left the agency during Phase 3, eight were not certification related, and three unknowns. A total of 35 responses for Phase 3 surveys were received with a return rate of 23 percent.

Questions: Rate your level of agreement with the following statements:	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
My supervisor engages me in planning and preparing to do my job	4.69	97.1%	-2.9%
My supervisor gives me information on how I am performing	4.63	94.3%	-5.7%
My supervisor encourages me to use the skills that I learned in training in my daily practice.	4.69	97.1%	-2.9%
I feel supported by my supervisor	4.69	97.1%	-2.9%
I feel valued as a professional	4.40	91.4%	-8.6%
My supervisor is available to me	4.66	94.3%	-5.7%
My supervisor is a resource for me	4.80	100.0%	0.0%
I have received emotional support from my supervisor	4.74	97.1%	-2.9%
The Coaching I receive is helping me improve my skills as a Child Welfare Specialist	4.57	91.4%	-8.6%
The Coaching I receive from my supervisors encourages me to continue learning to be successful in my job.	4.66	97.1%	-2.9%
I can apply my training to be effective in my job tasks	4.53	100%	
My skills for competent child welfare practice have continued to improve	4.49	97.1%	
My knowledge of competent child welfare practice has continued to improve	4.46	97.1%	
I am confident that I can manage my caseload	4.17	82.9%	
I can connect the DHS Quality Standards and Child Welfare Practice Standards to my daily practice.	4.43	97.1%	

Survey Results

96 percent of CW specialists remain confident in their supervisor's ability to provide supportive supervision work and increased from phase 2. Overall, most scores decreased from last year though based on six responses. The return rate improved as did the total number of respondents increased though it remains a small sample size. The decreases from the previous year are reflective of moving toward a baseline. The results indicate positive supervisor engagement and support to CW specialists. The focus will remain on ways to increase the return rate.

During Phase 3, 97 percent of CW specialists continue to indicate confidence in their early stages of working with clients and transferring learning into their practice. Many of those

surveyed are much further along in their tenure than anticipated due to the delinquency of completing certification which triggers this survey. Moving the survey to a designated time frame will capture a more accurate assessment of their early experience and new insights.

CW Supervisor Phase 3 Certification Surveys

Survey Response

Out of 149 surveys, 50 CW supervisor responses were received for a 34 percent response rate.

Questions: Please rate the following using the scale provided.	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
Explain their role as a child welfare specialist	4.60	100%	0.0%
Engage clients in empathic and non-judgmental relationships	4.58	100%	0.0%
Interact with clients with cultural sensitivity	4.60	100%	0.0%
Approach clients with developmental appropriateness	4.52	100%	0.0%
Work with clients using trauma-informed practices	4.42	98.0%	3.0%
Understand and work with family decision-making	4.48	100%	0.0%
Assess safety and risk to children	4.56	100%	0.0%
Assess well-being needs of the child and family	4.55	100%	0.0%
Assess permanency for the child and make decisions that support permanency	4.34	94.0%	-6.0%
Testify in court	4.06	78.0%	-17.0%
Make adjustments when necessary to work with families	4.42	96.0%	-4.0%
Remain strengths-based in assessing and planning with clients	4.42	98.0%	-2.0%
Understand the stages of child development	4.34	98.0%	3.0%
Manage the tasks of working in child welfare	4.34	96.0%	-4.0%
Demonstrate competency when they interviewed a child.	4.46	100%	0.0%
Demonstrate competency when they interviewed an adult.	4.50	100%	0.0%

Questions: Please rate your level of agreement with the following:	Average response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Change from Previous Year
Observing the Child Welfare Specialist interview allowed me to assess their competency for the job.	4.50	96.0%	-4.0%
I have enough time necessary to support the Child Welfare Specialist's ongoing skill development.	3.82	66.0%	-16.0%
The specialist can connect the DHS Quality Standards and Child Welfare Practice Standards to their daily practice.	4.20	90.0%	-10.0%
I am available to the Child Welfare Specialist.	4.46	98.0%	-2.0%
I encourage the specialist to use the skills they have learned in CORE and OJT.	4.44	98.0%	-2.0%

Survey Results

CW supervisors continue to identify new CW specialist's skills as strong. All the competencies increased from Phase 2 with court making the largest gain. With the larger return rate, the norms are starting to be more established.

Ongoing Staff Training

Level 1 Instructional Enhancements

The CWS Training program continues to monitor the downward trend in CW specialists completing training. Providing feedback higher on the organizational chart may provide support for attending training or start a conversation related to prioritization of specialist development.

The following courses were redesigned to provide more scaffolder learning, to align with the experiential model, and content required updating.

<i>CW1024 Domestic Violence</i>	CW1024 was revised from a didactic style training to an experiential model. A partnership with certified domestic violence programs assisted in the revisions of the course and included both the YWCA and DVIS programs. Motivational interviewing and a strength-based approach were incorporated. "In Her Shoes" curriculum was purchased from the Washington State Coalition Against Domestic Violence and incorporated as one experiential activity. This course was piloted in August 2022 with positive evaluations.
<i>CW1100 Child Development</i>	Learning was developed building upon CORE curriculum to provide further knowledge and skill in early childhood development. A strength-based approach and self-care was incorporated. Conducted four pilot sessions of new material from November 2022–March 2023 with enhanced curriculum with positive evaluation results.
<i>CW1009 Behavioral Health and Substance Abuse</i>	Update course goals to be consistent with CW needs. Hope theory, motivational interviewing, and a strengths-based approach have been incorporated into the learning objectives. Self-care has also been emphasized and incorporated. The course is in rough draft form and will be ready to pilot by the end of the fiscal year.
<i>CW2111 Child Development</i>	Content is being revised with a focus on children ages 5 to 12 building upon the early childhood development course CW1100. It is expected that this course will be piloted in FY 2024. A course focused on adolescent development will be developed once CW2111 has been implemented.
<i>CW2025 Medical Aspects</i>	An evaluation was conducted to determine if the curriculum was meeting the needs of specialists and to identify any needed enhancements or expansion of content by surveying supervisors and specialists. The CWS Training program is currently reviewing recommendations to enhance content around abusive head trauma, medically fragile children and internal injuries as well as possibly increasing the length of the training.

Level 1 Post-Course Self-Assessment

There are 17 Level 1 courses covering various topics such as substance abuse, child sexual abuse, child development, medical aspects of child abuse, and program specific areas.

The following survey questions are asked on all Level 1 course surveys. There were 2,605 attendees in Level 1 courses, with 2,579 responses for a 99 percent response rate.

Questions:	Average Agreement (1-5 scale)	Percent Agree or Strongly Agree	Response count	Change from Previous Year
As a result of this course, I increased my level of skill on this topic.	4.59	96.5%	2,529	+4%
I am confident that I will use this training on the job.	4.58	95.4%	2,529	+2%
The online materials prepared me for class.	4.50	93.4%	1,986	+9%
The group activities facilitated learning and added value to the training.	4.45	93.1%	1,087	+1%

Overall, Level 1 classes continue to perform well and demonstrated gains from last year. 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 based on learning objectives.

Training	Average level of agreement that the respondent could meet specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW1002	3.63	4.63	1.00	27%	164
CW1004	3.34	4.49	1.14	34%	235
CW1005	3.91	4.58	0.67	17%	265
CW1006	3.71	4.52	0.81	22%	273
CW1007	3.75	4.65	0.90	24%	106
CW1009	4.00	4.54	0.54	13%	130
CW1016	2.75	4.47	1.72	63%	81
CW1017	3.95	4.68	0.72	18%	66
CW1020	3.77	4.65	0.88	23%	35
CW1024e	3.47	4.65	1.19	34%	223
CW1027	3.73	4.84	1.11	30%	73
CW1057	2.98	4.60	1.62	55%	86
CW1070	3.44	4.56	1.12	33%	87
CW1077	3.53	4.64	1.11	31%	59
CW1100	3.55	4.68	1.13	32%	47
CW1115	3.53	4.57	1.04	29%	201
CW1200	4.13	4.91	0.79	19%	35
Total				29%	2,166

Survey results indicate an overall increase of 29 percent for all Level 1 classes, reflecting CW specialists perceived learning from their beginning baseline to the end of the class a growth on knowledge and skill.

Level 2 Trainings

Level 2 classes are comprised of *CW2005 Advanced CPS Policy*; *CW2025 Medical Aspects of Abuse and Neglect*; and *CW2111 Early Childhood Development*

There were 198 attendees in Level 2 courses, with 197 responses for a 99.5 percent response rate.

Questions:	Average Agreement (1-5 scale)	Percent Agree or Strongly Agree	Percent Change From Previous Year	Response count
Question 1: As a result of this course, I increased my level of skill on this topic.	4.58	95.5%	+7%	199
Question 2: I am confident that I will use this training on the job.	4.62	97.5%	+10%	199
Question 3: The online materials prepared me for class.	N/A	N/A	N/A	N/A
Question 4: The group activities facilitated learning and added value to the training.	4.25	89.6%	+3%	67

CW specialists continue to reflect Level 2 trainings meet their learning needs with gains across all the questions and an overall 95 percent Strongly Agree/Agree rate. Question 3 was removed and not applicable as no Level 2 class currently have pre-requisite online content.

Each Level 2 class contains a post-course self-assessment that asks about understanding and application from a perspective of before the course and after the course based on learning objectives.

Training	Average level of agreement that the respondent could meet specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Survey Response Count
	Before class	After class	Difference	Percent Increase	
CW2005	4.03	4.62	0.59	15%	51
CW2025	3.60	4.71	1.11	31%	53
CW2111	3.95	4.56	0.61	15%	23

Surveys reflect an overall Percent Increase of 20 percent for all Level 2 classes combined. CW2025, which has received updates, showed the largest gain.

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 supervisors are required to complete 40 hours of training per year. A total of 553 CW specialists completed Level 3 classes from April 2022

through March 2023. This represents a substantial increase from the previous reporting year, during which 274 CW specialists completed the classes.

Mentor Certification

Mentor Certification is required for all CW specialist III's. 136 enrolled in Mentor Certification, 113 completed the first step in the program CW3032, and 23 were no show or incomplete. Fifty-five completed CW3444 and are pending testing completion. Thirty-nine tested and completed the program. There was a renewed effort to work with CW specialists from previous reporting periods to continue with enrollment into certification. Additionally, a push to remind CW supervisors that certified mentors could assist with new CW specialist certification caused an increase in enrollment.

The Mentor Certification process consists of the following required trainings:

- *CW3029 Introduction to Coaching* (online training)
- *CW3032 Motivational Interviewing*
- *CW3300 Coaching for Mentors*
- *CW3042 Follow Up to Motivational Interviewing*
- *CW3444 Mentor Certification Preparation*
- *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.

One new class, *CW5058 Standardized Hiring Process*, will be added this year to prepare mentors and CW supervisors who serve on interview panels for new hires. Based on recent research undertaken by OKDHS, it is required that all interview panels consistently use a uniform selection process when determining selection of new CW specialists. The goal in using a uniform process is to improve employee outcomes such as job satisfaction, performance and retention.

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. A total of 466 CW specialists completed the survey for a return rate of 84 percent. *CW3029 Introduction to Coaching* had 69 completions. This is an online course and is not surveyed.

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.9	466	98%	-2%
Question 2: As a result of the training, I have developed new skills.	4.34	466	100%	+2%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.35	466	98%	-1%

Question 4: The training was relevant to my job duties.	4.2	466	100%	0%
Question 5: The information I received from this training can definitely be used with my clients.	4.58	466	98%	+3%
Question 6: I have a plan to implement this training.	4.58	466	97%	+1%
Question 7: I am very confident I will use this training on the job.	4.61	466	98%	-1%

Survey results indicate CW specialists continue to view the training as relevant with a commitment to implement into their practice with a 98 percent Agree/Strongly Agree response.

Self-assessments for the following Level 3 classes, *CW3222 Understanding the Dynamics and Intervention with Sex Offenders* and Mentor Certification courses which include *CW3032 Motivational Interviewing*, *CW3042 Follow-Up to Motivational Interviewing*, and *CW3300 Coaching for Mentors*, reflect CW specialists' overall knowledge level prior to the course and following the course in the tables below.

Training	Average level of agreement that the respondent could meet specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Survey Response Count
	Before class	After class	Difference	Percent Increase	
CW3222	3.37	4.71	1.34	26%	115
CW3032	3.95	5.42	1.47	24%	113
CW3042	4.56	6.07	1.51	49%	83
CW3300	4.78	6.35	1.57	35%	79

Surveys reflect an overall average increase for each class of 34 percent in CW specialists' confidence. *CW3032* is Motivational Interviewing which demonstrated a strong gain. *CW3042* is the follow-up course with the intent of this course is to reinforce gains and enhance skills from the previous course. Due to the complexity of this curriculum and the need for practice, *CW3042* remains valuable.

Level 4 Completion Data

Level 4 trainings are designed for CW supervisors and above. Level 4 classes were completed by 234 CW supervisors from April 2022 through March 2023. This is a significant increase from last year's completion of 171 CW supervisors.

Level 4 Survey Response Rate

Of the 234 CW supervisors that attended Level 4 trainings, 234 surveys were completed resulting in a 100 percent overall response rate. This is the third year of producing a steady and consistent response rate of 100 percent.

Of the 24 Level 4 trainings offered, all had a 100 percent response rate for surveys.

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.46	234	100%	+ 2%
Question 2: As a result of the training, I have developed new skills.	4.35	234	98%	+1%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.64	234	99%	0%
Question 4: The training was relevant to my job duties.	4.36	234	98%	+ 1%
Question 5: The information I received from this training can definitely be used with my clients.	4.64	234	99%	- 1%
Question 6: I have a plan to implement this training.	4.23	234	98%	0%
Question 7: I am very confident I will use this training on the job.	4.61	234	98%	0%

Overall, Level 4 class survey results indicate CW specialists continue to perceive the training as valuable information and relevant to their work with clients. There were increases from Agree to Strongly Agree in three questions and no change in Agree or Strongly Agree in three questions.

Self-assessments for the following Level 4 classes, *CW4289 Intergenerational Supervision*, *CW4389 Sociology of Child Poverty*, *CW4504 Clinical Team Training*, *CW4021 Change Management*, *CW4209 Excellent Customer Service*, and *CW4013 Supervisor Refresher – Annual Updates*, reflect CW specialists' overall knowledge level prior to the course and following the course in the tables below.

Training	Average level of agreement that the respondent could meet specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW4289	4.07	5.66	1.59	33%	3
CW4389	4	4.86	0.86	35%	24
CW4504	3.96	5.13	1.17	19%	45
CW4013	4.09	5.78	1.69	11%	39
CW4209	4.13	5.41	1.28	33%	34
CW4021	3.91	4.79	0.88	25%	9

Survey results indicate an overall average increase of 26 percent for all classes. *CW4013* had the lowest score and was led by CWS programs staff. Initial observations reflected less experiential learning design incorporated which may be a factor. Several classes had a low participation rate making extrapolation challenging.

Supervisor Academy

CW Supervisor's Incremental Post-Academy Development

All new CW supervisors attend a 15-day academy covering various topics related to management skills, coaching skills, and a varied overview of CWS relating to their supervisory role. The Academy is divided into four modules with a mix of contractors and OKDHS trainers. The full academy program is comprised of four multi-day learning experiences spread over the course of seven months. A new one-day course, *CW4551 Supporting Your Specialist in CORE and Certification*, was added in May 2023 to cover the role of the supervisor in supporting specialists who are in CORE and certification trainings.

Prior to attending Module 1, at the time of initial registration and during the month before actual participation in the first Academy module, a 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 Indirect Trauma Sensitive Supervision (ITSS) focuses 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. Concepts of HOPE are being aligned with the curriculum to better support implementation and to sharpen the focus of supervisor's role in support of specialists.

A total of 59 CW supervisors completed the *Supervisor Simulation Experience*, with 59 responses to the survey, for a return rate of 100 percent.

Supervisor Simulation Experience Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.66	59	100%	+1%
Question 2: As a result of the training, I have developed new skills.	4.6	59	100%	0%

Question 3: The training has affected some of my attitudes concerning this topic area.	4.53	59	99%	0%
Question 4: The training was relevant to my job duties.	4.41	59	98%	-1%
Question 5: The information I received from this training can definitely be used with my clients.	4.45	59	100%	0%
Question 6: I have a plan to implement this training.	4.63	59	99%	-1%
Question 7: I am very confident I will use this training on the job.	4.4	59	100%	+1%

Self-assessments for this course were not distributed during this reporting period.

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 relevant and applicable to their daily role, have a plan to use the new knowledge, and implement the skills learned with their clients.

Simulation for next reporting year will be revised and offered as a one-day simulation experience. This will support other goals and objectives with OUSSW to bring more learning and developmental opportunities to CW supervisors. Specifically, a *Supervisor Follow-up Simulation* course to give supervisors an opportunity to boost their skills, through classroom practice, peer and trainer feedback, and receive coaching to improve skills. This course will provide feedback on the ability of supervisors to retain and refine skills learned as well as gaps in implementation.

Supervisor Academy Results

Due to the Academy's length, some CW supervisors will be in some aspect of completion this reporting year. During the reporting period of April 2022 through March 2023 four Supervisor Academy cohorts (0622, 0922, 1222, and 0323) began with 72 CW supervisors:

- Four cohorts (1221, 0322, 0622, and 0922) completed, consisting of 54 CW supervisors with 50 CW supervisors graduating within the reporting period.
- Cohort (1222) will complete in June 2023, consisting of 21 CW supervisors.
- Cohort (0323) will complete in September 2023, consisting of 18 CW supervisors.

Supervisor Academy Module Completion

Supervisor Academy is divided into four modules. During this reporting period, Module 1 was held four times, with 72 CW supervisors completing. Module 2 was held four times with 62 CW supervisors completing. Module 3 was held four times with 63 CW supervisors completing. Module 4 was held four times with 50 CW supervisors completing.

Supervisor Academy Survey Response Rate by Module

The 247 compiled responses to the survey by 72 CW supervisors through four modules

had an overall response rate of 100 percent. Normally there are discrepancies in reporting for the Supervisor Academy, due to occasional accommodations made to CW supervisors to move from their original cohort and complete with another cohort. However, this reporting year the Supervisor Academy was tracked and recorded more accurately.

Module 1 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.48	72	99%	-1%
Question 2: As a result of the training, I have developed new skills.	4.48	72	100%	+2%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.5	72	99%	0%
Question 4: The training was relevant to my job duties.	4.48	72	99%	0%
Question 5: The information I received from this training can definitely be used with my clients.	4.54	72	99%	0%
Question 6: I have a plan to implement this training.	4.48	72	100%	0%
Question 7: I am very confident I will use this training on the job.	4.48	72	99%	-1%

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. The seven questions continue to produce 99 to 100 percent agree/strongly agree positive scores.

Module 2 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.55	62	100%	0%
Question 2: As a result of the training, I have developed new skills.	4.65	62	98%	-1%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.77	62	99%	-1%
Question 4: The training was relevant to my job duties.	4.39	62	99%	+2%
Question 5: The information I received from this training can definitely be used with my clients.	4.32	62	99%	-1%
Question 6: I have a plan to implement this training.	4.64	62	100%	0%
Question 7: I am very confident I will use this training on the job.	4.8	62	100%	0%

Overall, the survey indicates a high level of satisfaction with Module 2 of Supervisor Academy. The seven questions continue to produce 98 to 100 percent agree/strongly agree scores.

Module 3 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.23	63	98%	-2%
Question 2: As a result of the training, I have developed new skills.	4.8	63	100%	+2%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.12	63	99%	-1%
Question 4: The training was relevant to my job duties.	4.7	63	100%	+2%
Question 5: The information I received from this training can definitely be used with my clients.	4.69	63	99%	-1%
Question 6: I have a plan to implement this training.	4.2	63	100%	0%
Question 7: I am very confident I will use this training on the job.	4.2	63	100%	0%

Overall, the survey continues to indicate a high level of satisfaction with Module 3 of Supervisor Academy. Six of the seven questions continue to produce 98 to 100 percent agree/strongly agree positive scores.

Module 4 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.43	50	99%	0%
Question 2: As a result of the training, I have developed new skills.	4.6	50	100%	0%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.63	50	99%	-1%
Question 4: The training was relevant to my job duties.	4.29	50	99%	0%
Question 5: The information I received from this training can definitely be used with my clients.	4.34	50	99%	-1%
Question 6: I have a plan to implement this training.	4.42	50	99%	0
Question 7: I am very confident I will use this training on the job.	4.63	50	99%	-1%

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.

Module 1-4 Post-Course Self-Assessments

Self-assessments for this course reflect CW supervisors' overall knowledge level prior to the course and following the course in the tables below.

Training	Average level of agreement that the respondent could meet specific learning objectives (1-7 scale where 1=Strongly Disagree and 7=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW4550 M1	4.99	6.01	1.02	13%	57
CW4550 M2	4.15	5.37	1.22	35%	62
CW4550 M3	4.8	6.71	1.91	50%	63
CW4550 M4	4.31	5.34	1.03	29%	39

Supervisor Academy Results

The survey results indicate a consistently high level of satisfaction with Supervisor Academy. Previous years also reflected a fluctuation in satisfaction, congruent with this report. For next reporting year the Supervisor Academy will introduce revised modules along with a new Pre-Academy module that will focus on CWS program specific trainings. The reason for this shift is CW supervisors begin academy when they have already been practicing as a supervisor and will need trainings related to role and systematic procedures more immediate than other Academy programming in order to successfully supervise those under their leadership.

Level 5 Testing Reports

Level 5 trainings offered from April 2022 through March 2023 include *CW5205 CSM Facilitator Training*, *CW5208 Annual Facilitator Training*, *CW5042 Setting the Foundation for LGBTQ+ Inclusion in Child Welfare*, and *CW5052 Best Practices Serving LGBTQ+ Youth & Adults*.

137 CW specialists completed Level 5 trainings with a return rate of 100 percent.

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic.	4.23	137	98%	-2%
Question 2: As a result of the training, I have developed new skills.	4.22	137	97%	-2%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.31	137	100%	+1%
Question 4: The training was relevant to my job duties.	4.58	137	99%	0%
Question 5: The information I received from this training can definitely be used with my clients.	4.59	137	99%	-1%
Question 6: I have a plan to implement this training.	4.71	137	98%	-2%

Question 7: I am very confident I will use this training on the job.	4.71	137	98%	-2%
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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. Self-assessments for Level 5 classes, *CW5005 Child Fatality*, *CW5042 Setting the Foundation for LGBTQ+ Inclusion in Child Welfare*, and *CW5052 Best Practices Serving LGBTQ+ Youth & Adults*, reflect CW specialists' overall knowledge level prior to the course and following the course in the tables below.

Training	Average level of agreement that the respondent could meet specific learning objectives (1-7 scale where 1=Strongly Disagree and 7=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW5005	3.93	4.77	0.84	22%	27
CW5042	4.49	5.96	1.47	24%	36
CW5052	4.73	6.3	1.57	31%	20

Self-assessments reflect an overall average increase of 26 percent with all courses performing well.

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 2022-2023

- 54 OKDHS employees participated in CWPEP
 - 28 at the OU campus in Norman
 - 21 at the OU campus in Tulsa
 - 5 online

MSW Graduates May 2023

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

BSW Graduates

- 10 BSW students graduated in May 2023 and were hired by OKDHS

- 4 from OU
 - 2 from East Central University
 - 2 from Oral Roberts University
 - 2 from 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:

- **58,676** is the number of duplicate children for Federal Fiscal Year (FFY) 2022
Source: National Child Abuse and Neglect Data System (NCANDS) Child File Data for FFY 2022

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

- Substantiated – **14,240** (duplicate victims)
Source: NCANDS Child File Data for FFY 2022
- Unsubstantiated – **44,436** (duplicate victims)
Source: NCANDS Child File Data for FFY 2022
- Determined to be false – **0**
Source: NCANDS Child File Data for FFY 2022

(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 – **12,280**
Source: NCANDS Child File Data – Supplemental for FFY 2022 (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 – **2,972**
Source: NCANDS Child File Data for FFY 2022

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

- **1,514** Family-Centered Services (FCS) cases during FFY 2022
Source: Oklahoma Statewide Automated Child Welfare Information System (SACWIS) (KIDS) Collected for FFY 2022 NCANDS Agency File

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

- **29**
Source: 2022 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 2022 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 – **80** personnel
- Assessment and Investigation – **645** personnel

Source: Oklahoma SACWIS (KIDS)

Reported: FFY 2022 NCANDS Agency File

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

- For FFY 2022, the average number of reports accepted for assessment or investigation per CPS child welfare (CW) specialist was **35** per month

Source: KIDS Database – data collected for FFY 2022

- The average number of assessments/investigations completed FFY 2022 was **4.3** per month

Source: KIDS Database – data collected for FFY 2022

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

- **55** hours

Source: Oklahoma SACWIS (KIDS)

Reported: FFY 2022 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 **5.39** hours
- Priority II reports **73.52** 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 5/15/2023, as per employee self-report, the CWS division employed 1,206 staff with a bachelor's degree, 262 staff with a master's degree, 1 staff with a PhD, and 1 staff with a Juris Doctorate.
- Demographic information of the CPS personnel.
 - On 5/15/2023, the CWS division employed 2,165 CW specialists, including CW supervisors. Of those, 1,846 identified as female, 314 identified as male, and 5 had no reported gender identification. Of the 2,165 CW specialists, 261 identify as American Indian, 32 identify as Asian, 385 identify as African American, 100 identify as Hispanic, 7 identify as Pacific Islander, 1,361 identify as Caucasian, and 19 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:

- **516** distinct children
Source: Oklahoma SACWIS (KIDS)
- 488 children substantiated whose families received Family Preservation Services in the previous five years
- 597 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:

- **2,884** (All children removed have a court appointed representative)
- Court-appointed special advocate (CASA) reported serving 2,884 children with an average of 10 contacts per child for FFY 2022

(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 Annual Report 2022*** 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 2022, **334** youth younger than age 18 met at least one of the above criteria during the period of 10/1/2021 through 9/30/2022. In OKDHS' out-of-home care population on 9/30/2022, there were **25** youth younger than age 18 in OKDHS custody placed in a detention type facility. **12** youth were in the shared custody of OJA during FFY 2022.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii):

- **25**
Source: Oklahoma SACWIS (KIDS)
Reported: FFY 2022 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 – **3,897**
Source: Oklahoma SACWIS (KIDS)
Reported in the FFY 2022 NCANDS Agency File
- The number of children referred – **789**
Source: Oklahoma SACWIS (KIDS)
Reported in the FFY 2022 NCANDS Agency File

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

- **8**
Source: FFY 2022 NCANDS Child File

(18) The number of infants:

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

- **2,342**
Source: FFY 2022 NCANDS Child File – Supplemental Report

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

- **48**
Source: FFY 2022 NCANDS Child File; and

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

- **1,195**
Source: FFY 2022 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 2021 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was \$1,380,775 state match at 25 percent and a MOE of \$1,520,000 to equal a total expenditure of \$2,900,775.

See attached ***Oklahoma FY 24 CFS-101 - Excel, Oklahoma FY 24 CFS-101 - PDF, and Oklahoma FY 23 CFS-101 Reallotment.***