OKLAHOMA Human Services

2025
Annual Progress and Services Report (APSR)
to the
2020-2024 Child and Family Services Plan (CFSP)

CHILD WELFARE SERVICES

July 1, 2024

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Attachments

(1) ***Clinical Team Update 2024***

(2) ***Oklahoma Child Death Review Board 2024 Recommendations***

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(5) ***Annual Report of Education and Training Vouchers Awarded***

GENERAL INFORMATION

State Agency Administering the Programs

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

CWS is the OKDHS division responsible for administering the state's child welfare (CW) services and operates under the direction of CWS Director Tricia Howell. 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.

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 medical director, a leadership and employee support administrator, and an integrated legal services administrator, leads the CWS division. 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. Another deputy director oversees Foster Care and Adoptions (FC&A) services that are provided in all five regions. To support the critical work in the five regions, five teams, each led by a deputy director, a medical director, or administrator are responsible for CWS Placement Programs, CWS Programs, CWS Operations and Business Processes, Clinical Operations, and Leadership and Employee Support.

- 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 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, childcare, 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. Post-Adoptions provides short-term therapeutic

services to families until those services can be established through community resources.
    - Interstate Compact on the Placement of Children – ensures protection and services to children who are placed across state lines.
    - Enhanced Foster Care – provides additional therapeutic support services for children and youth with complex needs and the resource families caring for them.
    - Specialized Permanency and Placement Unit – ensures children with complex needs are served through placement and services to meet those needs, including placement in Qualified Residential Treatment Programs as well as placements in short-term psychiatric treatment programs when the child meets the medical necessity criteria.
    - Therapeutic Foster Care – provides support and oversight of agencies contracted to provide therapeutic foster care services and Intensive Treatment Family Care services, assisting with placement process for children who need this level of care.

- 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 Medical Director is responsible for:
  - The CWS Clinical Team which consists of the clinical team director, a pediatric psychologist, a psychologist serving as the Director of The Center for Adoption and Family Well Being through the University of Oklahoma, pediatric psychiatrist, 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.

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 Oklahoma's 2025-2029 Child and Family Services Plan (CFSP). Engagement with parents, children and youth, tribes, courts, foster families, adoptive 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 ensures stakeholders are actively involved in CFSP implementation via ongoing meetings, committees, 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 2025 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 or performance outcomes. Data collected from the CFSRs are also used as performance indicators within the Goals and Objectives of 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 cases that were either open or opened within an Adoption and Foster Care Analysis and Reporting System (AFCARS) period which includes children in foster care and families receiving in-home services. The case review process covers interviews with key case participants comprised of parents, other caregivers, children, resource parents, and caseworkers. An Onsite Review Instrument (OSRI) is used to collect the case information and data via an Online Monitoring System (OMS) supported by the CB's CFSR portal.

The cases resulting in the data discussed in this Annual Progress and Services Report (APSR) were open or opened within AFCARS periods 22B and 23A and included 60 children in foster care and 45 families receiving in-home services. The CFSR case reviews occurred from April 2023 through March 2024 with periods under review ranging from April 2022 through March 2024. 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, item ratings may vary significantly between regions. 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**.

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 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

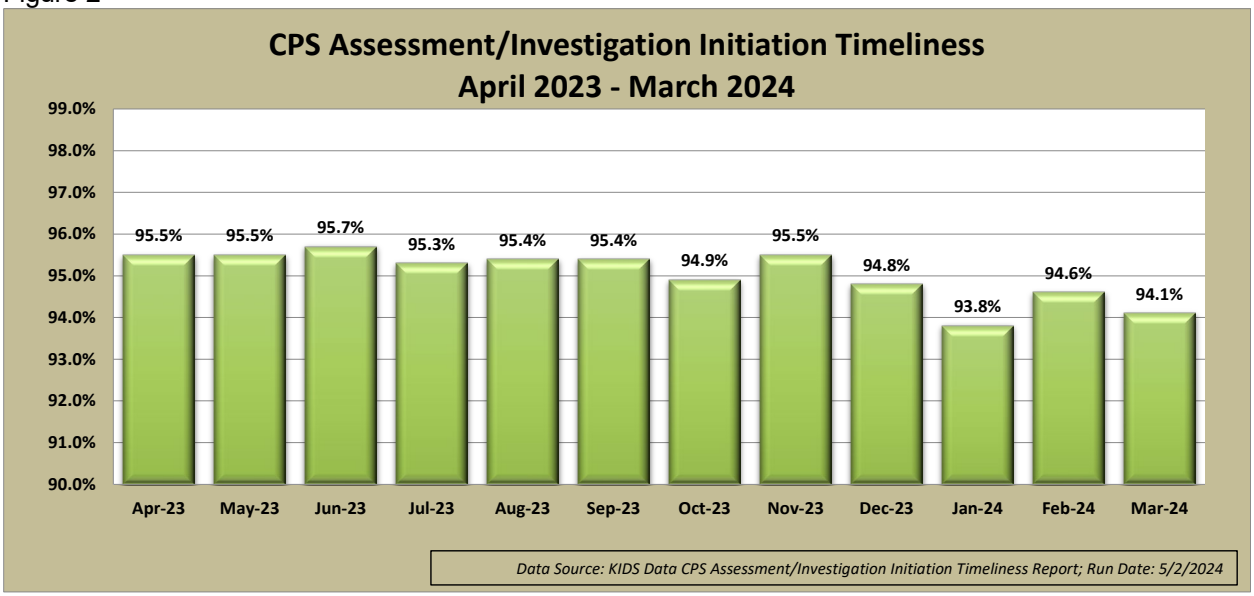
In Oklahoma, all reports of child maltreatment are processed by the centralized Hotline to determine whether a report is accepted and assigned for a CPS investigation or assessment (Alternative Response). A response time is also determined based on the severity and immediacy of the reported maltreatment. 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 2023 through March 2024.

Figure 1

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
% Within Policy	95.5%	95.5%	95.7%	95.3%	95.4%	95.4%	94.9%	95.5%	94.8%	93.8%	94.6%	94.1%	95.1%
# of Reports	2493	2622	2324	2311	2789	2813	2652	2365	2072	2327	2452	2477	29694
# Within Policy	2382	2505	2223	2202	2659	2684	2516	2259	1964	2183	2320	2330	28227
# Not W thin Pol cy	111	117	101	109	127	129	136	106	108	144	132	147	1467
Average Length of Time to Initiate (Days)	1.9	1.7	1.8	1.8	1.8	2.0	2.0	1.7	1.8	1.9	1.9	1.9	1.9
Data Source: KIDS Data CPS Assessment/Investigation Initiation Timeliness Report; Run Date: 5/2/2024													

Figure 2



A difference exists between the above KIDS quantitative data which indicates initiation timeliness at 95.1 percent during April 2023 through March 2024, a 12-month timeframe, and the qualitative case review data in Figure 3 which indicates initiation timeliness at 72.4 percent during April 2022 through March 2024, a 24-month timeframe. The case review data includes both timely initiation and timely face-to-face contact with all alleged victims in all accepted reports for the family. The family may have had multiple CPS investigations with differing initiation time frames for contact with the family, as well as for timely face-to-face contact with all child victims. Additionally, it includes follow-up from a failed attempt initiation within policy timeframes. In comparison to the case review data reported in the 2024 APSR which reflected initiation timeliness at 94.1 percent, Oklahoma CWS' statewide average performance decreased 22 percent for this item. Practice over the last five years for timeliness of initiating reports of child maltreatment has varied between 66.6 percent for the time period of April 2022 through September 2023 to 94.1 percent for the time period of April 2021 through September 2022.

Figure 3

CFSR Case Review Data: 4/2022-3/2024	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 58	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.				**72.41% 42**	**0% 0**	**27.59% 16**	**47**
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.	**72.41% 42**	**27.59% 16**	**47**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

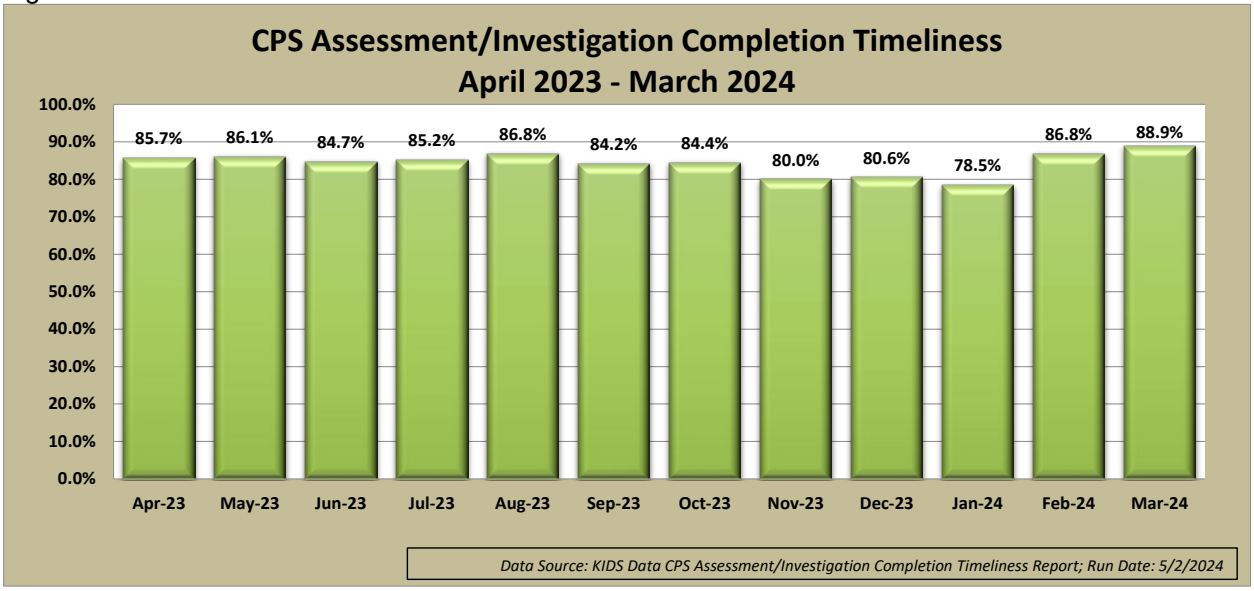
While the initial response time to accepted child maltreatment reports is timely overall, follow-up attempts to make face-to-face contact with all alleged child victims, per CWS policy, continues as a focus area for improvement. Identified practices and barriers that impact this outcome include a lack 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.6 percent to 83.3 percent.

In addition to initiation, timely completion of CPS investigations and assessments is also an indicator of ensuring child safety. From April 2023 through March 2024, CWS completed 84.2 percent of 29,995 CPS investigations and assessments within required time frames, as seen in Figures 4 and 5. CWS' completion timeliness of 84.2 percent is a 6.7 percent increase for this reporting period compared to the 2024 APSR of 77.5 percent.

Figure 4

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
% Within Policy	85.7%	86.1%	84.7%	85.2%	86.8%	84.2%	84.4%	80.0%	80.6%	78.5%	86.8%	88.9%	84.2%
Completed	2635	2577	2720	2319	2431	2309	2695	2685	2554	2607	2198	2265	29995
# Within Policy	2257	2218	2304	1975	2110	1944	2275	2147	2059	2046	1907	2013	25255
# Not W thin Pol cy	378	359	416	344	321	365	420	538	495	561	291	252	4740
Average Length of Tlme to Complete (Days)	48.5	47.8	48.7	48.6	48.2	48.0	48.5	51.3	51.3	52.4	46.7	45.8	48.9
Data Source: KIDS Data CPS Assessment/Investigation Completion Timeliness Report; Run Date: 5/2/2024													

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 reflects 58.1 percent substantially achieved, which is an increase of 12 percent in ensuring safety for children, when compared to the 2024 APSR of 46.1 percent. CWS has multiple strategies in place that focus on the improvement of safely maintaining children in their homes, whenever possible and appropriate.

Figure 6

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**			**Outcome Ratings**			
Applicable Cases: 105	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
<u>Safety Outcome 2:</u> Children are safely maintained in their homes whenever possible and appropriate.				**58.1% 61**	**19.05% 20**	**22.86% 24**	**0**
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**70.42% 50**	**29.58% 21**	**34**				
Item 3: Risk and Safety Assessment and Management	**60% 63**	**40% 42**	**0**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

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

As per Figure 7, Safety Outcome 2, Item 2 indicates that in 50 of 71 applicable cases, services to protect the child(ren) in the home and prevent removal or re-entry into foster care is a strength in 70.4 percent of cases. This represents a decrease of 17.1 percent for this reporting period when compared to the 2024 APSR of 87.5 percent. Significant

regional rating variance is noted for this item, ranging from 90.0 percent to 46.6 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**. Practice over the last five years for services to family to protect children in the home and prevent removal or re-entry into foster care has varied between 67.3 percent for the time period of April 2019 through September 2020 to 87.5 percent for the time period of April 2021 through September 2022.

Figure 7

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 71	**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	**70.42% 50**	**29.58% 21**	**34**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

As indicated in Figure 8, removing children from their homes decreased by 599 children this reporting period when compared to the 2024 APSR data.

Figure 8

Month	In Care at Beginning of Month	Removed During the Month	Exited During the Month	Removed at End of Month
Mar, 2020	7761	305	284	7782
Mar, 2021	7864	357	365	7856
Mar, 2022	7230	353	372	7211
Mar, 2023	6987	283	358	6912
Mar, 2024	6331	323	341	6313
Data Source: KIDS Database; Run Date: 5/6/2024				

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.

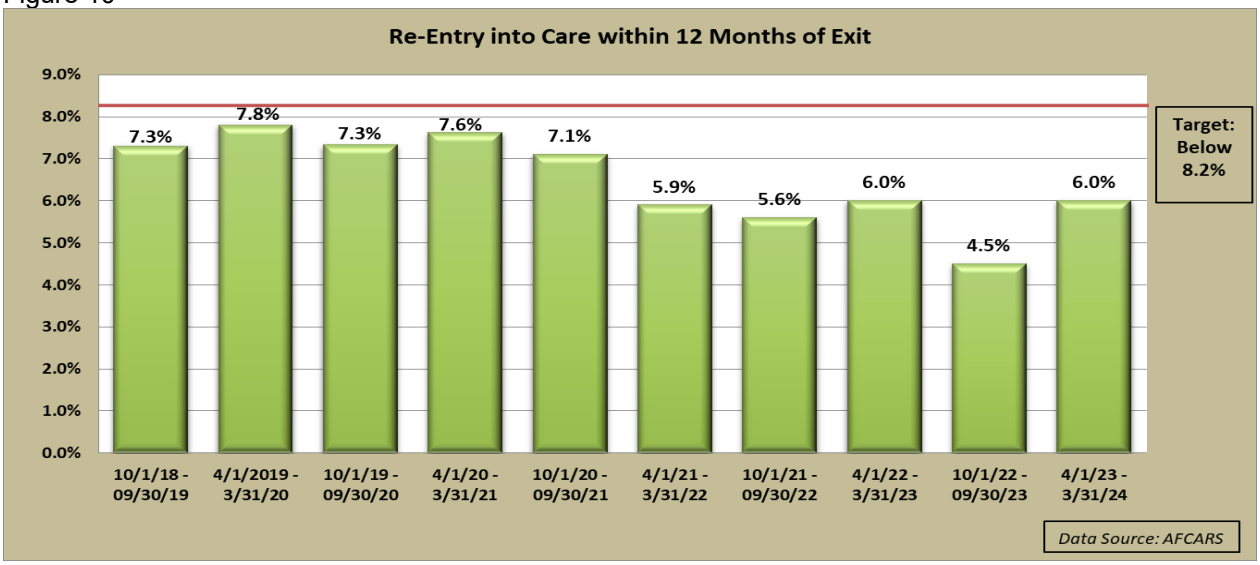
Figure 9

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**
93	**105**	**110**	**87**	**98**	**86**	**110**	**93**	**98**	**79**	**103**	**65**
Data Source: KIDS Database; Run Date: 5/6/2024											

For the current period, 1,579 families were served in FCS, an increase of 84 families compared to the 2024 APSR. Significant adjustments have been made regarding data collection for families and children served in FCS during the reporting period. Updates to the KIDS system to reflect client counts more accurately for children served were implemented. This allows more accurate tracking of outcomes for each child served in FCS. Exit reasons being tracked for children served in FCS include remain in home, reside with non-custodial parent, guardianship, higher level of intervention requested, and turned 18. Data indicates positive outcomes for children participating in FCS. Outcomes are shared with CW staff to support field work with measurable outcomes and to increase consideration of FCS as an intervention. 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 (TANF) Reinvestment strategy increased primary prevention efforts and expanded SafeCare® services available to families without an ongoing CW case. The expansion of SafeCare® will continue to be sustained through continued TANF funding to ensure families have continued access to preventative services. 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 2024 issued by the Children's Bureau, Oklahoma's risk standardized performance of 3.5 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; and
- appropriate quality of caseworker visits with the child in foster care or after trial reunification.

As seen in Figure 11, case review data for Safety Outcome 2, Item 3, indicates that of 105 applicable cases, risk and safety assessment and management is a strength in 60.0 percent of cases reviewed. This number is a 13.9 percent increase compared to the 2024 APSR of 46.1 percent. Significant regional rating variance is noted for this item, ranging from 82.6 percent to 40.9 percent. These practices occurred in both metro and rural regions.

Figure 11

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 105	**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	**60% 63**	**40% 42**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

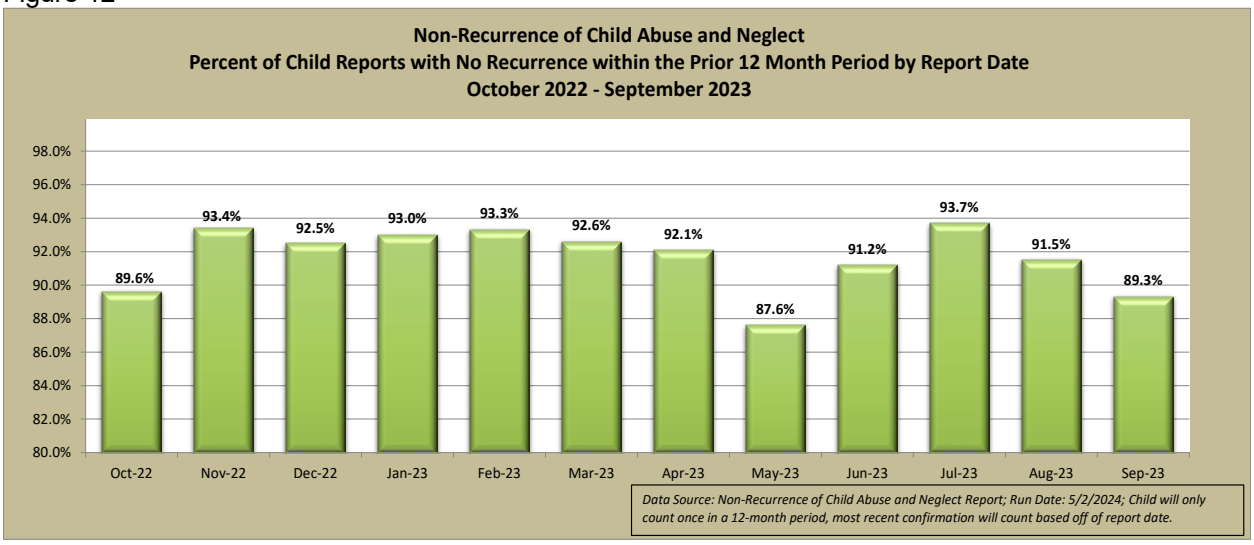
In looking at the individual elements of risk and safety assessment and management in the 105 applicable cases, the initial assessment accurately assessed all risk and safety concerns in 56.5 percent of cases reviewed. The ongoing assessment accurately assessed all risk and safety concerns in 67.3 percent of cases reviewed. The accurate and appropriate development and monitoring of Safety Plans occurred in 65.3 percent of the cases reviewed. Practice over the last five years for risk and safety assessment and

management has varied between 36.9 percent for the time period of October 2020 through March 2022 to 60.0 percent for the time periods of April 2022 through September 2023 and October 2023 through March 2024. Performance has gradually increased over the years since the lowest point in March 2022 compared to the last four reporting periods' being above the data reported at the onset of the CFSP.

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 2022 through September 2023 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 91.8 percent. This table also indicates that for substantiated child victims in October 2022 through September 2023, when recurring maltreatment did occur, it occurred within an average of 186.5 days or about 26 weeks.

Figure 13

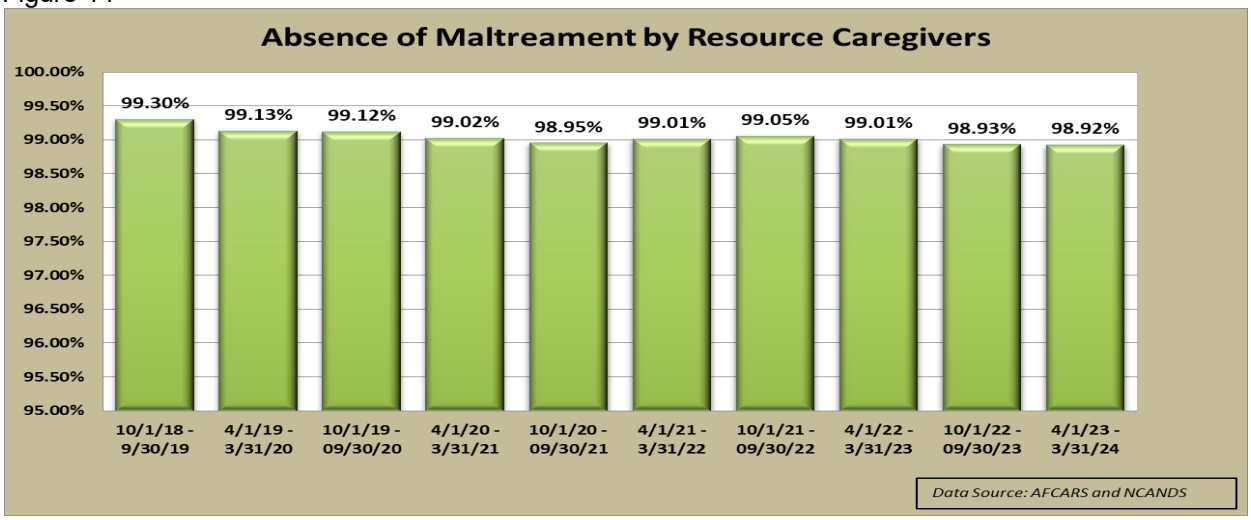
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	TOTAL
% Non-Recurrence	89.6%	93.4%	92.5%	93.0%	93.3%	92.6%	92.1%	87.6%	91.2%	93.7%	91.5%	89.3%	**91.8%**
# of Confirmed	1089	969	911	1201	1045	1193	993	1125	1168	988	602	159	**11443**
# of Non-Recurrence	976	905	843	1117	975	1105	915	985	1065	926	551	142	**10505**
# of Recurrence	113	64	68	84	70	88	78	140	103	62	51	17	**938**
Average Length of Time to Recurrence (Days)	188.2	173.8	207.5	177.3	205.6	165.0	187.6	184.5	193.5	184.1	172.6	235.5	**186.5**

Data Source: Non-Recurrence of Child Abuse and Neglect Report; Run Date: 5/2/2024; Child will only count once in a 12-month period, most recent confirmation will count based off of report date.

Ensuring the safety of children placed in OKDHS custody continues to be CWS' paramount priority. Specific strategies, such as completing qualitative regional reviews of unsubstantiated and substantiated reports in home-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 can be 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 98.92 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 20.0 percent, partially achieved in 63.3 percent, and not achieved in 16.6 percent of 60 cases reviewed. These ratings indicate an increase of 2.5 percent for substantially achieved ratings, a decrease of 9.2 percent of partially achieved ratings, and an increase of 6.6 percent of not achieved ratings when compared to the 2024 APSR.

Figure 15

CFSR Case Review Data: 4/2022-3/2024	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 60	**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.				**20% 12**	**63.33% 38**	**16.67% 10**	**0**
Item 4: Stability of Foster Care Placement	**68.33% 41**	**31.67% 19**	**0**				
Item 5: Permanency Goal for Child	**53.33% 32**	**46.67% 28**	**0**				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**28.33% 17**	**71.67% 43**	**0**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

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 68.3 percent of 60 cases reviewed. This result is an increase of 8.3 percent, compared to the 2024 APSR of 60.0 percent placement stability.

Figure 16

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 60	**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	**68.33% 41**	**31.67% 19**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

Regional rating variance for this item ranges from 58.3 percent to 83.3 percent. Practice over the last five years for stability of foster care placement has varied from 57.5 percent for the time period of April 2019 through September 2020 to 70.0 percent for the time period of April 2022 through September 2023. While performance has slightly varied over the years, all reporting periods indicate data to be higher than that reported at the onset of the CFSP. 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 2023 through March 2024, 98.7 percent of children had a case plan goal documented in KIDS, which is an increase of 0.3 percent when compared to the 2024 APSR of 98.4 percent.

Figure 17

CFSR Item 20 - Period Ending 03/31/2024 - 23B - 24A				
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
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%
23B - 24A	10,184	9,577	9,456	98.7%
Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)				

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 in 53.3 percent, which is a decrease of 9.2 percent in performance when compared to the 2024 APSR of 62.5 percent.

Figure 18

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 60	**Strength**	**Area Needing Improvement**	**Cases NA**
<u>Permanency Outcome 1</u>:Children have permanency and stability in their living situations.			
Item 5: Permanency Goal for Child	**53.33% 32**	**46.67% 28**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 60 cases reviewed, all goals were established timely in 63.3 percent of cases; all goals were appropriate for 73.3 percent of cases; and TPR was filed timely, or an exception applied in 67.6 percent of applicable cases. Practice over the last five years for the permanency goal for the child has varied between 50.0 percent for the time periods of October 2019 through March 2021 and October 2022 through March 2024 to 67.5 percent for the time period of April 2020 through September 2021.

Permanency goal strength regional rating variance for this item ranges from a strength of 35.7 percent to 66.6 percent. 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 out-of-home 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 60 cases included in case reviews, Permanency Outcome 1, Item 6, 28.3 percent made concerted efforts toward permanency. This number is a 9.2 percent decrease in performance compared to the 2024 APSR of 37.5 percent. Regional strength ratings for this item varied from 20 percent to 41.6 percent.

Figure 19

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 60	**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	**28.33% 17**	**71.67% 43**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

Of the 60 cases reviewed, permanency goals included:

- 20 children with a goal of reunification - OKDHS and the court made concerted efforts to achieve timely reunification in six cases;
- 6 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 five had concerted efforts.

Note: The above numbers do not equal 60 cases as a child may have had more than one goal during the period under review.

Practice over the last five years for achieving reunification, guardianship, adoption, or other planned permanent living arrangement has varied between 20.0 percent for the time period of April 2022 through September 2023, to 45.8 percent for the time period of October 2021 through March of 2023.

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	1712	979	57.2%
	# Guardianships	Guardianships In < 18 Months	% Guardianships Timely
Guardianships in Less than 18 months	365	190	52.1%
	# of Finalized Adoptions	Adoptions In < 24 Months	% Adoptions Timely
Adoptions in Less than 24 months	1347	535	39.7%
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 23B through 24A reflects 96.5 percent of Periodic Hearings were held timely, an increase of 0.8 percent. For the same period, KIDS quantitative data in Figure 22 reflects 91.0 percent of Permanency Hearings were held timely, an increase of 0.7 percent.

Figure 21

CFSR Item 21 - Period Ending 03/31/2024 - 23B - 24A						
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
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%
23B - 24A	10,184	15,144	14,838	98.0%	14,608	96.5%
Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)						

Figure 22

CFSR Item 22 - Period Ending 03/31/2024 - 23B - 24A						
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
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%
23B - 24A	10,184	6,965	6,581	94.5%	6,337	91.0%
Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)						

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 60 applicable cases reviewed, Figure 23 case review data indicates substantial achievement of 66.67 percent, which is a 3.8 percent decrease when compared to the 2024 APSR of 70.4 percent.

Figure 23

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating			Outcome Ratings			
Applicable Cases: 60	**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.				**66.67% 40**	**25% 15**	**8.33% 5**	**0**
Item 7: Placement With Siblings	**82.35% 28**	**17.65% 6**	**26**				
Item 8: Visiting With Parents and Siblings in Foster Care	**65.22% 30**	**34.78% 16**	**14**				
Item 9: Preserving Connections	**66.1% 39**	**33.9% 20**	**1**				
Item 10: Relative Placement	**69.49% 41**	**30.51% 18**	**1**				
Item 11: Relationship of Child in Care With Parents	**78.95% 30**	**21.05% 8**	**22**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

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 82.3 percent of 34 applicable cases, which is a decrease of 0.3 percent when compared to the 2024 APSR of 82.6 percent. Regional variances in strength ratings ranged from 62.5 percent to 100 percent. Practice over the last five years for placement with siblings has varied between 58.6 percent for the time period of April 2019 through September 2020 to 94.4 percent for the time period of October 2021 through March 2023. While the performance on this measure has varied over the years the data for all periods has remained higher than the data reported at the onset of the CFSP.

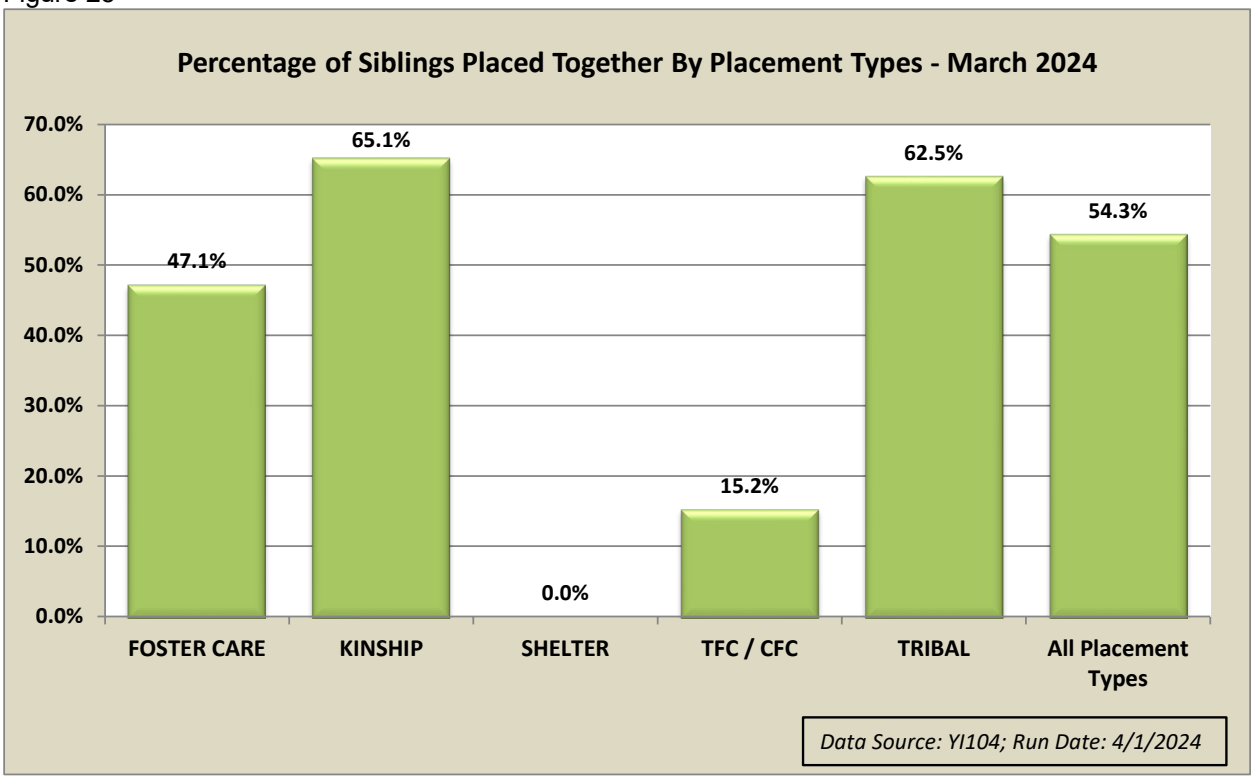
Figure 24

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 34	**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	**82.35% 28**	**17.65% 6**	**26**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 2023 through March 2024 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 65.2 percent of 46 applicable cases reviewed. This number is a 6.5 percent decrease in performance when compared to the 2024 APSR of 71.7 percent.

Regional case review ratings for this performance item ranged in strength from 33.3 percent to 91.6 percent. Practice over the last five years for visiting with parents and siblings in foster care has varied between 53.3 percent during the time period of October 2019 through March 2021, to 80.9 percent for the time period of October 2021 through March 2023. While the performance has varied over the years, data from the last five periods is has remained the same or higher than data reported at the onset of the CFSP.

Figure 26

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 46	**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	**65.22% 30**	**34.78% 16**	**14**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 66.1 percent in 59 applicable cases, which is an increase of 3.6 percent in performance compared to the 2024 APSR of 62.5 percent. Regional performance variances for this item as a strength range between 35.7 to 83.3 percent during this reporting period. Practice over the last five years for preserving connections has varied between 37.5 percent for the time period of April 2020 through September 2021 to 75.0 percent for the time period of October 2020 through March 2022. While the performance has varied over the years, data from the last five periods has remained higher than data from the onset of the CFSP.

Figure 27

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 59	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 9: Preserving Connections	**66.1% 39**	**33.9% 20**	**1**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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.

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 69.4 percent

of 59 cases, which is a decrease of 9.1 percent in performance when compared to the 2024 APSR of 78.5 percent. Regional performance varied in strength ratings from 30.7 percent to 100 percent. Practice over the last five years for relative placement has varied between 60.0 percent for the time period of April 2022 to September 2023 to 87.5 percent for the time period of April 2021 through September 2022.

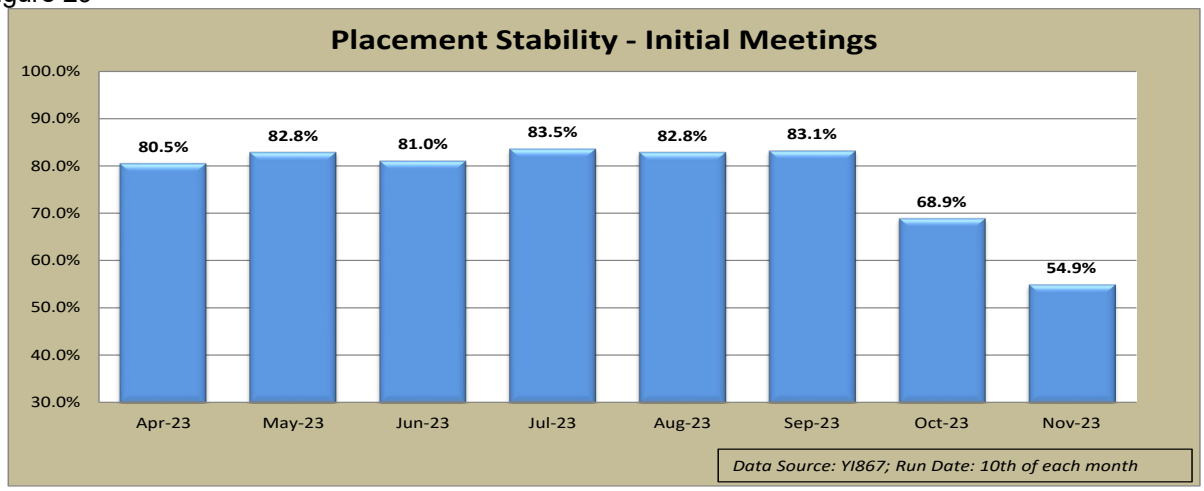
Figure 28

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 59	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 10: Relative Placement	**69.49% 41**	**30.51% 18**	**1**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 2023 through November 2023 were held for 77.1 percent of children. The occurrence of IMs decreased by 3.4 percent when compared to the statewide average of 80.5 percent from April 2022 through March 2023. The number of completed IMs remained relatively steady and then start declining in October 2023. Potential reasons for this could have been due to the IM changes that occurred in November 2023. CW staff were aware of the upcoming changes not requiring a separate meeting for IMs and prematurely started incorporating them into other family meetings and not capturing in documentation. Additional detail is provided in Goal 2, Objective 1 2.1, 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 78.9 percent of cases reviewed, a decrease of 3.7 percent compared to the 2024 APSR of 82.6 percent. Regional variances in performance for this item include strength ratings ranging from 40 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. Practice over the last five years for relationship of child in care with parents has varied between 69.2 percent for the time period of October 2020 through March 2022 to 91.3 percent for the time period of October 2019 through March 2021. While the performance has varied over the years, data from the current period remains higher than data reported at the onset of the CFSP for this measure.

Figure 30

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 38	**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	**78.95% 30**	**21.05% 8**	**22**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 75.7 percent, a decrease of 7.1 percent compared to the 2024 APSR of 82.8 percent. Concerted efforts for fathers were found in 78.2 percent of applicable cases reviewed, a decrease of 5.3 percent compared to the 2024 APSR of 83.5 percent.

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 56.1 percent represents a 3.8 percent increase in substantially achieved performance when compared to the 2024 APSR of 52.3 percent.

Figure 31

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating			Outcome Ratings			
Applicable Cases: 105	**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.				**56.19% 59**	**25.71% 27**	**18.1% 19**	**0**
Item 12: Needs and Services of Child, Parents, and Foster Parents	**65.71% 69**	**34.29% 36**	**0**				
Item 12A: Needs Assessment and Services to Children	**78.1% 82**	**21.9% 23**	**0**				
Item 12B: Needs Assessment and Services to Parents	**65.48% 55**	**34.52% 29**	**21**				
Item 12C: Needs Assessment and Services to Foster Parents	**77.59% 45**	**22.41% 13**	**47**				
Item 13: Child and Family Involvement in Case Planning	**70.41% 69**	**29.59% 29**	**7**				
Item 14: Caseworker Visits with Children	**64.76% 68**	**35.24% 37**	**0**				
Item 15: Caseworker Visits With Parents	**52.38% 44**	**47.62% 40**	**21**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

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 65.7 percent of the cases reviewed, which, in comparison to the 2024 APSR of 58.4 percent, is an increase of 7.3 percent. Regional performance varied from a strength rating of 36.3 percent to 91.3

percent. Practice over the last five years for needs and services for children, parents, and foster parents has varied between 33.8 percent for the time period of April 2019 through September 2020 to 66.1 percent during the time period of October 2022 through March 2024. Performance has gradually increased over the years with all reporting period data remaining higher than data reported at the onset of the CFSP.

Figure 32

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 105	**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	**65.71% 69**	**34.29% 36**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 Oklahoma 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 78.1 percent of the 105 cases reviewed, which represents an increase of 10.5 percent when compared to the 2024 APSR of 67.6 percent. Regional performance variation of strength ratings ranged from 54.5 to 95.6 percent. Practice over the last five years for needs and services for children has varied from 60.0 percent for the time periods of April 2019 through September 2020 and April 2020 through September 2021 to 80.0 percent for the time period of April 2022 through September 2023. While performance has varied over the years, data indicates the last five reporting periods have been higher than data reported at the onset of the CFSP.

Figure 33

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 105	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12A: Needs Assessment and Services to Children	**78.1% 82**	**21.9% 23**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

Further analysis of the case review data indicates that 80.9 percent of children reviewed had a comprehensive needs assessment that accurately assessed the child's needs, which is an increase of 7.1 percent when compared to the 2024 APSR of 73.8 percent. Services provision to meet those needs was 76.2 percent, a 12.5 percent increase when compared to the 2024 APSR of 63.7 percent. Services and assessments 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 65.4 percent of 84 applicable cases reviewed. This review data indicates a 0.6 percent decrease in performance when compared to the 2024 APSR of 66.0 percent. Regional performance varied greatly with strength ratings ranging from 31.5 to 100 percent. Practice over the last five years for needs and services for parents has varied between 42.8 percent for the time period of April 2020 through September 2021 to 69.7 percent for the time period of April 2022 through September 2023. While performance has varied over the years, data indicates the last five reporting periods have been higher than data reported at the onset of the CFSP.

Figure 34

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 84	**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	**65.48% 55**	**34.52% 29**	**21**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

A concerted effort to accurately assess the mother's needs and address those needs was a strength in 67.5 percent of cases, a decrease of 1.8 percent compared to the 2024 APSR of 69.3 percent. Efforts to accurately assess the father's needs and address those

needs were a strength in 62.5 percent, a 0.3 percent increase when compared to the 2024 APSR of 62.1 percent.

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 77.5 percent of 58 applicable cases, which represents a 4 percent decrease compared to the 2024 APSR of 81.5 percent. Performance per region ranged in strength from 60.0 percent to 91.6 percent. Practice over the last five years for needs and services for foster parents has varied between 64.9 percent for the time period of April 2019 through September of 2020 to 81.5 percent for the time period of April 2021 through September 2022. The performance has gradually increased over the years with every reporting period's data being above the data reported at the onset of the CFSP.

Figure 35

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 58	**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	**77.59% 45**	**22.41% 13**	**47**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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 70.4 percent of 98 applicable cases that involve the child and the family in case planning. These results are identical to the data reported in the 2024 APSR. Strength ratings ranged by region from 45.4 to 90 percent. Further analysis of the case review data indicates that efforts to actively involve the child in the case planning process occurred 87.5 percent of the time, efforts to actively involve the mother in the case planning process occurred 70.1 percent of the time, and efforts to actively involve the father in the case planning process occurred 67.2 percent of the time. Practice over the last five years for child and family involvement in case planning has varied between 53.1 percent for the time period of October 2019 through March 2021 and 78.3 percent for the time period of October 2021 through March of 2023. The performance has gradually increased over the years and remains higher than the initial data provided at the onset of the CFSP.

Figure 36

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 98	**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	**70.41% 69**	**29.59% 29**	**7**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

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) 2023, 95.2 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**
FFY2019	95.2%
FFY2020	94.9%
FFY2021	95.8%
FFY2022	95.0%
FFY2023	95.2%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 1	

The Well-Being Outcome 1, Item 14, case review data in Figure 38 reflects a strength in 64.7 percent of the 105 cases reviewed, an increase of 20.1 percent when compared to the 2024 APSR of 44.6 percent. Regional performance variations range from 45.4 to 91.3 percent. Practice over the last five years for caseworker visits with children has varied between 38.4 percent for the time period of October 2020 through March of 2022 to 70.0 percent for the time period of April 2022 through September 2023. While performance has varied over the years the two most current periods reflect performance above the data reported at the onset of the CFSP.

Figure 38

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 105	**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	**64.76% 68**	**35.24% 37**	**0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

For a case to have a strength rating, the caseworker visit must meet both frequency and quality standards based on the case circumstances. In looking at the standards separately, caseworker visit frequency was sufficient in 76.1 percent of the applicable reviewed cases, an increase of 11.5 percent when compared to the 2024 APSR of 64.6 percent. The quality of those visits was found to be sufficient in 73.3 percent, which is an 18 percent increase when compared to the 2024 APSR of 55.3 percent.

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 52.3 percent, which is a decrease of 9.9 percent when compared to the 2024 APSR of 62.2 percent. Performance in each region varies widely, ranging from 20.0 percent to 89.4 percent. Practice over the last five years for caseworker visits with parents has varied between 35.7 percent for the time period of April 2020 through September 2021 to 62.2 percent for the time period of April 2021 through September 2022. While performance has varied over the years the two most current periods reflect performance above the data reported at the onset of the CFSP.

Figure 39

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Rating**		
Applicable Cases: 84	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 15: Caseworker Visits With Parents	**52.38% 44**	**47.62% 40**	**21**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

Data indicates that the frequency of caseworker visits with both parents decreased compared to the 2024 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 67.5 percent of cases for mothers and 67.2 percent for fathers. Both were a decrease, 5.9 and 5.0 percent, respectively. A decrease occurred in sufficient quality of caseworker visits this reporting period for mothers with an increase for fathers. Quality caseworker visits happened at 68.4 percent with applicable mothers and 70.3 percent with applicable fathers, which was a decrease of 5 percent for mothers and an increase of 8.6 percent for fathers.

As with children and youth, the increased quality of visits with all parents is a strategy

within the Oklahoma 2020-2024 CFSP Plan for Enacting the State's Vision. Progress towards improving quality visits with parents is discussed in this 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 79.0 percent of 81 cases reviewed. This indicates a decrease in performance of 1.3 percent when compared to the 2024 APSR of 80.3 percent. Regional performances for this item ranged from 53.8 to 100 percent. Practice over the last five years for educational needs of the child has varied from 73.2 percent for the time period of April 2019 through September 2020 to 84.0 percent for the time period of October 2021 through March 2023. While performance has varied over the years the four most current periods reflect performance above the data reported at the onset of the CFSP.

Figure 40

CFSR Case Review Data: 4/2022-3/2024	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 81	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.				**79.01% 64**	**2.47% 2**	**18.52% 15**	**24**
Item 16: Educational Needs of the Child	**79.01% 64**	**20.99% 17**	**24**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

The above rating includes both the accurate assessment of educational needs, which was sufficient in 81.4 percent of applicable cases, and provision of services to meet identified needs, which was sufficient in 74.6 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 their 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 54.3 percent in 103 applicable cases. This number reflects a decrease of 1.9 percent compared to the 2024 APSR of 56.2 percent.

Figure 41

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating			Outcome Ratings			
Applicable Cases: 103	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				**54.37% 56**	**28.16% 29**	**17.48% 18**	**2**
Item 17: Physical Health of the Child	**77.78% 63**	**22.22% 18**	**24**				
Item 18: Mental/Behavioral Health of the Child	**61.76% 63**	**38.24% 39**	**3**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024							

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 77.7 percent of applicable cases. This number represents an increase of 9.9 percent when compared to the 2024 APSR of 67.8 percent. Regional performance varies from 64.7 percent to 90.0 percent. Practice over the last five years for physical health of the child has varied from 43.7 percent for the time period of October 2019 through March 2021 to 80.7 percent for the time period of October 2022 through March 2024. Performance has gradually increased over the years and is currently at its highest point over the past five years.

Figure 42

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 81	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.			
Item 17: Physical Health of the Child	**77.78% 63**	**22.22% 18**	**24**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

Assessments of physical health were found in 86.4 percent of applicable cases reviewed and in 79.2 percent of cases pertaining to dental health, which is a 13.7 percent increase in physical health assessments and an 0.5 percent increase in dental assessments compared to the 2024 APSR. Provision of appropriate services to meet identified physical health needs were found in 84.8 percent of applicable cases and in 78.4 percent of applicable cases for dental health needs. There was an increase of 13.1 percent for physical health services and an increase of 4.3 percent for dental health need services compared to the 2024 APSR. Appropriate oversight of medication was present in 96.5 percent of applicable cases reviewed, a slight 3.5 percent decrease from the 2024 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 61.7 percent of 102 applicable cases, which represents a 1.4 percent increase in performance when compared to 60.3 percent in the 2024 APSR. Performance varies per region regarding this item with strength ratings ranging from 28.5 percent to 90.4 percent. Practice over

the last five years for mental/behavioral health of the child has varied between 53.3 percent for the time period of April 2019 through September 2020 to 65.7 percent for the time period of October 2021 through March 2023. While performance has varied over the years, all reporting periods reflect performance above the data reported at the onset of the CFSP.

Figure 43

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 102	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.			
Item 18: Mental/Behavioral Health of the Child	**61.76% 63**	**38.24% 39**	**3**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024			

Further analysis of the applicable cases reviewed found accurate assessment of mental/behavioral health occurred in 70.5 percent with appropriate services provided in 63 percent of applicable cases, which is an improvement of 1.6 percent and a decrease of 37 percent respectively, since the 2024 APSR. Sufficient oversight of prescription medication related to mental/behavioral health needs occurred in 78.5 percent of applicable cases, which is a 37 percent decrease compared to the 2024 APSR of 100 percent.

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

Oklahoma's 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 Oklahoma Successful Adulthood Program. OKDHS CWS policy contains Instructions to Staff on the data entry into KIDS and is updated as policy changes. The system is adapted to reflect practice and policy changes through quarterly updates. KIDS is the child's official electronic case record with supporting paper documents. A File Cabinet function allows users to store documents and photographs into the KIDS case record. An external document management system, OnBase, is also available for users to upload case information including documents and photographs. Interfaces exist for Child Support, Eligibility, Financial Management, Human Resources, Oklahoma Health Care 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 over 25 years ago, is now a major challenge. This framework has many inherent disadvantages over the newer N-tiered web-based systems. Client server applications are more difficult to maintain and more cumbersome to adjust. Currently, when an adaptive change is made to KIDS, a new version of KIDS must be pushed out in a scheduled release to every server in the state.

One of KIDS' main strengths is that it has a mature maintenance phase of the Software Development Life Cycle. 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 Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD).

Data elements for all CW federal reporting systems are integrated in KIDS and extracted to meet federal submission requirements. Data compliance, data quality, and the frequency utilities 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 workers/supervisors by the Federal Reports staff. The email content identifies a particular AFCARS error, provides guidance for data entry, and includes contact information when assistance is needed.

The first reporting period for AFCARS 2.0 was the 23A reporting period, 10/1/2022 through 3/31/2023. 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 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, termination of parental rights, 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 State Office program personnel within the Oklahoma Successful Adulthood program and to designated contract staff for the follow-up 19 and follow-up 21 report periods.

For all three reporting systems, AFCARS, NYTD, and NCANDS, combining the use of the federal utilities with state developed reports and exception reports improved the state's ability to monitor both compliance and data quality. Effective strategies for improving data quality are an ongoing challenge; however, data validation that involves direct contact with CW staff provides the opportunity to educate and encourage proper, thorough documentation. Ongoing data validation keeps the unit in touch with the functioning of both the KIDS application and the federal reporting extracts. The state has two WebFOCUS reports to monitor federally mandated CW visitation: Caseworker Contact–Federal Measure 1 and Caseworker Contact–Federal Measure 2. These WebFOCUS reports update daily and are available to CW staff internally from a reports dashboard. The reports summarize compliance with the mandated standard and provide 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, was created to meet the data demands that resulted from the class action lawsuit settlement agreement. Many of the measures that CWS is mandated to report on, as outlined in the Pinnacle Plan, are taken directly from Federal CFSR Round 2 composite component measures, the federal worker visitation measure, federal data profile elements, and other sources. All detail data including 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 was created to provide access to the most accurate and up-to-date health and educational information for placement providers. This interface to KIDS from OSDE and OHCA databases allows easier access by the 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 OKDHS custody children. The data provided through the interface goes through a validation process to ensure the data's accuracy and confirmation that all data elements were transmitted.

KIDS staff offers statewide assistance for data cleanup that specifically targets AFCARS and NYTD data elements, while also providing caseworkers with guidance on any other data entry questions. Within KIDS, there are highlighted mandatory fields for federal data elements 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 the AFCARS data elements that show missing data fields and a summary of all AFCARS data elements pertaining to the child(ren) in the case.

Trainings are provided to new staff in the CW Core Academy that include using KIDS, and instructions on the importance of accurate documentation of those federal data elements. Additional training in the accurate documentation of the child's case record is provided by KIDS staff on an on-going basis or specifically when identified as needed by CWS programs or management staff.

CWS programs 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.

Currently within the KIDS system, the 24A AFCARS population for 10/1/2023 through 3/31/2024 indicates: 8,162 children are in the population; 2,558 or 31.4 percent of children in that population have terminated parental rights (TPR) to one parent only and of the 9,125 with two parents, there are 3,225 or 35.4 percent with TPR.

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

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

For each placement documented within a child's case, the specific placement provider's resource information is in the child's case within KIDS. The placement provider's resource information contains more detailed information on the resource's demographics, such as address, phone number, and household member(s). When a resource is contracted through a contracted agency and not through OKDHS, then the contracted agency along with contracted home is also identified in KIDS. This way, a child's exact location is identified within KIDS. During the time period of 4/1/2023 through 3/31/2024, 9,791 children were served in out-of-home care. Of those, 5,970 children were still in out-of-home care on the last day of the reporting period, and 5,955 of those children, 99.7 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 case plan goal for a child who has been in care for 60-calendar days or longer. The approved CPG must be within the current removal episode and established after the date of the current removal. Of the 9,791 children in the served population during 4/1/2023 through 3/31/2024, 9,333 children, 95.3 percent, had a documented CPG as of 3/31/2024. Of the 458 children without a CPG documented, 407 children, 4.2 percent, were in care less than 60-calendar days. This indicates that 99.5 percent of the children served in this period either had a CPG or had not met the required time frame for a CPG to be documented. Of the 51 children that were in care longer than 60-calendar days without a CPG documented in KIDS, 19 children are still in out-of-home care, 0.19 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 worker 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 2025 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 Individualized Service Plan (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 30-to-60-calendar days as needed until the case plan goal (CPG) is no longer reunification. In the event the CPG changes from reunification, subsequent FMs occur at minimum every six months or as needed to achieve permanency for the child. 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.

During the last five years, CWS created and deployed a training to address court expectations that supported CW staff on key practice components of the court process, such as report writing and documentation of safety and behavior changes in family functioning, verbalization of safety threats, articulation of behavior changes to the judge, and district-to-court relationship building necessary for improving permanency outcomes for children and youth. Guidance also accompanied the training that served as a resource for CW staff to utilize in their discussions with court partners. The guidance covered court etiquette for CW professionals as well as parents and foster parents, expectations surrounding communication with court partners before a hearing, and CW staff roles and responsibilities. The goal of the guidance was to set clear expectations of CW staff when adverse rulings are made and for CWS to continue advocating for timely permanency and

in the best interest of children. Following the completion of the court expectation training, CW district directors were required to speak to their judicial partners regarding courtroom practices as an effort to begin collaboratively working together to improve outcomes for families.

The first joint project between CWS and the Court Improvement Project focused on strategies developed by court and CWS leadership that would improve outcomes for children in out-of-home care. Three jurisdictions were selected in the project and each saw an improvement in both outcome data for children and court relationships. Due to the success of the first joint project, a second joint project was launched in October 2022 and followed the same processes as the first project. Measurement outcomes for the second joint project concluded in March 2024 and are in the process of being compiled to determine if there were any improvements in the selected measures identified by the district partners.

As CWS strives to make changes within the CW system to improve outcomes for children and families, new legislation may also advance and support both current and new OKDHS initiatives. Several bills were passed in the 2023 legislative session which will likely have a positive impact on timely permanency.

- SB 159, effective 11/1/2023, is an OKDHS request bill designed to make clear to parents and court partners that participation in voluntary services at the outset of a case—prior to adjudication—cannot and will not be used against them. This bill was drafted by OKDHS in order to address situations where a parent might hesitate to engage in pre-adjudication services as it might be construed as an admission of guilt the child is deprived and be used as evidence against the parent. Specifically, the bill makes clear that participation in voluntary services may not be used as evidence for the purpose of adjudication or disposition. It is the hope that this will have a positive impact on timely permanency because it will eliminate a barrier to early engagement in critical services.
- SB 178, effective 11/1/2023, is an OKDHS request bill, designed to clarify reunification timeliness by stating that the court must set a date of review for the trial reunification within six months and may return custody to a parent prior to the end of the sixth month in an attempt to clarify that a child does not have to remain in trial reunification for at least six months.
- SB 19, effective 11/1/2023, creates the Family Representation and Advocacy Act which will allow the creation of a program within the Office of the Courts in order to ensure uniform and high-quality legal representation for child and parent, legal guardians, and Indian custodians in deprived child actions. As part of the Family Representation and Advocacy program, a central office will work statewide with judicial districts and attorneys by supporting them with training and compensation.
- SB 706, effective 7/1/2023, requires any jury trial for termination of parental rights to be set within six months of the request with continuances only being granted in the case of an emergency as determined by the court.

Quality Assurance System

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

Staff and Provider Training

Initial Staff Training

CORE

CORE is a standardized comprehensive CW specialist training program designed around identified competencies, CWS policy, grounded in evidence-based, trauma-informed practices, infused with hope, and rooted in Oklahoma's 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 (OU) Center for Public Management (CPM), National Resource Center for Youth Services (NRCYS), University of Oklahoma School of Social Work (OUSSW). Together, the partners are tasked with assisting in the creation, assessment, and management of key elements of the CWS Training program.

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 and seeks to continually evaluate and improve CORE/level courses and align with CW skills needed. Two separate activities occurred during this reporting period. One was led by the CWS Training program while the other was part of a division-wide process. To achieve this goal, new CW specialists were interviewed by the CWS Training program three months post CORE about their experience including CORE classroom learning, OJT training assignments, and supervisor support after completing CORE.

A sample of 20 CW specialists attending three focus groups were interviewed for a minimum of two hours. Each CW specialist had completed CORE approximately three months prior to attending a focus group. The three-month window was selected to capture the perspectives of CW specialists who leave at this juncture of employment. For diversity, the sample included 14 CW specialists from rural counties and seven CW specialists from urban counties. The CW specialists answered the questions concerning utilization of CORE skills and knowledge, efforts with the OJT component of CORE, and current support from region and district offices.

Strengths of CORE identified included: interviewing skills, recognizing bias as foundational for the work, motivational interviewing specifically, open-ended questions, affirmations, reflections, and summarizing. The CW specialists identified interviewing skills as how they connect foundational skills and knowledge to their daily work.

Themes identified from the three focus groups included:

- CORE did not meet the CW specialist's needs once they got to the district office. Areas identified included: how to document interviews, Individual Service Plans (ISP's), court reports, and a District Attorney (DA) report, increased program type specific OJT activities such as increased interviews, and observing the overall work process from start to finish.
- Additional support from mentors.
- Messaging from CW staff and supervisors in district offices that CORE is not useful. These messages have a negative impact on learning and implementing skills and knowledge. If it is believed the knowledge and skills are not applicable in the region and district offices, then it is probable the outcomes of the learning will be diminished.

The division-wide initiative aimed to identify successful aspects of CORE and increase focus on hands-on experiences relevant to daily tasks. This involved conducting focus groups with CW specialist, supervisors, and district directors. The findings of both initiatives underscored the need to reevaluate the current curriculum and OJT practices to ensure alignment with needs.

The division wide workgroup is comprised of CWS Training program staff, district directors, CW supervisors, and the administrator of Leadership and Employee Support The workgroup reviewed and categorized findings from focus groups to enhance the utilization of hands-on activities This involved conducting seven focus groups for CW specialists, seven for CW supervisors and six for district directors each comprised of 15-to-20 CW specialists. Feedback was reviewed and sorted into areas of the curriculum designed to increase the use of hands-on activities.

Existing evaluation measures continued in this period including end of month learning assessment and end of CORE program evaluations targeting CW specialists after approximately three months post-CORE.

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
4/1/2023-3/31/2024	39	649	525	80.9%	81	12.5%	43	6.6%

During the reporting period of April 2023 through March 2024, 39 cohort groups participated in CORE training. Thirty-four cohorts (473-507), excluding 502 which was scheduled and not needed, completed CORE Modules 1-6 while five cohorts (508-512) began but did not complete all modules before the reporting period ended as they were not scheduled to do so. Of the 649 CW specialists in cohorts 473-512, 525 completed all CORE requirements, 81 had not yet completed, and 43 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 Cancelled	Percent Cancelled	Number of No Shows	Percent No Shows
4/1/2023-3/31/2024	5,445	2,945	54.09%	2,339	40.96%	161	2.96%

Level 2 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Cancelled	Percent Cancelled	Number of No Shows	Percent No Shows
4/1/2023-3/31/2024	423	181	42.79%	222	52.48%	20	3.33%

Level 3 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Cancelled	Percent Cancelled	Number of No Shows	Percent No Shows
4/1/2023-3/31/2024	511	347	67.90%	112	21.90%	52	10.20%

Level 4 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Cancelled	Percent Cancelled	Number of No Shows	Percent No Shows
4/1/2023-3/31/2024	743	486	65.40%	152	20.50%	105	14.10%

Level 5 Trainings

Reporting Period	Number Enrolled	Number Attended & Completed	Percent Attended & Completed	Number Cancelled	Percent Cancelled	Number of No Shows	Percent No Shows
4/1/2023-3/31/2024	1,151	772	67.10%	163	14.20%	216	18.80%

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 are specialized topics available to support CW enterprisewide learning needs.

The percentage of cancellations has held steady compared to the previous reporting period. However, enrollment for elective classes has generally been low across most courses, requiring requests for employees to enroll to ensure sufficient attendance for the courses to proceed. Every quarter, employees are directed to the CW Training program SharePoint site to review a list of upcoming courses. When enrollment is low, follow-up emails typically result in adequate enrollment. Nevertheless, cancellations occurring 24-to-48 hours prior to the training sessions have led to an attendance rate of approximately 50 percent for Level 1 and 2 classes. The highest cancellation rate remains in Level 1 and 2 classes, with Level 1 being particularly crucial for effective client interaction. It is imperative employees acquire the necessary information and skills from these trainings. CW supervisors must authorize cancellations from Level 1 training. However, for specialists who cancel a third time, communication with the assigned CW supervisor and district director is initiated.

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 473-505 results are provided below.

CW specialist certification officially concluded in 2024, transitioning from a provisional certification to a developmental assessment for CW specialists and supervisor's feedback. The final simulations now exclusively serve as a developmental assessment. This means there will no longer be any certification phases, such as Provisional Certification, Phase 2, and Phase 3. Module 6 will be adjusted to become a developmental assessment, with written feedback provided solely by PFRs in the CWS Training program. This feedback will be incorporated into the supervisory process for ongoing coaching and development. There will no longer be an outcome of "Ready" or "Not Yet Ready" from Module 6, and CW specialists will transition directly to post-CORE classes and begin working with families.

Moving forward, CORE will require additional time in both pre-CORE and OJT to allow for more observation and application of knowledge and skills. Focus group feedback highlighted online content cut into OJT time, prompting a reassessment of content to

determine what is essential and what could be shifted to a resource for more advanced learning.

Overall Certification Assessment Results (CORE Cohorts 473-505)

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
Adult Interview	455	95.4%	22	4.6%	477
Child Interview	448	93.9%	29	6.1%	477

	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
AOCS	343	74.6%	120	25.4%	473
KIDS	462	98.7%	6	1.3%	468

Comparison to Previous Outcomes

This reporting period indicates a slight decrease in Percent Ready findings for the Adult Interview, with a decrease of 1.8 percent, and in the Child Interview, with a decrease of 1.5 percent. Historically, yearly results have fluctuated within an average of 10 percentage points, and this year's results remain consistent with that trend. Over the previous three years, both interview results have increased. Notably, for the third consecutive year, the Adult Interview Ready findings have been higher than those for the Child Interview. KIDS performance improved, while the AOCS continues to be a skill that will require ongoing supervisory support to master.

Child Interview Results by Program (CORE Cohorts 473-505)

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)	174	95.6%	-0.6%	8	4.4%	182
Family-Centered Services (FCS)	9	100.0%	+0.0%	0	0.0%	9
Hotline	22	95.7%	+1.2%	1	4.3%	23
Permanency Planning (PP)	206	92.4%	-2.7%	17	7.6%	223
Resources	37	92.5%	-1.0%	3	7.5%	40
Total	**448**	**93.9%**	**-1.5%**	**29**	**6.1%**	**477**

Comparison to Previous Outcomes

With an overall Ready result of 93.9 percent, there's a slight decrease of 1.5 percent overall. Notably, there's a higher rate of Not Yet Ready results for PP, which had the largest number assessed. Despite its low sample size, the Hotline experienced the largest increase.

Adult Interview Results by Program (CORE Cohorts 473-505)

Adult 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)	178	97.8%	+0.5%	4	2.2%	182
Family-Centered Services (FCS)	9	100.0%	0.0%	0	0.0%	9
Hotline	23	100.0%	0.0%	0	0.0%	23
Permanency Planning (PP)	210	94.2%	-2.4%	13	5.8%	223

FC&A Resources	35	87.5%	-10.3%	5	12.5%	40
Total	**455**	**95.4%**	**-1.8%**	**22**	**4.6%**	**477**

Comparison to Previous Outcomes

With an overall Ready result of 95.4 percent, there's a slight overall decrease of 1.8 percent. Both Adult and Child Interviews experienced a similar outcome this period. Notably, there's a higher rate of Not Yet Ready results for PP, which had the largest number assessed, and CPS had the largest increase, albeit only at 0.5 percent. FC&A resources experienced the lowest ready rate; however, the sample size remains low.

Child and Adult Interview Results April 2020 through March 2023

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
4/1/2020-3/31/2021 Child	362	92.0	33	8.0	395
4/1/2020-3/31/2021 Adult	348	88.0	47	12.0	395
6/28/2021-4/1/2022 Child	224	89.0	29	11.0	253
6/28/2021-4/1/2022 Adult	236	93.0	17	7.0	253
4/1/2022-3/31/2023 Child	440	95.0	21	5.0	461
4/1/2022-3/31/2023 Adult	448	97.0	13	3.0	461

Compared to the previous four years, it's evident there has been consistent or improved performance, particularly in Adult Interview outcomes, which was a planned outcome.

KIDS Assessment Total (CORE Cohorts 473-505)

	Number Meets Standards	Percent Meets Standards	Change from Previous Year	Number Needs Improvement	Percent Needs Improvement	Total
KIDS	462	98.7%	2.2%	6	1.3%	468

There were 463 CW specialists that completed the KIDS Assessment, from which 457 received Meets Standards. The data indicates a 2.2 percent increase in Meets Standard, reflecting CW specialists remain effective navigating KIDS.

The micro-learning/refresher course for new CW specialists, *CW5109 Assessment of Child Welfare Refresher,* saw an increase in completions from 101 to 115 compared to last year. CW specialists who completed the course achieved a 3.3 percent higher Meets Standard rating compared to those who did not. Encouraging participation in this course may be beneficial. With anticipated changes in the curriculum, improvements are expected in both KIDS and the AOCS.

AOCS Results by Program (CORE Cohorts 473-505)

AOCS Results by Program	Number Meets Standards	Percent Meets Standards	Change from Previous Year	Number Needs Improvement	Percent Needs Improvement	Total
Child Protective Services (CPS)	133	73.5%	-7.6%	48	26.5%	181
Family-Centered Services (FCS)	7	77.8%	+11.1%	2	22.2%	9
Hotline	20	90.9%	+35.4%	2	9.1%	22
Permanency Planning (PP)	163	73.8%	-10.9%	58	26.2%	221
FC&A Resources	30	74.4%	+0.4%	10	25.6%	39
Total	**353**	**78.2%**	**28.4%**	**120**	**21.9%**	**472**

Comparison to Previous Outcomes

With an overall Meets Standards of 78 percent, outcomes for this reporting period show a 6 percent decline in Meets Standards. More emphasis was placed on CW specialists practicing completing an AOCS and the micro-learning/refresher course for new CW specialists, titled *CW5109 Assessment of Child Welfare Refresher*, showed CW specialists who completed the course achieved a 3.3 percent higher Meets Standard rating compared to those who did not, which was lower than the previous period's rate of 6.9 percent, despite approximately the same number of attempts. Emphasizing the importance of this course may be beneficial. Anticipated changes in the curriculum are expected to lead to improvements in both KIDS and the AOCS.

AOCS Results	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
CW5109 refresher	83	72.17%	32	27.83%	115
No refresher	259	75.51%	84	24.49%	343
Total	**342**	**74.67%**	**116**	**25.33%**	**458**

Additional Support Sessions

Additional support sessions continue to be available on an as-desired basis. However, the CWS Training program stopped tracking outcomes due to the negligible change in outcomes for provisional certification. These sessions may offer emotional support and boost confidence for those who utilize them. Therefore, they will continue to be offered.

Certification Phase Completion—CORE Cohorts 473-505

New CW specialist certification ended March 1, 2024. CWS has transitioned this strategy to the Safety Through Supervision Framework process where requirements for supervised observations will continue.

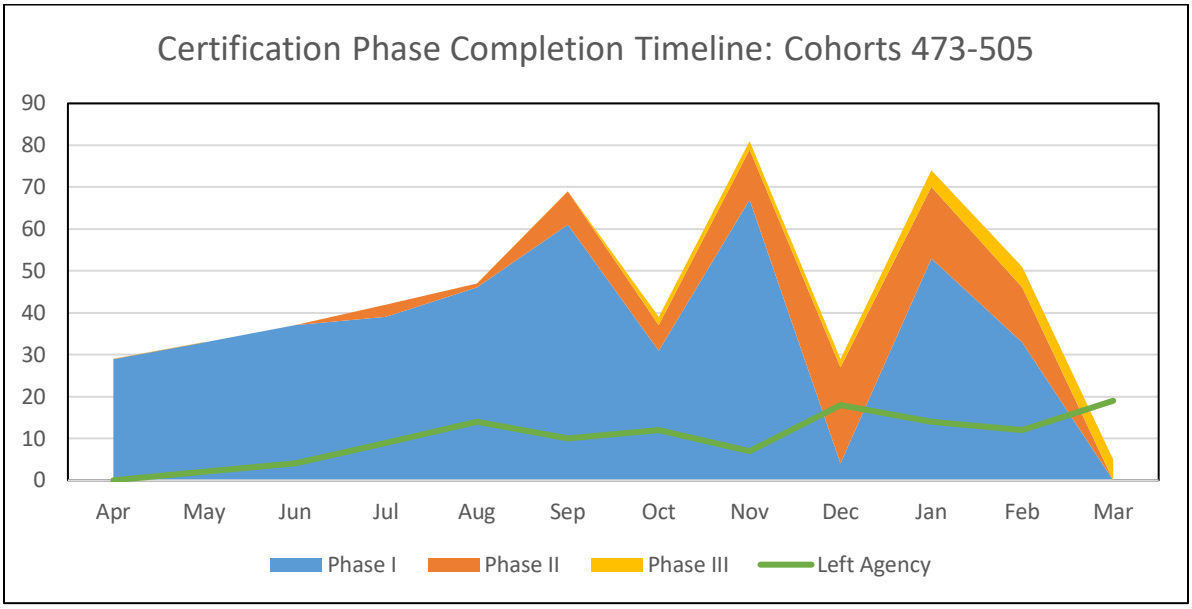
Cohorts completing Provisional Certification are outlined by phase completion by month. Phase 2 is recommended for completion three months after Phase 1, and Phase 3 is recommended for completion three months after Phase 2 for best practice in supporting CW specialists early in their tenure. Removing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

477 learners were assessed from 4/1/2023 through 3/1/2023, with 433 of them completing Phase 1, including CORE and Post-Core Levels trainings, and 44 still in the process of completing Phase 1 when new CW specialist certification phases ended.

Cohorts 473-505 completed each phase monthly. Of the 477 assessed learners, 90.8 percent completed Phase 1 and 25.4 percent left the agency during the reporting period.

Cohorts 473-505 Phase Completion per Month

Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Assessed	46	35	36	34	58	60	70	32	35	33	38		477
Completed Phase 1	29	33	37	39	46	61	31	67	4	53	33		**433**
Completed Phase 2				3	1	8	6	12	23	17	13		**83**
Completed Phase 3							2	2	2	4	5	5	**20**
Left Agency		2	4	9	14	10	12	7	18	14	12	19	**121**



Certification Phase Completion—All CW specialists

For the reporting period April 2023 through March 2024, a total of 442 CW specialists completed Phase 1, 311 completed Phase 2, 239 completed Phase 3, and 313 left the agency before completing certification. Both Phase 2 and Phase 3 experienced increases in both raw numbers and percentages. This was partly due to ongoing efforts to follow up with CW supervisors.

Progress	Completions	Number of Specialist Survey Responses	Specialist Response Rate	Number of Supervisor Survey Responses	Supervisor Response Rate
Completed Phase 1	442	386	87%	121	27%
Completed Phase 2	311	89	29%	92	30%
Completed Phase 3	239	34	14%	38	16%

Efforts to increase completion were successful; however, survey completion remains problematic.

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. The CWS Training program shifted its tactics from redesigning Phase 2 and 3 surveys to conducting focus groups aimed at identifying challenges with the CORE curriculum.

CW Specialists Post-CORE Survey Response
From April 2023 through March 2024, 442 CW specialists were provisionally certified and completed Phase 1 of CORE. From those CW specialists, 386 responses were received to the Phase 1 survey for an 87 percent completion rate.

A total of 225 CW specialists left the agency during Phase 2, 45 were not related to certification, zero noted it was certification related, and 180 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	4.53	97.1%	+0.1%
Interact with clients with cultural sensitivity	4.53	97.8%	+1.4%
Approach clients with developmental appropriateness	4.46	96.4%	+2.4%
Understand and can work with family decision-making	4.40	94.8%	-0.7%
Assess safety and risk to children	4.34	94.2%	+0.8%
Assess well-being needs of the child and family	4.36	95.5%	+0.6%
Assess permanency for the child and make decisions that support permanency	4.20	89.5%	+2.8%
Testify in courts	3.74	67.0%	+1.5%
Remain strengths-based in assessing and planning with clients	4.41	96.6%	+3.5%
Understand the stages of child development	4.34	93.5%	+5.2%
Apply trauma informed principles to working with children and families	4.31	93.1%	+2.5%
I was prepared to complete the provisional certification process	4.29	91.0%	+0.3%
I am confident I can be effective in my job in child welfare	4.38	93.9%	+2.3%

Based on the range of statements CW specialists rated themselves on, the table above shows a 1 percent increase compared to the 2024 APSR, with an average rate of 92 percent of CW specialists completing CORE feeling Confident or Very Confident about their knowledge, skills, and abilities to perform their work. Understanding child development and applying trauma-informed principles post-CORE received lower scores as reported in the 2024 APSR but increased this period. Testifying in court remains the lowest-scoring item, though it increased this period. Changes to CORE may improve this outcome, and the CWS Training program will continue to observe and refine.

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?	2.77	59.6%	-2.8%
How would you rate your level of skills on this topic AFTER you interviewed the client in the simulation lab?	3.86	94.6%	-0.3%
How would you rate your CONFIDENCE using the skills from training BEFORE you interviewed the client in the simulation lab?	2.97	65.8%	-2.9%
How would you rate your CONFIDENCE using the skills from training AFTER you interviewed the client in the simulation lab?	3.93	94.9%	+0.1%

CW specialists indicate a 60-66 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	4.35	90.3%	+1.7%
The OJT experiences helped me develop new skills	4.34	89.5%	+2.8%
The OJT experiences provided me with opportunities to learn about other programs and resources within Child Welfare, DHS, and the community	4.38	92.6%	+4.3%

Overall, there was a 3 percent increase in agreement (Agree/Strongly Agree) regarding the contribution of OJT experiences to knowledge and skill development. Trainings with CW supervisors by CWS Training personnel continued at their respective regional sessions, and optional trainings occurred during this reporting period, totaling five days and 58 employees. The aim is to assist CW supervisors in supporting CORE and focusing on the OJT experience. Emphasis has been placed on enhancing preparation for and processing of the OJT experience, as well as connecting with future practice. This approach is a modified version of the new training in the supervisor academy.

CW Supervisor Post-CORE Survey Response

During April 2023 through March 2024, 442 CW specialists completed Phase 1 of CORE. 121 CW supervisor survey responses were received for those CW specialists for a 27 percent completion rate. The last reporting period provided a 34 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?	3.92	74.3%	-4.6%
Mentor or coach the Child Welfare Specialist on ethics and values of the work?	4.00	78.3%	-5.3%
Expect them to use the training they received in CORE?	4.12	80.9%	-2.0%
Set goals for them that are based on the training they have received?	3.82	69.6%	-6.1%
Ease work pressure to allow time to integrate new training into practice?	3.82	69.6%	-6.1%

Each question experienced a decrease compared to the 2024 APSR. The three most significant decreases were notably in coaching and goal setting, critical aspects of supervision, along with a struggle to integrate their learning into practice. The lowest scoring item may reflect workload stress for supervisors. Overall 75 percent of CW supervisors indicate the ability to provide desired support.

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	3.94	82.6%	-4.2%
The Child Welfare Specialist's knowledge improved during the CORE process	4.05	88.0%	-2.7%
The Child Welfare Specialist's attitudes and/or ways of thinking about clients had a desirable change during the CORE process	3.84	72.8%	-2.2%
The Child Welfare Specialist's ability to assess safety improved during the CORE process.	3.99	85.3%	-2.8%
Coaching (supervisor or the mentor) improved the Child Welfare Specialist's knowledge of the job.	4.19	91.8%	-2.3%
Coaching (supervisor or the mentor) improved the Child Welfare Specialist's competency on the job.	4.11	88.0%	-6.0%
The Child Welfare Specialist connects the DHS Quality Standards and Child Welfare Practice Standards to daily practice.	3.99	82.5%	-7.0%
The specialist had enough time to complete OJT activities.	4.03	84.7%	-6.7%
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.	3.98	83.2%	-4.3%
The OJT activities provided the specialist with a broader understanding of DHS and Child Welfare Services.	4.03	85.9%	-1.0%

With a higher return rate than reported in the 2024 APSR, the CWS Training program has established a firm baseline wherein 85 percent of CW supervisors acknowledge CW specialists' knowledge/skills have improved, coaching serves to enhance performance, and they value OJT as a part of development. However, the lowest scoring outcomes related to how CW specialists view clients, which is critical for further exploration.

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.

CW supervisors are e-mailed each month to remind them to submit observations. Follow up occurs every two months. The survey for CW specialists now occurs at the third month to capture the experience regardless of the number of observations completed and is completed while in a required course to increase the completion rate.

At three months post-CORE, new survey questions for CW specialists will include feedback regarding overall experience. Three months was chosen to capture the experience of CW specialists who tend to leave employment at this juncture. Due to the introduction of new CORE content, surveys and focus groups will be conducted at three and/or six-month intervals to gather necessary feedback. The three-month interval remains critical for new CW specialists, as it's a time when employees may leave the agency and their feedback is valuable. The CWS Training program has found success in integrating surveys for CORE with post-CORE required classes, which has helped increase the return rate.

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.

From April 2023 through March 2024, 442 CW specialists completed Phase 2. From those specialists, 89 responses were received to the Phase 2 survey for a 29 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	4.34	91.8%	-6.9%
Interact with clients with cultural sensitivity	4.28	92.5%	-7.5%
Approach clients with developmental appropriateness	4.18	89.3%	-10.7%
Understand and can work with family decision-making	4.07	86.6%	-10.7%
Assess safety and risk to children	4.20	90.2%	-8.5%
Assess well-being needs of the child and family	4.19	89.3%	-8.1%
Assess permanency for the child and make decisions that support permanency	3.87	73.8%	-21.0%
Testify in courts	3.30	51.0%	-18.8%
Make adaptations to work with families	4.05	86.0%	-7.4%
Remain strengths-based in assessing and planning with clients	4.04	84.9%	-11.1%
Understand the stages of child development	3.85	74.8%	-19.9%
Apply trauma informed principles to working with children and families	3.87	76.5%	-15.6%
I was prepared to complete the provisional certification process	3.88	75.5%	-17.9%
I am confident I can be effective in my job in child welfare	4.13	86.3%	-8.4%

82 percent of CW specialists maintain confidence in their early stages of work with clients, with testifying in court remaining the area of lowest confidence. Overall, there was a decrease across all questions compared to the initial post CORE survey result of 92 percent, as well as the last period's survey, which was also at 92 percent. *CW1100* is a course intended to strengthen child development, addressing a recognized need in this area; however, there are no gains demonstrated.

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	4.23	88.3%	-9.1%
My skills for competent child welfare practice have continued to improve	4.35	95.4%	-4.6%
My knowledge of competent child welfare practice has continued to improve	4.34	95.8%	-2.9%
I am confident that I can manage my caseload	3.92	73.9%	-15.5%
I can connect the OKDHS Quality Standards and Child Welfare Practice Standards to my daily practice.	4.29	92.8%	-4.5%

In Phase 2, 89 percent of CW specialists continue to express confidence in their early interactions with clients and in applying their learning to practice. Although there have been decreases compared to the 2024 APSR, it's essential to note the most significant change is not solely related to the knowledge and skills acquired through CORE. Rather, it appears to be more focused on broader abilities, potentially encompassing both knowledge/skill and workload demands.

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	4.32	89.3%	-9.4%
I feel supported by my supervisor	4.45	93.1%	-3.0%
I feel valued as a professional	4.04	79.0%	-10.5%
My supervisor is available to me	4.47	93.1%	-6.9%
My supervisor is a resource for me	4.51	95.4%	-3.3%
I have received emotional support from my supervisor	4.39	89.9%	-6.2%
The Coaching I receive is helping me improve my skills as a Child Welfare Specialist	4.28	90.1%	-8.5%
The Coaching I receive from my supervisors encourages me to continue learning to be successful in my job	4.34	90.2%	-8.5%

Survey Results

90 percent of CW specialists express confidence in their supervisory support, which is consistent with the past review period. Noteworthy is the alignment with data reported in the 2024 APSR, indicating feeling valued as professionals as the lowest score again. The decrease in supervisor encouragement to engage in training and coaching might be

attributed to workload issues. However, the CWS Training program is making another attempt to strengthen OJT with planned changes and training of CW supervisors prior to new CORE implementation. This will specifically focus on supporting those in CORE and continually improving the implementation of the Safety Through Supervision Framework, aiming to boost scores in the future. *CW4551 Supporting your Specialist in CORE* was held five times as a standalone class separate from the CW Supervisor Academy with 58 attendees.

CW Supervisor Phase 2 Certification Surveys

Survey Response

For the CW specialists who completed Phase 2 from April 2023 through March 2024, 92 CW supervisors completed the survey for a return rate of 30 percent, which is a significant change from 88 percent reported in the 2024 APSR.

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	4.37	96.4%	-0.7%
Interact with clients with cultural sensitivity	4.37	97.6%	+2.7%
Approach clients with developmental appropriateness	4.38	100.0%	+2.9%
Work with clients using trauma-informed practices	4.17	86.7%	-2.3%
Understand and work with family decision-making	4.15	89.3%	-4.1%
Assess safety and risk to children	4.26	96.4%	+0.1%
Assess well-being needs of the child and family	4.31	97.6%	+1.3%
Assess permanency for the child and make decisions that support permanency	4.05	82.1%	-5.4%
Testify in court	3.81	67.9%	-4.4%
Make adjustments when necessary to work with families	4.26	95.2%	+0.4%
Remain strengths-based in assessing and planning with clients	4.19	90.5%	-4.4%
Understand the stages of child development	4.25	92.8%	-1.3%
Manage the tasks of working in child welfare	4.10	85.5%	-4.9%
Demonstrate competency when they interviewed a child.	4.29	97.6%	+0.5%
Demonstrate competency when they interviewed an adult.	4.31	97.6%	+0.5%

Despite efforts to increase survey completion rates, there was a significant drop in responses this period, making generalizations less reliable. However, if the respondents are representative of those who did not respond, confidence in new CW specialists' abilities after CORE remains high at 93 percent. Court testifying, a task most CW specialists rarely perform, as opposed to court preparation, remains an area for potential growth and improvement.

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.	4.26	95.2%	-1.1%
I have enough time necessary to support the Child Welfare Specialist's ongoing skill development.	3.80	71.4%	+0.1%
The specialist can connect the DHS Quality Standards and Child Welfare Practice Standards to their daily practice.	4.12	89.3%	-3.4%
I am available to the Child Welfare Specialist.	4.43	96.4%	+0.8%
I encourage the specialist to use the skills they have learned in CORE and OJT.	4.36	94.0%	-1.6%

Survey Results

Survey results have remained consistent over the last three reporting periods. However, the time allocated to support the growth of CW specialists, which was previously reflected in different questions but linked to the same challenge, has consistently remained the lowest scored question.

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

Survey Response

From April 2023 through March 2024, 239 CW specialists completed Phase 3. From the 36 who left the agency during Phase 3, nine were not certification related, and 27 unknowns. A total of 34 responses for Phase 3 surveys were received from those CW specialists with a return rate of 14 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	4.60	97.1%	0.0%
My supervisor gives me information on how I am performing	4.63	94.3%	0.0%
My supervisor encourages me to use the skills that I learned in training in my daily practice.	4.57	94.3%	-2.9%
I feel supported by my supervisor	4.69	97.1%	0.0%
I feel valued as a professional	4.17	80.0%	-8.6%
My supervisor is available to me	4.66	97.1%	0.0%
My supervisor is a resource for me	4.66	97.1%	-2.9%
I have received emotional support from my supervisor	4.63	94.3%	-2.9%
The Coaching I receive is helping me improve my skills as a Child Welfare Specialist	4.54	94.3%	+2.9%
The Coaching I receive from my supervisors encourages me to continue learning to be successful in my job	4.51	91.4%	-5.7%
I can apply my training to be effective in my job tasks	4.34	97.1%	-2.9%
My skills for competent child welfare practice have continued to improve	4.51	97.1%	0.0%
My knowledge of competent child welfare practice has continued to improve	4.51	97.1%	0.0%
I am confident that I can manage my caseload	4.40	94.3%	+11.4%

I can connect the DHS Quality Standards and Child Welfare Practice Standards to my daily practice	4.46	97.1%	0.0%

Survey Results

96 percent of CW specialists remain confident in their supervisor's ability to provide supportive supervision work and increased from Phase 2. The emphasis on following up with CW supervisors proved more successful in Phase 3 compared to the 2024 APSR. Many of these follow-ups occurred considerably past the anticipated due date. Despite this, there is a consistent belief CW specialists view the support from CW supervisors positively. There is an increase from Phase 2 to Phase 3 in feeling valued by their supervisor. Additionally, CW specialists indicate confidence in their work with families.

CW Supervisor Phase 3 Certification Surveys

Survey Response

Out of 239 Phase 3 completions, 38 CW supervisor responses were received for a 16 percent response rate which was lower than reported in the 2024 APSR of 24 percent. Despite a large increase in completion of Phase 3, survey response remains low.

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	4.39	97.7%	-2.3%
Engage clients in empathic and non-judgmental relationships	4.43	97.7%	-2.3%
Interact with clients with cultural sensitivity	4.41	97.7%	-2.3%
Approach clients with developmental appropriateness	4.39	97.7%	-2.3%
Work with clients using trauma-informed practices	4.30	93.2%	-4.8%
Understand and work with family decision-making	4.26	93.0%	-7.0%
Assess safety and risk to children	4.42	97.7%	-2.3%
Assess well-being needs of the child and family	4.34	95.5%	-4.5%
Assess permanency for the child and make decisions that support permanency	4.20	90.9%	-3.1%
Testify in court	3.91	72.1%	-5.9%
Make adjustments when necessary to work with families	4.23	93.0%	-3.0%
Remain strengths-based in assessing and planning with clients	4.27	95.5%	-2.5%
Understand the stages of child development	4.39	97.7%	-0.3%
Manage the tasks of working in child welfare	4.23	93.2%	-2.8%
Demonstrate competency when they interviewed a child.	4.36	97.7%	-2.3%
Demonstrate competency when they interviewed an adult.	4.34	95.5%	-4.5%

Despite efforts to increase survey completion rates, there was a significant drop in responses this period, making generalizations less reliable. Confidence in new CW specialists' abilities after CORE remains high at 94 percent. Court testifying, increased from Phase 2; however, it remains an area of growth potential.

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	4.43	97.7%	+1.7%
I have enough time necessary to support the Child Welfare Specialist's ongoing skill development	4.07	81.8%	+15.8%
The specialist can connect the DHS Quality Standards and Child Welfare Practice Standards to their daily practice	4.27	95.5%	+5.5%
I am available to the Child Welfare Specialist	4.43	100.0%	+2.0%
I encourage the specialist to use the skills they have learned in CORE and OJT	4.41	95.5%	-2.5%

Survey Results

CW supervisors continue to identify new CW specialist as strong. The low response rate poses challenges in making generalizations. However, despite minor decreases in most of the scores, the overall confidence remains high. The increase in time allocated to support CW specialists does not align well with earlier assessments during Phase 2, which indicated a lower allocation.

Ongoing Staff Training

Level 1 Instructional Enhancements

The CWS Training program continues to monitor the downward trend in CW specialists completing training timely. 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 scaffold learning, to align with the experiential model, and content required updating.

CW1002 **Introduction to Childhood Sexual Abuse & the online Caring for Children with Problematic Sexual Behaviors**	This training examines healthy child sexual development, the processes involved in child sexual abuse, family characteristics and responses, treatment options, and self-care as it relates to cases involving child sexual abuse. This course was fully revised and implemented in fall of 2023
CW2028 **Native American Culture**	Course under development, competencies created. Planned implementation 2024
CW1009 Behavioral Health and Substance Abuse	After piloting the new curriculum for *CW1009* the CWS Training program concluded the course objectives needed revision and the class time needs to be extended. This adjustment is necessary due to the complexity of the current objectives, which hinder CW specialists' ability to effectively

	translate concepts into practice. The class was extended from one to two days and is fully implemented.
CW2111 Child Development	Content is being revised with a focus on children ages 6 to 12 building upon the early childhood development course *CW1100*. The objectives are finalized. It gives CW specialists a deeper dive into middle childhood development, both normative and atypical, noting the bidirectional impact of this stage of life on relationships, regulation, and learning. A course focused on adolescent development will be developed once *CW2111* has been implemented.
CW2025 Medical Aspects	Revisions are in progress, expected to be implemented this year. Upon completion, an advanced Medical Aspects will be created.

eLearning courses added this year covering topics:

- Opioids course: CW specialists are able to complete a virtual environment assessment where drug use and production may exist, and assess for safety of the child, family and the specialist.
- Marijuana Drug home: CW specialists are able to complete a virtual environment assessment where drug use and production may exist, and assess for safety of the child, family and the specialist.
- Adolescent Drug Trends: CW specialists are able to complete a virtual environment assessment where drug use and production may exist, and assess for safety of the child, family and the specialist.
- Foster Care and Adoption house assessment: The purpose of this course is to familiarize CW specialists with completing a house assessment, identifying potential safety concerns, discussing any concerns, and formulating a plan to address any identified needs.
- Common Coaching Challenges for Supervisors: CW specialists IV/V's examine coaching mindset, identify coaching opportunities, and think critically about coaching as a framework for supervision.

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 2,945 attendees in Level 1 courses, with 2,931 responses for a 99.5 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.	4.57	96.1%	2,931	-0.4%
I am confident that I will use this training on the job.	4.57	95.6%	2,931	+0.2%
The online materials prepared me for class.	4.29	82.9%	2,931	-10.5%
The group activities facilitated learning and added value to the training.	4.50	94.3%	2,931	+1.2%

Overall, Level 1 classes continue to perform well, with 92 percent indicating they Agree or Strongly Agree that they benefited from the training. However, there is a discrepancy in the drop in online materials, which occurs when courses did not offer online options but still had the question available, which led to confusion.

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	3.54	4.50	0.97	27%	309
CW1004	3.39	4.49	1.10	32%	250
CW1005	3.97	4.59	0.63	16%	262
CW1006	3.69	4.42	0.73	20%	276
CW1007	3.87	4.57	0.70	18%	108
CW1009	3.77	4.47	0.70	19%	251
CW1016	2.85	4.48	1.63	57%	135
CW1017	4.15	4.67	0.53	13%	99
CW1020	3.77	4.67	0.90	24%	46
CW1024e	3.50	4.57	1.07	31%	299
CW1027	3.63	4.69	1.05	29%	43
CW1057	3.41	4.44	1.03	30%	90
CW1070	3.55	4.45	0.90	25%	116
CW1077	3.73	4.62	0.89	24%	123
CW1100	3.59	4.58	0.98	27%	238
CW1115	3.57	4.45	0.87	24%	261
CW1200	4.15	4.54	0.38	9%	13
Total	**3.58**	**4.52**	**0.94**	**26%**	**2,919**

Survey results indicate an overall increase of 26 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 181 attendees in Level 2 courses, with 181 responses for a 100 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.	4.67	98.9%	+3.4%	181
Question 2: I am confident that I will use this training on the job.	4.69	99.4%	+1.9%	181
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.	4.57	97.8%	+8.2%	181

CW specialists continue to reflect Level 2 trainings meet their learning needs, with gains across all questions and an overall 95 percent rate of Strongly Agree/Agree rate. Question 3 is not applicable as no Level 2 class currently has prerequisite online content. Classes expected to go live for Level 2 include: *CW 5175/5176 NTI* and *CW 2028 Native American Culture* for CW specialists.

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	3.99	4.61	0.62	15%	92
CW2025	3.35	4.55	1.20	36%	88

Surveys reflect an overall 25 percent increase for all Level 2 classes combined. *CW2025*, which has received updates, showed the largest gain. It is expected for this course to include more novel content than a CW policy driven course.

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. All Level 3 courses are included in mentor certification. CW specialists and supervisors are required to complete 40 hours of training per year. A total of 347 CW specialists completed Level 3 classes from April 2023 through March 2024.

Mentor Certification

Mentor Certification is required for all CW specialist IV's. Mentor Certification ended at the same time as new CW specialist continued without the evaluation component. There were 511 enrolled in Mentor Certification and a total of 347 completed Mentor Certification. 111 completed the first step in the program *CW3032*, 16 were no shows, and 32 were cancelled. Thirty-seven completed *CW3444* and are pending testing completion. Twenty-four tested and completed the program. There remains an effort to work with CW specialists from previous reporting periods to continue with enrollment into certification. The ongoing communication with the employee and their supervisor to continue enrolling lead to more timely completions.

The Mentor Certification process consists of the following required trainings:

- *CW5058 Standardized Hiring* (this class was added late into this reporting period as required versus optional)
- *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.

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 283 CW specialists completed the survey for a return rate of 82 percent. *CW3029 Introduction to Coaching* had 62 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	4.76	283	99%	+1%
Question 2: As a result of the training, I have developed new skills	4.63	283	100%	0%
Question 3: The training has affected some of my attitudes concerning this topic area	4.1	283	100%	+2%
Question 4: The training was relevant to my job duties	4.01	283	98%	-2%
Question 5: The information I received from this training can definitely be used with my clients	4.3	283	93%	-5%
Question 6: I have a plan to implement this training	4.71	283	93%	-4%
Question 7: I am very confident I will use this training on the job	4.38	283	92%	-6%

Survey results indicate CW specialists continue to view the training as relevant with a commitment to implement into their practice with a 96 percent Agree/Strongly Agree response. Level 3 classes continue to be a strength for the CWS Training program.

Self-assessments for the following Level 3 classes, 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	
CW3032	3.69	4.81	1.12	31%	109
CW3042	3.51	4.63	1.12	25%	65
CW3300	4.11	4.93	0.82	32%	48
CW3444	4.09	4.76	0.67	37%	37
CW3445	3.85	4.81	0.96	26%	24

Surveys show an overall average increase of 30 percent in CW specialists' confidence for each class. *CW3032 Motivational Interviewing*, demonstrated a significant improvement, as did *CW300 Coaching*, a critical skill to acquire, and *CW3444 Mentor Certification* preparation. These results suggest mentors are benefiting from these courses, all of which build upon each other's competencies.

Level 4 Completion Data

Level 4 trainings are designed for CW supervisors and above. Level 4 classes were completed by 486 CW supervisors from April 2023 through March 2024. This is a significant increase from last year's completion of 234 CW supervisors.

Level 4 Survey Response Rate

Of the 486 CW supervisors that attended Level 4 trainings, 485 surveys were completed resulting in a 99.80 percent overall response rate. This is the fourth year of producing a steady and consistent response rate of 100 percent.

Of the nine 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	4.45	486	100%	0%
Question 2: As a result of the training, I have developed new skills	4.61	486	97%	-1%
Question 3: The training has affected some of my attitudes concerning this topic area	4.46	486	100%	+1 %

Question 4: The training was relevant to my job duties	4.12	486	94%	-4 %
Question 5: The information I received from this training can definitely be used with my clients	4.37	486	96%	- 3%
Question 6: I have a plan to implement this training	4.58	486	98%	0%
Question 7: I am very confident I will use this training on the job	4.49	486	98%	0%

Overall, survey results for Level 4 classes indicate CW specialists continue to perceive the training as valuable and relevant to their work with clients and other CW specialists, with 94 percent rating Agree or Strongly Agree. There was minimal variance in the performance of each question.

Self-assessments for the following Level 4 classes, *CW4389 Sociology of Child Poverty*, *CW4504 Clinical Team Training*, *CW4021 Change Management*, *CW4209 Excellent Customer Service*, *CW4123 Ethics in Supervision*, *CW4013 Supervisor Refresher – Annual Updates*, and *CW4551 Supporting Your Specialist in CORE*, 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	
CW4123	3.6	4.52	0.92	31%	8
CW4389	3.9	4.67	0.77	40%	15
CW4504	4.06	4.87	0.81	25%	76
CW4013	3.54	4.46	0.92	35%	219
CW4209	3.03	4.33	1.3	29%	17
CW4021	4.12	4.76	0.64	10%	11
CW4551	3.84	4.69	0.85	28%	58

Survey results show an overall average increase of 28 percent across all classes. *CW4389* had the highest percentage increase score and was facilitated by a contracted facilitator. Survey participation reached 100 percent for Level 4 classes. *CW4013*, a program-facilitated course for all CW supervisors aimed at strengthening their understanding of the Safety Through Supervision supervisory framework, had the second highest increase in scores.

Supervisor Academy

CW Supervisor's Incremental Post-Academy Development

All new CW supervisors attend an 18-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 programs personnel. The full academy program is comprised of five multi-day learning experiences spread over the course of seven months.

Prior to attending Module 1, at the time of initial registration and during the month before actual participation in the first Academy module, a CW supervisor receives information and books to begin a process of targeted pre-reading.

The CWS Training program restructured the academy modules to include a Pre-Academy Programs segment at the beginning of the training, which consisted of moving portions of content from other modules, in addition to adding two new courses. This segment covers the Safety Through Supervision supervisory framework and introduces Continuous Quality Improvement (CQI) on day one followed by *CW4551 Supporting Your Specialist* in CORE and Certification. This course aims to educate supervisors about their crucial role in supporting CW specialists during CORE and certification trainings. With certification coming to an end, the course delves deeper into how CW supervisors can assist CW specialists in CORE, covering changes to OJT and support for impending CORE changes.

CW5058 Standardized Hiring has been added as a part of the Academy as it was for Mentor training.

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	4.41	59	97%	-3 %
Question 2: As a result of the training, I have developed new skills	3.8	59	96%	-4 %
Question 3: The training has affected some of my attitudes concerning this topic area	4.31	59	97%	-2 %
Question 4: The training was relevant to my job duties	4.5	59	98%	0 %
Question 5: The information I received from this training can definitely be used with my clients	4.2	59	98%	-2 %
Question 6: I have a plan to implement this training	4.23	59	96%	-3 %
Question 7: I am very confident I will use this training on the job	4.51	59	95%	- 5 %

Overall, the survey indicates a high level of satisfaction with the Supervisor Simulation Experience. While survey results decreased slightly, it's important to note with almost 100 percent outcomes last period, some variance is to be expected. Results continue to indicate CW supervisors find the content relevant and applicable to their daily roles, have a plan to use the new knowledge, and implement the skills learned with their clients.

A Supervisor Follow-up Simulation course, designed to provide supervisors with an opportunity to enhance their skills through classroom practice, peer and trainer feedback, and coaching to improve skills, was not implemented due to resource constraints. However, it is planned to occur in the next reporting period.

Self-assessment for Supervisor Simulation

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	
CW4552	3.1	4.56	1.46	28.5%	59

CW supervisors find value in the simulation process, showing a 29 percent increase before and after the experience.

Supervisor Academy Module Completion

Supervisor Academy is divided into four modules. Module 1 was held four times with 49 CW supervisors completing. Module 2 was held four times with 53 CW supervisors completing. Module 3 was held four times with 52 CW supervisors completing. Module 4 was held four times with 60 CW supervisors completing.

Supervisor Academy Survey Response Rate by Module
All 214 CW supervisors through all four modules completed the survey with a response rate of 100 percent.

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	4.38	49	97%	-2%
Question 2: As a result of the training, I have developed new skills	4.51	49	100%	0%
Question 3: The training has affected some of my attitudes concerning this topic area	4.43	49	96%	-3%
Question 4: The training was relevant to my job duties	4.12	49	96%	-3%
Question 5: The information I received from this training can definitely be used with my clients	4.71	49	100%	+1%
Question 6: I have a plan to implement this training	4.8	49	96%	-4%
Question 7: I am very confident I will use this training on the job	4.3	49	96%	-3%

Overall, the survey continues to indicate a high level of satisfaction with Module 1 of Supervisor Academy with a 97 percent Agree/Strongly Agree.

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	4.29	53	95%	-5%
Question 2: As a result of the training, I have developed new skills	4.23	53	94%	-4%
Question 3: The training has affected some of my attitudes concerning this topic area	4.25	53	97%	-2%
Question 4: The training was relevant to my job duties	4.27	53	96%	-3%
Question 5: The information I received from this training can definitely be used with my clients	4.51	53	100%	+1%
Question 6: I have a plan to implement this training	4.1	53	100%	0%
Question 7: I am very confident I will use this training on the job	4.35	53	95%	-5%

The survey indicates a high level of satisfaction with Module 2 of Supervisor Academy, with a 97 percent Agree/Strongly Agree.

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	4.16	52	95%	-3%
Question 2: As a result of the training, I have developed new skills	4.65	52	93	-7%
Question 3: The training has affected some of my attitudes concerning this topic area	4.35	52	95%	-4%
Question 4: The training was relevant to my job duties	4.5	52	100%	0%
Question 5: The information I received from this training can definitely be used with my clients	4.47	52	100%	=1%
Question 6: I have a plan to implement this training	4.56	52	99%	-1%
Question 7: I am very confident I will use this training on the job	4.41	52	98%	-2%

Overall, the survey continues to indicate a high level of satisfaction with Module 3 of Supervisor Academy with a 97 percent Agree/Strongly Agree.

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	4.65	60	91%	-8%
Question 2: As a result of the training, I have developed new skills	4.40	60	98%	-2%
Question 3: The training has affected some of my attitudes concerning this topic area	4.35	60	95%	-4%
Question 4: The training was relevant to my job duties	4.64	60	100%	+1%
Question 5: The information I received from this training can definitely be used with my clients	4.71	60	100%	+ 1%
Question 6: I have a plan to implement this training	4.5	60	99%	0%
Question 7: I am very confident I will use this training on the job	4.45	60	96%	-3%

The survey indicates a steady level of satisfaction with Module 4 of Supervisor Academy with a 97 percent Agree/Strongly Agree.

Overall, the Supervisor Academy is performing well. Variance within each module, except for Module 4, is partly due to changes in content being moved to better accommodate the needs of supervisors. Moving forward, a new baseline will be established.

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	
CW4553 M1	3.5	4.62	1.12	33%	49
CW4553 M2	3.54	4.55	1.01	24%	53
CW4553 M3	3.11	4.2	1.09	34%	52
CW4553 M4	4.01	4.45	0.44	36%	60

Supervisor Academy Results

Survey results indicate a consistently high level of satisfaction with Supervisor Academy with an overall increase of 32 percent. Previous years also reflected a fluctuation in satisfaction, congruent with this report.

Level 5 Testing Reports

Level 5 trainings offered from April 2023 through March 2024 include *CW5205 CSM Facilitator Training*, *CW5199 OBI Background Checks and Processes for Child Welfare Safety Planning*, *CW5119 Safety Planning*, *CW5118 Purpose Code X Training*, *CW5194 Introduction to CWS Background Checks*, *CW5033 Championing the Learner*, *CW5058 Standardized Hiring*, *CW5083 Experimental Design and Instruction*, 772 CW specialists completed Level 5 trainings with a return survey rate of 41.3 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.	4.15	319	95%	-3%
Question 2: As a result of the training, I have developed new skills.	4.6	319	99%	+2%
Question 3: The training has affected some of my attitudes concerning this topic area.	4.25	319	96%	- 4%
Question 4: The training was relevant to my job duties.	4.43	319	95%	-4%
Question 5: The information I received from this training can definitely be used with my clients	4.27	319	91%	-8%
Question 6: I have a plan to implement this training	4.81	319	96%	-2%
Question 7: I am very confident I will use this training on the job	4.9	319	96%	-2%

Several courses, which are facilitated by CWS program personnel without contract coordinators, do not ensure surveys are completed, thus reducing the return rate. Efforts will focus on ways to increase the utilization of surveys. The survey, with a 95 percent

Agree/Strongly Agree response, indicates a consistent level of satisfaction with Level 5 trainings. Courses offered vary each year for this level and thus are not comparable.

Self-assessments for Level 5 classes, *CW5033 Championing the Learner*, *CW5058 Standardized Hiring*, *CW5083 Experimental Design and Instruction*, reflect CW specialists' overall knowledge level prior to 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	
CW5033	3.5	4.82	1.32	19.50%	20
CW5058	3.71	4.24	0.53	32%	268
CW5083	3.64	4.51	0.87	27.50%	21

Self-assessments show an overall average increase of 27 percent, with all courses performing well. The largest gain and the most attended course overall is *CW5058*, which is a new required course for CW supervisors.

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 2023-2024

- 56 OKDHS employees participated in CWPEP
- 26 at the OU campus in Norman
- 12 at the OU campus in Tulsa
- 18 online

MSW Graduates

- 2 OKDHS employees graduated in August 2023 and returned to OKDHS to complete employment obligations.
- 1 OKDHS employee graduated in December 2023 and returned to OKDHS to complete their employment obligation.

- 10 OKDHS employees graduated in May 2024 and returned to OKDHS to complete employment obligations.

BSW Graduates

- 4 BSW students graduated in May 2024 and were hired by OKDHS.
    - 2 from OU
    - 2 from Northwestern Oklahoma State University
- 17 professionally trained social workers began employment obligations with OKDHS.

Provider Training

Functioning of provider training is monitored by CW staff. The monitoring process ensures that 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 residential treatment facilities. The monitoring process assures that the training provided addresses the skills and knowledge base needed 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 continues to be 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 and take part in activities to reinforce the content of the curriculum. Curriculum writing and review teams were convened in the 4th quarter of SFY 2023 . As a result, these revisions will be piloted and implemented the 2nd quarter of SFY 2025.

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 outlines statistical data on the number of participants and what they gained from the training. The most recent report covers the specified period of April 2023 through March 2024 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. Pre-service training requirements will remain the same for the next year. The number of participants each fiscal year is dependent upon the number of traditional, kinship, and adoptive applicants.

During this reporting period 68 in-person trainings were completed. These trainings were available on a variety of dates in all five CWS regions. As seen in Figure 44, of the 784 participants, 619 or 79 percent were kinship families, 133 or 17 percent were foster families, 8 or 1 percent were adoptive families, and 24 or 3 percent were tribal families.

Figure 44

Participants by Type for Initial In-person Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	619	79%
Foster	133	17%
Adoptive	8	1%
Tribal	24	3%
Total	**784 Participants**	

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.

In addition to the previous formats mentioned, NRCYS has increased training capacity by adding a Zoom training format for the Guiding Principles curriculum. This training format is offered once per month. It is offered as another alternative training format to accommodate families' schedules.

As seen in Figure 45, of the 1,560 participants, 1,264 or 81 percent were kinship families, 203 or 13 percent were foster families, 15 or 1 percent were adoptive families and 78 or 5 percent were tribal families.

Figure 45

Participants by Type Pre-service Online Training

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	1,264	81%
Foster	203	13%
Adoptive	15	1%
Tribal	78	5%
Total	**1,560 participants**	

Data Source: National Resource Center for Youth Services

Guiding Principles for Kinship, Foster, and Adoptive Families Training of Trainers Workshops

NRCYS offered two Training of Trainers from April through June 2023 and from July through September 2023 with a total of 15 participants in attendance. The Training of Trainers Workshop offered from October through December 2023 was cancelled due to low enrollment. One Training of Trainers Workshop occurred from January through March 2024 with a total of 11 participants in attendance.

Webinars

Two in-service training webinars were offered virtually from April through June 2023 with a total of 54 in attendance. Topics included were *Grief and Loss in Foster Care and Adoption* and *Understanding Autism: Building a Supportive Home.* No webinars were offered from July through September 2023. One in-service training was recorded for the NRCYS website during October through December 2023. No webinars were offered from January through March 2024.

Live In-Service

Garvin and McClain County Network Support Group meetings:

There were a total of 84 participants who attended the Garvin and McClain County Network Support Group meetings. Three meetings were held from April through June 2023 with a total of 33 in attendance.

- April 2023 – 9 participants
- May 2023 – 9 participants
- June 2023 – 15 participants

A total of five meetings were held from July 2023 through March 2024 with a total of 51 in attendance.

- July 2023 – 7 participants
- August 2023 – 16 participants
- September 2023 – 15 participants
- December 2023 – 6 participants
- March 2024 – 7 participants

Caddo and Grady County Network Support Group meetings:

There were a total of 53 participants who attended the Caddo and Grady County Network Support Group meetings. Two meetings were held from April through June 2023 with a total of 13 in attendance.

- April 2023 – 7 participants
- June 2023 – 6 participants

Seven meetings were held from August 2023 through March 2024 with a total of 40 in attendance.

- August 2023 – 3 participants
- September 2023 – 3 participants
- October 2023 – 3 participants
- November 2023 – 3 participants
- January 2024 – 9 participants
- February 2024 – 10 participants
- March 2024 – 9 participants

Stephens and Jefferson County Network Support Group meetings:
One meeting was held in April 2024 with a total of 17 participants in attendance.

Online Support Group
There were a total of 143 participants who attended Online Support Groups meetings. Two meetings were held virtually from April through June 2023 with a total of 51 in attendance.

- April 2023 – 45 participants
- June 2023 – 6 participants

Five meetings were held virtually from August 2023 through March 2024 with a total of 92 in attendance.

- August 2023 – 32 participants
- September 2023 – 15 participants
- October 2023 – 19 participants
- November 2023 – 8 participants
- March 2024 – 18 participants

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 covers the fourth quarter of SFY 2023 through the third quarter of SFY 2024 and serves as 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 2024.

EFC has increased to 11 trainers who are qualified to instruct the Pressley Ridge Curriculum. Each of these trainers have delivered at least one training session on this curriculum within this period. The inclusion of new trainers offers a wider variety of training methods for families. Of the 38 EFC Zoom training sessions scheduled during this reporting period, 37 were completed and one was canceled due to insufficient enrollment. 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 in Figure 46 was collected for families attending the 15 hours of Pressley Ridge training. This data is inclusive of the fourth quarter of SFY 2023 through the third quarter of SFY 2024.

Figure 46

Participants Attending Pressley Ridge Training

Enrollments	783
Completions	335
No Shows	209
Withdrawals	59
Incompletes	145

Data Source: National Resource Center for Youth Services

The National Resource Center for Youth Services (NRCYS) offers continuous training for EFC families virtually and in a live format. 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 live format is offered once a quarter and the subjects covered in these sessions are diverse and chosen based on the feedback received from the families participating in the training.

There were 11 virtual in-service trainings and two live in-service trainings provided in this reporting period. A few of the topics offered were *Effective Discipline, Caring for Teens Diagnosed with Autism, Enhance Foster Care Resources, How to Help Children Succeed in School, Hope for Foster Parents and How to Manage Secondary Traumatic Experiences*. The accomplishments of in-service trainings are consistently attributed to the remarkable participation shown by ERC families. NRCYS staff are eager to deliver support that empowers families with practical skills and can be immediately applied in their daily lives.

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 4/1/2024, four agencies that held a TFC contract had a total of 20 families complete the full Pressley Ridge training from April 2023 through March 2024, 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 47

TFC/ITFC Families That Completed Pressley Ridge April 2023-March 2024

Choices for Life (CFL)	Homebased (HBSR)	Oklahoma Families First	Open Arms
0	12	4	5

Data Source: CFL, HBSR, OFFI, Open Arms

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 childcare 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 ninety (90) days of employment, as well as training on how to use and apply the reasonable and prudent parenting standard.

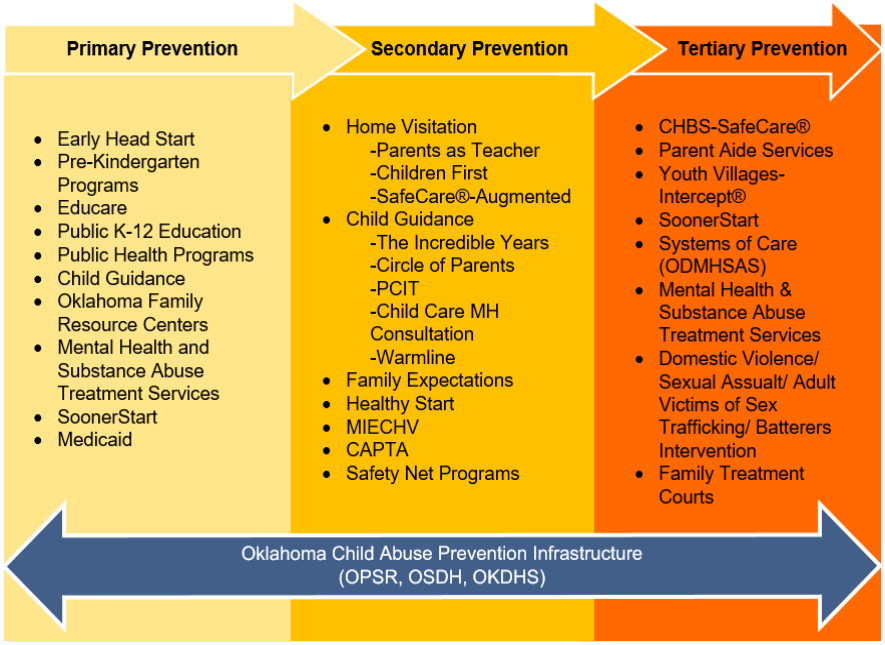
Although no changes are anticipated to the contract or training requirements scheduled for next year, CWS consistently monitors the services and training provided and is open to changes as needed to better serve children, youth, and providers.

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. This involves everything from how OKDHS designs service delivery with an intentional inclusion of client voice and human-centered design, where offices are physically located in service to families, and how opportunities are leveraged to blend funding sources. 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 improving CW practices toward a CW prevention-focused practice model and 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 48, 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 48

Oklahoma Child Abuse Prevention Network



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.

Strong family-centered practices and a hope-centered, trauma-informed systems approach establish the direction, expectations, and values from which the workforce operates, thus resulting in more empowered employees. CWS envisions this will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. Further, community capacity continues to be increased by capitalizing on partnerships to meet child and family needs through the availability of effective services. The goals, objectives, and strategies outlined in the Oklahoma 2020-2024 CFSP, through a CW system focusing on trauma-informed, family-centered care, has ensured the practice, procedures, and policies in place have continued to be enhanced and creating sustainable, desired outcomes for Oklahoma children and families and promoting child well-being, safety, and permanency, and enhancing the service array.

The Oklahoma Title IV-E Prevention Program Plan is helping CWS further advance efforts toward decreasing the need for foster care as an intervention and enhance 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. Oklahoma's Title IV-E Prevention Program Plan was approved and began on 10/1/2021. Strengthening parents' capacities and preventing child maltreatment requires a system of care that demonstrates commitment to helping all parents through both collective and individual supports. In this first submission, OKDHS focused on in-home parent skill-based programs that are established within the infrastructure of the CW system and contracted with community-based providers with an established history of serving families involved with the CW system who have experienced child maltreatment. These contracted community-based services support the promotion of health, safety, and wellness of Oklahoma's children and families. 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 by Family-Centered Services (FCS) and not within foster care. These services are aligned with an integrated, broader prevention continuum, sufficient to keep children safe, to meet the children and families' needs, and help children in OKDHS custody achieve permanency.

The infrastructure for how children and families are served in the CW system includes services administered through targeted case management and receipt of Medicaid compensable targeted case management services that assist a child's access to needed medical, educational, social, and other services delivered by external partners. CW specialists are key in connecting children and families involved with the CW system with necessary prevention and intervention-related services and ensuring a child's safety, permanency, and well-being. Direct services are performed by a combination of state agencies and community-based contract provider agencies. OKDHS 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 OMES 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.

The CWS safety evaluation process allows for the most accurate safety decision possible and determination of the most appropriate level of intervention. CWS, where appropriate, identifies prevention and intervention-related services available in the community and arranges for services to be provided to the family when the safety evaluation indicates the family would benefit from services or OKDHS may provide services directly. When

ongoing service needs for the family requires continued direct involvement with CWS an FCS or PP case is opened and FCS or PP services are provided based on the individualized needs of the child and family to support families; ensure the child's safety, stability in foster care, and well-being; improve parental protective capacities; and achieve permanency. In addition to the utilization of the Assessment of Child Safety (AOCS) through the safety evaluation process, CWS utilized the Child Behavioral Health Screener (CBHS) until November 2023, and continues to utilize the Child and Adolescent Needs and Strengths (CANS) assessment to assess the strengths and needs of children and families, along with consultation support from the CWS Nursing program, mental health consultants (MHCs), Clinical staff within the CWS Clinical Team, along with the Education Services and Developmental Disabilities Program (ESDDP) liaisons. CWS remains focused on utilizing the AOCS and understanding protective capacities as a way to identify individualized services for parents and has implemented strategies over the last three years focused to improve engagement practices to ensure the services are of quality and effective in meeting the parents' needs. Based on previously completed needs assessments, OKDHS continues to build a Continuum of Care (COC) that meets the placement needs of children in out-of-home care and improve connections to supports and treatment services to meet those needs. CWS continues to collaborate with the Oklahoma Health Care Authority (OHCA), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and the Oklahoma Office of Juvenile Affairs (OJA) to address systemic barriers impacting safety, permanency, and well-being outcomes and through developed internal processes and staffing structures are able to identify earlier in a child's CW case their individual mental/behavioral, and other treatment needs and the appropriate placement along the COC. The CWS case management structure and activities allow for CWS to assess the family's needs, provide ongoing case management and supports to ensure the child's continued safety, pathways to enhance family functioning, and link through referral, access to prevention and intervention-related culturally relevant, community-based services.

OKDHS is the state agency designated to administer the federal safety net programs. Support programs and services that are currently provided statewide in 77 county offices include Temporary Assistance for Needy Families (TANF), Medicaid (SoonerCare), Supplemental Nutrition Assistance Program, Aging Services, Developmental Disabilities Services, Child Care Services, and Child Support Services. These services help provide concrete services and supports that meet a family's basic needs and can help address some of the complex root causes of poverty, such as lack of work, insufficient education, addiction, and post-incarceration barriers. In addition to the safety net programs available to meet a family's basic needs, CWS has access to the CarePortal, an online platform that meets the tangible needs of families, kinship, and foster and adoptive families. CarePortal is a partnership with local non-profit, the 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. Each CarePortal request is submitted by a CW specialist who ensures the request will keep a child safe, remove a barrier to permanency, or enhance a child's well-being. 111Project leads the way by training churches to be on the platform ready to answer requests that come. The CarePortal is currently open in 65

counties statewide and continues to expand with an additional 21 counties opening this State Fiscal Year. Investment in these programs help improve the overall well-being of families and children and can lead to improved safety and permanency outcomes for children and families involved in the CW system.

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 Statues (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. Under the OCS Programs umbrella are two additional home-based services supported by OKDHS for families involved in the CW system, Parent Aide Services (PAS) and Intensive Safety Services (ISS). PAS is an in-home, non-therapeutic service designed to encourage parenting skill development for parents of children who have experienced lower levels of safety threats, typically young or first-time parents. ISS, which was developed and implemented through Oklahoma's Title IV-E Child Welfare Waiver Demonstration, continues to supplement the service array to allow children who are at imminent risk of removal into out-of-home care to remain safely in their homes. ISS is a home-based, short-term, therapeutic service offered to families when there is a determination that a child is unsafe, and after a predictive risk model (PREMISS) determines them to be eligible, and if an appropriate safety monitor can be identified, to receive the services they need without taking the child into OKDHS custody. ISS are designed to assist parents in initiating longer term services to address safety threats including but not limited to domestic violence, substance abuse, and mental health. 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. OCS Programs services continue to meet the complex needs of families being served preventively. The OCS Programs services are available

statewide in every CWS region, but can be limited due to capacity with periodic waitlists. This statewide early childhood care and education framework allows rural and urban communities to meet their unique needs. Home-based family support programs are delivered through Oklahoma State Department of Health (OSDH), county health departments, and contractually through community-based non-profits. The state's investment in an early childhood care and education system, through state appropriations, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting 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 addition, 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. Data provided by ODMHSAS reflects 34 children and 1,118 adults referred by OKDHS, engaged in substance abuse treatment from April 2023 to March 2024. In addition, 4,324 children and 2,119 adults were referred by OKDHS to mental health treatment during the same time span. Additionally, ODMHSAS administers the Oklahoma Systems of Care (SOC), 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 SOC 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. The AG's office is the grantee for the Family Violence Prevention and Services Act funds to provide victims of domestic and dating violence and their children with shelter, safety planning, crisis counseling, information and referral, legal advocacy, and additional support services. Even though domestic violence treatment services are provided to each county, the services are not always readily available, particularly in rural areas. Also, if the treatment provider is not within the county that the client resides, transportation to these services can be a barrier for some. Treatment services for the batterer are not available in every county and the required 52-week

treatment in Oklahoma is often a barrier to timely reunification. To add to that, the batterer is required to pay, which prevents some clients from being able to access this service.

Sexual abuse treatment services are administered by OKDHS as authorized by Section 1-7-103(f) of Title 10A of the Oklahoma Statues (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 2023 sexual abuse treatment services were provided to 294 families, 207 children.

Parent Assistance Services, centered-based parent education services are available for families and children involved in the CW system through a CPS referral or ongoing prevention and intervention-related services through FCS and PP. These services are also administered by OKDHS as authorized by Section 1-7-103(f) of Title 10A of the Oklahoma Statues (10A O.S. § 1-7-103(f)) through contracted, community-based providers. These services provide education, support, and childcare while parents attend education and counseling sessions in a group format. These services are available in all five CW regions. In FFY 2023 parent assistance services were provided to 696 families and 240 children.

SoonerStart is Oklahoma's early intervention program for infants and toddlers through age three who have disabilities and developmental delays. SoonerStart is Oklahoma's Part C of Individuals with Disabilities Education Act (IDEA) program. The lead state agency is the Oklahoma State Department of Education. This agency provides case management with all other services provided through a contract with the OSDH. SoonerStart authorizes screening to determine 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. CWS policy requires CW staff to refer children younger than age three who are victims of substantiated child abuse or neglect to SoonerStart. Findings from the SoonerStart evaluation allow the CW specialist and person(s) responsible for the child to ensure that the child's developmental needs are met through service referrals.

Children placed in OKDHS custody and receiving substitute care and supportive services also are required to receive an Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) screening upon removal and ongoing as needed 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. EPSDT is a preventive health program under SoonerCare, Oklahoma's Medicaid 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. Additionally, because approximately 45 percent of Oklahoma's population of children in out-of-home care at any given point in time are under age five and have shown a steady increase of identified disabilities, there has been an emphasis on service development for this child population. The Safely Advocating for Families Engaged in Recovery initiative, Family Treatment Courts (FTC), Infant-Toddler Court , the Modified Attachment Biobehavioral Catch-Up Model, and the Parent-Child Assistance Program (PCAP) are examples of ways Oklahoma, in partnership with ODMHSAS, is enhancing the services available to children and their families affected by substance abuse.

A statewide survey was deployed in 2023 to social service professionals and parents/caregivers in collaboration with OSDH and the Oklahoma Commission on Children and Youth (OCCY), along with separate surveys deployed to parents/caregivers involved with the CW system and CW staff by OKDHS. The statewide survey had 1,006 responses, 707 professionals and 304 parents, and the OKDHS surveys had 333 parent/caregiver responses and 487 CW staff responses. The results indicated the top referred services are mental health, substance abuse, domestic violence, and parenting/home visitation programs, which correlates with the most frequent type of substantiated allegations of abuse or neglect of Neglect-Substance Abuse and Neglect-Exposure to Domestic Violence. In the statewide survey respondents were asked if they had referred to (for the professionals) or are aware of/used any (for the parent/caregiver) of the following programs: Home-Based Programs; Parent Support Programs; Resource Programs; Mental Health and Substance Abuse Treatment Programs; Employment Programs; Education Programs; Insurance and Health Care Programs; Disability Programs; and Child Care Programs. The majority of the responses were either unaware of these programs or aware, but have not referred clients to them (for the professionals) or utilized them (for the parent/caregiver). The respondents were also asked what the most significant barriers to accessing these programs are with the top reasons being unaware of what is available, lack of local providers, transportation, waiting lists, family's work schedule, and cost. These barriers to accessing services were the same noted in the surveys deployed by OKDHS. Additionally, the parent/caregiver respondents were asked what the most effective resources and services are most effective in meeting their needs with the top responses being SoonerCare, schools and after-school programs, church, and safety net programs; and the least effective being courts and community mental health. The professional respondents indicated schools, home visiting programs, and family resource centers as the biggest strengths or resources in their community.

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 the 38 federally recognized tribes in Oklahoma in developing a child and family well-being network within an expansion of culturally relevant prevention and intervention-related 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. Oklahoma anticipates with the implementation of Managed Care that began in 2024, access to services, resources, and supports to meet the needs of the children and families OKDHS CWS serves will continue to increase. However, the immediate availability of services has continued to be affected by the aftermath of the COVID-19 pandemic due to the workforce shortages and capacity issues.

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 combined resources. 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. 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 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) who guide the development of the SOC networks board array and continuum of services and supports, while ensuring to uphold the values and principles of SOC; and the Children's State Advisory Workgroup (CSAW), the working arm of SAT, who are leaders from child-serving organizations that have mechanisms to connect and leverage resources across multiple systems 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. Additionally, CSAW was identified as a critical working group to execute shared strategies from goals created by the executive level leadership from child-serving agencies that support children, families, and communities. The CSAW and SAT meets monthly, and The Partnership meets one to two times yearly to receive reports and give approval for actions and initiatives from the CSAW and SAT.

The OKDHS agencywide 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 ensures 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. As previously mentioned in the Service Array and Resource Development section, 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 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.

OKDHS has continued undergoing a real estate modernization through this reporting period. 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 family meetings, and play areas for Family Time. OKDHS currently has 143 MOUs with 127 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 currently there are seven facilities; with additional locations being identified, leased, renovated, and opened throughout 2024.

The Strategic Engagement team also collaborates with local non-profits, community collaborations, 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 (BAN), 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. There are thousands of Oklahomans connected and volunteer with local organizations to support families in need; currently, 888 Neighbor Organizations are registered on the BAN platform that help support children and families.

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 (TSWG) and the CWS Tribal Programs Unit ensure continued collaboration and coordination with all 38 federally recognized tribes in Oklahoma. Engagement with Indigenous families, children and youth, tribes, courts, and other partners is ongoing and occurs regularly through the Oklahoma Indian Child Welfare Association (OICWA), TSWG, Tribal Child Protection Teams, and varies collaborative meetings and workgroups.

The CWS School-Based Services program, a 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 work 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. During this past 2023-2024 school year there were 50 school-based specialists statewide, serving 27 partnering school districts.

CWS Programs staff continues to partner with the Court Improvement Program (CIP), along with other community partners, service providers, district judges, and district attorneys. This opportunity allows all parties to collaborate in understanding the fundamental importance of scheduling timely court and permanency reviews, and eliminating identified barriers that prevent timely permanency for children in out-of-home care. The collaboration with CIP has allowed for the development of court improvement strategies that focus on enhancing CWS' skill set and ability to engage judicial partners. These strategies also focus on creating common language around values and desired outcomes by developing key court performance indicators and increasing intentional communication and collaboration with court partners.

The Parent Partnership Board (PPB), established through the OCCY in 2019, is aimed to connect individuals with lived expertise with OCCY Commissioners for the purpose of advising OCCY and its partnering agencies in improving Oklahoma's child-serving systems. The state child-serving agencies views engagement of those with lived expertise as essential to improving policies, programs, and helping address specific needs of parents, children, youth, and communities. OCCY recognizes that there are parent and family advisory boards and councils already in existence across the state and the goal of the OCCY PPB is to serve as a hub and connect all boards and councils in much the same way as the OCCY Commissioners connect agencies and other stakeholders to increase cross-sector collaboration. The OCCY PPB serves as the platform to increase access with informed policies, public-private funding with statewide coalitions, cross-sector training with local community coalitions, coordinating services at family resource centers, building leadership skills with advisory councils, and amplifying diverse family voices with lived expertise. OKDHS has leveraged the OCCY PPB, along with other parent boards and groups, to provide insight and feedback from those with lived expertise in the CFSR process, Child and Family Services Plan (CFSP), and Annual Progress and Services Report (APSR).

Engagement with families, children and youth, tribes, courts, and other partners is ongoing and occurs regularly through varies established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys. OKDHS not only has utilized these system collaborative meetings and workgroups to engage stakeholders, but have utilized these platforms as feedback loops with stakeholders to ensure that they could see how guidance and recommendations from workgroups, surveys, and other sources influenced the CFSP, CFSR, Program Improvement Plan (PIP), and APSR. OKDHS has provided opportunity for stakeholders to have input into the goals and

objectives developed within the CFSP and have through the various platforms garnered their feedback towards ensuring the goals and objectives continue to address their concerns and provide them opportunities to continue to share their input. The culmination of these efforts and activities represents a diverse and representative population of stakeholders and partners able to provide and receive feedback and perspective into performance, contributing factors, underlying causes of areas in need of improvement, and ultimately possible solutions for CWS to collaboratively engage in future system improvements. In efforts of further informing this systemic factor regarding the agency responsiveness to the community system functioning with family and youth specifically, multiple surveys and focus groups were deployed over this reporting period. A statewide survey was deployed in collaboration with OSDH and OCCY that received over 300 responses from caregivers across all 77 counties; and, when asked if they have had the opportunity to give feedback to agencies they have engaged with for services, 45 percent indicated they have had the opportunity to provide feedback. A CWS specific parent survey was sent to parents directly involved with the CW system that received over 300 responses across all CWS jurisdictions who reported being supported by their CW specialist at 58 percent, felt involved in the development of their individualized service plan (ISP) at 60 percent, and indicated the services in their ISP were appropriate at 66 percent. Additionally, a foster youth specific survey was completed with 222 young adults, ages 18 through 20 upon leaving foster care and entering aftercare services with Oklahoma Successful Adulthood, and respondents reported they were actively heard by their CW specialists. As ongoing qualitative information is gathered through case reviews and other methods, it will be able to shed insight as to the effectiveness of the collaborations that are ongoing, the results of communication occurring between service providers and CWS, and most importantly, the access and quality of services provided to children, youth, and families.

Oklahoma's CW services under the CFSP are well coordinated with services or benefits of other federal or federally assisted programs serving the same population. OKDHS is the state agency designated to administer Title IV-B and Title IV-E program, Title I – the Child Abuse and Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Program for Successful Transition to Adulthood as well as the federal safety net programs. OKDHS is an umbrella agency that provides support programs and services to families statewide. CWS involved families are referred to agencies and services that receive federal funding through Titles IV-A, IV-B, and IV-E of the Social Security Act. As reported above, CSAW is the broad statewide cross-systems collaboration entity identified to execute shared strategies from goals created by the executive level leadership from child-serving agencies, in collaboration with those with lived expertise, that support children, families, and communities and create coordinated community investment in preventing child maltreatment, strengthening families and communities, and ensuring the overall well-being of Oklahomans. OKDHS, in partnership coordinates the state's services under the CFSP, with services and support of other federal or federally assisted programs serving the same population through the cross-systems infrastructure of CSAW; helping to create and enhance networks of community-based supports and align government resources to provide a full continuum of services and

supports that strengthens community protective factors and parental protective capacities and mitigate associated risk factors.

The Children's Justice Act (CJA) grants to States falls within the CAPTA and is administered through OKDHS. This grant program authorizes the annual award of funds to states that submit a plan and maintain a multidisciplinary task force on children's justice for programs that improve the investigation and prosecution of cases of child abuse and neglect. CJA funds are administered and monitored by OKDHS CWS, coordinated through the Oklahoma Task Force on Child Abuse and Neglect and outlined in the three-year plan. Trainings and activities supported by the CJA funds assist the state by addressing safety outcomes outlined in the CFSP. The Task Force aligns their planning of CJA activities with the vision and goals of the CFSP through ongoing collaboration with OKDHS CWS on the CFSP, APSRs, and CFSR process; and through quarterly Task Force meetings reviews performance reports from the grantees.

The state CIP provides federal funds through three grant opportunities to state courts to improve court efficiency and the quality of legal representation in achieving stable, permanent homes for children in foster care; a basic grant for assessment work; a grant for data collection and analysis; and a grant to increase training of court personnel, including cross training with agency staff. The program provides state courts flexibility to design assessments that identify barriers to timely and effective decision-making, highlight practices which are not fully successful, examine areas they find to be in need of correction or added attention, and implement reforms, which address the state courts specific needs. State courts are required to collaborate with the state CW agency and tribes in this work, which is operationalized through a multidisciplinary task force in which OKDHS CWS is a member and that meets on a quarterly basis to coordinate the CIP program and ensure alignment and integration into the CFSP.

CWS interfaces with the other divisions within OKDHS to help link families and ensure access to safety net programs to meet a family's basic needs, childcare, and job training. As well as through the TANF Investment Strategy (TIS) from reserved TANF dollars, families are able to access community resources and services awarded through the TIS that meet the identified strategic priority and TANF goals. This multi-year investment project aims to identify and support community-based agencies and other entities that provide services and/or benefits that fulfill TANF goals (3:) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies and (4:) encourage the formation and maintenance of two-parent families. The TANF funding has provided awards for nonprofits to infuse the dollars into their family stability programs, aimed to meet the fourth federally defined goal of TANF, and into their youth support programs, that provided supports to children and youth between the ages of nine through 18. The family stability programs could include, but were not limited to, fatherhood engagement, family counseling, parenting skills, violence prevention, and promoting health relationships. The youth support program awards were aimed to be utilized for children in the home of a grandparent, relative caretaker, and other vulnerable populations where children reside in the home; programs providing a structured out-of-school time, used as

a means of preventing high-risk behavior from youth who might not have a safe afterschool environment. Additional funds will be awarded through the identified strategic priorities: supporting basic needs of families, prevention through upstream services, economic independence, pregnancy prevention, and youth supports. In addition to these strategic priorities, OKDHS awarded funding to organizations that are implementing fatherhood-specific services across the state, including in rural areas. Aimed at increasing men's involvement in family life, the agency seeks to increase fathers' parenting knowledge and skills, enhance fathers' relationship skills and co-parenting relationship quality, and improve economic stability for fathers and families through these programs. By prioritizing organizations that are already embedded in the community and using evidence-based programming, this funding will be able to immediately help programs scale and expand the already amazing work they are doing.

The Social Services Block Grant (SSBG) funds, authorized under Title XX of the Social Security Act, provided through the Office of Community Services, Administration for Children and Families, United States Department of Health and Human Services and managed by OKDHS, support social services for vulnerable children, adults, and families. These services support economic self-support to prevent, reduce, or eliminate dependency; prevent or remedy neglect, abuse, or exploitation of children and adults; prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and secure referral or admission for institutional care when other forms of care are not appropriate. SSBG is a flexible funding source that allows states to tailor social service programming to their population's needs. OKDHS coordinates this program with the CFSP in CWS leveraging SSBG to fund and support field staff working investigations and activities that are not supported by Title IV-E and targeted case management.

The Community Services Block Grant (CSBG) provided through the Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services and managed by the Oklahoma Department of Commerce, provides core funding to local agencies to reduce poverty, revitalize low-income communities and to empower low-income families to become self-sufficient. The Oklahoma CSBG network consists of 18 Community Action Agencies (CAAs) that create, coordinate, and deliver programs and services to low-income Oklahomans in all 77 counties. CAAs are local nonprofits working to improve the lives of low-income residents through increased self-sufficiency and community participation. The CSBG program enables rural Oklahoma communities to finance a variety of public infrastructure and economic improvement and helps promote job growth as a result of these improvements. CAAs were established under the Economic Opportunity Act of 1964 and utilize CSBG funds to address specific local needs through services and programs that address one or more core domains: employment, education and cognitive development, income, infrastructure and asset building, housing, health and social behavioral development, and civic engagement and community involvement. Examples of services provided include community coordination such as neighborhood and community organization, information, and referrals; child and young adult education such as Head Start, summer education programs and college-readiness preparation/support; adult education programs such as adult literacy classes

and financial literacy education; employment training such as job training and placement; transportation services; utility payments; emergency services such as food pantries, energy assistance, homeless shelters, natural disaster assistance, and food banks; health care such as health clinics, prescription assistance, transportation to health care assistance, treatment for substance abuse; and housing such as rental assistance. These services are coordinated at the local level through cross-sector collaboration with the CAAs and within established councils, advisory boards, taskforces, committees, and parent and youth groups; involving communities in the design and delivery of services that support economic and concrete needs for all families in Oklahoma, including those involved with the CW system.

Part C of the IDEA through the U.S. Department of Education authorizes assistance to States to support the provision of special education and related services to children with disabilities and the provision and coordination of early intervention services for infants and toddlers with disabilities and their families, respectively. As described above, SoonerStart is Oklahoma's Part C of IDEA program and a referral to the program by CWS is required for any child younger than age three who is the victim of substantiated child abuse or neglect or in an ongoing CW case while a subsequent need is identified.

The OSDH is the primary public health protection agency in Oklahoma that provides the kind of broad-based prevention strategies that encompass not only direct services to families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help support a strong prevention system. The OSDH is comprised of 68 county health departments and a central office located in Oklahoma City. The OSDH is based around three major health service branches: Community Health that encompasses all Family Health and Personal Health Services; Quality Assurance and Regulatory that encompasses all Protective Health Services; and Health Preparedness that encompasses Emergency Preparedness and Response, Acute Disease, Sexual Harm Reduction, Health Statistics and Vital Records. These branches are responsible for protecting, maintaining, and improving the public's health status. Each of these service branches provide technical assistance, guidance, and consultation to all 68 county health departments, two independent city-county health departments in Oklahoma and Tulsa Counties, as well as contractors and partners located statewide. OSDH also serves as the state lead responsible for administering the CBCAP funds and providing oversight to funded programs. The service area within the OSDH that is responsible for administering CBCAP funds and providing oversight to funded programs is the Family Support and Prevention Service (FSPS) division within the Family Health Services (FHS) branch. Other service divisions located within the FHS branch include Maternal and Child Health Service; Allied Health Service; Women, Infants, and Children; Dental Health Service; and Screening and Special Services. In addition to the CBCAP funding, the other federal funding sources of the FSPS include Title V – Maternal, Infant, and Early Childhood Home Visiting, and Sexual Risk Avoidance Education. CBCAP funding helped support Family Resource Centers, parent advisory committees, primary prevention – home visiting models (Nurse-Family Partnership, Parents as Teachers, and SafeCare®), Circle of Parents®, Parent Child Interaction Therapy, The Incredible Years, and many other

partner agencies, programs, and services. OKDHS CWS, through interagency collaboration with OSDH, coordinate these programs with the programs within the CFSP to ensure a unified and integrated system of care for children, youth, and families in Oklahoma; which includes shared data, goals, and state plan alignment with the agencies shared vision for children and families in Oklahoma.

Oklahoma's mental health and substance abuse services are jointly funded and administered through the ODMHSAS and the OHCA. ODMHSAS is supported through Substance Abuse and Mental Health Block Grants through the Substance Abuse and Mental Health Services Administration (SAMHSA): Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grant, Medicaid, and the Children's Health Insurance Program. ODMHSAS has also received multiple federal grant awards outside of the Block Grants that has supported the implementation of FTC and enhance services for individuals involved in FTCs, along with improving outcomes for pregnant and parenting women who use substances through the implementation of the use of Plans of Safe Care and expanding collaborative efforts to enhance care coordination and case management across systems to increase the well-being of and improve the permanency for substance affected CW families with children. OKDHS CWS, through interagency collaboration with ODMHSAS, coordinate these programs with the programs within the CFSP to ensure a unified and integrated system of care for children, youth, and families in Oklahoma, which includes shared data, goals, and state plan alignment with the agencies shared vision for children and families in Oklahoma.

The Title XIX – Medicaid Program, SoonerCare, is jointly funded by the federal government and states. Oklahoma's Medicaid State Plan is administered through the OHCA. SoonerCare covers pharmacy, behavioral health, specialty, and regular doctor visits for children in OKDHS custody and placed in out-of-home care. In 2023 entities were selected to execute OHCA's comprehensive health care model, SoonerSelect. This transition to managed care is expected to improve health outcomes, move toward value-based payment, improve SoonerCare member satisfaction, contain costs by investing in preventive and primary care, and increase cost predictability for the State. The SoonerSelect dental plans were launched in February 2024 and the medical plans and the Children’s Specialty Plan (CSP) were launched in April 2024. The SoonerSelect CSP is for children served by OKDHS CWS, including those in foster care and receiving adoption assistance. OKDHS CWS is collaborating with the selected managed care organization to administer the CSP, Oklahoma Complete Health, to ensure children receive the physical, behavioral, and pharmacy benefits they need to ensure their overall well-being.

Oklahoma is fortunate to have multiple funding streams for prevention and intervention-related services and supports for children and families and through cross-systems collaborations braid funding and not supplant programs, but to expand the reach of programs through coordination and alignment of state plans and a unified state vision. However, systemic barriers in the CW system are a challenge in developing strategies to address service and quality gaps. This includes the dissemination of evidence-based

practices to community settings outside of ODMHSAS-contracted community mental health providers; geographic variances, including population density, driving distances, and availability of local services; and the continued aftermath of the COVID-19 pandemic on service coordination and workforce capacity. This, coupled with the end of the public health emergency declarations that provided waived/modified requirements for Medicaid and other safety net services and supports for families, and the increase in mental health disorders and long-term effects of the social, economic, and psychological issues brought on by the COVID-19 pandemic, has continued to be a challenge.

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 340:75-7-10.1 Part 3, Resource Parent Framework policy under 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 training of trainer (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 fourth year of this review process. 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 review 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.

OKDHS foster and adoptive homes, along with RFP agency foster homes, all adhere to the same policies regarding these types of homes. From 2020 to 2024 this policy has been required for all approved foster and adoptive homes which has led to high levels of success in ensuring that state standards are applied equally to these homes across the state in the initial assessment, ongoing assessment, and closure process. Any changes to these policies are applied equally to all homes for OKDHS and RFP agencies.

Residential Facilities

Approximately 94 licensed residential facilities are in the state, which include children's

shelters, residential childcare 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. 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 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.

Requirements for Criminal Background Check

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 lead workers, 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.

From 2020 and 2024 these processes have provided consistency in the assessment of background checks for foster care and adoption applicants across the state for both OKDHS and RFP agencies. The processes ensure that CWS remains in compliance with federal requirements for criminal background clearances for these types of homes. The QA CPR team conducts regular reviews to ensure CW staff remain in compliance with this established process. The COVID-19 pandemic presented a challenge to the fingerprinting portion of the background check assessment as some locations who provided the service were closed due to sickness or concerns with exposure. This was resolved by implementing mobile fingerprinting through the Oklahoma State Bureau of Investigation which provided mobile services throughout the state until other testing sites could reopen.

Diligent Recruitment of Foster and Adoptive Families

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 to themselves 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 736 new resources with CWS with the RFP agencies aiming to recruit 368 each. As of 4/1/2024, CWS and the RFPs combined have recruited 367 new resources meeting 49.86 percent of the goal. CWS recruited 193 homes, or 52.45 percent, and the RFP agencies recruited 174 homes, or 47.28 percent, as seen in Figure 49.

Figure 49

Preliminary Data for New Foster Homes SFY24													
Agency	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Total	Pinnacle SFY24 Target	% of Target Achieved
ANGELS FOSTER FAMILY	1	2	2	0	6	7	1	2	1	2	24		
ANNA'S HOUSE	0	2	1	1	0	0	0	0	0	1	5		
CHOICES FOR LIFE	2	1	0	2	2	0	0	3	0	0	10		
CIRCLE OF CARE	2	10	2	5	0	8	2	7	10	11	57		
FAMILY FOR LIFE, INC.	1	1	2	1	2	1	0	1	3	1	13		
HBSR	0	2	1	0	1	0	2	3	3	0	12		
LILYFIELD	0	0	0	1	0	0	0	0	0	1	2		
LIONS MEADOWS OF HOPE	0	0	1	2	0	3	2	1	1	3	13		
OK FAMILIES FIRST	0	1	0	1	2	1	2	1	1	2	11	368	53.8%
OPEN ARMS	0	0	0	0	0	0	0	0	1	0	1		
PANHANDLE SERV. FOR CHILDREN	0	0	0	0	0	0	0	0	0	0	0		
ST. FRANCIS COMMUNITY	2	1	3	3	1	4	0	0	1	1	16		
SUNBEAM FAMILY SERVICES	0	0	1	0	1	0	2	1	1	1	7		
TFI	0	0	0	3	0	0	2	1	2	1	9		
WESLEYAN	2	2	1	2	0	1	0	1	1	1	11		
YOUTH & FAMILY SERVICE, INC.	0	1	1	0	1	0	2	1	1	0	7		
RFP Total	**10**	**23**	**15**	**21**	**16**	**25**	**15**	**22**	**26**	**25**	**198**		
REGION 1	4	3	2	5	1	0	7	0	3	6	31		
REGION 2	3	5	4	3	6	6	0	6	9	4	46		
REGION 3	2	0	1	3	4	5	1	5	5	0	26	368	58.4%
REGION 4	0	1	6	7	1	2	9	8	9	5	48		
REGION 5	3	6	4	6	11	4	5	5	13	7	64		
DHS Total	**12**	**15**	**17**	**24**	**23**	**17**	**22**	**24**	**39**	**22**	**215**		
Foster Care Total	**22**	**38**	**32**	**45**	**39**	**42**	**37**	**46**	**65**	**47**	**413**	**736**	**56.1%**
Data Source: Measure 2; Run Date 5/1/2024 - These are preliminary numbers and are subject to change.													

In Figure 50, when comparing the number of open homes at the beginning of State Fiscal Year (SFY) 2023, to the number of open homes as of 4/1/2024, there is a net loss of 96 homes. This is a slight increase over the same period for SFY 2022, which was at a net loss of 77 homes.

Figure 50

Open RFP and OKDHS Foster Homes by Agency			
Agency Resource	7/1/2023	4/1/2024	NET
ANGELS FOSTER FAMILY NETWORK OKC	96	94	-2
ANNA'S HOUSE	44	37	-7
CHOICES FOR LIFE	12	20	8
CIRCLE OF CARE	197	188	-9
FAMILY FOR LIFE, INC.	52	46	-6
HBSR	51	50	-1
LILYFIELD	32	21	-11
LIONS MEADOWS OF HOPE	23	31	8
OK FAMILIES FIRST	40	35	-5
OPEN ARMS FOSTER CARE	1	3	2
ST. FRANCIS COMMUNITY SERVICES	56	54	-2
SUNBEAM FAMILY SERVICES	18	16	-2
TFI	95	74	-21
WESLEYAN	85	86	1
YOUTH & FAMILY SERVICE, INC.	22	19	-3
OKDHS	794	748	-46
TOTAL	**1618**	**1522**	**-96**
Data Source: Measure 2a; Run Date: 4/1/2024			

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 test pilot in October 2024 with a December 2024 release date.

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 was 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 were analyzed as to why foster parents choose to stay and identifies trends that can be assessed and corrected. The annual survey was discontinued as it offered information that was more statistical in nature versus the intended goal of providing current information on why foster parents were staying or leaving and to help identify trends or concerns in a timely manner. 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 works closely with the Foster Care and Adoptive Association of Oklahoma (FCAO) 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; this website has evolved to become a centralized information source for foster families from the inquiry stage to the fully approved families.

CWS Recruitment is comprised of eight 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 17 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 populations 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, the Special Olympics, 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 work with partners from One Church, One Child through various collaborative events to help find African American families with whom to place African American children. During this reporting year, Recruitment staff also identified communities that needed additional, more intensive, connections and then held

stakeholder meetings to gain partnership with community leaders to share the need for additional foster homes and to offer information and support. 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 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.

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.

The recruitment and retention incentive promotion that ran from May 2022 through June 2023 was relaunched to run from October 2023 through June 2024. The promotion provides a financial incentive for foster families who are currently open to recruiting 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 the 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. The therapeutic foster care (TFC)/intensive treatment family care (ITFC) step-up incentive for 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 was also relaunched for the dates noted. An additional incentive promotion provided a financial incentive for any OKDHS staff member to recruit a new foster family. This additional promotion was offered during both promotion periods as well. As of 3/1/2024, these incentives have generated 164 new foster homes. These promotions have all shown levels of success and will be utilized in the future as needed to generate increased recruitment engagement success.

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.

Meetings to discuss ongoing recruitment and retention efforts were held in July, September, and December 2023 for all RFP agency staff. These meetings were led by

Denise Goodman, PhD., 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 meetings had different agendas for each month:

- July 2023 – discussed recruiting for respite and emergency needs as well as recruiting families who do not need daycare due to the barrier childcare can present. This meeting included CWS Recruitment staff also.
- September 2023– discussed using human interest stories to recruit families and best ways to present youth to foster families for placement consideration.
- December 2023– gave an overview of the Oklahoma Successful Adulthood Program, resources for older youth in out-of-home care as added supports for families with placement considerations and discussed supporting families through the "bumps" to help retain them.

An ongoing effort to help recruitment efforts 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. Efforts will continue going forward to ensure kinship placement is the priority that is supported by traditional homes recruited by CWS and the RFP agencies when kinship is not available or cannot be approved. A kinship finding unit, Actively Seeking KINnections (ASK), was piloted in one region during this reporting period to work at identifying kinship as children come into OKDHS custody with no known relatives as well as reviewing potential kinship options for children who have been in OKDHS custody for an extended length of time. If this unit is successful, it will be expanded to other regions moving forward.

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. One avenue of identifying new families who would be a good match for the EFC program is through CWS Recruitment efforts where a family might already possess the needed skills or show an eagerness and skill base to learn. CWS expects as the EFC program grows, it will positively impact 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 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 two years, 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.

For the reporting cycle of 2020 through 2024, CWS and RFP recruitment efforts were limited due to COVID-19 and subsequent variants. Prior to the pandemic, Recruitment used in-person events for most recruitment efforts; however, during the pandemic most in-person venues were closed, and families were reluctant to complete the assessment process or accept placement of children due to the threat of becoming ill due to exposure. While this prevented yearly goals from being met, revisions were made to a blend of in-person and virtual events. As CWS transitioned to utilizing larger numbers of kinship placements, the number of available homes were able to meet the needs of OKDHS custody children. This adaptability of both CWS and RFP recruitment teams is a strength to utilize in the 2025-2029 Child and Family Services Plan (CFSP). The yearly recruitment plan has been, and continues to be, a success in helping target diligent efforts for each county to the demographics to the racial and ethnic needs of the children in OKDHS custody in each county.

The continued evolution of the EFC program in combination with TFC/ITFC partners has been a success that will continue in the next reporting cycle, as will YTS and their continued participation with the WWK program. Retention efforts have been somewhat inconsistent throughout the 2020-2024 CFSP which will need more focus in the 2025-2029 CFSP. The focus has begun through the foster parent mentor and ambassador programs through FCAO and CWS.

State Use of Cross-Jurisdictional Resources for Permanent Placements

The ICPC is a means to ensure protection of and services to children placed across state lines. ICPC establishes orderly procedures for the interstate placement of children and affixes responsibility for those involved in the placing of the child so that safety is better assured.

The timeliness of home study decisions issued through ICPC from Oklahoma and by other states to Oklahoma impacts the permanency timeframe for children and families through the application of the Interstate Compact on the Placement of Children.

To determine whether there is a process to ensure the effective use of cross-jurisdictional resources and ensure timely adoptive or permanent placements statewide, the CWS ICPC Programs Unit studied information gathered from the Access database. The Access Database was issued by the American Public Human Services Association for

use by ICPC Administrators in June 2001. The Access Database has an entry for each child involved in an ICPC case. The CWS ICPC Programs Unit operates separate databases for public CW cases and private/independent adoptions. The CWS ICPC Programs Unit will continue to use the Access Database to manage cases until the National Electronic Interstate Compact Enterprise (NEICE), is fully implemented within the state.

To determine the timeliness of ICPC home study decisions received and sent by Oklahoma, the Access Database was filtered to determine the number of:

- Incoming and outgoing home study requests for relative, foster, or adoption placement type for the period under review, 4/1/2023 through 3/31/2024, excluding any requests that would not yet be due at the time data was pulled.
- Home study decisions sent or outgoing and received or incoming within 60-calendar days of receipt of the ICPC-100A form, within 75-calendar days of the 100A, and more than 75-calendar days.
    - Calculations to arrive at timeliness for decisions within 75-calendar days include total studies received within the 0-75-calendar day timeframe.
    - Calculations to arrive at timeliness for decisions more than 75-calendar days include a count of decisions beyond the 75-calendar day timeframe and any request pending a decision that is more than 75-calendar days old.
- Number of approved home study requests resulting in placements for both incoming and outgoing requests.

Figure 51 shows the timeliness rate of home study decisions received by Oklahoma from other states over a five-year period. These are the ICPC decisions that impact permanency for children under Oklahoma's jurisdiction and account for the outgoing requests in the associated figure.

Figure 51

Period Under Review	Number of Outgoing Requests	Number of Decisions within 60 days	Percentage of Decisions within 60 days	Number of Decisions within 75 days	Percentage of Decisions within 75 days
4/1/2023-3/31/2024	181	61	33.7%	17+(61)=78	43.1%
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)=212	46.1%
4/1/2020-3/31/2021	244	75	30.7%	30+(75)=105	43.03%
4/1/2019-3/31/2020	308	118	38.3%	17+(118)=135	43.8%

For the current reporting period, Oklahoma has received 101 approved home study decisions. There have been 104 children placed in 68 of those approved child-specific resources at the time of the writing of this report. The number of children placed in these approved placements could potentially increase as ICPC home study approvals are valid for placement for six months from the date a receiving state signs the 100A approving a foster, relative, or adoptive placement.

The data indicates a decline in timeliness of home study decisions received from other states, a 2.7 percent decline within 60-calendar days and a 3.1 percent decline within 75-calendar days for the current reporting period. Based on a review of the data, there has been no movement toward achieving sustained progress in this area.

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 52 shows the timeliness of home study decisions sent by Oklahoma to other states over a five-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 52

Period Under Review	Number of Incoming Requests	Number of Decisions within 60 days	Percentage of Decisions within 60 days	Number of Decisions within 75 days	Percentage of Decisions within 75 days
4/1/2023-3/31/2024	268	129	48.1%	35+(129)=164	61.2%
4/1/2022-3/31/2023	305	161	52.8%	23+(161)=184	60.3%
4/1/2021-3/31/2022	320	133	41.5%	32+(133)=165	51.6%
4/1/2020-3/31/2021	301	113	37.5%	38+(113)=151	50.2%
4/1/2019-3/31/2020	336	185	55.1%	25+(185)=210	62.5%

For the current reporting period, Oklahoma has issued 129 home study approvals to other states through ICPC. There have been 90 children placed in 65 of those approved resources, at the time of the writing of this report. The number of children placed in these approved placements could potentially increase as ICPC home study approvals are valid for placement for six months from the date a receiving state signs the 100A approving a foster, relative, or adoptive placement.

The data indicates there has been a slight decline in the timeliness of home study decisions issued by Oklahoma within 60-calendar days, a decline of 4.7 percent, and an

insignificant increase of 0.9 percent in the timeliness of home study decisions issued within 75-calendar days.

While there was a significant improvement in the timeliness of home study decisions issued by Oklahoma from the 2022 through 2023 reporting period compared to the 2021 through 2022 reporting period, the data does not indicate that improvement is sustainable given the fluctuations over the past reporting periods as outlined in Figure 52; and factors related to the COVID-19 pandemic likely influenced data during those reporting periods as agencies adapted to working with limited or restricted resources, remote work environments, and technological changes.

A state's ability to be timely when issuing interstate home study decisions is critical, and while it is expected by the Safe and Timely Interstate Placement of Foster Children Act of 2006 that states provide an Initial Home Study report within 60-calendar days, 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."* Given the difference in licensure laws or certification requirements in other states across the nation, it is not possible for Oklahoma to impact the timeframe in which other states complete home study requests to place children under Oklahoma's jurisdiction. While the CWS ICPC Programs Unit may not be able to impact timeliness of other states completing home study requests for Oklahoma children, if Oklahoma children are placed through an approved ICPC placement, the CWS ICPC Programs Unit does serve that child through providing ongoing case consultation and support to the CWS assigned, child, and family for the duration of the ICPC placement. The CWS ICPC Programs Unit aims to provide the necessary support to CW staff, children, and families to ensure placements are safe, supported, and that permanency is achieved in the timeliest manner possible.

It is the duty of the CWS ICPC Program Unit to work collaboratively with necessary stakeholders toward improving timeliness of home study decisions issued by Oklahoma for the placement of children served by other state's jurisdictions. The CWS ICPC Programs Unit does this by providing all necessary training related to the administration of the ICPC to any interested stakeholders, upon request, as the ICPC serves a broad spectrum of both public and private placements in carrying out the responsibility of administering the ICPC on behalf of the State of Oklahoma.

The CWS ICPC Programs Unit has standard operating procedures in place that require any ICPC correspondence received by the Oklahoma ICPC central office be reviewed and responded to within two-business days; monthly workload reports are provided to the program field representatives who serve in the role of ICPC coordinators for CWS so CW staff can monitor for any upcoming or overdue requests for status updates; monthly ICPC logs are sent to regional and district CW staff and leadership to obtain updates on pending

ICPC requests assigned for assessment. The CWS ICPC Programs Unit's training materials used to educate CW staff in assessing families are subject to the purview of the ICPC. These have historically been and continue to be available via the Oklahoma Human Services InfoNet and are included within the CWS Foster Care and Adoptions (FC&A) Tool Kit. The CWS ICPC Programs Unit has engaged in collaborative efforts with the FC&A field staff for many years to identify liaisons to better track ICPC Programs staff work between the field and ICPC central office. Ongoing collaborative efforts with FC&A Programs and field continues as Oklahoma works toward adopting and implementing Model Kinship Standards, which will impact the assessment process for relatives being assessed to care for children through ICPC.

In addition, Oklahoma has taken the steps necessary to join NEICE, and as of May 2024, the CWS ICPC Programs Unit has started training in the NEICE test environment with a go-live date anticipated in June or July 2024. Ongoing collaboration, case staffing and support to help ensure placement stability once children are placed through ICPC, either sending or receiving, remain a primary focus for the CWS ICPC Programs Unit.

As the CWS ICPC Programs Unit joins NEICE and works collaboratively with the assigned OKDHS data team assigned, CWS will be better poised to be more data informed within the area of assessing the performance and effective use of cross-jurisdictional placements. However, the primary issue with timeliness related to any interstate placement is related to the strenuous requirements a family being assessed must meet to be licensed or certified in any given state. One common barrier to all ICPC states is the timely receipt of the required Adam Walsh Child Abuse and Neglect Registry results when prospective resources have out-of-state child abuse and neglect history which must be assessed prior to approval. In addition, in some states, like Oklahoma, traditional foster parents and kinship resource parents must meet the same requirements to be considered fully approved, which further delays the ICPC home study decision timeframe. Given the new rule issued by the Administration of Children and Families allowing for Title IV-E CW agencies the option to use kin-specific foster care licensing or approval standards, there is great potential to see tremendous gains in ICPC timeliness for any state or agency that is willing or able to participate. The CWS ICPC Programs Unit remains optimistic that CWS will be able to make an impact on the timeliness of ICPC home study decisions for ICPC relative requests by adopting Model Kinship Standards once necessary policy, administrative code, and statutory changes are addressed.

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 the Oklahoma Human Services (OKDHS) Child Welfare Services' (CWS) approved Family First Prevention Services Act (FFPSA) Plan, and updates on initiatives to support the State's Vision, which includes the Continuum of Care (COC), the Child Welfare Policy and Practice Group, and the Dave Thomas Foundation for Adoption (DTFA). Child Welfare Services (CWS) also has collaborative efforts between the Annie E. Casey Foundation and Casey Family Programs, as well as the Foster Care and Adoptive Association of Oklahoma (FCAO). Also provided below is an update to the ongoing program support that includes CWS Continuous Quality Improvement (CQI) Programs and the Capacity Building Center for States.

FFPSA

The Oklahoma Title IV-E Prevention Program Plan was approved in October 2021 and at this time is fully implemented with evaluation and continuous quality improvement activities ongoing. 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 are continuing to be enhanced to 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, has 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 continue to improve the infrastructure and pathways for a comprehensive early childhood system and continuum of evidence-based prevention services that supports and strengthens families. The network's goal is to ensure the unique needs of children and families served by the agency are addressed to create a safe home environment, enable children to remain safely with their parents when possible, and help children in resource and adoptive

placements achieve permanency. OKDHS is committed to enhancing collaboration and partnership between OKDHS, the Oklahoma Indian Child Welfare Association (OICWA), and Oklahoma tribes toward the expansion of culturally relevant prevention services to promote safe, healthy, and culturally strong environments for Indian children, their families, and their tribes. Collaboration with tribal partners is continuing as OKDHS moves forward with both preventive efforts and implementation of the qualified residential treatment program (QRTP).

COC

Phase 1 of a continuum gap analysis was completed with the gap analysis report, Child Welfare Continuum of Care Gap Analysis (Phase 1), 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 was 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, 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 enters Child and Family Services Review (CFSR) Round 4 and begins planning for the CFSR Program Improvement Plan. This process has been put on a hold until a later date due to competing priorities.

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 who 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 occurred by staffing these populations through the MDT process, as CW specialists 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 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 the 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 Meetings 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. CWS is tracking and managing the hospital log in hopes to collect the needed data to advocate for more services and resources for youth who are in crisis and possibly in need of inpatient care. So far, this has been successful. Strong emphasis is made on My Meetings and ensuring they are being completed for youth meeting criteria in addition to with youth meeting criteria for reinstatement of parental rights and tracking/staffing those youth, making sure the questionnaire has been completed at least annually.

CW Policy and Practice Group

CW Policy and Practice Group subject matter experts continue to provide ongoing support for OKDHS' implementation of the Safe Systems Review (SSR) critical incident review process in CWS. During this reporting period, collaboration with the National Partnership for Child Safety (NPCS) continued in the form of ongoing Technical Assistance meetings (virtual), which have increased from monthly to bi-weekly. Also, NPCS representatives presented during a "kickoff" meeting for the identified regional partners. To become subject matter experts, NPCS has provided going trainings for all SSR Reviewers to include AWAKEN, Proximity Training and ongoing labs. To ensure consistent messaging, a SSR flyer, Debriefing flyer and an updated Process Map have been developed. In careful consideration of staff, the Debriefing flyer's intent is to ensure staff are prepared for this process and understand the intent behind the review. Reviewers now have access to RedCap, which is the database that will be utilized. Pilot reviews have started utilizing the Safe Systems Improvement Tool (SSIT). The entire process from the review, debriefings with staff, and scoring the SSIT has been completed in two different regions and the SSR process has started in two other regions in the state. Additionally, a data use agreement between OKDHS and the NPCS has been finalized. Continuous progress is being made toward implementing a standardized process for critical incident reviews across all regions, integrating data sharing into the

national collaborative, and conducting internal reviews and outcome analyses. These ongoing efforts serve to identify areas of need and address systemic factors to enhance practice. In addition to the safe system reviews, OKDHS has partnered with Center for Innovation in Populations Health at the University of Kentucky to conduct a study of the safety culture within CW. The survey will provide CW staff with an opportunity to provide feedback on agency culture and practices. Data from the survey will help inform practice both agencywide and at the team level. A data sharing agreement has been completed and plans to administer the survey are underway.

DTFA

Youth Transition Services (YTS) continues to serve children and youth with a case plan goal (CPG) of adoption (Quad 2 designation), as well as all youth with a CPG of planned alternative permanent placement (PAPP), 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 young people of all ages who have no identified path to permanency, new pockets of work needing heightened focus are ever emerging. YTS leadership continually strives to modify their program and protocol to better meet the needs of their 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 community-based organization. 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 of the Annie E. Casey and Casey Family Programs.

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

After the convening, TEEM members began developing a co-design team to support the overall work of the ENGP project. This core co-design team, composed of 12 people, began the research and development of new strategies for CWS to prevent youth from unnecessarily entering group placement and support family-based kinship and foster care placements. Members of the team include youth, biological parents, foster parents, family members, adoptive parents, community partners, CW, 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 will meet weekly with a target date of presenting two proposed strategies to CW leadership in October 2023.

From March 2023 through March 2024, the co-design team met weekly by Zoom and once monthly in-person for a total of 66 meetings. A roadmap was created for the project and the team utilized multiple perspectives from the community.

Beginning April 2023, community conversations occurred with different groups and individuals directly impacted and those working with youth and families. From April 2023 through February 2024, data collection occurred as the co-design team conducted 168 interviews with 609 people from across the state. The interviews engaged people in conversation centered around solutions to ending the need for group placements.

From 12/13/2023 through 12/15/2023, a national convening was held in Washington D.C. that brought together the co-design teams from the three demonstration sites along with the Annie E. Casey Foundation and Casey Family Programs to share progress and initiate formulating ideas on the next step of the collaboration. In February 2024 the co-design team, in collaboration with the Annie E. Casey Foundation and Casey Family Programs began identifying themes and creating hypothesis. Through this process the ENGP co-design team was able to prioritize the three recommendations into the following themes:

- Community Safety, Crisis Support, and Cross Systems Collaboration;
- Increased Access to Quality Mental Health Supports; and
- Individualized Service Plans (Family Services Plans).

On 3/13/2024 the co-design team shared recommendations with OKDHS and CWS leadership. Approval was given for Casey Family Programs to lead the implementation phase. On 4/17/2024 and 5/22/2024, the co-design team, CWS, and the Oklahoma Institute for Child Advocacy have collaborated on two legislative lunch-and-learn sessions to educate legislators on the themes and recommendations. Casey Family Programs, the Annie E. Casey Foundation, TEEM, CWS, and the co-design team will continue to plan implementation of the recommendations.

CQI

CWS CQI Programs was used regularly throughout this reporting period as a support to regional and district staff in CWS-related continuous quality improvement 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 Child and Family Services Review (CFSR) case reviews as described in this Annual Progress and Services Report (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;
- FMC 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 in addition to regional leadership at the CQI Statewide Implementation Team (SIT) meetings, and regional practice improvement charter (PIC) teams during regularly held regional PIC meetings.

CWS CQI Programs staff continued as regular members of both the regional leadership teams and the regional PIC 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 additional 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 Foster Care and Adoptions (FC&A) resource home approvals. Highlights of this process include, but are not limited to, face-to-face debriefings and reviews occurring on a quarterly basis to allow for frequent feedback to FC&A staff. This single review type provides a look at current, overall FC&A field practices for newly approved traditional and kinship resource homes. Ongoing process evaluation and transparent partnering between CPR staff, FC&A Programs, and regional and 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.

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

- Revision of all Framework Field Observation and Intentional Case staffing forms to a more efficient, user-friendly version based on staff feedback. FC&A and FCS Intentional Case Staffing forms are still under revision at the time of reporting.
- Continued Framework refreshers for CW supervisors and district directors.

- Creation of training curriculum and objectives for an Introductory to Framework training for all new CW supervisors to be included in Supervisor's Academy beginning 5/1/2024.
- A survey deployed February 2024 to all CW supervisors, district directors, and field managers to gather feedback from staff regarding understanding the purpose of the Framework and the frequency and barriers of utilizing the Framework to determine needed revisions to better support and support staff's use of the Framework through refreshers and trainings. Results of the survey are undergoing analysis at time of reporting period.

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

Capacity Building Center for States

CWS received technical assistance from the Capacity Building Center for States throughout the reporting period related to completion and creation of the 2025 APSR and the 2025-2029 CFSP and the broader CFSR process to include the SWA and PIP. Specifically, assistance was received in the areas of data consultation and analysis in relation to the assessment of CFSR systemic factors, identification of other data sources to leverage, when possible, engagement of legal and judicial partners, youth and family engagement, community partner engagement, communication and messaging for diverse audiences, support in conducting root cause analysis and development of CFSP goals, activities, and strategies. Ongoing assistance is expected to continue throughout the Program Improvement Plan development, implementation, and completion process.

Child Welfare Task Force

On 1/10/2023, the Oklahoma Office of the Governor issued an Executive Order that ordered the formation of a Child Welfare Task Force. The Child Welfare Task Force was charged with studying, evaluating, and making recommendations in regards to policies, programs, and proposed legislation that will reduce time to permanency in the foster care system, reduce re-entries, identify risk factors that lead to removals, and identify and propose areas of support for biological parents. The Child Welfare Task Force is composed of 12 members appointed by the Governor with OKDHS providing staff and administrative support. The task force members focused on OKDHS internal processes, court processes, service array, stakeholder engagement, entry, and reunification. A rubric was created by OKDHS Innovation Services to guide each group in reviewing all proposed recommendations and elevating a handful of recommendations to include in the Governor's report which may require legislative changes. The final report was submitted to the Governor at the end of September 2023 and was released to the public. Since the submission of the report, OKDHS Innovation Services has been meeting with various programs and agencies to begin collecting information related to the recommendations and tasking team members with follow-up action items some of which are within CWS Permanency Planning Programs.

FCAO

OKDHS partners with FCAO which is a strength-based organization that recognizes the importance of supporting newly approved foster parents. FCAO developed a Foster Parent Peer Mentoring program because they recognize the value of experienced, hopeful foster families who possess the knowledge, skills, and abilities to teach new foster parents how to navigate the intricacies of the foster care system. New foster parents learn how to manage the long list of expectations, including appropriately advocating for their foster children, navigating the court process, creating healthy relationships with biological families, and managing services. The speed for which these skills are needed often cause frustration and struggles that leave foster families feeling overwhelmed with how to help the children in their care. Given proper support, OKDHS and FCAO believe that Oklahoma families have the capacity to create homes that provide a loving space for healing, impacting children and their families for a lifetime.

In the FCAO mentoring program, each newly approved foster parent is paired with a trained foster parent mentor upon first placement. The mentor and mentee are matched based on similarities and location between both parties. Information about mentees and mentors are collected to ensure that schedules and availability allow for the most impactful relationship. FCAO assigns a mentor to a mentee for the first 9-to-12 months of active foster parenting. During this time, the mentor meets in person monthly, if possible, with the mentee and communicate by phone and email as needed. Mentors provide ongoing support, education, and encouragement to mentors.

In 2023, FCAO served approximately 131 new foster parents across the state of which 87 percent continued to foster through completion of the program. Beginning in 2024 for families who participate in the mentoring program, OKDHS and FCAO expect to see an increase in foster parent satisfaction, fewer placement moves due to foster parent request, and an increase in foster parent retention beyond the first year of fostering.

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 2025-2029 CFSP follow.

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

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

Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Foster care entry rate per 1,000	5.3	2.9	4.0	NCANDS
Families who received preventative services from the state during the year – Family-Centered Services	2,024	1,579	2,500	KIDS Data
Absence of maltreatment in care	99.08%	98.92%	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%	72%	95.00%	CFSR
Safety Outcome 2: Item 3: Risk and safety assessment and management	18.46%	58%	95.00%	CFSR

Objective	Progress
1.1 Increased use of Intensive Safety Services (ISS) developed through the IV-E	**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 2022 through September 2023, 973 families were

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 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 though the identified evidence-based interventions each year.	determined eligible for ISS per the predictive risk model PREMISS. Of those, 230 families, consisting of 508 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 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 analysis continues to show an 80 percent success rate for those who receive ISS and have their children remain out of OKDHS custody and foster care. Processes are underway to have one of the two studies submitted in a peer review journal with the second one to follow. Another strategy to increase capacity to serve more families was through a public-private partnership through 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 ended January 2023 and allowed for an additional 156 children in 69 families receive ISS that otherwise would not have due to capacity. Unfortunately, due to the impact of the COVID-19 pandemic and the workforce issues faced in social services the contract providers have not been able to maintain staff to increase capacity. 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 Family-Centered Services (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. Based on their identified needs, some families have stepped down to Youth Villages Intercept® program to provide the family with a more intense frequency of contact.

	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. 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 2023, 1,169 families received CHBS, excluding the case type of reunification and maintain placement, and 100 families received Intercept® services, excluding the case type of reunification and maintain placement. An additional 639 families received CBHS once the children were returned to the care of their parents, and 145 families received Intercept® services. Refer to Goal 3, Objective 3.1 for services received with a case type of 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	**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 Oklahoma State Department of Health (OSDH), county health departments, and contractually through community-based non-profits for families to receive a continuum of evidence-based primary, secondary, and tertiary prevention services 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 the Oklahoma Department of Mental Health and Substance Abuse Services (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 2023 through March 2024, 34 children

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.	and 1,118 adults were referred to substance use treatment services and 4,324 children and 2,119 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 s During SFY 2023, home-based family support program sites provided services to a total of 2,924 families, 2,226 children, in 62 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; • 70 Nurse-Family Partnership (known as Children First) regional nurses were available to families in 51 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 which will continue to be sustained to ensure families continue to have access to these services. 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 the School and Community Based Sexual Risk Avoidance Education Program (SRAE). Other activities supported in FFY 2023 through the CBCAP include:

- Behavioral Risk Factor Surveillance System (BRFSS);
- Pregnancy Resource Navigator (PRN) program;
- 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 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. The AG's office is the grantee for the Family Violence Prevention and Services Act (FVPSA) funds to provide victims of domestic and dating violence and their children with shelter, safety planning, crisis counseling, information and referral, legal advocacy, and additional support services. Figure 53 depicts the services provided and those served through the FVPSA grant funds during the FFY 2023. This information does not include those served through tribal programs. An Oklahoma Native Alliance Against Violence representative reported no centralized data system records services provided by each tribal program. Oklahoma Native Alliance Against Violence identifies 27 tribal domestic violence programs that provide services to tribal members.

Figure 53

FVPSA Performance Report Period Ending September 2021 - September 2023	
SERVICE TYPE	**10/1/2022 - 9/30/2023**
Crisis Hotline Calls	23,575
Clients Served in Shelter	4,894
Women Served in Shelter	2,884
Children Served in Shelter	1,898
Clients Served with Non-Shelter Services	19,107
Children 12yrs or Younger Served	2,204
Children Received Crisis Intervention Services	1,512
Children Received Victim Advocacy Services	1,631
Children Received Individual or Groups Counseling Support	1,558
Data Source: FVPSA Performance Progress Report, FFY 2023	

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 collaborations remain active. Muskogee County is working to reengage their local collaborative since stopping during the COVID-19 pandemic. Both 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 collaborative continue to provide support for the Oklahoma Partners for Change Conference, which occurred on 9/13/2023 and 9/14/2023, through volunteering with different aspects from conference planning, registration, workshop monitoring and presenting workshops. CWS Permanency Programs staff, Tulsa Domestic Violence Intervention Services (DVIS), and the Oklahoma City YWCA assisted in the curriculum update for the Child Welfare Domestic Violence training (CW 1024). Both agencies contract with CWS Training Programs to provide trainers for this valuable training.

Additionally, CWS participates in the OKDHS Domestic Violence Council. The council is chaired by OKDHS Child Support Services who received a five-year $1.26 million grant from the U.S. Department of Health and Human Services Administration for Children and Families as part of the Safe Access for Victims' Economic Security demonstration model designed to develop, evaluate, and implement best practices to provide safe

	access to child support as well as determine the safety of the schedule and conditions for when each parent is with their children.
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 CW staff in understanding, recognizing, and responding to the effects of all types of trauma. The curriculum describes the impact of trauma on child development, including brain and emotional development, the impact on attachment, and how those impacts can affect relationships. Additionally, trauma-focused foundational learning, in the areas of Motivational Interviewing and crisis de-escalation is included to build on through future level courses. OKDHS CWS continues the trauma-informed training that already exists in the required 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 experiences (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. CWS continues to use the Hope framework when working with children and families served to help set goals and identify pathways to achieve those goals to improve overall well-being, safety, and permanency.
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	**1.4** Qualitative maltreatment in care (MIC) reviews continued during this reporting period. Each substantiated incident of MIC for children placed within a family-based setting or in trial reunification (TR) was reviewed by CWS Programs staff. These case reviews were conducted to ensure proper findings were made. During these reviews the quality practice by Child Protective Services (CPS), Permanency Planning (PP), and Resource foster home specialists is also examined. Feedback from the reviews is provided to all respective

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.	field staff from the assigned specialists up through regional leadership staff. The 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 noting practice strengths, areas for practice growth, and reasons for any finding changes. This review process was initially completed by the CPS Programs team until 3/1/2024, at which time the MIC Programs team began conducting these reviews. Beginning March 2023, the MIC Programs team began conducting reviews for 10 randomly selected unsubstantiated MIC investigations from each region across the state. These unsubstantiated MIC reviews are a preventative approach to programmatic reviews. This review examined CPS practice relating to sufficiency of information gathering and assessing safety collaboratively with all CW programs involved. Strengths in practice as well as areas for growth are documented with the review tool and shared back to the assigned CW staff and their leadership teams with TOL recommendations. The review process examined in-depth the practice within CPS investigations to ensure sufficient information was gathered and shared with ongoing CW specialist. These reviews also examined the quality of risk identification and sufficient response plans to support the placement and ameliorate any ongoing risk. Practice trends of these reviews are shared with other CW programs to ensure information sharing occurs regarding strengths and areas for growth in CPS practice. The trends from these reviews were also shared with FC&A leadership statewide on 4/4/2024, during the statewide FC&A leadership meeting. As this review process continues further development, adjustments are expected to ensure sufficient upstream risk identification and response sufficiency is thoroughly discussed with assigned staff in cases where heightened risk or insufficient practice is identified. The quality of monthly worker visits remained a targeted focus to address a primary contributing factor to MIC. Ensuring sufficient quality of monthly worker visits and ensuring safety is sufficiently assessed during the visits, PP supervisors continued to conduct quality visit reviews (QVR) for their assigned staff in documentation of monthly worker visits with children. These QVRs aim to assist PP supervisors in ensuring quality practice is occurring and risk response is sufficient. These reviews were initially logged in Qualtrics for compliance understanding and trend identification. This information was shared with the regions in each quarterly practice improvement charter report. The trends were similar and highly representative to what previous MIC Programs reviews had shown with regard to practice and areas needing improvement. This process saw sufficient compliance as most PP supervisors statewide were completing and entering QVRs into the Qualtrics system. As this QVR process became imbedded into supervisory practice, it was then streamlined to become part of general supervisory framework practices. PP supervisors continue to review their assigned staff's quality of practice by reviewing monthly worker visit contact documentation; however, as of 2/8/2024, entry is no longer required within Qualtrics. As part of our meaningful work recommendations, the requirements for Qualtrics entry ceased, but the expectation remains that supervisors review a minimum of two worker visit contacts per month from the respective caseloads of each assigned CW specialist if they supervise five or fewer CW specialists and one worker visit contact if they supervise more than five CW specialists. The results of those reviews are expected to be discussed during Intentional Case Staffings with the specialist to discuss strengths and inform learning around any identified improvement opportunities. 5/15/2024, a report became

	available that allows supervisors to pull their specific unit data regarding Intentional Case Staffings held per child, providing CW supervisors the opportunity to monitor their own coaching efforts toward practice enhancement.
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.	As of January 2024, all Framework forms except for the FC&A and FCS Intentional Case staffing forms have been revised and are available to CW staff. The CQI QA team continues to work with FC&A and FCS Programs to finalize the changes needed to the forms based on feedback from field staff. FC&A Programs had been undergoing changes and requested to pause during that time in modification of their Intentional Case Staffing form to allow the revisions to align with their anticipated changes. Due to expected planned changes, they also requested Framework refreshers be conducted with their supervisors after all their program specific forms are revised, finalized and available to FC&A staff. At the end of February 2024, a follow-up survey to the 2021 survey was deployed which included all CW supervisors to capture information regarding the understanding and frequency of Framework use. The district directors were included in this survey to gauge their level of support to supervisors with Framework usage in addition to their own frequency of conducting monthly supervisor conferences with supervisors and using the Monthly Conference form to model parallel support for CW supervisors to specialists. Barriers for Framework usage was also explored in this survey to make any needed revisions to the Framework to increase understanding of the purpose and use. Survey results are in the process of finalization and analysis. The CQI QA team constructed a training of the Introductory to Framework to be incorporated into CW Supervisor's Academy beginning in May 2024. The learning objectives for the training are as follows (1) Understand the purpose of the Framework as a means to support CW supervisors to help improve practice through developing specialists, (2) Learn the three strategies of the Framework, (3) Learn to differentiate the intended purpose of each strategy, and (4) Learn how to incorporate the Framework into daily supervision. The training consists of pre-post assessment to evaluate training effectiveness. WebFOCUS reports are in the process of being updated to capture Intentional Case Staffings to assist in managing supervisory coaching and oversight of children with "Safe" determinations. WebFOCUS modifications are anticipated to be complete in May 2024. Upon completion of the YI104 Child Information Report updates, a memo will be sent via email notifying CW staff that the PSC process will end effective immediately. Intentional Case Staffings will be required monthly after a child's "Safe" determination until TR begins, providing a venue for case staffing and coaching CW specialists' critical thinking skills.
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	Regional CFSR case review practice profiles for the Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting periods 22B and 23A, were created and shared with the CWS Executive Team, regional leadership staff, and regional practice improvement charter (PIC) teams, to provide detailed practice information regarding specific regional CFSR outcomes. Additional qualitative programmatic data shared as part of this process includes data related to appeals, maltreatment in care (MIC), the family meeting continuum (FMC), permanency safety consultations (PSC), and safe sleep reviews.

safety outcomes. Information outlining areas of practice requiring focus, also referred to as regional practice summaries, will be provided to the region every six months so that regional leadership understands current barriers and practice areas needing improvement and can be intentional on the focus of improving outcomes in the areas identified.	The CFSR case review practice profiles are created from the above mentioned qualitative programmatic data and the 65 CFSR case reviews completed for each AFCARS period under review. The profiles include identification of strengths and areas needing improvement on all safety, permanency, and well-being outcomes, items 1-18, for each of the five regions. The profiles containing statewide data and qualitative programmatic data were presented and shared with CWS Executive Team members, programs staff, regional leadership teams, and PIC teams during both the bi-annual CQI SIT meetings and monthly PIC team meetings throughout this reporting period. As a result, each region maintains a regional practice improvement charter, which identifies areas of regional practice focus. The regional practice charters are reviewed regularly by regional charter teams for monitoring progress and are updated accordingly based on ongoing data monitoring and tracking charter activities in addition to data contained in each practice profile.
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	**1.7** This objective is completed. Refer to Objective 1.6 regarding CFSR case review practice profiles.

Improvement Program CFSR team.	
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** This objective is completed. The FMC was implemented statewide to engage families in case planning and decision making. Revisions to the FMC protocol were implemented in December 2023 to streamline the process, reduce duplicate processes, and give the family and team more autonomy to utilize the continuum in the way that best meets the family's needs. Please see objective 2.1 for additional information regarding these changes as they relate to Initial Meetings. Integrating the Science of Hope into the FMC remains a priority. All facilitators receive training to become Hope Navigators. Support from the Innovation Services Hope Team to ensure new facilitators receive the training is ongoing. FMC parent, youth, and community surveys were concluded with largely positive responses from participants. The FMC is now being utilized as a space to provide opportunity for parents to participate in the Parent Feedback Survey, which gathers a more robust picture of the parents' experience working within the CW system. FMC Fidelity Reviews also concluded. A summary and analysis of the findings was compiled and shared with CW leadership and staff. Figure 54 depicts family meeting (FM) data based on the policy requirement that an FM be held within 60-calendar days of a child's removal. The data does show a steady increase from baseline to completion. There was a drop in the number of meetings and count of children included in FMs from FFY 2022 to FFY 2023. This decrease is due in part to a decrease in the number of children served in out-of-home care. Figure 54

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
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%
FFY23	11,866	7,936	10,442	76.0%

Data Source: KIDS Database; Run Date: 5/6/2024. 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
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 ***Clinical Team Update 2024*** 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, 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	Current Period	Target by End of FFY24	Data Source
Two or fewer placement settings for children in care for less than 12 months	79.8%	75.8%	88.0%	AFCARS
Two or fewer placement settings for children in care for 12 to 24 months	61.0%	62.3%	68.0%	AFCARS
Two or fewer placement settings for children in care for 24+ months	33.0%	37.5%	42.0%	AFCARS
Initial placement as kinship	47.2%	53.2%	55.0%	KIDS Data
Reunification in less than 12 months	55.5%	57.2%	69.9%	AFCARS
Guardianship in less than 18 months	59.8%	52.1%	65.0%	KIDS Data
Adoption in less than 24 months	45.9%	39.7%	54.5%	AFCARS
Absence of maltreatment in care	99.08%	98.92%	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 occur through qualitative review process through CFSR's, CSM reviews, and other qualitative reviews completed by CQI.	**2.1** For ongoing evaluation, see Goal 1, Objective 1.6. FMC Fidelity Reviews and Parent Surveys were concluded. Reviews and surveys indicated that there is still opportunity to increase family support participation in the CSMs and IMs and will continue to be a focus as CWS engages families in the FMC. Revisions were made to the Instructions to Staff (ITS) to provide additional guidance to staff regarding assisting parents in identifying supports and inviting them to the meeting. Those revisions are pending publication. Some revisions to the FMC were implemented to streamline the protocol, reduce duplicate processes, and provide more autonomy to the family and the permanency team. It was noted that there was significant overlap in the discussion needed to facilitate the Case Transfer Meeting and the IM. As such, it was determined a separate IM is not needed to complete the Child and Resource Family Support Plan (CRFSP) or initiate the bridging relationship, and the IM type was removed from the FMC. The first meeting following the CSM is now referred to as FM1 – Case Transfer, and it is to occur within 10-business days of removal. The case transfer and CFRSP are to be completed during the meeting as the child is in their stable placement. The CRFSP is required to be completed within 30-business days of the child's placement in a family-based setting, so it may be completed during FM2 when that is most appropriate. With this shift in meeting protocol, IM completion is no longer being tracked and focus is being placed on the completion and quality of the CRFSP to support the child in their placement and the caregivers in meeting the needs of the child. Discussions with the KIDS Data team have been initiated to include CRFSP completion dates on placement stability reports. The WebFOCUS YI142 – FMC Past Due Report is utilized to track meeting completion and ensure meetings are scheduled within policy. The report is undergoing revisions to reflect the previously mentioned changes to the FMC protocol. As shown in Figure 55, the number of completed IMs remained relatively steady and begin to decline in October 2023. Potential reasons for this could have been due to the IM changes that occurred in November 2023. Staff were aware of the upcoming changes not requiring a separate meeting for IMs and prematurely started incorporating them into other FMs and not capturing in documentation. The number of completed FMs has increased steadily over the years as shown in Figure 56, from 54.4 percent of children in out-of-home (OOH) care having a FM in FFY 2018 to 76.0 percent in FFY 2023. There was a significant increase in FFY 2021 and FFY 2022, this could have been due to the completion of the FMC rollout statewide which resulted in a surge of completed meetings for children. With the most recent changes to guidance regarding case plan goal (CPG) inclusion and number of months removed to be included in the FMC, this could have resulted in the decrease seen in FFY 2023.

Figure 55

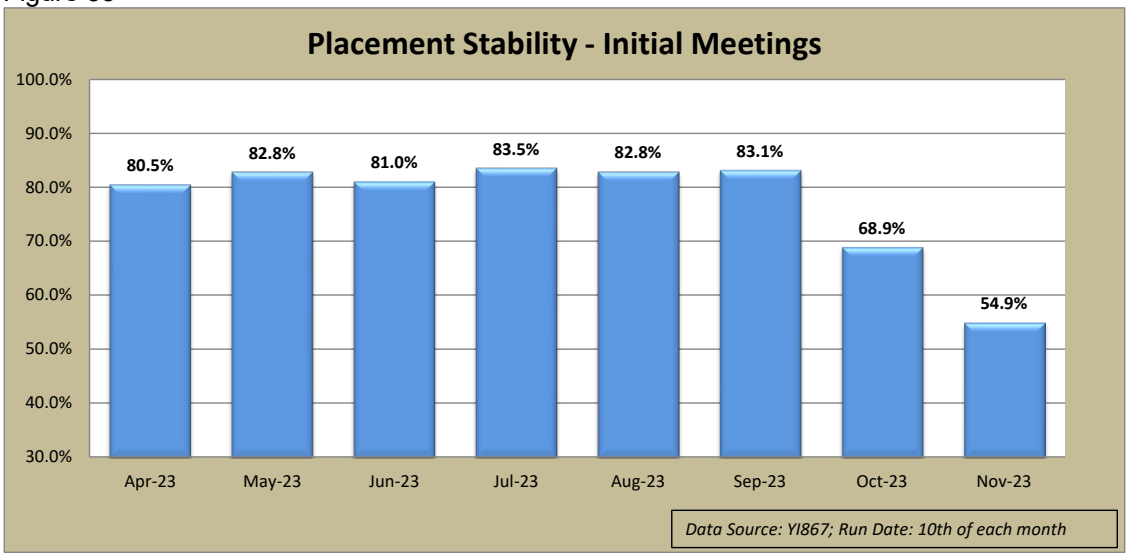


Figure 56

Family Meetings				
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Data Source: KIDS Database; Run Date: 5/6/2024. 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	**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 CRFSPs. 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

summaries presented by the Continuous Quality Improvement Program CFSR team.

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.

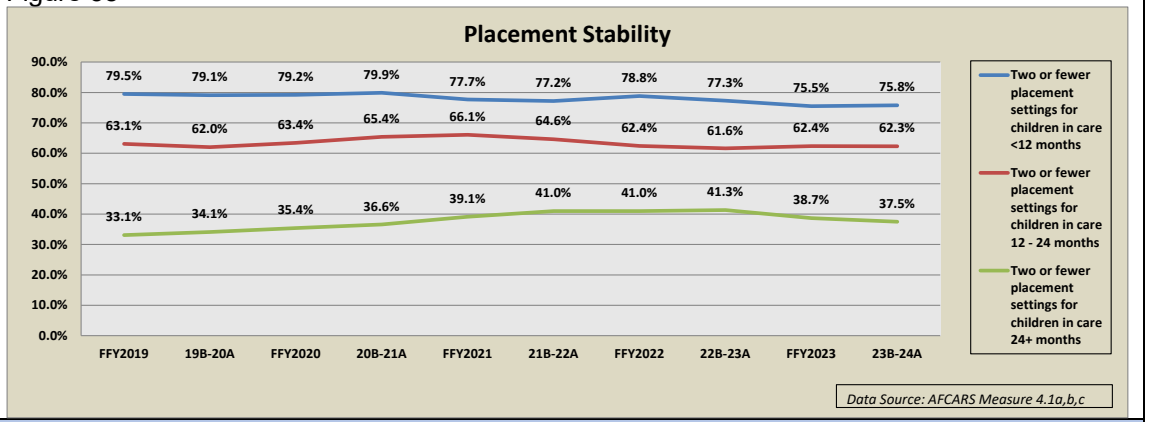
As previously reported, Resource Parent Check-In Calls ended in September 2022.

Figures 57 and 58 reflect the state quantitative data for the reporting period of April 2023 through March 2024 and show that in the last two AFCARS periods, 23B through 24A, two of the three placement stability measures remain above the target.

Figure 57

(Placement Stability) Increase the proportion of children who experience two or fewer placement settings											
Measure	**FFY2019**	**19B-20A**	**FFY2020**	**20B-21A**	**FFY2021**	**21B-22A**	**FFY2022**	**22B-23A**	**FFY2023**	**23B-24A**	**Target**
Two or fewer placement settings for children in care <12 months	79.5%	79.1%	79.2%	79.9%	77.7%	77.2%	78.8%	77.3%	75.5%	75.8%	83.3%
Two or fewer placement settings for children in care 12 - 24 months	63.1%	62.0%	63.4%	65.4%	66.1%	64.6%	62.4%	61.6%	62.4%	62.3%	59.9%
Two or fewer placement settings for children in care 24+ months	33.1%	34.1%	35.4%	36.6%	39.1%	41.0%	41.0%	41.3%	38.7%	37.5%	33.9%
											Data Source: AFCARS Data

Figure 58



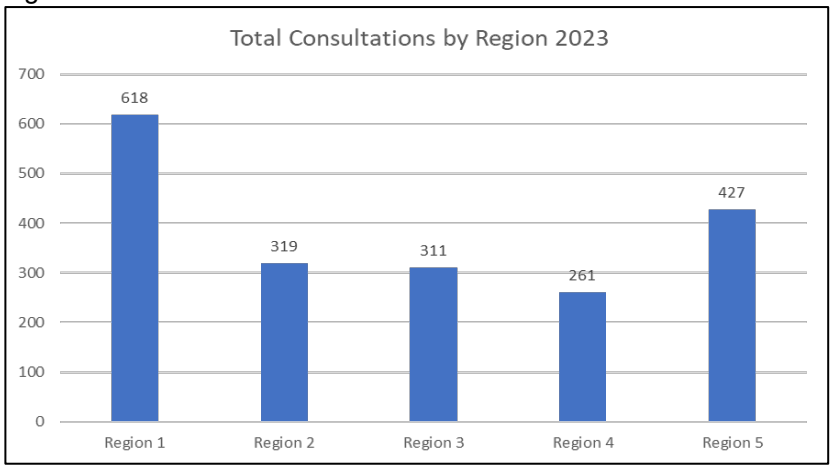
Objective	Progress
2.3 Implement strategies of CWS resource recruitment and retention goals. Full implementation to occur by July 2020.	**2.3** General Recruitment: The Oklahoma Foster Care and Adoption Support Center and the Oklahoma Fosters website, www.OKFosters.org, are the points of contact for all individuals interested in foster care and adoption. Once a family has started the assessment process,

Ongoing evaluation to occur annually throughout the five-year evaluation period.	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 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. 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 4/1/2024, preliminary data for new foster homes report CWS and RFP totals at 49.86 percent of the goal of 736 new homes. See details in the Diligent Recruitment of Foster and Adoptive Families section under **Update to Assessment of Current Performance in Improving Outcomes**. 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 FM1 – Case Transfer, and continuously throughout the family's involvement. CWS continues to focus on placing children with kin, whenever possible. CW staff inquires about possible kin at the time of removal, during the FM1 – Case Transfer, and continuously throughout the life of the case. When kin is not identified or the kinship placement cannot be approved, traditional foster care homes recruited by CWS and RFP agencies will continue to ensure kinship placement is a priority. During this reporting period, a kinship finding unit, Actively Seeking KINnections, made concerted efforts to identify kinship placements for children as they come into OKDHS custody with no known relatives as well as reviewing potential kinship placement options for children who have been in OKDHS custody for an extended length of time. Considerations are being made to expand the ASK Unit statewide in the coming months. CWS has been an active participant in the new Kinship Standards initiative that became federal law in September 2023 and is currently working on ensuring those new standards are merged with the state's current kinship standards.

	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. CWS Recruitment assists EFC by identifying new families who already possess some, or all, of the needed skills or that show an eagerness for these types of placements. CWS expects as the EFC program grows, it will assist with placement stabilization and possibly provide another avenue for permanency for children that are unable to return home. A therapeutic foster care (TFC)/intensive treatment family care (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. 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. The recruitment and retention incentive that ran from May 2022 through June 2023 was relaunched to run from October 2023 through June 2024. The promotion provides a financial incentive for foster families who are currently open to recruiting 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 the 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. The TFC/ITFC step-up incentive for 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 was also relaunched for the dates noted. An additional incentive promotion provided a financial incentive for any OKDHS staff member to recruit a new foster family. This promotion was offered during both promotion periods as well. As of 3/12024, these incentives have generated 164 new foster homes. These promotions have all shown levels of success and will be utilized in the future as needed to generate increased recruitment engagement success. For retention, CWS remains committed to retaining foster and adoptive parents through multiple approaches. CW staff make monthly contacts and quarterly visits with resource home providers to 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 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 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 (FCAO) 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. From 2020 through 2024, CWS and RFP recruitment efforts were limited due to COVID-19 and subsequent variants. Prior to COVID-19, CWS Recruitment staff used in-person events for most recruitment efforts; however, during the pandemic most in-person venues were closed, and families were reluctant to complete the assessment process or accept placement of children due to the threat of becoming ill due to exposure. While this prevented yearly goals from being met, adaptations were made to a blend of in-person and online events. The total number of homes was able to meet the needs of children in OKDHS as CWS began to transition to larger numbers of kinship placements occurring. This adaptability of both CWS and RFP recruitment teams is a strength to utilize in the next five-year plan. The yearly recruitment plan has been, and continues to be, a success in helping target diligent efforts for each county to the demographics to the racial and ethnic needs of the children in OKDHS custody in each county. The continued evolution of the EFC program in combination with TFC/ITFC partners has been a success that will continue in the next reporting cycle, as will Youth Transition Services (YTS) and their continued participation with the WWK program. Retention efforts have been somewhat inconsistent during this five-year period which will need to have a focus in the next Child and Family Services Plan and has also already started through foster parent mentor and ambassador programs through FCAO and OKDHS.

Objective	Progress
2.4 Continued focus on enhanced safety discussion and collaboration, and consistency of safety decisions made across all programs, including Foster Care and Adoptions. All action steps are aligned with the CFSR PIP and will be implemented by June 2020. **(a)** Any practice guidance will be updated in the Child Welfare Safety Guidebook. **(b)** Updated CORE and Supervisory Academy training to reflect enhanced safety practices updated through the CFSR PIP.	**2.4** This objective is 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 Systems of Care (SOC) to provide support and services to the resource family to stabilize the child in their out-of-home placement. As shown in Figure 59 the largest age group served by SOC was children ages 6-11 which remains the same as the last APSR. Figure 59 **Enrollment by Age and Gender** | | **Males** | **Females** | **Total** | | Aged 3 and Younger | **40** | **27** | **67** | | Aged 4-5 | **139** | **108** | **247** | | Aged 6-11 | **399** | **337** | **736** | | Aged 12-15 | **149** | **204** | **353** | | Aged 16-18 | **44** | **66** | **110** | *Data Source: ODMHSAS; Run Date:* ***5/13/2024*** SOC is the provider assigned to families who were approved for EFC as part of the Continuum of Care strategy work. Five hundred thirty-three EFC clients were enrolled in SOC services April 2023 through March 2024.

	SOC's Youth Crisis and Mobile Response Stabilization received 5,794 calls from April 2023 through March 2024. Seventy-seven percent of the total mobile responses resulted in placement stability where the child remained in their existing living situation. There were 585 calls with the child in OKDHS custody, and 77 percent of those mobile responses resulted in placement stability where the child remained in their current foster home or living situation. Of the 585 calls for children in OKDHS custody: • 95 calls were made by OKDHS caseworkers; • 115 calls were made by foster parents; • 80 calls noted foster disruption as the reason for the call; • 77 calls had a risk factor of change in custody; • 130 calls had a risk factor of change in placement; and • 172 calls had OKDHS staff on the scene. Mental health consultants (MHCs) completed a total of 1,936 consultations from April 2023 through March 2024 with the majority in Region 1, as shown in Figure 60. 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. Figure 60  *Data Source: ODMHSAS*
	Progress
2.7 Increase utilization of the CarePortal to access resources for resource homes in order	**2.7** CWS partners with the Global Orphan Project and Oklahoma's non-profit implementing partner the 111Project to offer the CarePortal, a technology platform that serves to connect local

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.	faith-based organizations to meet the tangible needs of OKDHS families and youth. Originally piloted in 2015, a contract was established with the Global Orphan Project in 2019 to allow the entire state to utilize the platform. The CarePortal is currently open in 65 counties statewide and continues to expand with an additional 21 counties opening this by July 2024. The 111Project serves as the implementing partner, recruiting and training church partners on to how to respond to requested needs from the platform. When a county reaches a certain ratio of churches to the local county CW supervisors, 111Project, in coordination with OKDHS, launches the county's opening. The CarePortal allows CW specialists and supervisors to make requests for families identified tangible needs or service needs. The CarePortal serves biological parents, guardians, foster families, safety plan monitors, adoptive families, and youth. The program's goal is to expedite CPG achievement. Usage of the CarePortal continues to increase and thus far in SFY 2023, of the 5,200 requests, 3,707 were met or partially met with an estimated economic impact of $4,053,823. Churches are meeting the needs of local families in their communities by completing CarePortal requests at a 71.28 percent rate. These 3,707 met requests affected and benefited 7,620 children. CW staff are required to complete a CarePortal specific training prior to using the CarePortal tool. The training was created with real-life scenarios, interacting replicas of the web screens, and made into a modular training that staff can access at any time through the OKDHS Learning Management System (LMS) so there is not a barrier to access this tool in the areas where CarePortal is active. This training, tested and rolled out in early 2022, has been widely accepted and utilized.
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 objective is completed; however, CWS continues 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	**2.9** Until November 2023, 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. The requirement to administer CBHS monthly ended in November 2023. The CBHS remains a valuable tool for CW specialists to administer during caseworker visits with children residing in family-based placements, such as foster family care, adoptive homes, their own home in trial reunification (TR), in Family-Centered

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.	Services cases, and youth in group home and shelter settings. Multiple pathways remain to identify children's needs and access necessary services, such as screening tools offered through Managed Care implemented in April 2024, increased skillset attributed to the EFC Programs training and communication, the FMCs platform to discuss children's needs, the CRFSP, the Child and Adolescent Needs and Strengths (CANS) assessment, qualified residential treatment program (QRTP) processes, Child Placement Interview, and SoonerStart. 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 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 was previously 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. Assessment of the CBHS use in accessing EFC services determined EFC referrals are typically not generated due to elevated CBHS screeners, demonstrating CW staff show an increased skillset to utilize behavioral indicators to decide when to refer a child to EFC or other behavioral health services. The increased skillset is attributed to the EFC training and communication, not CBHS. EFC was not in existence when the CBHS was implemented, and its growth and outreach to children in foster care has grown exponentially. The contract for the third-party assessor, OUHSC, currently has 12 assessors, and the hiring process for the remaining two assessors is ongoing. The contract renewal process is currently underway with a request for two supervisor positions. Once all positions are filled there will be a total of 14 assessors and two supervisors. These positions will ensure capacity to complete a CANS assessment for the growing number of children served through EFC, TFC, ITFC, and QRTP levels of care. On 1/4/2023, the CANS assessment process began for all children with a request for EFC-level services and above. The EFC Programs team also implemented a new initial assessment

	process on 1/4/2023 that includes making a "sounds like" determination when an EFC referral is received, and the child appears to meet one or more of the identified EFC criteria. Then, agreement to participate in EFC services is obtained from the resource parents, Permanency Planning (PP) team, and Resource team. Once agreement is obtained, a CANS assessment referral is made to support care planning and level of care decision-making. In October 2023 CWS began utilizing QRTP levels of care in which QRTP referrals were prioritized. New EFC referrals were paused for the months of October and November 2023 to allow the OUHSC assessors to enhance capacity to complete timely CANS assessments for the QRTP population. An overtime plan was developed and approved for a group of CWS programs staff to complete CANS assessments for the EFC population. This plan focuses on the reassessments, six-month reviews, for the EFC population. The overtime plan was approved and began in October 2023 and ended in March 2024. As of 4/1/2024 OUHSC assessors are now responsible for completing all new and six-month reassessments. A meeting was held on 4/30/2024 with OUHSC to finalize the timeline for the implementation of CANS with the TFC/ITFC population. A plan is in place to begin all initial referrals and re-assessments for the CANS for this population in June 2024. Members of EFC, TFC, and QRTP Programs teams are meeting with OUHSC staff each week to discuss any barriers or issues. It has been reported by EFC staff that CANS assessments are being completed at a much faster rate and results are being utilized in treatment planning. A CANS assessment online training was launched on 10/2/2023. The training is required for all PP and FC&A staff and describes what the CANS assessment is, how the referral process is completed, and how to use the assessment results for quality treatment planning and supports for the child and family. The training walks through two case examples, one for EFC and one for QRTP level of care recommendations, so that CW staff better understand the level of care recommendation and how to utilize the level of need narrative.
Objective	**Progress**
2.10 Focus Actively Seeking KINnections (ASK) efforts within each region to enhance strategies in building permanent connections and locating family for the child in OKDHS custody. Objective is aligned with the CFSR PIP. Full implementation will occur by June 2020 and the effectiveness will be evaluated annually by the amount of kinship placements used as first placement for a child.	**2.10** This objective is completed. Figures 61, 62, and 63 reflect the state quantitative data for the reporting period of April 2023 through March 2024. As shown in Figure 7, kinship foster care had more total placement days for children than any other placement type while Figure 8 shows that 53.2 percent of children are placed with kin for their first placement which remains steady compared to the 2024 APSR. Ongoing diligent searches for family or kin connections remain a key component of case planning.

Figure 61

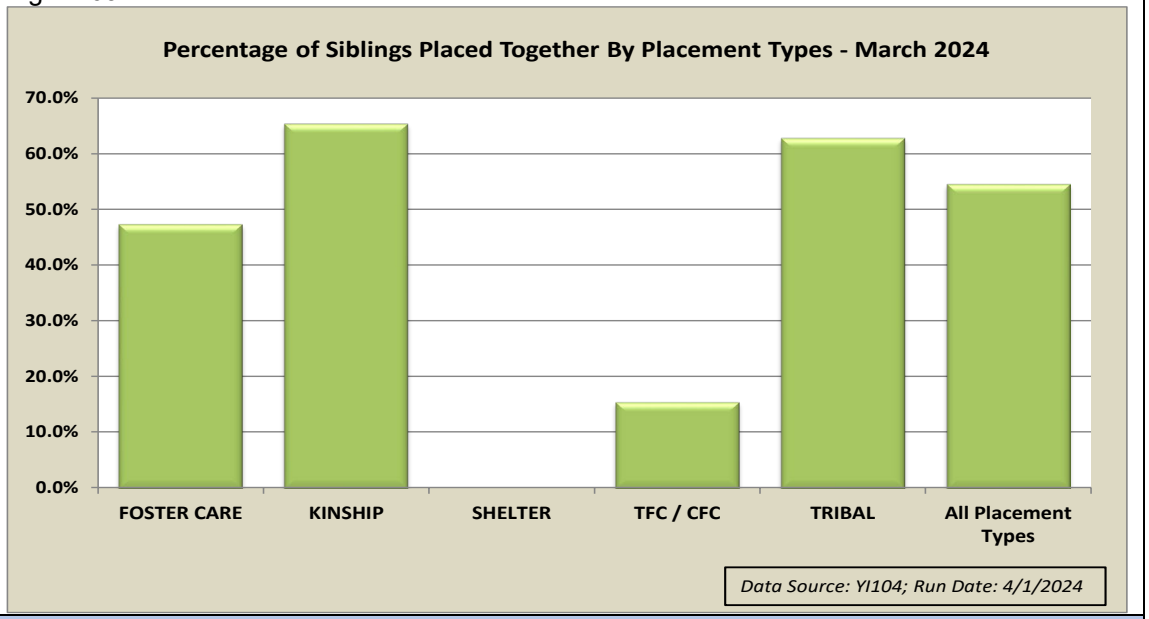
Placement Days by Resource Type for 12 Months Ending March 31, 2024						
RESOURCE TYPE	**Age 0-2**	**Age 3-5**	**Age 6-12**	**Age 13-17**	**Total**	**TOTAL**
KINSHIP FOSTER CARE	335601	226350	350794	180011	1092756	**51.1%**
REGULAR FOSTER CARE	257000	188265	219171	74850	739286	**34.6%**
CONGREGATE CARE	5597	1225	35959	130592	173373	**8.1%**
TFC	0	3212	29081	5588	37881	**1.8%**
OTHER	25529	19765	22082	26079	93455	**4.4%**
TOTAL	**623727**	**438817**	**657087**	**417120**	**2136751**	**100.0%**
Data Source: Measure1c - Placement Days by Resource Type Report; Run Date: 4/5/2024						

Figure 62

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-23	134	265	50.6%
May-23	144	253	56.9%
Jun-23	140	276	50.7%
Jul-23	148	256	57.8%
Aug-23	156	297	52.5%
Sep-23	123	265	46.4%
Oct-23	128	243	52.7%
Nov-23	143	228	62.7%
Dec-23	127	252	50.4%
Jan-24	123	200	61.5%
Feb-24	139	270	51.5%
Mar-24	145	296	49.0%
TOTAL	**1650**	**3101**	**53.2%**
Data Source: YI867; Run Date: 10th of each month			

One of the benefits associated with placing children with kin is the increased likelihood that siblings are placed together. As seen in Figure 9, kinship homes have the highest percentage of siblings placed together at 65.1 percent which is a slight increase from the previous report.

Figure 63



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** Development of a parent stakeholder group remains ongoing. See Goal 1, Objective 1.8 for more information related to the parent feedback survey dispersed in FMs. A contract with the Oklahoma Family Network (OFC) was approved in March 2024. This contract will allow OFN to manage a group of parents with lived experience who will meet with CWS leadership on a regular basis and discuss changes to practice and policies through a co-design approach.
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	**2.12** Refer to Goal 1, Objective 1.4.

field. Qualitative reviews will occur in each region every quarter to support CW specialists in improving practices to better outcomes.	
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 while concurrent efforts began to completely revamp and restructure training content; a third day was added to the current two-day training to allow for more in-depth training over specific practice areas and inclusion of more experiential learning activities. Updates include process changes involving elimination of PSCs; new timeframe requirements for the Ongoing Assessment of Child Safety; expansion of parent engagement strategies; updates to Family Time planning and best-practices; and changes related to the modernization of the Individualized Service Plan and Court Report forms. The CWS Supervisor Academy continues to be updated to provide guidance to new supervisors about policy changes and current guidance updates. Recent revisions to CWS Supervisor Academy included enhanced focus and training with new supervisors on the Supervisory Framework and how to implement it effectively with their staff. **2.14b** The CWS Supervisor Academy training continued in FFY 2024 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** This objective is 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 2023 was 91.2 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 provides a visual representation of all parent engagement efforts: completed, attempted, exception, and not yet completed. The interactive display is useful to CW staff 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. 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. Completing the Parent Contact Summary with parents during worker visits promotes quality engagement with parents through intentionally requesting parents' input on their case progress. Signatures on the "Parent Contact Summary" became non-mandatory in November 2023, in response to staff feedback that obtaining parents' signatures often presented a barrier to positive engagement.
Objective	**Progress**
2.16 Use of Permanency Safety Consultations (PSCs) to assess for safety in a team approach at key junctures of the case and throughout the life of the case while the case plan goal is reunification. The PSC fidelity review tool will be utilized for transfer of learning and debriefing purposes during sessions that Continuous Quality Improvement Program support staff are present. Practice	**2.16** PSCs remained 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 64, from October 2022 through September 2023, 6,212 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.

trends will be presented to regional leadership quarterly.

Figure 64

Permanency Safety Consultations Oct 1, 2022 - Sep 30, 2023	
Number of PSCs	**Number of Children Participating in a PSC**
3,360	6,212
Data Source: KIDS Database; Run Date: 5/6/2024. Duplicated count, as a child counts in each PSC where they are identified.	

The PSC Guidebook outlines 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 available as a printed publication for staff upon request. The PSC Guidebook is also available electronically, accessible through the PP Programs InfoNet site.

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. In March 2023, the assistant regional deputy directors began holding monthly calls with assigned CW 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 promote timely completion of action items. The enhanced Safe PSC accountability process proved successful at decreasing the number of children waiting more than 30 days to begin TR and decreasing the length of time waiting for TR. The enhanced accountability process provides opportunity to identify, categorize, and quantify the specific barriers affecting families' reunification pathways and identify in what regions and districts the barriers are occurring. Barrier categories include Agency Delay, Child's Needs, Parent Circumstances, Court Delay, Interstate Compact on the Placement for Children (ICPC) delay, and safety threat recurrence.

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.

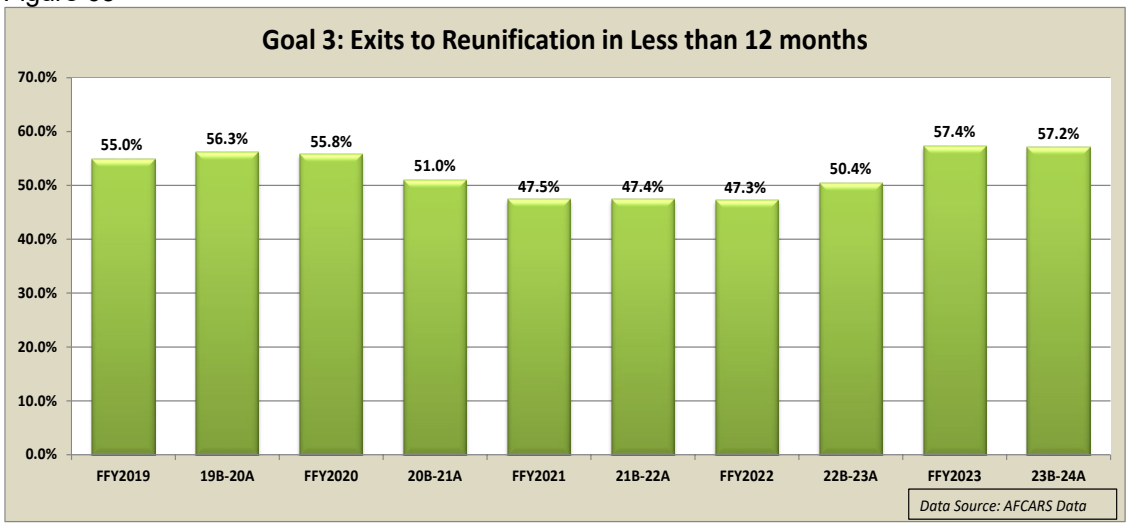
An evaluation of existing processes resulted in the decision to discontinue the required PSC process while still advancing the practice of maintaining urgency to permanency throughout a

	family's involvement with CW. The enhanced "Safe" PSC accountability process emphasized practices that effectively reduced families' wait time from "Safe" PSC to TR and identified a propensity to delay action to alleviate barriers to permanency until a PSC was held, specifically a Safe PSC. While PSCs positively impacted many practice areas affecting safe and timely permanency, a latent effect was the impact on timely action to progress cases through Family Time or to TR. Rather than taking action based on current ongoing safety assessments, action or decisions related to TR were oftentimes delayed until holding the PSC. Much of the information discussed in PSCs and resulting decisions from PSCs were identified as duplication of the same information and decision making that occurs in ongoing assessments of child safety, FMs, and Intentional Case Staffings. After exploratory discussions it was determined that discontinuing the PSC process would remove a contributing factor to delaying case progression and duplicitous efforts. The practice of maintaining urgency towards safe and timely permanency will transition into the existing ongoing safety assessment process and use of Intentional Case Staffings, supported by updates to KIDS functionality and WebFOCUS reports. A February 2024 KIDS update provides new variables related to PSC safety determinations and Family Time to track through WebFOCUS reports. The update allows selection and description of a "Safe" determination and level of Family Time supervision for each child as to each of their person(s) responsible for the child. The same population identified by the "Safe" PSC process will be able to be identified using the new variables, to allow a similar tracking and accountability process to the enhanced "Safe" PSC process to monitor children's progress to safe and timely permanency. Considering the positive outcomes resulting from the "Safe" PSC accountability process, it is beneficial to continue monitoring the population of children with a "Safe" PSC determination. Incorporating the Family Time level to monitoring efforts will add value to any ongoing accountability process to continue identifying internal and external barriers, and ensure prompt action is taken to meet families' needs to achieve lasting safe and timely permanency. WebFOCUS reports are in the process of being updated to replace PSC-related data with the Family Time and "Safe" PSC determination information recently added through the February 2024 KIDS release. Intentional Case Staffings will also be added to assist in managing supervisory coaching and oversight of children with "Safe" PSC determinations. WebFOCUS modifications are anticipated to be complete in May 2024. Upon completion of the YI104 Client Information Report updates, a memo will be sent via email notifying CW staff that the PSC process will end effective immediately. Intentional Case Staffings will be required monthly after a child's "Safe" PSC determination until TR begins, providing a venue for case staffing and coaching CW specialists' critical thinking skills. 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.

Figures 65 reflects the state quantitative data for the reporting period of April 2023 through March 2024 and shows that 57.2 percent of children were reunified in less than 12 months which is an increase from the 2024 APSR.

Figure 65



As shown in Figure 66, reunification in less than 12 months was 57.2 percent timely, guardianship in less than 18 months was 52.1 percent timely, and adoptions in less than 24 months was 39.7 percent timely all of which were an increase from the 2024 APSR.

Figure 66

Permanency Timeliness			
	# Reunifications	Reunifications In < 12 Months	% Reunifications Timely
Reunifications in Less than 12 months	1712	979	57.2%
	# Guardianships	Guardianships In < 18 Months	% Guardianships Timely
	365	190	
	# of Finalized Adoptions	Adoptions In < 24 Months	% Adoptions Timely
Adoptions in Less than 24 months	1347	535	39.7%
Data Source: AFCARS Composites			

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 qualitative review process 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	**2.18** CWS Programs staff continued to be part of the CIP committee in FFY 2024. 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 between OKDHS and court partners officially started on 10/1/2022 and will measure outcomes for children removed during a six-month period ending

order to better outcomes for families navigating the CW system. Ongoing partnership will occur with CIP throughout the five-year evaluation period.	3/31/2023. A meeting was held on 7/19/2023 with CW district directors for the selected joint project counties as well as CQI QA Programs, PP Programs, KIDS Data Programs, and CIP staff. The meeting was a check-in to review the number of children removed on 10/1/2022 through 3/31/2023 for each county. This time frame is the period under review (PUR) for children entering OKDHS custody when analyzing outcomes. The following county removal cohort information was updated on 4/1/2024 related to outcomes and shared with the CIP county district directors on 4/1/2024. <u>Lincoln County</u> Lincoln County had eight cases involving 15 children removed during the PUR. All 15 children have been adjudicated and 73.3 percent of the adjudications occurred timely. Of the 15 children in this PUR, 14 children remain in out-of-home care as of 4/1/2024. One child or 6.7 percent exited care to reunification and currently five children or 33.3 percent are in TR. This totals six children or 40 percent achieving permanency with all six reaching permanency within 12 months of care. Out of the 14 children who remain in out-of-home care, five had a CPG change to adoption. One CPG was changed to adoption; however, it changed back to return to own home during this PUR. <u>Bryan County</u> Bryan County had 12 cases involving 23 children removed during the PUR. All 23 children have been adjudicated and 52.2 percent of the adjudications occurred timely. Four children or 17.4 percent achieved permanency exiting to reunification, one youth aged out of care, and 18 children remain in out-of-home care with four in TR. Of the 18 children that remain in out-of-home care, 12 continue to have a CPG of return to own home and six children had a CPG change to adoption. <u>Cleveland County</u> Cleveland County had 52 cases involving 80 children removed during the PUR. All 80 children have been adjudicated and 73.8 percent of the adjudications occurred timely. Twenty-two children exited to reunification and five children exited through adoption, for a total of 27 children or 33.8 percent who achieved permanency. An additional 7.5 percent of children are in TR and 3.8 percent are in Trial Adoption (TA), making the total of 45 percent close to achieving permanency. Regarding timely permanency, 28 children, or 35 percent, achieved permanency within 12 months. The average length of stay for the 22 children who achieved permanency through reunification was 269 days or eight months. Of the 52 children who remain in out-of-home care, six are in TR and three are in TA. Additionally, of the 52 children of who remain in out-of-home care, 16 have a CPG of return to own home. Next steps involve ongoing evaluation of outcomes during this PUR and development of selection criteria for the project's subsequent cohort. Through ongoing discussions with the CIP

	core group, it has become evident that for any future county juvenile courts wishing to participate, their demonstrated commitment to being an active and equal partner in change is paramount for the success of the project. During a recap meeting held on 3/14/2024, to review the latest CIP cohort, it was suggested that a type of readiness assessment might be necessary for court partners in potential districts. This recommendation stems from the difficulties experienced by some of the recent CIP districts and is supported by CWS' understanding of district court and CW relationships throughout the state.

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

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

Measure	Baseline	Current Period	Target by End of FFY24	Data Source
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Item 12: Needs and services of child, parents, and foster parents	21.54%	36.2%	95.00%	CFSR
Percent of children receiving a Child Behavioral Health Screener in accordance with policy	66.7%	43.5%	98.0%	OU
Percent of families who complete Family-Centered Services (FCS) and do not have a subsequent removal within 12 months	95.1%	95.6%	97.0%	KIDS Data
Percent of children needing an intervention and served in FCS	25.0%	49.9%	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 and intervention-related services such as CHBS – SafeCare®, Youth Villages Intercept®, and the implementation of 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, approved and implemented starting in October 2021, 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. 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. 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 and Intercept® for voluntary preventative services, these services are also utilized for children placed in foster care and adoptive homes to meet the needs and strengthen families by providing services to the resource/adoptive parents to support in providing care for the children placed in their homes. Figure 67 illustrates the number of children, already in OKDHS custody, who received CHBS and Intercept® for the purpose of Maintain Placement.

Figure 67

CHBS - Maintain Placement Services and Intercept Apr 1, 2023 - Mar 31, 2024					
Families Referred for Services	**Families Receiving Services**	**% of Families**	**Children Referred for Services**	**Children Receiving Services**	**% of Children**
279	229	82.1%	452	366	80.1%
Data Source: KIDS Database; Run Date: 5/17/2024					

Refer to Goal 1, Objectives 1.1 and 1.2 regarding progress in ISS, CHBS, Intercept®, and preventative evidence-based programs and services. Refer to Goal 1, Objectives 1.3 and 1.5. regarding progress on safety decision-making strategies. 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, 2.11, and 2.14 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 QRTP 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 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 the 38 federally recognized tribes in Oklahoma in developing a child and family well-being network within an expansion of culturally relevant prevention and intervention-related 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.
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. OKDHS CWS and OSDH began Bi-Annual Collaborative Convenings in October 2020 and continue to utilize them 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. The convenings provide a platform, in addition to established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys to support ongoing consultation with stakeholders from tribes, services providers, foster care providers, juvenile court, child-serving state agencies, other public and private child and family-serving agencies, and those with lived expertise. The convenings are opportunities to share feedback and discuss strategies to design pathways and remove systemic barriers to address the needs and ensure a comprehensive continuum of more adequately culturally relevant, community-based supports and services. The Oklahoma Commission on Children and Youth (OCCY) was added as a key partner with the November 2023 convening to continue efforts in redesigning service delivery in Oklahoma to promote the health, safety, and well-being of children, youth, and their families. All three agencies are focused on the development of a comprehensive, statewide service array that keeps children safe and strengthens families while preserving culture, family, and community. Bi-annual stakeholder meetings held in partnership with OSDH and OCCY took place this reporting period in November 2023 and April 2024. The November meeting was held via a virtual format and the April meeting was held in-person in conjunction with the 30th 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	**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

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.	focus on Motivational Interviewing Experience and Indirect Trauma Sensitive Supervision. For additional information in this regard see Systemic Factors, Staff Training. 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 stability. Ongoing evaluation through CFSR's and placement stability qualitative reviews will identify areas needing improvement to enhance the quality and effectiveness of IMs and Resource Parent Support Plans.	**3.5** Refer to Goal 2, Objective 2.1 regarding ongoing IM and Support Plan qualitative reviews.
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 is a collaborative partnership between OKDHS and local school districts. It aims to support at-risk students and families by increasing awareness of available OKDHS and community resources. The program's school-based specialists work to improve the well-being and educational outcomes of children and youth through targeted prevention services. In addition, the specialists advocate for students in OKDHS custody, ensuring their needs are met, and facilitate communication between the school system and care providers. Currently, the program has 50 school-based specialists statewide, serving 27 partnering school districts.

	To further expand the program, CWS is providing increased support to establish or expand a school district's pipeline of services by requesting the school district retain the position. This expansion initiative, a testament to CWS' commitment to the community, aims to alleviate the school districts' workload while broadening outreach to more families. Additionally, the program will promote job readiness and career development for students and families. CWS is collecting program feedback from stakeholders 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 68 illustrates the utilization of the EPSDT for children removed in April 2023 through March 2024 and Figure 69 illustrates the utilization for those children younger than age 6 served in the same time frame. Figure 68

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 (V202) Routine Child Check	Percent with a Medical Visit (V202) Routine Child Check	Number with a Medical Visit (V202) Routine Child Check within 21 Days	Percent with a Medical Visit (V202) Routine Child Check Timely
23B - 24A	2982	2387	80.0%	1454	48.8%	458	15.4%	54	1.8%

Data Source: KIDS Data (Period 23B - 24A covers 4/1/2023 - 3/31/2024)

Figure 69

Utilization of Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) for Children Under Age 6 Served in the Period

od	Children Served in Period	Number with a Medical Visit	Percent of Children with a Medical Visit	Number with a Medical Visit (V202) Routine Child Check	Percent with a Medical Visit (V202) Routine Child Check
24A	1672	1534	91.7%	135	8.1%
Data Source: KIDS Data (Period 23B - 24A covers 4/1/2023 - 3/31/2024)					
Population includes any child under the age of 6 that was in care the entire review period					

The EPSDT screenings worked in tandem with the CBHS administered by CWS up until November 2023. Refer to Goal 2, Objective 2.9 regarding CBHS. Health and behavioral 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. The CW specialist has access for consultation with mental health consultants, as well as the OKDHS CWS Clinical Team, too for any assistance with understanding a child's behavioral health needs and providing education to foster and biological parents.

Objective	Progress
3.8 Utilization of an evidence-based screener to determine appropriate treatment needs of children and families.	**3.8** The required utilization of the CBHS ended in November 2023 based on CW staff demonstrating an increased skillset in determining treatment needs for children. The utilization of the ongoing AOCS and quality worker visits that are completed monthly with the child in care and their caretaker help to assess the safety, permanency, and well-being needs of the child and their families. The OKDHS CWS Clinical team, in partnership with OUHSC, continues to be available for consultation and referrals for youth in need of mental health services. When youth are identified to have complex needs resulting in a higher level of care request, a Child and Adolescent Needs and Strengths (CANS) assessment is utilized to establish a level of need and care for youth. The CANS assessment is used to inform treatment planning and support for the youth and family or provider caring for the youth. Refer to Goal 2, Objective 2.9 regarding CBHS utilization and CANS assessment implementation to better assess the needs of youth entering congregate care as part of the QRTP requirements through Family First.

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 practice profile and regional practice profiles created from the 105 cases randomly selected from across the state and individually reviewed based on the Child and Family Services Review (CFSR) case review process and use of the federal Onsite Review Instrument (OSRI). These case reviews were either open cases or were opened during the Adoption and Foster Care Analysis and Reporting System (AFCARS) 22B and 23A combined reporting periods of April 2023 through March 2024 and included practice occurring during April 2022 through March 2024. Additional programmatic data included as part of the practice profile for AFCARS reporting periods 22B and 23A included:

- family meeting continuum (FMC) fidelity data;
- FMC 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 in addition to regional leadership at the CQI Statewide Implementation Team (SIT) meetings, and regional practice improvement charter (PIC) teams during regularly held regional PIC meetings. In addition to the programmatic data listed previously, the profiles contain identification of strengths and areas needing improvement on all safety, permanency, and well-being outcome items 1-18, for 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 PIC 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 additional 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 process 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. One of the modifications made was related to the number of kinship homes reviewed. The change resulted in five kinship relative resource homes and four kinship non-relative resource homes being reviewed per region per quarter. This makes a total of 45 resources statewide; 25 kinship relative and 20 kinship non-relative resources are reviewed per quarter. Traditional foster care homes are reviewed as needed. As a result of reviewing quarterly trends and region totals with FC&A Programs staff and leadership, concentrated trainings in areas needing improvement have been conducted. Two areas of improvement identified were timely completion of the INKSEAT and the RFAR. Furthermore, the programs field representative (PFR) from FC&A Programs attends the regional debriefings with CW field managers and supervisors to identify any additional trainings needed for identified trends.

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

- Revision of all Framework Field Observation and Intentional Case Staffing forms to a more efficient, user-friendly version based on staff feedback. FC&A and Family-Centered Services Intentional Case Staffing forms are still under revision at the time of reporting.
- Continued Framework refreshers for CW supervisor's and district directors.
- Creation of training curriculum and objectives for an Introductory to Framework training for all new CW supervisors included in Supervisor's Academy beginning 5/1/2024.
- A survey deployed February 2024 to all child welfare (CW) supervisors, district directors, and field managers to gather feedback from CW staff regarding understanding the purpose of the Framework and the frequency and barriers of utilizing the Framework to determine needed revisions to better support and support staff's use of the Framework through refreshers and trainings. Results of the survey are undergoing analysis at this time.

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

CWS CQI QA staff continued collaboration and work with the National Partnership for Child Safety (NPCS). NPCS representatives presented during a "kickoff" meeting for CW regional leadership staff regarding the purpose and intention of SSRs. To become subject matter experts, NPCS provided ongoing trainings for all CWS CQI QA staff who serve as SSR reviewers to include AWAKEN, Proximity Training, and ongoing learning labs. To ensure consistent messaging, a SSR Flyer, Debriefing Flyer, and an updated

Process Map were developed. The entire process of conducting the review, debriefing with staff, and scoring the Safe Systems Improvement Tool (SSIT) has been completed in two of the five regions and the SSR process has started in two additional regions. A data use agreement between OKDHS and the NPCS has been finalized.

Continual progress is being made toward implementing a standardized process for safe systems reviews utilizing this format across all regions, integrating data sharing into the national collaborative, and conducting internal reviews and outcome analyses. These ongoing efforts serve to identify areas of need and address systemic factors to enhance practice.

The Comprehensive Child Welfare Information System (CCWIS) implementation team is currently in the planning phase and has partnered with an external consultant that will support efforts toward issuing a Request for Proposal (RFP). The RFP will be drafted to include CCWIS requirements as well as specifications around optimizing CW business processes to include continuous quality improvement/quality assurance. Plans are in place to partner with an independent quality assurance vendor to monitor deliverables through the design, development, and implementation process.

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 and is comprised of 80 out-of-home cases, 40 each six-month period, and 50 in-home cases, 25 each six-month period, respectively.

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

Foundational Administrative Structure

CWS maintains the capacity and resources necessary to sustain an ongoing CQI process through a team dedicated to quality assurance activities, known as CQI Programs. CQI Programs administrative structure remained stable during this reporting period. The CQI program is led by a programs administrator who reports directly to the deputy director of CWS Programs. Within the CQI program, five teams have direct responsibility for activities related to the 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 PFRs. One QA team is led by a programs supervisor with five PFRs, and the other QA team is led by a programs supervisor with four PFRs. The CPR team is led by a programs supervisor with five PFRs. The MIC and Appeals team is led by a programs supervisor with three PFRs. One CFSR team member and two QA team members are collectively assigned to each of the five regions except in Region 1 where there is one CFSR team member and one QA team member assigned. In the CFSP, plans indicated CWS would fill the vacancy; however, this vacancy has not been filled. Efforts toward ensuring this region has a full three-member support team in place are ongoing. The CPR team's specific focus areas about quality assurance work are in three areas. The CPR team is responsible for conducting QA reviews for contracts associated with out-of-home placements, serves as second level quality assurance reviewers for the CFSR team, and is solely responsible for reviews of FC&A new kinship and traditional resource home approvals with one PFR assigned to each FC&A region. Designated staff within the MIC and Appeals team completes QA MIC reviews, provides MIC prevention consultations for the entire state, develops and conducts MIC training, and completes and distributes MIC detailed data analysis reports. Other designated staff completes 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 staff to further develop and enhance their expertise during this reporting period included annual completion of Online Monitoring System (OMS) module trainings specific to the round 4 CFSR; and overviews of the review process (Procedures Manual), conducting case-related interviews/interview guides, the OSRI and instructions, various Reviewer Briefs, Correlation Guide provided by the Children's Bureau, any updates to the Frequently Asked Questions (FAQs) on the OMS website, and Appendix C, ongoing questions/answers by third party quality assurance, bi-annually and by CFSR team annually. The CFSR team partnered with OKDHS staff reviewers external to the CFSR team to model one case review per external reviewer including the debriefing. The CFSR and QA teams also engaged in the Children's Bureau's E-Learning online academy with regards to CFSR Round 4 preparation.

All CQI QA staff completed the Capacity Building Center's CQI Training Academy, as they complete annually. This is a self-paced e-learning course developed to assist CQI teams to build a common understanding of continuous quality improvement practices.

CQI QA staff continued work regarding the implementation of the Safe Systems Review (SSR) process this reporting period which included various trainings which enhanced staff's continuous quality improvement capabilities. Training undertaken as part of this work included:

- **AWAKEN** Cohort 9 10/25/2023, 11/1/2023, and 11/8/2023: a value-based framework providing actionable steps that moves staff from automatic, bias-based thinking to intentional decisions and behaviors. It identifies when bias is activated and provides teams with mindful organizing strategies to co-conspire against biases in themselves and systems. **AWAKEN SKILLS LABS** (ongoing): skill-

Building Labs take a deep dive into aspects of the AWAKEN framework. Participants learn to enhance skills in one or more areas of AWAKEN. The labs are designed to challenge the participants thinking by connecting with other perspectives to generate new ideas and ways of addressing challenges facing the CW system.

- **Scoring the Systems Domains: Proximity Training**: this training occurred in March 2024. The SSIT is scored on a ratings scale, proximity is used to differentiate between ratings of 2 and 3 in the systems domains. This training provided scenarios to score the SSIT while having discussions as to how proximity is utilized regarding the critical incident. Ongoing trainings are being provided based on the needs of the review team.

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 various audit and quality assurance mechanisms mainly consist of standardized training for all staff within CQI Programs regarding OSRI application. Further support for consistency of ratings across multiple sites and reviews is built into the process by: the CFSR team programs supervisor debriefing and discussing items and outcomes as well as the OSRI scoring logic with staff conducting case reviews; third party second-level QA reviews conducted by trained staff from the CPR team; and by CQI staff's involvement in debriefing every completed review.

Additional quantitative and qualitative case level data were collected directly by CQI Programs staff 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, Safety Through Supervision Framework, 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. 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.

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

CWS Programs and processes are designed to produce change at two levels: the child and family level and the system level. 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 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 CWS. Evaluation and analysis provide essential evidence for CWS to understand how, for whom, and under what circumstances its programs work. CWS builds evidence through evaluation and analysis to inform decisions in budget, legislative, regulatory, strategic planning, program, and policy arenas. Given the breadth of work supported by CWS, many evaluations and analyses are conducted each year. These efforts range in scope, scale, design, and methodology, but all aim to understand the effect of programs and policies and how they can be improved. The analysis of this data identifies gaps between the needs and the effectiveness of the services at a child and family level and are provided to CWS programs staff for program improvement and appropriateness of the services array. Engagement with families, children and youth, tribes, courts, and other partners is ongoing and occurs regularly through various established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys. CWS has not only utilized these system collaborative meetings and workgroups to engage stakeholders but have utilized these platforms as feedback loops with stakeholders to ensure they recognize

how guidance and recommendations from the various activities and other sources influenced the CFSP, the CFSR PIP, and APSR. CWS has provided opportunity for stakeholders to have input and garner their feedback through the various platforms listed. The culmination of these efforts and activities represents a diverse and representative population of stakeholders and partners able to provide and receive feedback and perspective into performance, contributing factors, underlying causes of areas in need of improvement, and ultimately possible solutions for CWS to collaboratively engage in future system improvements.

CWS and OSDH began Bi-Annual Collaborative Convenings in October 2020 and continue to utilize them 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. The Oklahoma Commission on Children and Youth (OCCY) was added as a key partner with the October 2023 convening to continue efforts in redesigning service delivery in Oklahoma to promote the health, safety, and well-being of children, youth, and their families. The convenings provide a platform, in addition to established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys to support ongoing consultation with stakeholders from tribes, services providers, foster care providers, juvenile court, child-serving state agencies, other public and private child and family-serving agencies, and those with lived expertise. The convenings are opportunities to share feedback and discuss strategies to design pathways and remove systemic barriers to address needs and ensure a comprehensive continuum of more adequately culturally relevant, community-based supports and services. All three agencies are focused on the development of a comprehensive, statewide service array that keeps children safe and strengthens families while preserving culture, family, and community.

During this reporting period, the seventh and eighth Bi-annual Collaborative Convening meetings took place in November 2023 and April 2024. The November meeting was held via a virtual format and the April meeting was held in-person in conjunction with the 30th Oklahoma Child Abuse and Neglect Conference. The November 2023 convening allowed partners to hear from Oklahoma Secretary Dr. Deborah Shropshire, along with state leaders from OKDHS CWS, OSDH, and OCCY about all the efforts underway to move 'upstream', focusing on strengthening families and preventing child maltreatment. The focus of presentations included the results of the statewide survey that was deployed in collaboration with OSDH and OCCY, and subsequent Latino Community Café event. The April 2024 in person convening allowed stakeholders to hear again from state leaders with a focus on questions posed by the stakeholders themselves. The panel focused on sharing the 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 panel was followed by a roundtable feedback session with stakeholders that will continue to aide in system improvement.

OKDHS continues to leverage the Partnership for Infant's, Children's, Youth's, and Young Adult's Mental, Emotional and Behavioral Health (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 (CSAW), the working arm of SAT, to provide a mechanism for cross-system collaboration to ensure the creation and efficient operation of a unified and integrated system of care for all Oklahoma infants, children, youth, and young adults and access to support, resources, and services and support the execution of shared goals that support children, families, and communities. A larger, more diverse group of stakeholders representing agencies, advocacy groups, and family members serve on the SAT and guide the development of the Systems of Care (SOC) networks broad array and continuum of services and supports, while ensuring to uphold the values and principles of SOC. The CSAW is a collaborative of leaders from child-serving organizations that have mechanisms to connect and leverage resources across multiple systems. CSAW is charged to develop, enhance, coordinate, and integrate systems that assist with identification of behavioral health goals to increase hope and resilience for children and families. CSAW's vision is to increase hope in children and families by creating early and easy access to effective behavioral health support, resources, and services to remain safely and successfully in their own home and community. Additionally, CSAW was identified as a critical working group to execute shared strategies from goals created by the executive level leadership from child-serving agencies that support children, families, and communities. The CSAW and SAT meet monthly, and The Partnership meets one to two times yearly to receive reports and give approval for actions and initiatives from the CSAW and SAT.

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, are also engaged to participate in the Bi-Annual Collaborative Convening meetings and encouraged to be a part of their community's various stakeholder meetings 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. CWS is a member of the Task Force and ensures CFSR performance outcomes and system efforts are shared during quarterly meetings to allow for ongoing insight and feedback from their unique standpoint in efforts to improve practice for Oklahoma families.

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 2023 through March 2024, 29,995 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 5,600 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 20,213 children and their adoptive families receive adoption assistance payments.

Services for Children Adopted from Other Countries

Post-Adoption Services is unable to provide subsidy payments for children who are not participating in an open Adoption Assistance Agreement with the state of Oklahoma. However, Post-Adoption services can provide these families with general consultation, referrals to services, information about support groups, and other local resources. Post Adoption specialists are available to assist families in accessing appropriate community resources to support the needs of their children, be it for mental health, medical or educational needs. Additionally, respite funds can be offered to the family dependent upon available funding. Access to respite funds is provided to the adoptive parents based on the same criteria set forth for CWS resource families. Post-Adoption Services will continue to evaluate the needs of families adopting from other countries to determine if additional supports are necessary.

Inter-Country Adoptions

For SFY 2023, there was one child with a prior adoption from another country that entered into state custody during the timeframe of 4/1/2023 to 3/31/2024. The child is from Nicaragua and the adoptive parents reside in the state of Indiana. The child was placed in a home in Oklahoma by the adoptive parents. The adoptive parents believed the home in Oklahoma was a therapeutic home, specializing in providing care for children with attachment disorders. The home in Oklahoma was investigated resulting in the child entering OKDHS custody. Custody was then transferred to the state of Indiana and the child returned to the adoptive parents.

Services for Children Under 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 sustained 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. The requirement to administer the CBHS monthly ended in November 2023. The CBHS remains a valuable tool for CW specialists to administer 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. Multiple pathways remain to identify children's needs and access necessary services, such as screening tools offered through Managed Care implemented in April 2024, increased skillset attributed to the Enhanced Foster Care (EFC) program's training and communication, the Family Meeting Continuum's platform to discuss children's needs, The Child and Resource Family Support Plan, the Child and Adolescent Needs and Strengths (CANS) assessment, qualified residential treatment program (QRTP) processes, Child Placement Interview, and SoonerStart. The OKDHS CWS Clinical Team, in partnership with the University of Oklahoma Health and Sciences Center (OUHSC), is involved in guiding application and evaluation of information gained from screener administration to ensure not only that the tools themselves are evidence-based, but that application and use of information is sound.

Since CBHS is embedded into the Oklahoma Statewide Automated Child Welfare Information System (SACWIS), 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. Until the requirement to administer CBHS ended in November 2023, an additional report was generated for children with four consecutive elevated screeners warranting a referral for services and was 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 was sent to CW staff by 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 3/31/2024 consisted of 449,144 screeners, which were administered across 46,775 children. Repeated administrations of CBHS reveals information about how a child is functioning over time and assesses improvement or regression in functioning. For FFY 2023, of the 42,722 administered screeners across 8,864 children, 16,116 were scored as elevated/positive and warranted a referral for a trauma-informed mental health assessment. Of the 8,864 children administered a screener, 4,999 children or 56.4 percent screened had scores which warranted a referral for a clinical assessment. Of those 4,999 children, 2,436 or 48.7 percent screened were already receiving behavioral health services, with 2,563 or 51.3 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 8,864 children administered a screener, 3,865 or 43.6 percent of children with screeners had scores not warranting a referral. Of those 3,865 children, 1,429 were still receiving some type of behavioral health services, with 2,436 children reported as not receiving behavioral health services. Screeners are no longer

required; however, the ability to enter them remains available in KIDS. As shown in Figure 70, from April to October 2023, the total number of screeners completed for children who were eligible to received one was 43.5 percent.

Until the November 2023 memo ending mandatory CBHS administration, FCS policy directed CW staff to complete the CBHS monthly throughout the life of the case. All ISS cases have an FCS case as well, so they continued to receive the CBHS monthly until November 2023. Children involved in FCS cases and in trial reunification were also administered the CBHS, and although no longer required, the CBHS remains a valuable tool for those children.

Figure 70

Date	Total Children Due	Screened In Month	%
Apr-23	5991	2807	46.9%
May-23	5845	2506	42.9%
Jun-23	5807	2400	41.3%
Jul-23	5631	2436	43.3%
Aug-23	5606	2541	45.3%
Sep-23	5622	2573	45.8%
Oct-23	5628	2201	39.1%
TOTAL	**40130**	**17464**	**43.5%**
Data Source: Yi810A; Run Date: 5th of each month for prior month			

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 program helps to assure that health problems are diagnosed and treated early before they become more complex in their treatment needs. The physician helps in educating parents and guardians about all services available through the EPSDT program. 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. Periodic Screenings must be provided in accordance with the recommended American Academy of Pediatrics 'Bright Futures' periodicity schedule following the initial screening. Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illness or condition. 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) is an 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 for pregnant and parenting mothers who used substances during pregnancy. It is being evaluated in two sites in Oklahoma - Oklahoma City and Tulsa and the surrounding areas, using a randomized controlled trial design. The evaluation is examining impacts on treatment and recovery, child and family well-being, and criminal justice and CW involvement, in addition to assessing cost savings for the state.

Since PCAP launched in September 2021, research and direct service staff for each site have been hired, evaluation measures, the research database, and protocols and training manuals have been developed. Three separate IRB approvals have been obtained. Since receiving referrals in Tulsa in December 2022 and Oklahoma City in March 2023, there has been 159 referrals of which 96 or 60 percent were eligible to enroll in the PCAP study. Sixty-five percent of eligible referrals have been successfully enrolled, achieving a swift transition from eligibility screening to scheduled appointments, as evidenced by 92 percent of eligible participants scheduling a baseline interview. However, challenges

have emerged, with 45 percent of participants missing their scheduled appointments. Additionally, 13 percent of attendees did not initially complete their baseline interview, necessitating follow-up sessions. Furthermore, 90 percent of participants required rescheduling or second sessions for their baseline interview, with some requiring up to three reschedulings. Of completed baseline interviews, 45 percent were achieved in the first session, 21 percent in two sessions, and 33 percent remain incomplete. PCAP has a comprehensive and diligent tracing and tracking protocol to reach participants. The follow-up and tracing and tracking activities take a lot of time and consideration of not over contacting the participants. PCAP is learning a lot about the resources and challenges that it takes to work with such a vulnerable population.

Interactions between participants and the research coordinator have been positive, appreciative, and agreeable, resulting in high response rates for subsequent follow-up data collection and tracking. Continuous quality improvement processes are in place between research and direct services staff during baseline planning and execution across both sites. Efforts to raise awareness about PCAP within the community through various channels continues to be intensified. This includes targeted social media campaigns, collaboration with local organizations, and hosting informational sessions. These initiatives have helped to amplify our message and attract new participants to the study.

From baseline data on 66 participants, four have only partially completed baselines and have not yet been randomized. The average age of participants is 32 years, with just over half, or 56 percent, being high school graduates. A significant majority, or 83 percent, receive food stamps, and one-third lack stable living arrangements. Nearly all participants, or 93 percent, have experienced at least one Adverse Childhood Experience (ACE), and half have experienced four or more ACEs. Regarding criminal justice history, two-thirds have been incarcerated at least once, one-fifth are currently on probation or parole, and another one-fifth are awaiting charges, trial, or sentencing. Eighty-three percent used drugs and/or alcohol before age 18, and one-quarter have been in a drug or treatment facility in the 30 days prior to enrollment. Family planning data reveals that approximately half of the participants are not using any method of birth control, and less than half reported involvement from the baby's father. Custody statistics are as follows for the 35 participants whose child was born at the time of the baseline interview, legal custody of the children qualifying the mother for the program is primarily with the mother (49%), followed by legal guardianship (17%), state custody (17%), relatives or the father of the baby (11%), with 3 percent of mothers uncertain about custody, and one child being deceased.

At the end of this evaluation, the goal is to submit evidence of effectiveness to federal clearinghouses, paving the way for federal funding to support national spread and replication.

During State Fiscal Year (SFY) 2024, 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 remaining sites have been 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 10 active FTCs located in 14 counties. The courts implementing this approach are located in Custer/Washita, Kay, Oklahoma, Okmulgee, Tulsa, Creek, Blaine, Garfield/Grant, Canadian, and Johnson/Marshall/Murray Counties.

The Infant Toddler Court Project (ITCP) has predominantly focused efforts on enhancement and expansion of existing Infant Toddler Court (ITC) sites. Tulsa County has expanded from one district to one CW supervisory unit responsible for evaluating all units in Tulsa County, in effort to create equitable access to the approach. Tulsa County developed a Policy and Procedure Handbook. The handbook is a navigation tool for professionals and cross-systems partners as they define roles, policies, procedures, and continue quality improvement efforts. Both existing sites, Payne and Tulsa Counties,

reviewed case mapping and explored partnerships to create new referral pathways with the goal to expedite access to time sensitive services. ITCP identified and established its first, new ITC site, making Wagoner County the third project location. CREOKS will be the holder of the ITCP Health Resources and Services Administration (HRSA) grant funding and support the employment of the Community Coordinator for the Safe Babies Approach. Wagoner County participated in a site kick-off, hosting many cross-systems partners including a judge, CW district directors, and other community stakeholders. Tulsa County has also participated in a Cost-Benefits Analysis and was chosen for a National Council of Juvenile and Family Court Judges (NCJFCJ) trauma-informed assessments. Results of both studies will be provided at the local and state level when findings are completed. The ITCP continues to support Payne County in exploring collaboration opportunities. The county hosted their first Active Community Team meeting bringing community partners together to learn about Safe Babies efforts. Payne County continues to explore opportunities to create Memorandums of Understanding (MOUs) between community partners and identify timely referral pathways. All three ITC sites were provided funding to support attendance in Circle of Security Parenting, an evidence-based intervention. Sites also utilized funding to attend Cross-Sites: a conference by Zero to Three for the Safe Babies Approach.

The statewide coordinator and project director continue to build training opportunities to advance best practice services for the 0-3 population and their families. The ITCP project paid for 10 Child Parent Psychotherapy (CPP) positions for clinicians in ITCP areas to attend and grow workforce capacity within the identified counties. Partnership exploration has also led to expanded access to CPP clinicians in the Tulsa County area reducing barriers to wait times for this crucial therapeutic intervention for families. In addition to enhancement and expansion efforts, the ITCP evaluation training has begun to support the local Community Coordinators in their data tracking and reporting. The REDCap database continues to be built out by the University of Kansas Data and Evaluation lead. To create equitable access, the State Advisory Group deemed it appropriate to eliminate access limiting criteria and open access to any court involved family with a baby 0-36 months. Thus, growing opportunity to serve the target 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, in accordance with the Individuals with Disabilities Education Act (IDEA). All substantiated CPS cases require a referral to SoonerStart for children ages 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 childcare facility. SoonerStart staff coach and provide services to the family in the home so that they can understand and implement strategies throughout daily routines. The program helps build upon and provide supports and resources to assist family members or PRFCs to enhance infants or toddler's development and helps provide insight about the child so that the child's needs are safely met. This program, mandated by federal and state law, is funded through various federal and state sources. SoonerStart is Oklahoma's Part C of the Individuals with Disabilities Education Act program. The program is a joint effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health Services, the Commission on Children and Youth, and the Oklahoma Health Care Authority. SoonerStart authorizes screening to determine the qualification for early intervention services for developmental delays. Infants and toddlers in Oklahoma who meet the criteria of developmentally delayed or have been diagnosed with a physical or mental condition that has been identified as having a high probability for a developmental delay are eligible for SoonerStart services, as used in the Oklahoma Early Intervention Act [Oklahoma State Statutes Title 70, Section 13-124].

The ongoing assessments, which are part of the permanency case, build on the initial assessment completed during the CPS investigation. During each ongoing Assessment of Child Safety (AOCS), the CW specialist continues to evaluate each child separately with regard to the child's safety, 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.

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. 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. Additionally, the CW specialists address what supports or services the caretaker of the child requires to ensure all child needs are being met. It is the responsibility of the CW specialist to ensure any identified needs for the child are provided in a timely manner including physical or mental health services.

As seen in Figure 71, the number of children younger than age 5 of Oklahoma's population of children in out-of-home care has decreased since FFY 2019.

Figure 71

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
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%
FFY2023	6,495	2,834	43.6%
Data Source: AFCARS Data Files			

As seen in Figure 72, 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 2019 to FFY 2023. However, the number of children identified as Indian, black, and multi-racial has remained somewhat steady over the last five FFYs.

Figure 72

Children Under 5 By Race - In Care Last Day of Federal Fiscal Year						
Year	White	Indian	Black	Asian / Pacific Islander	Multi-Racial	Unknown
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%	
FFY2023	40.5%	13.3%	11.1%	0.2%	34.7%	0.2%
Data Source: AFCARS Data Files						

In Figure 73, 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 the largest increase remaining in FFY 2022.

Figure 73

Children Under 5 With Disability Indicated In Care Last Day of Federal Fiscal Year			
Year	Children Under 5 Years of Age	Disability Indicated	Percentage
FFY2019	3,815	358	9.4%
FFY2020	3,580	350	9.8%
FFY2021	3,413	350	10.3%
FFY2022	3,096	440	14.2%
FFY2023	2,834	415	14.6%
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.

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 $4,416,883. PSSF has a 25 percent state match of $1,104,220 and an MOE of $1,520,000 for a total of $7,041,103. Family Preservation Services account for $1,887,733 or 42.7 percent, Family Support accounts for $936,768 or 21.2 percent, Family Reunification Services account for $1,592,382 or 36.1 percent, and Adoption Promotion and Support accounts for $0 or 0 percent of the grant amount. Provided in the attached **Oklahoma FY 25 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.**

Populations at Greatest Risk of Maltreatment

The National Child Abuse and Neglect Data System (NCANDS), AFCARS, and the Chapin Hall Multi-State Foster Care Data Archive are routinely utilized to identify Oklahoma populations at greatest risk of maltreatment. The following section provides current data and trends related to children under 5 years of age who, by virtue of age, are identified specifically in policy and protocols to be considered "vulnerable." This age group accounts for 54.1 percent of the children who entered care in FFY 2023. Additionally, 83.2 percent of the cases in which abuse or neglect was substantiated occurred in the under 12 years of age 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 KIDS data for SFY 2023, 47.1 percent presented with substance abuse as a contributing factor and 32.9 percent with domestic violence. This reporting period OKDHS began capturing within the Statewide Automated Child Welfare Information System (SACWIS) 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 marijuana or prescription drugs, at the time of the maltreatment.

There was no new legislation this reporting period impacting the population above.

Oklahoma Senate Bill 1638 (2024) amended statute Section 1-9-123 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-9-123) requiring OKDHS to provide law enforcement and the National Center for Exploited and Missing Children with specific descriptive and endangerment information, including a photograph, of any child reported missing from care. The bill also requires regular communication between OKDHS and both entities regarding efforts to recover the child. CWS Numbered Memo, CWS-23-06, was issued to all CW staff on 7/5/2023, updating the policy change and amending CW policy accordingly.

Oklahoma House Bill 3367 (2024) amended statute Section 4002.2 of Title 56 of the Oklahoma Statutes (56 O.S. Supp. 2023, Section 4002.2) adding populations who are to receive a "Children's Specialty Plan' as defined by the statute. The additional populations included children involved in a Family-Centered Services (FCS) case with OKDHS, children in OKDHS custody under court supervision or trial reunification, and Medicaid enrolled parents or guardians whose children are in OKDHS custody or participants of an FCS case. CW policy was updated to reflect this change.

This reporting period the CWS Training program implemented two new trainings: *CW5101 ICWA Basics for all CW Specialists* and *CW5102 ICWA for CPS.* Both are in-person trainings designed to ensure all CW staff understand and comply with the Indian Child Welfare Act (ICWA).

This reporting period the CWS Training program began work to implement a new training in SFY 2025, *CW2028 Native American Culture for Child Welfare Specialists.* This training will better support the workforce to enhance cultural knowledge and understanding when working with Native American children, youth, families, and communities.

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, finding, and using community resources to meet their own needs and the needs of the children placed in the home.

Family KINnections was originally funded from 2012 through 2015 by the Administration for Children and Families (ACF). It was one of only seven national awards. A total of 323 families in Oklahoma County were served during the grant 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 a grant award provided by the ACF. The University of Oklahoma Health Sciences Center (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 1,533 referrals, and an average of 18 referrals per month, were received and 375 referrals thus far representing 559 children, were placed into the control group for outcome analysis. All referrals are from Oklahoma County OKDHS Foster Care and Permanency Planning Units. Kinship foster families are also made aware by the website, www.familykinnections.org as well as the Kinship Caregiver Support group. Foster parents can receive up to six recertification hours through the support group's participation and six more hours through parenting curriculum and education specific to caring for children in kinship care.

OKDHS partnered with the Center on Child Abuse and Neglect (CCAN) at OUHSC 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 is through OUHSC CCAN. The evaluation is 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. 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 front-line service provider 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 appropriately 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 successes and feedback of programs who did not meet criteria from the Clearinghouse, the evaluation team also has been adjusting the analysis approach with the current implementation of FamKIN. CWS attempted to receive additional information about the families who were randomized to not receive FamKIN. It was thought this would strengthen the research design to assist with the rating of

design/execution by the Clearinghouse. Unfortunately, this attempt resulted in a lot of effort by CW staff for very little return in terms of usable comparison data. As a result, the research plan and analysis were readjusted again. The data required for the analysis was obtained, and the data cleaning and processing work began.

During SFY 2023, re-analyses were conducted on the original Family KINnections implementation (2012-2015). Propensity score matching was necessary to meet the Prevention Services Clearinghouse requirements, which entailed reconciling missing data. To date, the matching has been completed, and baseline equivalency between the treatment and comparison groups has been assessed. Initial analyses have been completed, and further exploration of trends will be continued in the next SFY. The Prevention Services Clearinghouse is anticipating some updates and revisions to their criteria which means that Family KINnections will likely be reviewed under those new guidelines. The evaluation team has reviewed the proposed changes and is rebuilding the analyses to meet those new anticipated requirements.

The evaluation team simultaneously examined the current implementation of Family KINnections (2017–present) with respect to the current Prevention Services Clearinghouse standards and the anticipated updates. Baseline equivalency was established, and initial analyses were conducted. Because the Prevention Services Clearinghouse requires an intent-to-treat analysis, all cases that were randomized to the treatment were included in the treatment group, even if the families did not receive the service. Additional information about those families not receiving services was obtained, and the analyses were refined. In addition, satisfaction and service utilization data were analyzed and presented to program leadership to help better describe how the program impacts and benefits families. Additional analyses were requested to examine the differences in outcomes for families who received services versus those who did not, without the intent-to-treat complication of including those who refused services. Further exploration of the trends found in the intent-to-treat analysis and the simple treatment comparison will continue in the next SFY. The evaluation team will continue to revise analyses of the intent-to-treat model to meet the anticipated new Prevention Clearinghouse standards and prepare a manuscript for a formal review.

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

May 2017 through March 2024

- 75.28 percent of the children served have not experienced a placement disruption, since services began.
- 1,533 referrals received.
- Averaging 18 referrals per month.

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 of kinship families served representing 287 of 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.

April 2023 through March 2024

- 163 of kinship families served representing 245 children in care.
- 88 percent of the children served have not experienced a placement disruption since services began.
- 227 referrals received.

The 4/1/2023 through 3/31/2024 data reflects unique families and children served, while the July 2019 through June 2020, July 2020 through June 2021, July 2021 through June 2022 data, and April 2022 through March 2023 data reflects existing families and children and new families and children served during that fiscal year.

Recap of Program Additions and Changes for 2020-2024

From 2020 to 2024 Family KINnections made several changes in service delivery to best support the outcomes of the resource parents served. One addition, Community

Resource specialists have attended SafeCare training, which is an evidence-based practice parenting curriculum to help educate caregivers on how to bond, understand child development, and care for the child's health, and keep the home safe. In addition, Community Resource specialists are trained to educate resource families on Managing Child Behavior and Healthy Communications, which allows resource families to receive up to six credit hours toward their recertification for home approval. Family KINnections developed a discharge packet that is provided to families upon closure, which allows Community Resource specialists to support families with resources and information to transition post closure. It was also decided to reduce services to nine-month closure based on the average time families were needing for services. Additionally, a resource family checklist was developed to assist resource families with home approval. Community Resource specialists can now complete needs assessments electronically with kinship caregivers, which helps determine the family's needs. Referrals are made to Latino Community Development Agency (LCDA) to assist resource families and children who are undocumented. Family KINnections, also began utilizing the Stress Index Measure developed by OUHSC to assist in measuring the resource parents stress, which assists Community Resource specialists in providing better services for the family. Family KINnections has begun utilizing an OKDHS process map for kinship families to have a snapshot of case trajectory from beginning to end.

Service Delivery Updates and Changes

Family KINnections has added some additional resources and information to the program to assist in supporting kinship caregivers in new ways. This includes a partnership with the Child Development Center at OUHSC to provide a support group for kinship resource parents. This group provides additional support for families and allows a space for questions and resources. Resource parents can also receive six credit hours toward recertification for attending the support group with approval from OKDHS. Additionally, a website was developed for the Family KINnections program to assist as a resource for kinship resource families and community partners. Ongoing development of new community partners has been developed to keep Community Resource specialists up to date on resources in the community to best assist the families they serve. Family KINnections connects transitioning age youth to NorthCare adult services program and Wraparound that is extended to the age of 24, as well as to the Oklahoma Successful Adulthood program and Pivot programs that provide a comprehensive area of services, ensuring young people have access to resources as they transition to adulthood.

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 2023 to ensure the child's needs and safety were assessed on an ongoing basis.

As seen in Figure 74, caseworkers visiting children monthly has remained steady over the last five FFYs at approximately 95 percent.

Figure 74

Measure 1: Monthly Caseworker Visits Target - 95%	
FFY	**Percentage Completed**
FFY2019	95.2%
FFY2020	94.9%
FFY2021	95.8%
FFY2022	95.0%
FFY2023	95.2%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 1	

Figure 75 depicts the percentage of caseworker visits being conducted in the child's home. This percentage has remained steady since FFY 2019 with a slight decrease in FFY 2022 but increased again in FFY 2023.

Figure 75

Measure 2: Monthly Caseworker Vists Made in Child's Home	
FFY	**Percentage Completed**
FFY2019	94.1%
FFY2020	95.0%
FFY2021	95.2%
FFY2022	93.9%
FFY2023	94.0%
Data Source: KIDS WebFOCUS Caseworker Contacts Federal Measure 2	

Figure 76 depicts seven additional monthly caseworker visit items including visits to children in Tribal custody.

Figure 76

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: 9691
2. Total number of monthly caseworker visits made to children in the reporting population: 74570
3. Total number of complete calendar months children in the reporting population spent in care: 78252
4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence: 70166
5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care: 95.2%
6. Percentage of visits that occurred in the residence of the child: 94%
7. Percentage of visits to children in Tribal custody: 26.9% (1109)

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.

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.

Adoption and Legal Guardianship Incentive Payments

Oklahoma received $2,612,500 in adoption incentive payments for FY 2023. 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 $89 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 $55 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 on supporting post-adoption supports.

Family First Prevention Services Act Transition Grant

The Family First Prevention Services Act (FFPSA) was enacted on 2/9/2018, as part of 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 fiscal year (FY) 2020, but will remain available to grantees for expenditure through the end of FY 2025. Oklahoma received a FFPSA Transitions Grant award of $6,989,328 and is currently working toward full implementation of FFPSA qualified residential treatment programs. Oklahoma intends to use the FFPSA Transition Grant to fund the implementation of FFPSA along with using the funding for services for families when the current funding streams are expended.

Family First Transition Act Funding Certainty Grants

The FFPSA was enacted on 2/9/2018, as part of Public Law (P.L.) 115-123. The law 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 federal fiscal years (FFYs) 2020 and 2021. The grants are available only to title IV-E agencies that operated title IV-E child welfare waiver demonstration projects through the end of the waiver authority on 9/30/2019. Funding Certainty Grants are intended to replace any shortfall in title IV-E Foster Care program federal financial participation (FFP) that may be identified for FFYs 2020 and 2021 as compared to specified funding available through the former demonstration project. The amounts of Funding Certainty Grants are to be determined based on title IV-E Foster Care program FFP provided for FFYs 2020 and 2021.

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

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

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

The John H. Chafee Foster Care Program for Successful Transition to Adulthood and the Education and Training Voucher (ETV) Program provide funding for Independent Living (IL) services. The Oklahoma Successful Adulthood (OKSA) program is youth-focused and youth-driven serving state and tribal custody youth ages 14 to 26 who are at various stages of achieving permanency and/or self-sufficiency. The 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. The program offers life skills assessments, training, youth events, youth development funds, and collaborates with other state agencies and community providers to supply resources and services focusing on health, housing, education, employment, essential documents, life skills, and permanent connections.

Over the course of the 2020-2024 CFSP, the OKSA program focused on assessment and transition planning; permanency for older youth; cultural and personal identity formation; education; employment; housing; and strengthening the Oklahoma Youth and Young Adult network. In the last year the OKSA program has had numerous accomplishments. Through a partnership with the University of Oklahoma Hope Research Center OKSA finalized the new assessment and planning tool and is in the process of creating a youth friendly App as a platform to access and complete the new assessment and planning tool. OKSA has been able to increase opportunities within current programming for young people to obtain more information surrounding cultural, spiritual, and personal identity formation. OKSA has maximized the ability to identify any new youth who may be eligible for the ETV program and the Tuition Waiver. This year a total number of 64 additional youth were identified. OKSA is partnering with the Oklahoma Department of Mental Health and Substance Abuse Services to include youth from foster care in the Individual Placement and Support (IPS) model of supported employment. OKSA is exited to be

exploring an evidence-based practice for supported employment. OKSA has continued to expand housing pathways for youth aging out of foster care. In SGY 2024, OKSA implemented the Transitional Living Program (TLP) Collaborative of partners serving transition aged youth across the state. In partnership with Pivot, a youth services agency, OKSA broke ground to build 15 tiny homes and a community center on the Pivot property. Homes are anticipated to be filled in the beginning of SFY 2025 with a community open house scheduled for June 2024. OKSA's youth and young adult network has been very active in SFY 2024. The network continues to grow through various recruitment efforts. OKSA will continue to partner with other programs within the agency, community partners, and other youth serving organizations to incorporate youth voice in their programming.

Education and Training Vouchers

	Total ETVs Awarded	Number of New ETVs
2022-2023 School Year (July 1, 2022 to June 30, 2023	137	36
2023-2024 School Year (July 1, 2023 to June 30, 2024)	147	46

New Awards

- Fall 2023 – 38
- Spring 2024 – 8

Graduates*

- 7 Bachelor's degrees received by students participating in the ETV Program at time of graduation;
- 1 Bachelor's degrees received by students who aged out of the ETV Program within the last two years;
- 2 Associate's degrees; and
- 3 technical school certificates.

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

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 five programs field representatives (PFRs) known as tribal coordinators. The program is under the CWS programs administrator for Oklahoma Children's Services and State Lead for Family First Prevention Services Act (FFPSA). 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 CWS Tribal Program Contacts***. The tribal coordinators act as liaisons between the State and tribes and are available to provide consultation and support on required ICWA related case management activities with CWS staff. 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 Finance and Business Operations, is comprised of a programs manager, five programs field representatives (PFRs), and two custody specialists. The program is under the CWS program administrator who supervises the programs manager and collaborates with the tribes in a leadership capacity. See attached ***OKDHS Tribal IV-E Unit Contacts***. 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, 321 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 437 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 staffings for children in tribal custody, and with tribal foster homes and placement assessments for children in OKDHS custody being placed in tribal foster homes. The Tribal IV-E Unit also provides notice to the tribes for any screen-out referral when the child is a tribal citizen and documents any citizenship verification provided by the tribe. Tribal IV-E staff regularly communicate with tribes regarding services and information for tribal foster homes as well as coordinates with OKDHS child welfare (CW) staff to assess tribally approved resources for the placement of children in OKDHS custody. This ensures children are not placed without the certifying tribe's knowledge and ensures that all safety-related documentation has been completed and reviewed prior to placement.

CWS Foster Care and Adoptions (FC&A) Programs work closely with 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 ages 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 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 2025 Annual Progress and Services Review report under the **Update on the Service Descriptions**, John H. Chafee Foster Care Program for Successful Transition to Adulthood.

ICWA Training

The Tribal Programs Unit trains CW staff on ICWA compliance, ICWA policy, and procedures. As the CW consultants on ICWA, the Tribal Programs Unit conducts training with CWS regional offices throughout the state. In collaboration with the Oklahoma Indian Child Welfare Association (OICWA), the OKDHS Region 3 tribal coordinator is working on a mandatory, quarterly training for all CW staff. This will roll out in July 2024. Region 4 has a training unit that has allowed the Region 4 tribal coordinator to conduct an ICWA Basics training with new CW staff and an Active Efforts training that will be held in June 2024. Region 1's tribal coordinator has completed an ICWA Basics training for district staff as well as an Active Efforts training. Tribal coordinators for regions 2 and 5's have conducted some district training as well as ICWA Basics. The CWS Supervisor Academy is mandatory training for new CW supervisors and has a full-day ICWA component which includes pre-work, a pre-test, and a post-test. CW supervisor trainings were held in-person in August 2023, November 2023, February 2024, and May 2024. Online resources are available to CW 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 coordinators recently released a Microsoft Teams page called the ICWA helpdesk so they can be available on demand and answer any ICWA-related questions for CW staff. Cultural events get shared with staff to help keep children and families connected. Region 5 has

a newsletter that will be sent to all regions in the future to share culturally relevant events with CW staff and foster parents.

The ICWA Basics training rolled out in July 2021, and the ICWA for Child Protective Services (CPS) that was completed in 2022 through the OKDHS Learning Management System became required trainings for all CW staff in 2023 and to be completed by March 2024. These trainings are incorporated into CORE post trainings to be completed by new CW staff. ICWA for Permanency Planning was delayed due to staff turnover but is slated to begin the process of being created in mid-to-late 2024. OKDHS is working with the University of Oklahoma to create a Native American Culture for Child Welfare Specialists training. The objectives for this training are for CW specialists to understand how belonging impacts resilience, understand how tribal sovereignty impacts work with families, understanding cultural humility, how important communication is, why Native American parents may not trust CW, and understanding Native American values. The project is currently underway with the interviewing of Native American parents and children who have experienced working with OKDHS.

The tribal coordinators work with their individually assigned tribes, regions, and counties to provide ongoing support, consultation, and training. 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 tribal headquarters. Indian Child Welfare (ICW) staff 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:

Northeastern Tribes CPT

- Miami
- Quapaw
- Peoria
- Ottawa
- Shawnee
- Modoc
- Wyandotte
- Seneca-Cayuga
- Eastern Shawnee

Southern Plains CPT (SPCPT)

- Comanche
- Ft. Sill Apache
- Apache
- Kiowa
- Wichita
- Caddo
- Delaware Nation
- Cheyenne/Arapaho

Pawnee Area CPT

- Pawnee
- Ponca
- Tonkawa
- Kaw
- Otoe-Missouri
- Osage

Shawnee Area Native American CPT (SANCPT)

- Citizen Potawatomi Nation
- Chickasaw
- Sac and Fox
- Kickapoo
- Iowa
- Absentee-Shawnee
- Seminole

OICWA

- Legislative Committee
- Substitute Care committee
- Membership committee
- Conference committee
- Training committee
- Public Relations committee

Tribal/State meetings

- ICWA Partnership Grant
- Casey Family Program
- Tribal State workgroup
- OKDHS tribal programs unit
- OKDHS tribal programs IV-E meetings

Oklahoma County Judges meeting

- OKDHS
- Tribes
- Oklahoma County court judges

Tulsa ICWA Court Council

- OICWA
- Tulsa Court Judge
- Attorneys
- OKDHS
- Tribes

The Tribal Programs Unit is also involved in various internal initiatives including 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. The tribal coordinators promote partnership by working with the tribes daily to facilitate connections to information and CW staff, and to discuss any concerns that have come up in working together. A team member also attends the monthly nationwide State ICWA manager calls for updates and collaboration with other states' ICWA managers. The Region 2 tribal coordinator is collaborating with tribes on the Quality Improvement Center on Engaging Youth in Finding Permanency (QIY-EY) project which is a grant funded to the SPCPT to authentically engage children and youth toward relational, cultural, and legal permanency.

The tribal coordinators provide support to other units within CWS. A tribal coordinator works with tribal courts and OKDHS Legal Services to provide records that are ordered by those court systems. Tribal coordinators work with FC&A on the Kinfirst initiative to provide more support to staff and get more kinship placements. Each coordinator attends the regional, internal multidisciplinary teams and will research the case, if ICWA applies, and attempt to connect the tribe to the meeting so information is gathered and shared. A tribal coordinator is assigned as a tribal placement facilities liaison for tribal children in OKDHS custody placed in tribal facilities.

During this reporting period, the Tribal Programs Unit has been working on a compliance based ICWA case review tool that will provide data to CWS leadership to indicate where CWS is at in complying with ICWA. Feedback from tribes was sought through presenting on the tool during CPT meetings, OICWA Quarterly and Tribal State Workgroup Quarterly, and with the provided input, changes were made, and it now is being used on 120 randomly pulled cases to provide a baseline. The aim for the ICWA case review tool is to determine OKDHS' compliance with ICWA, look at trends of practice, and provide targeted training to CW staff.

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 a Native American 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 Native American 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 event was held in four locations across Oklahoma in June 2023 with a total of 481 foster parents and children in attendance.

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. Relevant training meetings were attended by the CWS Tribal programs manager. Ten tribes were served by the state PSSF Subpart 2 funds in SFY 2024. 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

Throughout this reporting period, all 38 tribes were contacted at various times through invitation to participate in the Tribal State Workgroup held in August 2023, September 2023, January 2024, and April 2024, initiatives involving the ICWA Partnership Grant, the Bi-Annual Collaborative Convenings, the CW Taskforce, and meetings related to the Round 4 Child and Family Services Review, Statewide Assessment, APSR, and initial preparation for the Program Improvement Plan (PIP). Due to frequent turnover of tribal ICW staff, the Tribal Programs Unit maintains a list of current ICW staff that is updated monthly and sent to all CW staff and to tribes. 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.

The tribal coordinators consistently look at data in relation to ICWA compliance. Each coordinator filters the Y105 – ICWA Report and sends to each tribe so they can cross reference children and family case information with CWS to ensure it matches, and the children and families being supported are a member of a federally recognized tribe or eligible for membership. Tribal coordinators look at open investigations and ask tribes about notification. If the tribe has not received notification, the tribal coordinator will then contact the assigned CW staff to ensure notification is made. The tribal coordinators also

review cases in which the tribe is blank or unknown in the KIDS case and will send reports to CW regional directors to ensure compliance with data reporting and ICWA compliance.

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 though 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
- Y1826 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 77a and 77b, YI826-Count of Native American Children by ICWA Finding show the comparison of data collected on 5/22/2023 (Figure 77a), and 5/13/2024 (Figure 77b). 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 77a

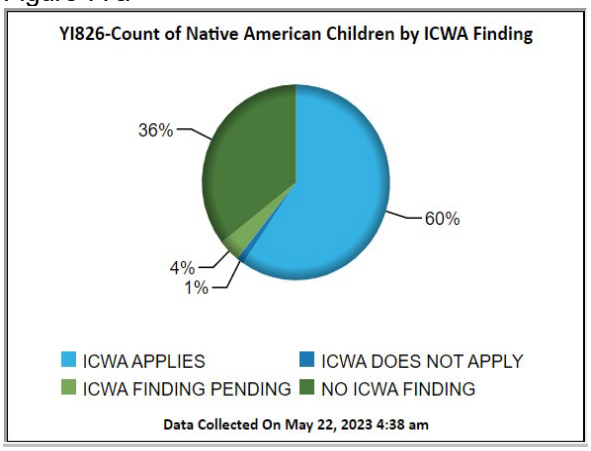
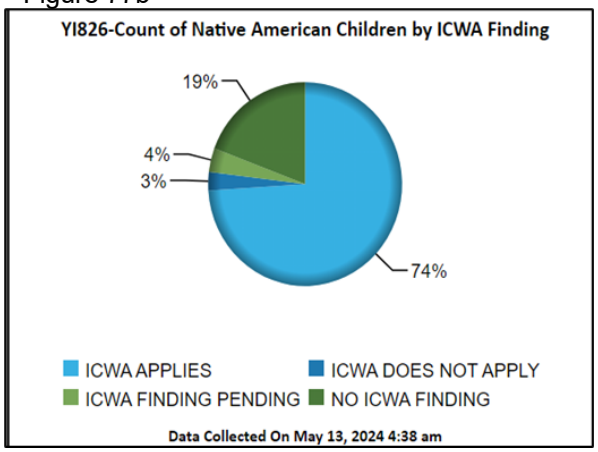


Figure 77b



The data indicates a 2 percent increase in ICWA Does Not Apply and no difference in ICWA Finding Pending on Figure 78b. The current data shows a significant increase in the finding that ICWA applies, from 60 percent to 74 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 36 percent on 5/22/2023, to 19 percent on 5/13/2024. 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 78a and 78b. Figure 78a data was collected on 5/22/2023 and Figure 78b data was collected on 5/13/2024. The data shows the actual count of custody children in specified placements.

Figure 78a

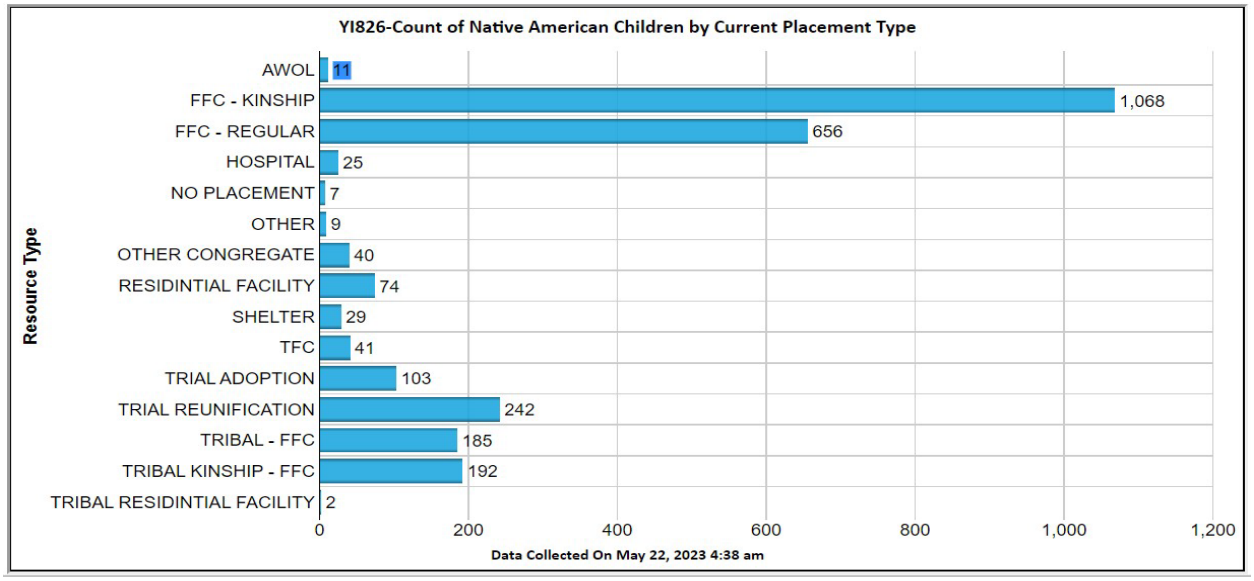
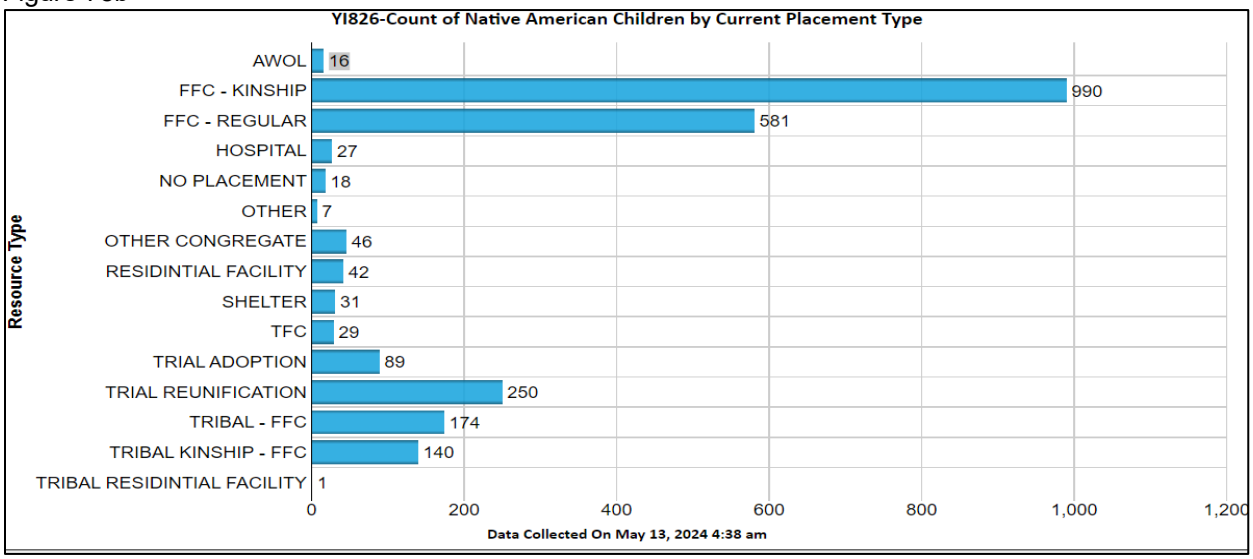


Figure 78b



Placement preferences under ICWA ensure Native American children are connected to family and tribes. Compliance 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.

The line graph in Figure 79a, Y1826-Count of Native American Children Exiting Care by Month and Exit Reason, indicates the outcomes for Native American children. Figure 79a data was collected on 5/23/2023 and Figure 79b data on 5/18/2024. 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 79a

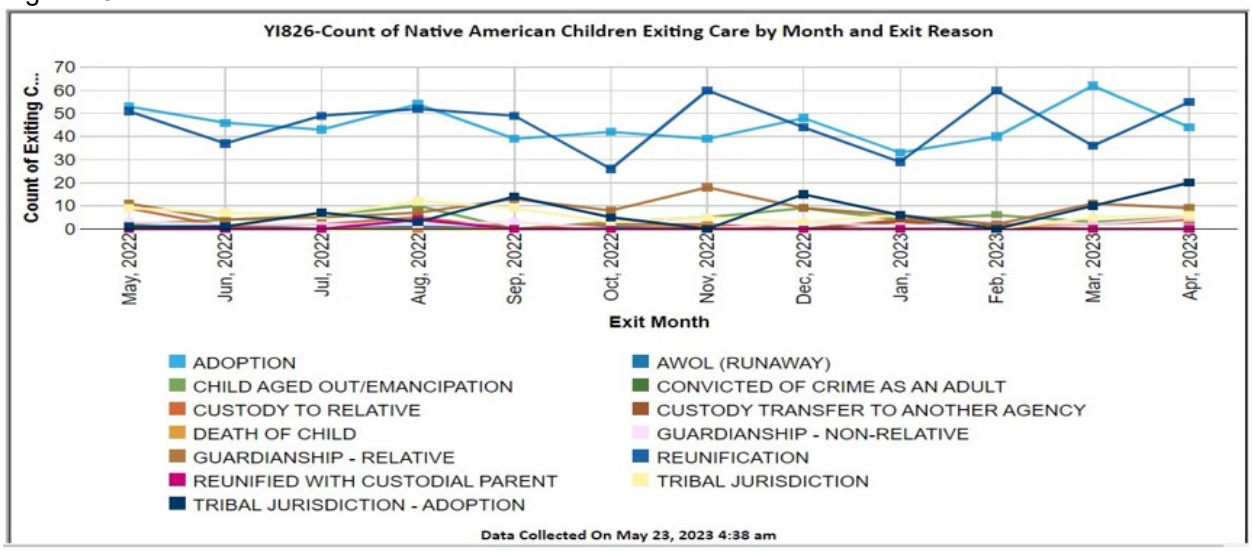
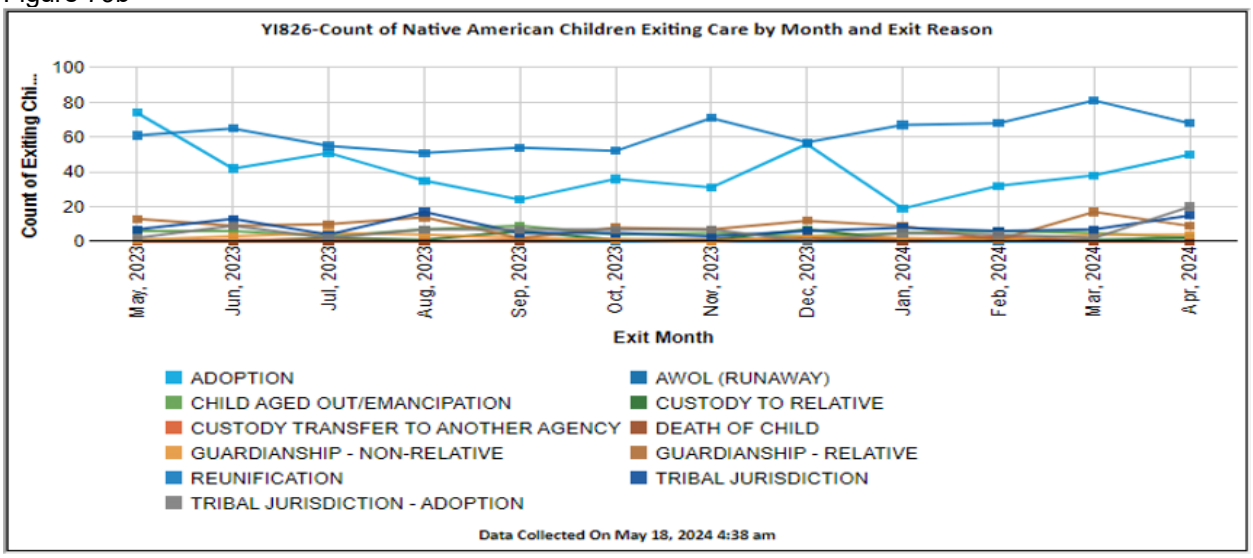


Figure 79b



Reunification and adoption remain the two highest outcomes for Native American children. Data shows transfer to Tribal custody increasing.

Oklahoma ICWA Partnership Grant

The Oklahoma ICWA Partnership, a five-year demonstration grant through the Administration on Children Youth and Families, Children's Bureau, State and Tribal Indian Child Welfare Act (ICWA) Implementation Partnership (HHS-2016-ACF-ACYF-CT-1123), ended on 9/30/2023. The grant was extended through a second no-cost extension to allow for completion of grant activities due to the delays from the COVID-19 pandemic. The final processes included wrapping up local site projects and establishing

sustainability infrastructures. The ICWA Partnership project was led by CWS, in partnership with the OICWA, and the Oklahoma CIP. This collaborative project aimed to improve communication, enhance collaboration, increase the knowledge and awareness of tribal culture and traditions, and ICWA compliance between the state, courts, and the 38 federally recognized Tribes headquartered in Oklahoma. The overall goal for this project was to improve the safety, permanency and well-being of American Indian children and families through improved communication, training, and accountability of CW and court systems as it relates to ICWA. The ICWA Partnership anticipated that building and enhancing relationships, improving ICWA compliance, and enhancing information systems would lead to:

- improved early identification of children who are members of or eligible for membership in a tribe;
- improvements in both formal (notice) and informal communication between Tribes, OKDHS, and courts;
- increased understanding and application of "active efforts" at all points in the case; and
- increases in early adherence to tribal placement preferences.

The ICWA Partnership project utilized a collaborative approach in the statewide implementation of the ICWA Partnership project. The ICWA Partnership was developed at the onset of the grant in 2016 through the establishment of a Grant Governance Committee (GGC). The GGC was formed as a subcommittee of the Tribal State Workgroup (TSWG), with the TSWG serving as an advisory committee to the ICWA Partnership. The establishment of the advisory committee through the already existing TSWG, ensured the project was integrated system-wide and provided a mechanism for cross-system collaboration. This gave a vehicle to address gaps as well as have recommendations adopted by inter-agency leadership. The GGC provided the ongoing and regular oversight and management of the implementation of project related activities, including ensuring effective communication, and overall quality of the research and evaluation of the project.

All aspects of evaluation design, implementation and outcome analysis and reporting for the ICWA Partnership project was under the direction of Dr. Jonathan Moore, a Senior Researcher employed by OKDHS Innovation Services, and with consultation from Dr. Amy Barnett, a Bernhardt Professor and Director of School Psychometry at Southwestern Oklahoma State University (SWOSU). The evaluation addressed project outcomes that evaluated the effectiveness of grant funded activities. The evaluation used both qualitative and quantitative methods to measure outcomes that enabled partners to promote continuous quality improvement and research products that were tightly focused and reflective of a broad spectrum of policy and practical considerations.

Outcome evaluation questions addressed both short-term and long-term outcomes focused on changes at a client level and a system level. At the client level the short-term outcomes focused on changes in: (1) CW staff knowledge and understanding of ICWA compliance; (2) instilled awareness of cultural humility and generational trauma for CW staff; (3) increased early adherence to placement preferences; (4) improved official

notification; and (5) increased opportunities or tribal involvement in CW cases including, court proceedings and case planning. The long-term outcomes at the client level addressed the following: (1) instilled trauma-informed responsive culture for CW staff; (2) improved placement outcomes based on tribal placement preferences; and (3) increased safety, permanency, and well-being for Native American children in the foster care system.

At the system level the short-term outcomes focused on changes in: (1) knowledge, skills, and/or awareness of trauma-informed practices and ICWA compliance; (2) Native American children in CW receive active efforts; and (3) use of tribal partners and the benefits of Tribal role in deprived cases. The long-term outcomes at the system level addressed the following: (1) improved training and developing CW staff in ICWA compliance; (2) improved utilization of active efforts and adherence to placement preferences from CW to increase positive outcomes for Native American children involved in the CW system; and (3) improved collaborations and communication between CWS Programs, region and district offices, and tribes.

Data was gathered through a mixed-methods approach guided by the logic model for both client outcomes and system outcomes, utilizing administrative data, case studies, surveys, key informant interviews, site visits, and a needs assessment related to examining local CW policy and practices. Three specific objectives were identified to promote ICWA compliance and establish measurable outcomes: (1) to build or enhance relationships between state CW, the court system, and tribes; (2) to build or enhance ICWA compliance with clearly defined policies and procedures within state, court, and tribal systems; and (3) building or enhancing current management information systems resulting in more timely and effective communication among tribes, state governments, and courts. The grant projects and activities aligned with the established objectives and highlighted efforts to build relationships, enhance ICWA compliance, and improve management information systems in the context of ICWA implementation. Client outcomes were evaluated and reported in relation to individual grant project goals that were determined by local stakeholders and were related to overall ICWA compliance. System outcomes were also evaluated and reported in relation to the individual grant projects and the overall learning, continuous improvement, accountability, and partnership enhanced by the ICWA Partnership.

At a broad level, the findings of all of the research conducted as a component of the ICWA Partnership Grant support the idea that spending time building collaborative relationships between CWS and ICW staff is critical to getting good outcomes for children and families. Efforts to build these relationships varied between sites, but localities that took the time to get to know each other and spend time together yielded more harmonious partnerships and collaboration. While this is a gross oversimplification of the findings and efforts of the research staff, this is one finding that extended across all projects and efforts and forms the basis for any other positive outcomes.

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, the TSWG, 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

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

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) Child Protective Services (CPS) Programs conducts joint training for anyone in the community or regions of the state that need POSC information. The ODMHSAS maintains a state team that includes OKDHS leadership staff which assists in cross-collaboration for improving POSC response.

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

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

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

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

Action Steps:

1. Continue to increase the number of children and families served by Family-Centered Services (FCS), which works with the family in the home with the children remaining in parental custody. The number of families served has been decreasing since State Fiscal Year (SFY) 2018 with 1,520 families served in SFY

2023. 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. 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®. See **Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes**, Goal 1, Objective 1.1 and 1.2 for further details on the in-home services available to children and families after an investigation of alleged abuse or neglect.

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 2019 to SFY 2023, a total of 6,420 FCS cases were closed. Of the 1,092 families in a closed FCS case in SFY 2023, 930 families were successfully diverted, or 85.2 percent of the families served. Of the 930 families successfully diverted, 12.2 percent of families experienced a subsequent referral; however, only 5.8 percent experienced a subsequent removal within 12 months of FCS case closing.

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). The tools and guidance previously developed and tested were further improved and the Framework's statewide rollout was completed in May 2020. Various trainings were provided at the beginning of each zone implementation with the rollout and consisted of coaching training for child welfare (CW) supervisors, district directors, and CW field managers. The tools included in the Safety through Supervision Framework also serve as a resource for CW supervisors to use with their staff in completing quality safety assessments.

CWS Continuous Quality Improvement (CQI) Quality Assurance (QA) staff continued work regarding sustainability and support of the Framework, this reporting period. Progress made regarding the Framework included but was not limited to:

- Revision of all Framework Field Observation and Intentional Case staffing forms to a more efficient, user-friendly version based on staff feedback. Foster Care and Adoptions and FCS Intentional Case Staffing forms are still under revision at the time of reporting.
- Continued Framework refreshers for CW supervisor's and district directors.
- Creation of training curriculum and objectives for an Introductory to Framework half-day training for all new CW supervisors to be included in Supervisor's Academy beginning 5/1/2024.
- A survey deployed February 2024 to all CWs supervisors, district directors, and field managers to gather feedback from CW staff regarding understanding the purpose of the Framework and the frequency and barriers of utilizing the Framework to determine needed revisions to better support and support CW staff's use of the Framework through refreshers and trainings. Results of the survey are undergoing analysis at time of reporting period.

2. Guidance was developed to assist CW staff on how to best document the AOCS in an ongoing case. This effort is to help staff focus on the child's safety throughout the life of the case and to streamline safety assessments across all programs. Changes were made in KIDS in February 2020 to allow CW staff to document an ongoing AOCS. Ongoing AOCS training was conducted virtually by the CWS Permanency Planning (PP) Programs staff in November 2020 and January 2021. AOCS training continues to be provided upon request by CW field staff or if a training need is identified by PP Programs staff. PP Programs staff delivered in-depth AOCS training which included qualitative and quantitative data as well as guidance to enhance safety determinations and documentation to all five regional leadership teams, including regional administration and CW supervisors, in July and August 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:

CWS PP Programs facilitates the Child Welfare and Domestic Violence Statewide Collaborative (Collaborative), which meets quarterly promoting support between CWS, community partners, and service providers. The Collaborative continues to be important for agencies and programs to share statewide and agency trends and share updates from legislative committees.

Members of the Collaborative continue to actively provide support for the Oklahoma Attorney General's Partners for Change (PFC) Conference, which was held this past year on 9/13/2023 and 9/14/ 2023. Several members are part of the planning committee, including PP Programs staff. Members of the Collaborative supported the PFC Conference through staffing, facilitating registration, monitoring workshops, and even presenting workshops. CWS was able to support six CW specialists attending the conference for free by having them work as volunteers monitoring workshops. Those CW specialists were able to attend workshops specific to their needs for the families they serve.

The relationship with Office of Attorney General (OAG) has provided support and guidance for CWS when challenges with DV service providers have been identified. They have supported and addressed identified concerns about programs not meeting the specific OAG approved guidelines and protocols for services to families.

Tulsa's Domestic Violence Intervention Services and the Oklahoma City's YWCA continue to provide contract trainers for the Child Welfare Domestic Violence training *CW1024 Domestic Violence*. Both agencies have been key partners in the development of that curriculum alongside PP Programs and continue to be valued resources for the Collaborative.

The Oklahoma Human Services Domestic Violence council has joined the Child Welfare Domestic Violence Statewide Collaborative. The council supports all programs in Oklahoma Human Services and has become actively engaged in the Collaborative. They have produced a training, *Domestic Violence and the Impact on Children*, and made it available to all OKDHS employees through the Learning Management System. PP Programs has attended the council meetings and

address their questions about mandatory reporting related to DV and the impact mandatory reporting has on children in DV situations.

1. In SFY 2017, two-day DV Leadership training was developed for CW supervisors and district directors to ensure they received the same information new CW specialists receive in the training, *CW1024 Domestic Violence.* The course also included information on how to supervise for safety in DV-involved cases. Trainings occurred in each region in SFY 2017. In SFY 2018, all CW lead specialists were offered this training, with an additional four trainings offered in SFY 2019 for all CW staff who had not previously received the training. *CW1024* was updated in 2019 and again in fall 2022, with the newest course updates fully implemented in December 2022. CWS CORE Academy and all training curriculums were updated in SFY 2020. Those updates included transitioning back to in-person training with an experiential format and includes current practice information and data.

2. The DV Desk Reference continues to be used by CWS staff as a valuable resource when assessing family DV.

Beginning 1/30/2016, the CAPTA state grant funded state agency staff who provide technical assistance, consulting, and training to field staff in all of the described areas. These staff developed training on the guides and tools associated with the Framework and the Supervisor/Leadership model as well as the training associated with the rollout of these combined efforts that began in July 2018 and ended in May 2020. They were also instrumental in the development of the updated DV Desk Reference and the ongoing DV Task Forces. Beginning in 2018, CAPTA funding was used for administrative costs related to training across the state. CW district staff and community partners were identified for those purposes. The community partners continue to provide level trainings in Tulsa and Norman for all CW staff and leadership. OKDHS CWS is seeking proposals from Oklahoma Child Advocacy Centers and multidisciplinary teams to improve legal preparation and representation for children in judicial proceedings. Oklahoma House Bill 2992 (2021) changed the definition of "child witness" found in Sections 1-4-505 and 1-4-506 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-505; 10A O.S. § 1-4-506) amending the age of a "child witness" to coincide with the age of a "child" as defined in Oklahoma Statues 10A O.S. § 1-1-105. This changes the age of a "child witness" from a child under the age of 13, to a child under the age of 18. SFY 2022 policy was revised to include the statutory changes.

Amendments to CAPTA Made by CARA

- POSC is monitored in one of two ways:
    - For those referrals accepted for assignment, the plan is monitored through the investigation. The CW specialist inquires about any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver. Such plans are included as appropriate in the POSC.

  - For those referrals that are not accepted for assignment as an investigation, a POSC referral is entered and assigned to the mother's county of residence. A CW specialist makes contact with the mother and substance-affected infant to jointly develop a POSC. The CW specialist inquires about any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver. Such plans can be included as appropriate in the POSC. Within the next 60-calendar days, follow-up is completed to determine whether the POSC recommendations were addressed.
- Updated POSC data from April 2023 through March 2024:
  - 869 substantiations indicated an infant was born substance-exposed or tested positive.
  - Of those infants, 109 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 district leadership that a POSC is required and district leadership monitors POSC compliance within their district.
  - In May 2023, a new training *CW 5195Plan of Safe Care* was launched as an online training and required for all CPS staff to complete by 8/31/2023.
  - POSC training was provided by OKDHS to external partners on the following dates:
    - 9/15/2021 – Oklahoma Bureau of Narcotics
    - 8/24/2023 – In-Depth Technical Assistance Training with National Center on Substance Abuse and Child Welfare (NCSACW)
    - 3/7/2024 through3/8/2024 – Family Preservation Strategies for Pregnant People with Substance Use Disorders
  - POSC/Family Care Plan training was provided internally on the following dates:
    - 5/20/2021 – Tulsa County CPS staff and new supervisory staff;
    - 6/3/2021 – Wagoner and Cherokee County CW staff;
    - 6/17/2021 – Muskogee County CW staff;
    - 7/09/2021 – Family Meeting Facilitator CW staff;
    - 10/18/2021 – Family Meeting Facilitator CW staff;
    - 12/08/2021 – Creek, Okfuskee, and McIntosh CW staff;
    - 1/28/2022 – Creek, Okfuskee, and McIntosh CW staff follow-up;
    - 2/1/2022 – Tulsa County CW Supervisor staff;
    - 2/11/2022 – Bryan, Coal, and Atoka County CW staff;
    - 2/16/2022 – Family Meeting Facilitator CW staff;
    - 2/28/2022 – Cherokee and Wagoner County CW staff;
    - 3/1/2022 – Region 4 CW staff;
    - 3/17/2022 – Region 4 CW staff follow-up;
    - 3/31/2022 – Family Meeting Facilitator CW staff;
    - 4/13/2022 – Oklahoma County CW staff;
    - 10/20/2022 - Tulsa County Family Care Plan Joint Presentation with ODMHSAS to CW and community stakeholders;

- 2/8/2023 – Supervisor Refresher – Annual Update (statewide supervisor training);
- 3/30/2023 – Tulsa County Family Care Plan Joint Presentation with ODMHSAS to CW and community stakeholders;
- 5/2/2023 – Supervisor Refresher – Annual Update;
- 5/3/2023 – Supervisor Refresher – Annual Update;
- 10/12/2023 – Region 3 Leadership, *Family Care Plan* joint presentation with ODMHSAS to CW;
- 12/21/2023 – Region 2 Leadership, *Family Care Plan* joint presentation with ODMHSAS to CW;
- 1/25/2024 – Region 1 Leadership, *Family Care Plan* joint presentation with ODMHSAS to CW; and
- 5/9/2024 – Region 4 Leadership, *Family Care Plan* joint presentation with ODMHSAS to CW.

- In addition to the above listed trainings, CWS is a member of the Safely Advocating for Families Engaged in Recovery (SAFER) and meets bi-weekly and have ongoing conversations regarding POSC. CWS and ODMHSAS began collaboration on the SAFER initiative in 2019. CWS is a member of the COMPASS initiative, whose focus is to improve the continuum of care and birth related outcomes for pregnant and postpartum persons with opioid or other substance use, their children exposed to opioids or other substances, and their families, specifically from rural, tribal, and black communities disproportionately impacted by substance use and CW involvement. The COMPASS initiative meets bi-weekly. The overarching goal of both teams is to engage medical and treatment providers, in diverse communities, in the early identification of pregnant mothers or individuals who have a desire to become pregnant in the next year and who are dealing with a substance use disorder (SUD). The goal is to create a Family Care Plan/POSC to assist the family unit in being referred and accessing services related to their identified SUD.
- The SAFER initiative is receiving technical support from the National Center on Substance Abuse and Child Welfare In-Depth Technical Assistance Senior Program Associate for this work. There have been several proposals as to how 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. CWS is still responsible for creating a POSC, or ensuring the family has a POSC in place, for all infants born and diagnosed with NAS or FASD and reporting that information for NCANDS.
- POSC is discussed in the foundational CW course, *Specialized CPS Services,* which is required for new CW specialists prior to receiving a caseload, and when the circumstances meet criteria, POSC is discussed at each applicable Child Safety Meeting. POSC is also discussed in the CW

course, *Advanced Specialized CPS Services*, *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 2023*** 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 2024 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 2024 CDRB recommendations to OCCY contained specific recommendations for OKDHS CWS. However, as reported in previous Annual Progress and Services Reports, 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). August 2022 through December 2023, CWS conducted quality assurance practice reviews focused on the quality of unsafe sleep education provided to PRFCs during a CPS investigation. The reviews were 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 captured 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. 794 reviews were completed. Of those, 312 reviews had documentation that unsafe sleep education was provided to the PRFCs, 155 reviews documented the PRFCs reaction to the education provided, 207 reviews documented the PRFCs sleep plan for the infant, and 276 reviews contained documentation of the infant's sleeping arrangement. This ongoing data collection was provided quarterly to Continuous Quality Improvement Programs and respective district leadership to enhance practice and documentation surrounding safe sleep education.

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.

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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:

- **59,754** is the number of duplicate children for Federal Fiscal Year (FFY) 2023
  Source: National Child Abuse and Neglect Data System (NCANDS) Child File Data for FFY 2023

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

- Substantiated – **13,859** (duplicate victims)
  Source: NCANDS Child File Data for FFY 2023
- Unsubstantiated – **45,895** (duplicate non-victims)
  Source: NCANDS Child File Data for FFY 2023
- Determined to be false – **0**
  Source: NCANDS Child File Data for FFY 2023

(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 – **11,799**
  Source: NCANDS Child File Data – Supplemental for FFY 2023 (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 – **2,767**
  Source: NCANDS Child File Data for FFY 2023

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

- **1,459** Family-Centered Services (FCS) cases during FFY 2023
  Source: Oklahoma Statewide Automated Child Welfare Information System (SACWIS) (KIDS) Collected for FFY 2023 NCANDS Agency file

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

- **17**
  Source: FFY 2023 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 2023 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 – **85** personnel
- Assessment and Investigation – **601** personnel
  Source: Oklahoma SACWIS (KIDS)
  Reported: FFY 2023 NCANDS Agency File

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

- For FFY 2023, the average number of reports accepted for assessment or investigation per CPS child welfare (CW) specialist was **34** per month
  Source: KIDS Database – data collected for FFY 2023
- The average number of assessments/investigations completed FFY 2023 was **4** per month
  Source: KIDS Database – data collected for FFY 2023

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

- **56** hours
  Source: Oklahoma SACWIS (KIDS)
  Reported: FFY 2023 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 **5.55** hours
- Priority II reports **73.59** 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 the completion of 90 hours from an accredited college or university; three years of experience related to CW work; or a combination of education and experience.
  - Qualifications for a CW specialist II include a bachelor's degree in any field or one year of experience as a CW specialist.
  - Qualifications for a CW specialist III include a master's degree, or a bachelor's degree and one year of professional social work experience, or two years of experience as a CW specialist.
  - Qualifications for a CW specialist IV include a master's degree and one year experience in CW, or a bachelor's degree plus two years of

professional social work experience, or three years of experience as a CW specialist.
    - Qualifications for a CW specialist V (supervisor) include a master's degree plus two years of experience in professional social work in CW, or a bachelor's degree and three years of experience in professional social work, or four years of experience as a CW specialist.
    - Refer to the Systemic Factors, Staff Training, for details pertaining to Child Welfare Services (CWS) staff training.
- Data of the education, qualifications, and training of such personnel.
    - On 5/15/2024, the CWS division employed 61 staff with an associate's degree, 1,669 staff with a bachelor's degree, 374 staff with a master's degree, one staff with a PhD, and three staff with a Juris Doctorate.
- Demographic information of the CPS personnel.
    - On 5/15/2024, the CWS division employed 2,151 CW specialists, including CW supervisors. Of those, 1,835 identified as female, 314 identified as male, and two had no reported gender identification. Of the 2,151 CW specialists, 258 identify as American Indian, 39 identify as Asian, 375 identify as African American, 99 identify as Hispanic, seven identify as Pacific Islander, 1,353 identify as Caucasian, and 20 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:

- **410** distinct children
  Source: Oklahoma SACWIS (KIDS)
- **419** children substantiated whose families received Family Preservation Services in the previous five years
- **484** 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:

- **2,845** (All children removed have a court appointed representative)
- Court-appointed special advocate (CASA) reported serving 2,845 children with an average of **10** contacts per child for FFY 2023
- **1,160** were initiated during FFY 2023

(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 2023***, ***Oklahoma Child Death Review Board 2024 Recommendations,*** and the ***Oklahoma Advisory Task Force Board on Child Abuse and Neglect Administrative Report.***

(14) The number of children under the care of the state CPS system who are transferred into the custody of the state juvenile justice system:

- Oklahoma SACWIS (KIDS) has the capability for the CW specialist to document if a youth has a delinquent court case, delinquent adjudication, or Office of Juvenile Affairs (OJA) placement. In FFY 2023, **358** youth under the age of 18 years met at least one of the above criteria during the period of 10/1/2022 through 9/30/2023. In OKDHS' out-of-home care population on 9/30/2023, there were **27** youth under 18 years of age in OKDHS custody placed in a detention type facility. **28** youth were in the shared custody of OJA during FFY 2023.

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

- **22**
  Source: Oklahoma SACWIS (KIDS)
  Reported: FFY 2023 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 – **3,776**
  Source Oklahoma SACWIS (KIDS)
  Reported in the FFY 2023 NCANDS Agency File
- The number of children referred – **673**
  Source: Oklahoma SACWIS (KIDS)
  Reported in the FFY 2023 NCANDS Agency File

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

- **6**
  Source: FFY 2023 NCANDS Child File

(18) The number of infants:

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

- **2,222**
  Source: FFY 2023 NCANDS Child File – Supplemental Report

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

- **85**
  Source: FFY 2023 NCANDS Child File; and

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

- **1,128**
  Source: FFY 2023 NCANDS Child File