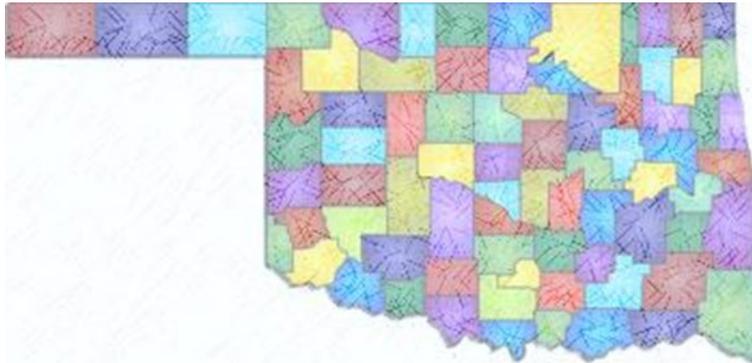




# **2025-2029 Child and Family Services Plan (CFSP)**



**CHILD WELFARE SERVICES**

**July 1, 2024**

**Table of Contents**

**Vision and Collaboration..... 3**  
     State Agency Administering the Program..... 3  
     Vision Statement..... 6  
     Collaboration.....8

**Assessment of Current Performance in Improving Outcomes..... 11**  
     CFSR Child and Family Outcomes..... 11  
         Safety..... 11  
         Permanency.....22  
         Well-Being..... 32  
     CFSR Systemic Factors.....42  
         Information Systems.....42  
         Case Review System.....47  
         Quality Assurance System..... 50  
         Staff Training..... 59  
         Service Array and Resource Development..... 59  
         Agency Responsiveness to the Community.....63  
         Foster and Adoptive Parent Licensing, Recruitment, and Retention.....67

**Plan for Enacting the State's Vision..... 71**  
     Implementation Supports..... 71  
     Goals and Objectives.....72  
     Goal 1: Increase the number of children who are remaining safely  
     in their own homes.....72  
     Goal 2: Increase the proportion of children who experience two  
     or fewer placement settings.....75  
     Goal 3: Increase the proportion of children who reunify within 12  
     months of first entry..... 78

**Services..... 81**  
     Child and Family Services Continuum..... 81  
     Service Coordination..... 81  
     Service Description..... 89  
     Stephanie Tubbs Jones CWS Program..... 90  
     Services for Children Adopted from Other Countries..... 91  
     Services for Children Under the Age of Five..... 92  
     Efforts to Track and Prevent Child Maltreatment Deaths..... 93  
     Promoting Safe and Stable Families.....95  
     Service Decision-Making for Family Support Services..... 95  
     Populations at Greatest Risk of Maltreatment..... 96  
     Monthly Caseworker Visit Formula Grants..... 97  
     John H. Chafee Foster Care Program for Successful Transition to Adulthood..... 98  
     Education and Training Voucher (ETV) Program..... 116

**Consultation with Tribes..... 121**  
**Targeted Plans within the CFSP..... 126**  
**Financial Information..... 127**

## **Attachments**

- (1) OKDHS Executive Organizational Chart**
- (2) CWS Executive Team Organizational Chart**
- (3) CWS Regions and Districts Map**
- (4) CWS Foster Care and Adoptions Map**
- (5) CWS Organizational Chart**
- (6) Clinical Team Update 2024**
- (7) OKDHS CWS Regions and Tribal Jurisdictions**
- (8) OKDHS CWS Tribal Program Contacts**
- (9) OKDHS Tribal IV-E Unit Contacts**
- (10) Oklahoma Tribal ICW Contact List**
- (11) Oklahoma's Community-Based Child Abuse Prevention (CBCAP) Grant Program Report 2023**
- (12) Oklahoma Advisory Task Force Board on Child Abuse and Neglect Administrative Report**
- (13) Oklahoma Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan**
- (14) Oklahoma Child Welfare Services Health Care Oversight and Coordination Plan**
- (15) Oklahoma Child Welfare Services Disaster Plan**
- (16) Oklahoma Child Welfare Services Training Plan**
- (17) Training Plan with Cost Allocation**
- (18) Oklahoma FY 25 CFS-101 – Excel**
- (19) Oklahoma FY 25 CFS-101 – PDF**
- (20) Oklahoma FY 24 CFS-101 – Reallotment**
- (21) Title IV-B Assurances**
- (22) Education and Training Voucher Certification**

## VISION and COLLABORATION

### 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. See the attached ***OKDHS Executive Organizational Chart***.

Within the CWS organizational structure is the CWS Director and two assistant CWS directors, one responsible for field operations and the other responsible for program operations. The CWS Executive Team, comprised of the CWS Director, assistant CWS directors, nine deputy directors, a medical director, a leadership and employee support administrator, and an integrated legal services administrator, leads the CWS division. See the attached ***CWS Executive Team Organizational Chart***. Five regional deputy directors oversee the state's five regions that provide Child Protective Services (CPS), Family-Centered Services (FCS), and Permanency Planning (PP) services. The 49 district directors cover 27 state districts aligned according to district attorneys' responsibilities and report to the five regional deputy directors, as shown in the attached ***CWS Regions and Districts Map***. Another deputy director oversees Foster Care and Adoptions (FC&A) services that are provided in all five regions as shown in the attached ***CWS Foster Care and Adoptions Map***. To support the critical work in the five regions, five teams, each led by a deputy director, a medical director, or administrator are responsible for CWS Placement Programs, CWS Programs, CWS Operations and Business Processes, Clinical Operations, and Leadership and Employee Support. See the attached ***CWS Organizational Chart***.

- The CWS Placements Program team is responsible for policy, procedures, and programs for:
  - FC&A – manages recruitment, retention, and training, as well as ongoing support and oversight of all resource families who provide foster care for children in temporary OKDHS custody. FC&A assists in securing a safe, temporary home through foster care or kinship placement as well as permanent homes 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.

## Vision Statement

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

OKDHS continues to transform as an organization that is transparent, innovative, and committed to improve the trajectory of Oklahoma families by deconstructing systemic barriers that prevent the agency from serving where and when needed. Leadership has remained committed to finding pathways to partner with communities and identify creative ways to serve and invest in meeting unique needs as defined by the communities themselves. This commitment has involved designing service delivery with an intentional inclusion of client voice and human-centered design, providing close physical locations in service to families, and leveraging opportunities to blend funding sources. As a result, OKDHS has modernized its real estate footprint by adding "access points" for customers by embedding the workforce with community partners in locations convenient for those who need services. Oversized buildings are being replaced with intentionally designed spaces to better serve children and families.

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. OKDHS continues to build upon a framework and culture for inclusion of a wide array of voices, including Native American, Hispanic, and African American families and youth, as well as members of underserved groups such as the lesbian, gay, bisexual, transgender, and queer community 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.

Inclusion and collaboration are key to serving all Oklahomans. OKDHS continues to collaborate with more than 100 partner organizations in serving individuals and families throughout the state. These partners include nonprofit and faith-based organizations, health departments, law enforcement, those with lived experience, and numerous other social agencies. These partnerships significantly improve opportunities to blend funding,

coordinate service delivery, and develop resources for both common and unique needs of individuals, families, and communities.

In tandem with organizational and service delivery improvement and in collaboration with the HOPE Research Center at the University of Oklahoma, OKDHS is the first Hope-centered and trauma-informed state agency in Oklahoma. OKDHS continues to create Hope-centered policies, practices, and programs that positively impact systems and communities throughout the state.

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

To achieve this mission and vision, CWS, in partnership with stakeholders, is committed to strengthen families and prevent child maltreatment and unnecessary family separation and trauma to children and their parents. Reaching children and families sooner through prevention is key to avoiding unnecessary trauma, disrupting intergenerational cycles of maltreatment, and achieving better outcomes for children and families. The goals, objectives, and strategies outlined in this 2025-2029 Child and Family Services Plan focus on trauma-informed, prevention-based care, and ensure the practice, procedures, and policies continue to be enhanced and create sustainable, desired outcomes for Oklahoma children and families.

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

Services and treatment are community-based and accessible to children and families and organized as a continuum, sufficient to keep children safe and meet the needs of children and families. The capacity to serve children and families that need prevention and reunification services is increased through strong family-centered practices involving training and structured, supportive supervision focused on understanding and treating safety needs and trauma; strengthening parental protective capacities; and increasing mindfulness towards the goal of improving child and family outcomes. Strong family-centered practices establish the direction, expectations, and values from which the workforce operates, resulting in more empowered families and an agency that knows where it is going and why.

This approach is expected to lead to better outcomes for children and families, a stronger and more-aligned workforce, a greater degree of internal and external collaboration, and improved service flexibility and innovation. Additionally, community capacity increases by capitalizing on partnerships to meet child and family needs through the availability of effective services. Evidence-based or evidence-informed services continue to be identified and/or developed at a community level to promote child well-being, safety, and permanency, and enhance the service array.

### Collaboration

Child Welfare Services (CWS) is engaged in substantial, ongoing, and meaningful collaboration with families, children, youth, tribes, courts, 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.

CWS has ongoing collaboration with the Court Improvement Program (CIP) through quarterly meetings. Meetings focus on partnering efforts between the various agencies to improve outcomes for families involved with the juvenile court system. CIP organizes two judicial conferences annually and CWS presents to all court partners on various topics related to CWS outcomes and ongoing strategies that intersect with the courts. Additionally, CWS presented at the District Attorney's Council 2023 summer conference regarding the Child and Family Services Review (CFSR) and results of survey that was disseminated to attorneys as part of the statewide assessment. CIP was consulted regarding several recommendations that came from the Governor's Permanency Task Force report that was released in September 2023. CIP and CWS continue to have discussions regarding the joint project which was a five-year grant held by CIP and focused on improving timely permanency for children in out-of-home care. Furthermore, efforts undertaken as part of stakeholder engagement within the Round 4 CFSR

Statewide Assessment included efforts with various court partners to include parent and child attorneys, district attorneys, and juvenile judges. Information obtained through these processes helped inform various aspects of the developed CFSP.

Although not a comprehensive list, involved formal and informal stakeholders include:

- adoptive parents;
- Arnall Family Foundation;
- biological parents;
- Bloom Works;
- 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;
- Council for Children and Families;
- Court-Appointed Special Advocates;
- CW Policy and Practice Group;
- Evolution Foundation;
- faith-based partners, including 111Project;
- foster and adoptive parent associations and support groups;
- Foster Care and Adoptive Association of Oklahoma;
- Fostering Families Today;
- Juvenile Judges Oversight Advisory Committee;
- Legal Aid Services of Oklahoma;
- legislative workgroup;
- Metafund;
- National Child Welfare Anti-Trafficking Collaborative;
- National Resource Center for Youth Services;
- NorthCare KINnections;
- NorthCare Parent Partner Program;
- Oklahoma Advisory Task Force Board on Child Abuse and Neglect;
- Oklahoma Attorney General's Office Victim Services Unit;
- Oklahoma Baptist Homes for Children;
- Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board;
- Oklahoma Commission on Children and Youth;
- Oklahoma Complete Health;
- 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;
- One Church, One Child;
- Parent Partnership Board;
- Parent Partnership Advisory Committee;
- Post-Adjudication Review Board;
- Potts Family Foundation;
- Prevent Child Abuse America – Oklahoma Chapter;
- Public Health Institute of Oklahoma;
- Public Strategies;
- Raise the Future;
- resource parents;
- Self-Healing Communities;
- service providers;
- Special Review Committee;
- State Advisory Team;
- Sustainable Implementation Committee on Home Visitation;
- The Education and Employment Ministry;
- The Mockingbird Society;
- Think of Us;
- Tribal Child Protection teams;
- Tribal/State Collaboration Workgroup;
- tribes;
- University of Oklahoma;
- University of Oklahoma Health Sciences Center – Child Study Center;
- Wendy's Wonderful Kids;
- 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 **Assessment of Current Performance, Plan for Enacting the State's Vision, Quality Assurance System, Services, and Consultation with Tribes.**

## **ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES**

### **Child and Family Outcomes**

Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) assesses practice through Child and Family Services Review (CFSR) case reviews in conjunction with data from the Statewide Automated Child Welfare Information System, known as KIDS. CWS also uses multiple reports from the federal CFSR Online Monitoring System (OMS) including results from the CFSR Practice Performance Report and the State Rating Summary. The quantitative and qualitative data are extremely valuable to identify areas of practice strengths and areas needing improvement on seven performance outcomes and 18 individual items while informing an understanding of underlying root causes which can inform case practice improvement efforts.

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 OMS supported by the Children's Bureau CFSR Portal.

The data discussed in this Child and Family Services Plan (CFSP) is from the following sources: Oklahoma 2020-2024 CFSP, Oklahoma 2024 Annual Progress and Services Report (APSR), KIDS, Round 4 CFSR 2024 Statewide Assessment, and CFSR Case Review Data. The cases resulting in the data discussed in this CFSP were open or opened within AFCARS periods 22B and 23A; this 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.

### **Safety**

Child safety is paramount within Oklahoma's child welfare (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).

Through root cause analysis within all safety, permanency, and well-being outcomes, CWS identified consistency and quality supervision as areas paramount to improving overall CW practice. As a result, work continues to support the ongoing implementation, sustainability, and fidelity of the Safety through Supervision Framework (Framework).

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. As CWS continues to learn from the CFSR case review process and the promising initiatives currently undertaken in districts and regions across the state, closing the gap between outcome measures and the CWS practices they reflect is critical. CWS continues to intentionally expand the use of both qualitative and quantitative data to enhance day-to-day practice and improve outcomes at all levels.

**Safety Outcome 1:**

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

**Item 1: Timeliness of Initiating Investigations and Face-to-Face Contact with Children**

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 at the Hotline based on the severity and immediacy of the reported maltreatment. The timeline begins when the report is received at the Hotline. A report that indicates a child is in present danger and at risk of serious harm or injury is assigned as a Priority 1 (P1) and a CW specialist's response occurs on the same day. A Priority 2 (P2) designation is assigned to all other accepted reports with a response time based on the child's vulnerability and risk of harm. Response time on P2 investigations occurs within two-to-five-calendar days and on P2 assessments within two-to-10-calendar days.

Timely initiation of CPS investigations and assessments is evidence of a commitment to safety. Oklahoma CWS defines initiation as the moment the first attempt is made to contact the child victim(s) face-to-face. Initiation timeliness is consistently a strong area for Oklahoma. 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 Hotline, CPS, FCS, FC&A, and PP.

Figures 1 and 2 reflect the KIDS quantitative data for the reporting period of April 2023 through March 2024. As seen in Figure 1, CWS has initiated both assessments and investigations timely more than 95 percent of the time over the last 12 months, and for March 2024 finished with a timeliness rate of 94.1 percent, as seen in Figure 2.

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 Within Policy	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



Case review data assesses the degree to which CWS demonstrates timeliness when initiating investigations. 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 differs from the KIDS quantitative measure as it assesses both timely initiation and timely face-to-face contact with all alleged victims in all accepted reports of abuse and neglect per OKDHS policy. Additionally, case reviews include follow-up from a failed attempt initiation within policy timeframes and could involve multiple initiations over time. To be assessed as a Strength for timeliness in the case review, timely initiation must occur for all reports received during the review period.

Figure 3

<b>CFSR Case Review Data: 4/2022-3/2024</b>	<b>Performance Item Ratings</b>			<b>Outcome Ratings</b>			
<b>Applicable Cases: 58</b>	<b>Strength</b>	<b>ANI</b>	<b>Cases NA</b>	<b>Substantially Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Cases NA</b>
<b>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.</b>				72.41% 42	0% 0	27.59% 16	47
<b>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.</b>	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. These case review findings are based on 58 applicable cases. A breakdown of cases initiated timely within OKDHS policy timeframes and according to the OMS CFSR Practice Performance Report indicates initiations at 91.3 percent, and face-to-face contact with the child(ren) occurred in 68.9 percent of the case reviews. 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. Although Safety Outcome 1 does not meet the benchmark of 95 percent, when comparing this data to that of the 2020-2024 CFSP of 68.9 percent, performance has improved.

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. Although significant improvement occurred within this measure over the last five years, Oklahoma is currently performing below the benchmark of 95 percent in Timeliness of Completed Investigations. Oklahoma embraces a continuous quality improvement process and continues ongoing work to increase the thoroughness of the collected information to make appropriate and timely safety decisions.

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 Within Policy	378	359	416	344	321	365	420	538	495	561	291	252	4740
Average Length of Time 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



In order to increase timeliness of initiating investigations and face-to-face contact with children CWS will work to improve the quality of investigative reports and safety determinations through utilization of the Assessment of Child Safety and enhanced capacity and competency around safety decision making and recommendations for appropriate safety interventions. Utilization of Family-Centered Services (FCS) will be increased by correctly identifying families whose behaviors have crossed the safety threshold. Timely face-to-face contact with the alleged victim(s) after failed contact upon initial initiation will be increased.

**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 in ensuring safety for children, when compared to the 2020-2024 CFSP data of 17.97 percent. Although improvement occurred within this

measure, Oklahoma is currently performing below the benchmark of 95 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			
	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Applicable Cases: 105				58.1% 61	19.05% 20	22.86% 24	0
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>							
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: CSFR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024

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

As per Figure 7, Safety Outcome 2, Item 2 indicates that in 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. 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 but the performance has gradually increased over the years and remains higher than the 2020-2024 CFSP reported data of 46.6 percent.

Figure 7

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
	Strength	Area Needing Improvement	Cases NA
Applicable Cases: 71			
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>			
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: CSFR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024

As indicated in Figure 8, removing children from their homes decreased significantly over time. Although the following data reflects that removing children from their homes has continued to decline in Oklahoma since 2020, efforts continue across CWS to improve not only timely completion of CPS assessments and investigations, but to improve the quality of safety assessments to ensure thorough and accurate safety-related decisions are consistently made. Oklahoma remains committed to the current safety and needs assessment process and CWS Practice Model.

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
<i>Data Source: KIDS Database; Run Date: 5/6/2024</i>				

Significant practice identified during the most recent case review period found that the delay in provision of services impacts this outcome, as does the lack of providing appropriate safety-related services and ensuring caregivers are participating in those services. A common factor affecting this area is continuous engagement in critical conversations with all parties involved in a case including children, parents, caretakers, foster parents, collaterals, and external stakeholders. Just as practices related to other outcomes may adversely affect a child's safety, a lack of comprehensive safety assessments and appropriate service provision adversely affect other outcomes. 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 and provide appropriate services to eliminate safety threats throughout the life of the case.

To improve services to family to protect children in the home and prevent removal or re-entry into foster care CWS Continuous Quality Improvement Programs staff will partner with other CWS programs to compose combined reviews over statewide and regional practices impacting quality safety decisions and positive safety outcomes. CWS will also increase utilization of the FCS program as an intervention to serve families as a tertiary prevention to keep children safely in their home. CW staff will engage in creating awareness of FCS outcomes and provide training to CPS, FCS, and Child Safety Meeting (CSM) facilitators to focus on promoting the practice of identifying and utilizing the least restrictive intervention available to ensure safety and meet the needs to the family. Training will be revised for new CPS staff to provide additional skill building in utilizing the CSM as a team decision making process and to assist with engaging parents in planning and participating in the CSM to best meet their needs.

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. Other interventions include Intensive Safety Services (ISS), Systems of Care, Comprehensive Home-Based Services (CHBS), and other primary prevention services administered by the Oklahoma State Department of Health (OSDH).

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 were 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 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.

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 the most recent 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;
- 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 significant increase compared to the 2020-2024 CFSP of 17.9 percent. Although significant improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent and remains committed to ensuring safety throughout the life of the case.

Figure 11

<b>CFSR Case Review Data: 4/2022-3/2024</b>	<b>Performance Item Rating</b>		
<b>Applicable Cases: 105</b>	<b>Strength</b>	<b>Area Needing Improvement</b>	<b>Cases NA</b>
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>			
<b>Item 3: Risk and Safety Assessment and Management</b>	<b>60%</b> <b>63</b>	<b>40%</b> <b>42</b>	<b>0</b>

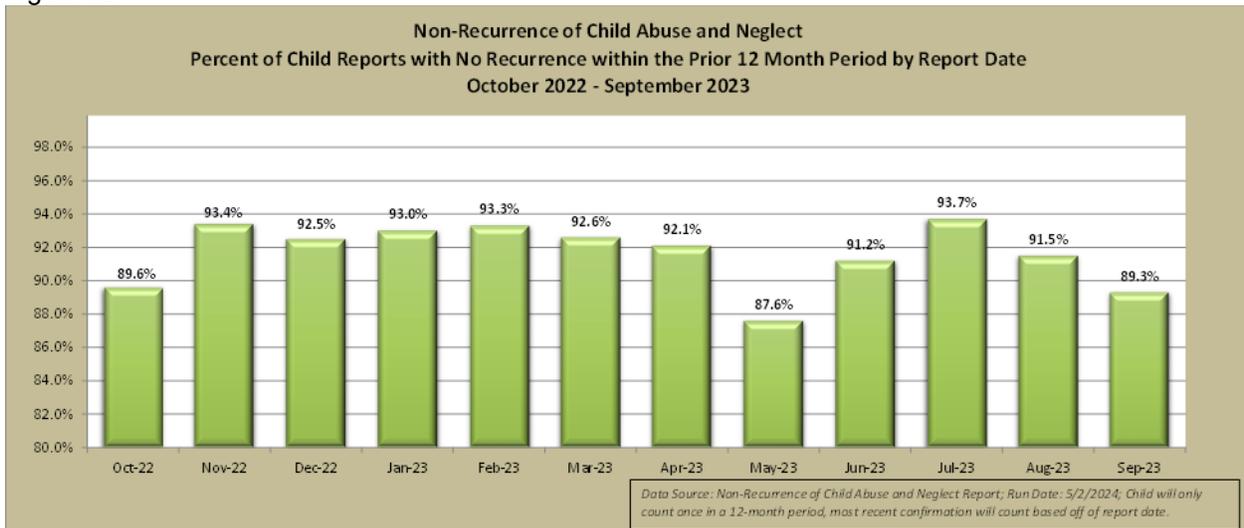
*Data Source: CFSS Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024*

In looking at the individual elements of risk and safety assessment and management in the 105 applicable cases, the OMS CFSS Practice Performance Report indicates 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.

In order to increase risk and safety assessment and management with children CWS will work to improve the quality of investigative reports and safety determinations through utilization of the Assessment of Child Safety and enhanced capacity and competency around safety decision making and recommendations for appropriate safety interventions. Utilization of Family-Centered Services (FCS) will be increased by correctly identifying families whose behaviors have crossed the safety threshold. Timely face-to-face contact with the alleged victim(s) after failed contact upon initial initiation will be increased.

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

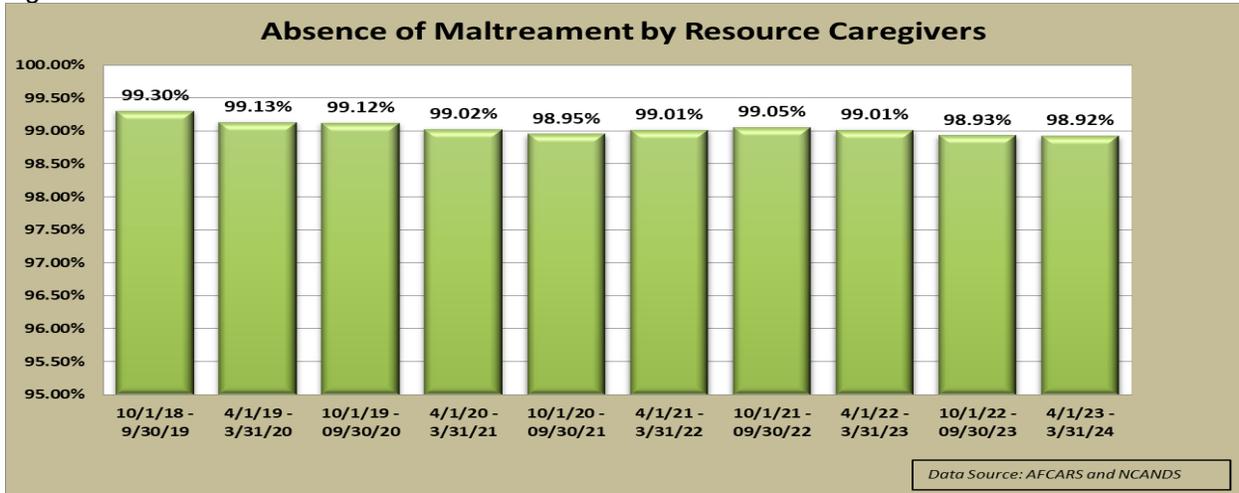
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	TOTAL
% Non-Recurrence	89.6%	93.4%	92.5%	93.0%	93.3%	92.6%	92.1%	87.6%	91.2%	93.7%	91.5%	89.3%	<b>91.8%</b>
# of Confirmed	1089	969	911	1201	1045	1193	993	1125	1168	988	602	159	<b>11443</b>
# of Non-Recurrence	976	905	843	1117	975	1105	915	985	1065	926	551	142	<b>10505</b>
# of Recurrence	113	64	68	84	70	88	78	140	103	62	51	17	<b>938</b>
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	<b>186.5</b>

*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.

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. Practice over the last five years for children to have permanency and stability in their living situations has varied but the performance has gradually increased over the years and remains higher than the 2020-2024 CFSP reported data of 10.2 percent. Although improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent. The areas significantly impacting these outcomes are lack of appropriate case plan goals and achievement of timely permanency.

Figure 15

CFSR Case Review Data: 4/2022-3/2024	Performance Item Ratings			Outcome Ratings			
	Strength	Area Needing Improvement	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Applicable Cases: 60							
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>				20% 12	63.33% 38	16.67% 10	0
<b>Item 4: Stability of Foster Care Placement</b>	68.33% 41	31.67% 19	0				
<b>Item 5: Permanency Goal for Child</b>	53.33% 32	46.67% 28	0				
<b>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</b>	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, confirming the need for ongoing targeted efforts focusing on the stability of a child while in foster care.

Figure 16

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
	Strength	Area Needing Improvement	Cases NA
Applicable Cases: 60			
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>			
<b>Item 4: Stability of Foster Care Placement</b>	68.33% 41	31.67% 19	0

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024

Practice over the last five years for stability of foster care placement performance has gradually increased compared to the 2020-2024 CFSP of 46.1 percent. Across all regions, appropriate and stable placements are integral to successful outcomes for children and ongoing efforts by CWS continue for increasing placement stability. Although significant improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent.

Identifying appropriate and stable placements, especially in the beginning of a case, may contribute to successful outcomes over the life of the case. In addition, placement stability

is vital in the provision of services for children. Just as the availability and individualization of services influence a child's success in maintaining placement, the receipt of consistent services for identified needs, whether those are physical, mental, or behavioral, are critical, as illustrated later in Well-Being Outcomes 2 and 3. Placement stability is considered a crucial component for positive outcomes.

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.

Targeted placement stability efforts to adequately assess a resource provider's ability to safely care for a child, as well as ensuring the first placement is best placement continue to remain primary focuses in ensuring stability.

One of CWS' practice standards, "We maintain a child's permanent connection to Kin, Culture, and Community" outlines the CWS responsibility to locate appropriate and stable placements for children in DHS custody. Families belong together and CWS strives to maintain optimal connection between a child and his or her family. CWS makes all efforts to ensure siblings are placed with one another. When making decisions about placement, CWS considers all implications for the child, understanding that with every move a child experiences additional trauma. Multiple strategies, accountability, and recruitment efforts aimed at having the "first placement as best placement" are ongoing.

Two areas of ongoing evaluation are critical within this outcome. The first is kinship as initial placement. CWS continues efforts to place children with kinship when removal is necessary to keep the child safe. The second is moves within the first 90-calendar days of a child entering care. CWS has identified that children entering OKDHS custody have a high likelihood of moving from the initial placement within the first 90-calendar days of entering custody. CWS believes this is due to children being initially placed in traditional foster care settings and then moving to kinship care. CWS remains committed to family involvement to place children with kin, as the first placement, whenever possible. CWS believes that increasing initial placement with kin decreases the likelihood of a move within 90-calendar days; therefore, impacting placement stability.

Targeted efforts for placement stability include implementing practice guidelines that reinforce family engagement throughout all points of contact in a case so children maintain permanent connections to kin, culture, and community. Actively Seeking KINnections (ASK), as part of the CFSP PIP strategies, outlines specific guidance that supports family engagement throughout the life of a case as family engagement and support is paramount to placement stability.

Increased access and use of mental health resources targets improving services for children in care who experience an increased risk of adverse outcomes. Mental health issues in children directly correlates with permanency and well-being outcomes, including placement stability. Targeted efforts implemented surrounding enhanced relationships

and utilization of mental health consultants as well as use of mobile response, in partnership with ODMHSAS, are ongoing.

**Item 5: Permanency Goal for Child**

CWS understands the importance of the timely identification of an appropriate permanency goal for the child. Failure to identify timely and/or the appropriate permanency goal can affect safety and result in delays in achieving permanency and overall positive outcomes for the family and 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 over the last two years.

Figure 17

<b>CFSR Item 20 - Period Ending 03/31/2024 - 23B - 24A</b>				
Period	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage with a Case Plan Goal
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%
<i>Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)</i>				

Case reviews assess case circumstances, the appropriateness and timely establishment of all goals in effect during the period under review, and compliance with the Adoption and Safe Families Act (ASFA) regarding termination of parental rights (TPR) or TPR exceptions. Per Figure 18, case reviews for Permanency Outcome 1, Item 5, indicate this as a strength at 53.3 percent, which is a decrease from the 2020-2024 CFSP data reported of 55.1 percent.

Figure 18

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

The above strength rating requires that all elements must have occurred including the

case record's documented goal, establishing it timely, appropriate to the child's needs, and meeting ASFA requirements, when applicable. In looking at the individual elements of the 60 cases reviewed, and according to the OMS CFSR Practice Performance Report:

- 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.

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 permanency for the child through adoption, guardianship, or another permanent living situation.

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

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. Practice over the last five years for achieving permanency, indicates performance has gradually increased compared to the 2020-2024 CFSP data reported of 23.0 percent.

Figure 19

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
	Strength	Area Needing Improvement	Cases NA
Applicable Cases: 60			
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

According to the OMS CFSR Practice Performance Report and 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.*

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%
<i>Data Source: AFCARS Composites</i>			

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%
<i>Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)</i>						

Figure 22

<b>CFSR Item 22 - Period Ending 03/31/2024 - 23B - 24A</b>						
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 Program (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.

Youth, 16 years of age and older, with the case plan goal of planned alternative permanent placement (PAPP) continue to be a focus of permanency efforts. Although much success has occurred for youth assigned a Youth Transition Services (YTS), specialist efforts are still in place to ensure children who have no identified permanent connections have additional supports. Once a child has a case plan goal of PAPP, YTS specialists are assigned to the youth to strategically plan for connections and exhaust all other efforts to achieve permanency through guardianship, adoption, or reinstatement of parental rights, when appropriate. The YTS specialist supports the youth in identifying connections and supports.

**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. Practice over the last five years for the continuity of family relationships and connections is preserved for children has gradually increased over the

years and remains higher than the 2020-2024 CFSP of 34.6 percent. Although improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent.

Figure 23

<b>CFSR Case Review Data: 4/2022-3/2024</b>	<b>Performance Item Rating</b>			<b>Outcome Ratings</b>			
<b>Applicable Cases: 60</b>	<b>Strength</b>	<b>ANI</b>	<b>Cases NA</b>	<b>Substantially Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>	<b>Cases NA</b>
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>				<b>66.67% 40</b>	<b>25% 15</b>	<b>8.33% 5</b>	<b>0</b>
<b>Item 7: Placement With Siblings</b>	<b>82.35% 28</b>	<b>17.65% 6</b>	<b>26</b>				
<b>Item 8: Visiting With Parents and Siblings in Foster Care</b>	<b>65.22% 30</b>	<b>34.78% 16</b>	<b>14</b>				
<b>Item 9: Preserving Connections</b>	<b>66.1% 39</b>	<b>33.9% 20</b>	<b>1</b>				
<b>Item 10: Relative Placement</b>	<b>69.49% 41</b>	<b>30.51% 18</b>	<b>1</b>				
<b>Item 11: Relationship of Child in Care With Parents</b>	<b>78.95% 30</b>	<b>21.05% 8</b>	<b>22</b>				

*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. Figure 24 case review data, Permanency Outcome 2, Item 7, shows siblings placed together in 82.3 percent of 34 applicable cases, which is an increase since the 2020-2024 CFSP reported data of 64.9 percent.

Figure 24

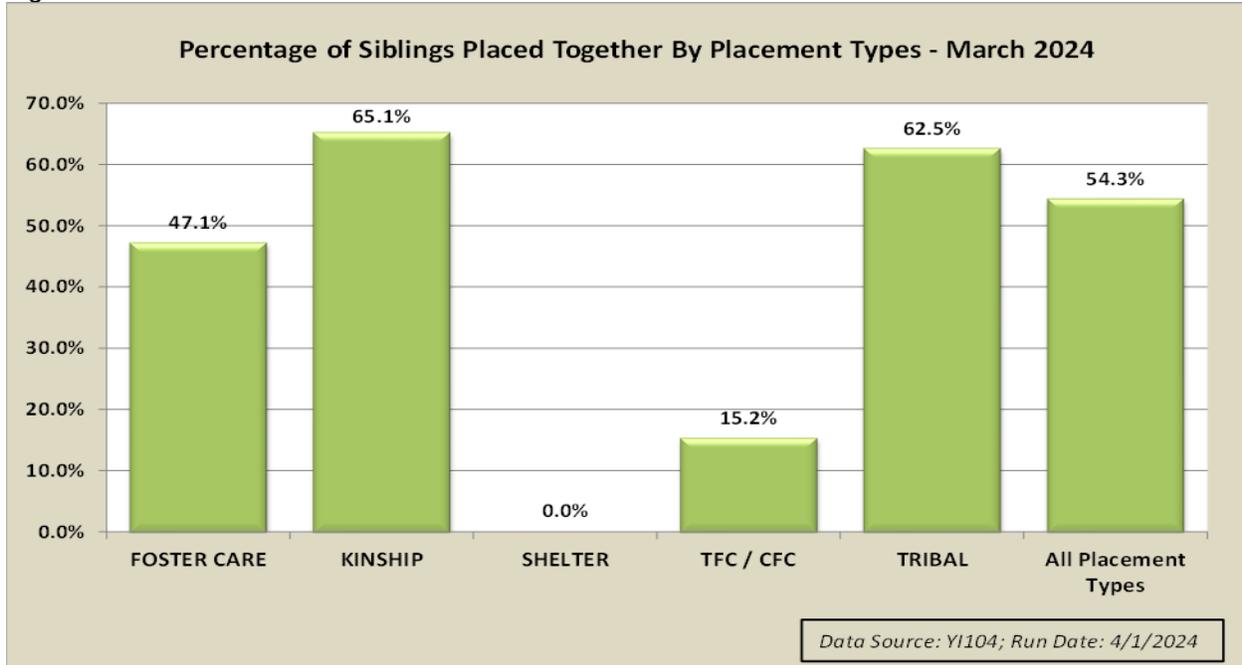
<b>CFSR Case Review Data: 4/2022-3/2024</b>	<b>Performance Item Rating</b>		
<b>Applicable Cases: 34</b>	<b>Strength</b>	<b>Area Needing Improvement</b>	<b>Cases NA</b>
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>			
<b>Item 7: Placement With Siblings</b>	<b>82.35% 28</b>	<b>17.65% 6</b>	<b>26</b>

*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.

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, which is an increase since the 2020-2024 CFSP of 43.6 percent.

Figure 26

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
	Strength	Area Needing Improvement	Cases NA
Applicable Cases: 46			
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: CFSP Portal/OIS/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. Connection to the tribe is the child's right and compliance with the Indian Child Welfare Act (ICWA) must be adhered to. CWS maintains and continues improvement efforts to meet ICWA compliance by:

- recognizing partnership with tribal partners is necessary;

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

Figure 27, pertaining to Permanency Outcome 2, Item 9, indicates a strength of 66.1 percent in 59 applicable cases, which is an increase from the 2020-2024 CFSP reported data of 29.8 percent.

Figure 27

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 59	Strength	Area Needing Improvement	Cases NA
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>			
<b>Item 9: Preserving Connections</b>	<b>66.1% 39</b>	<b>33.9% 20</b>	<b>1</b>

*Data Source: CFSP Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024*

### 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 an increase from the 2020-2024 CFSP of 67.5 percent.

Figure 28

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 59	Strength	Area Needing Improvement	Cases NA
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>			
<b>Item 10: Relative Placement</b>	<b>69.49% 41</b>	<b>30.51% 18</b>	<b>1</b>

*Data Source: CFSP 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. Following the CSM, the next meeting shall be held within 10-calendar days after removal. This meeting will be referred to as Family Meeting 1 – Case Transfer (FM1). FM1 will be followed by Family Meeting 2 (FM2), to be held within 30-calendar days after removal and prior to the dispositional hearing. Beginning with FM2, the team will determine the date and time for the next meeting, with no more than 90-calendar days between each meeting. When considering the time frame for subsequent

meetings, the family's desires should be the primary consideration. As of November 2023, Initial Meetings (IMs) are no longer required. The Child and Resource Family Support Plan is required and is the responsibility of the PP specialist to complete and provide to the resource parent(s). This can be completed at the FM1, as there is an overlap of information discussed, or FM2.

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

Case review Permanency Outcome 2, Item 11, data in Figure 29 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, which is an increase from the 2020-2024 CFSP of 50.9 percent. When determining the quality of the visits that occur, the focus is on a positive visitation experience for the child and ensuring quality interactions with the mother or father and siblings.

Figure 29

CFSR Case Review Data: 4/2022-3/2024	Performance Item Rating		
Applicable Cases: 38	Strength	Area Needing Improvement	Cases NA
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>			
<b>Item 11: Relationship of Child in Care With Parents</b>	<b>78.95%</b> <b>30</b>	<b>21.05%</b> <b>8</b>	<b>22</b>

*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. According to the OMS CFSR Practice Performance Report, concerted efforts for mothers were found in 75.7 percent of applicable cases reviewed, and concerted efforts for fathers were found in 78.2 percent of applicable cases reviewed.

Progress in continuing to improve the frequency, quality, and promotion of positive parent/child relationships with both mothers and fathers continue to be important.

**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 30, shows 56.1 percent of applicable cases reviewed had an outcome rating of substantially achieved. Practice over the last five years for families to have enhanced capacity to provide for their children's needs has gradually increased over the years and remains higher than the 2020-2024 CFSP of 14.8 percent substantially achieved. Although improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent. The FMC continuum is identified as a strategy to impact family engagement by increasing family involvement early in the case. The FMC includes CSMs and all other family meetings (FMs).

Figure 30

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating			Outcome Ratings			
Applicable Cases: 105	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>				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: CFSP 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.

**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 31, Well-Being Outcome 1, Item 12, case review data indicates a strength in 65.7 percent of the cases

reviewed, which is an increase from the 2020-2024 CFSP reported data of 17.9 percent. See Goal 3 in this CFSP for additional information related to quality worker visits to adequately assess the needs of children and parents.

Figure 31

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 105	Strength	Area Needing Improvement	Cases NA
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>			
<b>Item 12: Needs and Services of Child, Parents, and Foster Parents</b>	<b>65.71% 69</b>	<b>34.29% 36</b>	<b>0</b>

*Data Source: CFSP 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 32, 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 is an increase from the 2020-2024 CFSP of 43.7 percent.

Figure 32

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

*Data Source: CFSP Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024*

Further analysis of the case review data indicates, and according to the OMS CFSP Practice Performance Report, 80.9 percent of children reviewed had a comprehensive needs assessment that accurately assessed the child's needs. Services provision to meet those needs was 76.2 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 33, reflects assessment of needs and provision of appropriate services for parents is a strength in 65.4 percent of 84 applicable cases reviewed which is an increase from the 2020-2024 CFSP of 23.0 percent.

Figure 33

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 84	Strength	Area Needing Improvement	Cases NA
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>			
<b>Item 12B: Needs Assessment and Services to Parents</b>	<b>65.48% 55</b>	<b>34.52% 29</b>	<b>21</b>
<i>Data Source: CFSP Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024</i>			

According to the OMS CFSP Practice Performance Report, concerted efforts to accurately assess the mother's needs and address those needs was a strength in 67.5 percent of cases. Efforts to accurately assess the father's needs and address those needs were a strength in 62.5 percent of cases reviewed.

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. Specific guidance is provided to child welfare staff to assist in quality discussion and accurate assessments during monthly contacts with a parent and/or child. During the monthly contact, CWS is required to complete the "Parent Summary Form" with the parent receiving the visit. The "Parent Summary Form" is an assurance that quality discussion surrounding a parent's ISP, progress in services, barriers to achieving the permanency goal, progressive family time planning, and articulation of current safety threats is occurring. Parents also have the opportunity to document any concerns on the "Parent Summary Form," allowing parents to have shared documentation of concerns and progress discussed. Parent participation in ongoing family meetings is also critical as it ensures the parent has a voice in case planning. Soliciting feedback from parents about their experiences in family meetings allows the agency to self-correct as necessary to support quality assessment and provision of needs and services for parents.

**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 34 indicates needs assessment and services to foster parents as a strength in 77.5 percent of 58 applicable cases, which is an increase from the 2020-2024 CFSP of 43.2 percent.

Figure 34

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 58	Strength	Area Needing Improvement	Cases NA
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>			
<b>Item 12C: Needs Assessment and Services to Foster Parents</b>	<b>77.59%</b> <b>45</b>	<b>22.41%</b> <b>13</b>	<b>47</b>

*Data Source: CSFR 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 35, 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. Further analysis of the case review data and according to the OMS CSFR Practice Performance Report 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.

Figure 35

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 98	Strength	Area Needing Improvement	Cases NA
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>			
<b>Item 13: Child and Family Involvement in Case Planning</b>	<b>70.41%</b> <b>69</b>	<b>29.59%</b> <b>29</b>	<b>7</b>

*Data Source: CSFR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024*

The increased quality of visits with parents raises their level of involvement in case planning.

**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 36. 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 36

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

The Well-Being Outcome 1, Item 14, case review data in Figure 37 reflects a strength in 64.7 percent of the 105 cases reviewed, which is an increase from the 2020-2024 CFSP of 35.1 percent.

Figure 37

<b>CFSR Case Review Data: 4/2022-3/2024</b>	<b>Performance Item Rating</b>		
<b>Applicable Cases: 105</b>	<b>Strength</b>	<b>Area Needing Improvement</b>	<b>Cases NA</b>
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>			
<b>Item 14: Caseworker Visits with Children</b>	<b>64.76%</b> <b>68</b>	<b>35.24%</b> <b>37</b>	<b>0</b>
<i>Data Source: CFSP Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024</i>			

For a case to have a strength rating, the caseworker visit must meet both frequent and quality standards based on the case's circumstances. In looking at the standards separately and according to the OMS CFSP Practice Performance Report, caseworker visit frequency was sufficient in 76.1 percent of the applicable reviewed cases. The

quality of those visits was found to be sufficient in 73.3 percent. This includes both in-home and foster care cases.

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. 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.

**Item 15: Caseworker Visits with Parents**

As seen in Figure 38, case review data for Well-Being Outcome 1, Item 15, indicates caseworker visits with parents is a strength at 52.3 percent, which is an increase from the 2020-2024 CFSP of 21.4 percent.

Figure 38

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

Face-to-face caseworker visits with parents are required at a minimum of once per month. According to the OMS CFSR Practice Performance Report, the applicable case review data shows this occurred in 67.5 percent of cases for mothers and 67.2 percent for fathers. Quality caseworker visits happened at 68.4 percent with applicable mothers and 70.3 percent with applicable fathers. Positive trending observed in this measure is likely tied to the parent engagement focus and strategies that all regions have implemented as part of their practice improvement charters and Pinnacle Plan efforts towards achieving timely permanency.

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

**Well-Being Outcome 2**

*Children receive appropriate services to meet their educational needs.*

**Item 16: Educational Needs of the Child**

Per Figure 39, 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. Practice over the last five years for children to receive appropriate services to meet their educational needs has gradually increased and remains higher than the 2020-2024 CFSP of 74.7 percent. Although improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent.

Figure 39

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

Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024

According to the OMS CFSR Practice Performance Report, 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 40, Well-Being Outcome 3, indicates CWS received a

substantially achieved rating of 54.3 percent in 103 applicable cases. Practice over the last five years for children to receive adequate services to meet their physical and mental health needs has gradually increased over the years and remains higher than the 2020-2024 CFSP of 30.9 percent. Although improvement occurred within this measure, Oklahoma is currently performing below the benchmark of 95 percent.

Figure 40

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating			Outcome Ratings			
Applicable Cases: 103	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
<b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>				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: CFSS 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 41 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, which is an increase from the 2020-2024 CFSP of 44.5 percent.

Figure 41

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
Applicable Cases: 81	Strength	Area Needing Improvement	Cases NA
<b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>			
Item 17: Physical Health of the Child	77.78% 63	22.22% 18	24

*Data Source: CFSS Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024*

According to the OMS CFSS Practice Performance Report, 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. 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. Appropriate oversight of medication was present in 96.5 percent of applicable cases reviewed.

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.

**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 42 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 is an increase from the 2020-2024 CFSP of 48.3 percent.

Figure 42

<i>CFSR Case Review Data: 4/2022-3/2024</i>	Performance Item Rating		
	Strength	Area Needing Improvement	Cases NA
Applicable Cases: 102			
<b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>			
<b>Item 18: Mental/Behavioral Health of the Child</b>	<b>61.76%</b> <b>63</b>	<b>38.24%</b> <b>39</b>	<b>3</b>

*Data Source: CFSP Portal/OMS/OSRI/Oklahoma; Date: 4/23/2024*

According to the OMS CFSP Practice Performance Report, 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. Sufficient oversight of prescription medication related to mental/behavioral health needs occurred in 78.5 percent of applicable cases.

Quality engagement with children, parents, caregivers, and resource providers, and partnering with CWS mental health consultants continues and ensures appropriate services are in place to meet children's physical and mental health needs.

## CFSR Systemic Factors

### Information Systems

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.

In the Round 3 CFSR, Oklahoma 2016 CFSR Final Report, Oklahoma received an overall rating of Strength for Item 19; thus, Oklahoma was in Substantial Conformity with the systemic factor of Statewide Information System. The key findings related to the Statewide Information System indicated:

*In the statewide assessment, Oklahoma provided data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) showing that depending on the data elements, the required data elements were present for children in care statewide in 97.79% to 100% of the cases.*

Based on the data provided in the Round 4 CFSR, AFCARS shows that of the required data elements for children in out-of-home care statewide, those data elements were present in 98.14 percent to 100 percent of the cases. Thus, Item 19 would be functioning as a Strength and in Substantial Conformity. In order to maintain this Substantial Conformity for Item 19, multiple ongoing efforts will continue to ensure the accuracy and validity of the data in the statewide information system, KIDS.

#### 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 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.

The 2025-2029 CFSP will be available at <https://oklahoma.gov/okdhs/library/data.html> upon approval. The contact person is Sherry Skinner at (405) 312-0594 or Sherry.Skinner@okdhs.org.

### Case Review System

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. As seen in Figure 43, for the most recent review period, 92.3 percent of children who had been in out-of-home care at least 60 days had an ISP created in KIDS. While this number has increased over the last several review periods, efforts to increase completion of child ISPs will be a focus in the next five years through targeted training of CW staff. Just as important is the identification and documentation of a child's case plan goal (CPG) within 60-calendar days after coming into out-of-home care. The CPG helps guide what supports and services should be included in the ISP to promote timely permanency. As shown in Figure 44, approximately 98 percent of children have had a CPG documented within the last several review periods.

Figure 43

<b>CFSR Item 20b - Period Ending 3/31/2024 - 23B - 24A</b>			
Period	Children removed during the period in care at least 60 days	Number of Children with an ISP	Percentage with an ISP
19B - 20A	3,406	3,047	89.5%
20B - 21A	2,789	2,498	89.6%
21B - 22A	2,554	2,292	89.7%
22B - 23A	2,678	2,383	89.0%
23B - 24A	2,477	2,287	92.3%
<i>Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)</i>			

Figure 44

<b>CFSR Item 20 - Period Ending 3/31/2024 - 23B - 24A</b>				
Period	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage with a Case Plan Goal
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%
<i>Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)</i>				

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 with the family 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-90-calendar days until reunification is no longer the CPG or reunification has occurred. In the event the CPG changes from reunification, subsequent FMs occur every six months or as requested by the family. 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 and court hearings are a key component to achieving this. To ensure timely periodic review hearings and 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. As seen in Figure 45, for the last review period, 96.5 percent of children had a timely periodic review hearing. Frequency of periodic review hearings are decided upon by each district court but do not exceed more than every six months. Figure 46 shows that 91 percent of children had a timely permanency hearing in the last review period. 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. Ongoing collaborative efforts with the Court Improvement Program (CIP) will focus on increasing timely periodic and permanency hearings in select district courts as part of the joint project work.

Figure 45

<b>CFSR Item 21 - Period Ending 03/31/2024 - 23B - 24A</b>						
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%
<i>Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)</i>						

Figure 46

<b>CFSR Item 22 - Period Ending 03/31/2024 - 23B - 24A</b>						
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%
<i>Data Source: KIDS Removals Table (Period 23B - 24A covers 4/1/2023 - 3/31/2024)</i>						

In order to ensure that filing of termination of parental rights occurs in accordance with required provisions, 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 Adoption and Safe Families Act criteria of being in out-of-home care 15 of the most recent 22 months. CW staff utilize this information to determine when it is appropriate to request termination of parental rights. Additionally, CW specialist's staff cases with their supervisor utilizing the Intentional Case Staffing guide that was developed as part of the Supervisory Framework during the last CFSR Program Improvement Plan. Through these staffings, the length of time a child has been in OKDHS custody is discussed with action steps identified to achieve permanency and can include requesting of the court termination of parental rights.

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 CWS 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. Additionally, upcoming court hearings are discussed with participants in ongoing FMs.

### Quality Assurance System

The continuous quality improvement and quality assurance system in Oklahoma is functioning statewide in the 27 districts, 77 counties, and five regions that comprise CW services in Oklahoma. The Continuous Quality Improvement (CQI) Quality Assurance (QA) program has standards to evaluate the quality of services, identify the strengths and needs of the service delivery system, provide relevant reports, and evaluate implemented program improvement measures. Evidence of this is detailed below and can be observed in the ongoing improvement demonstrated among the majority of Child and Family Services Review (CFSR) measures, Statewide Data Indicators, and CFSR Case Review Items 1-18, as detailed in the **Assessment of Current Performance in Improving Outcomes** section of this report. As such, CQI QA Programs staff is able to review, monitor, and provide oversight through the continuous quality improvement and quality assurance system to support ongoing progress in CWS practice statewide.

CWS is a data-rich environment built on the foundation of the KIDS system and SACWIS compliance reaching back over 25 years. There are over 200 web-based reports that are available and accessible to all CW staff across all jurisdictions and allow for performance and progress measurement from state, regional, and district staff as they relate to both the Child and Family Services Plan (CFSP), the Pinnacle Plan, and the CW system improvement and reform efforts described in those plans. Reports cover information from abuse and neglect referrals received through post-adoptions involvement. Most of the reports are daily reports that allow CW staff to monitor and track their current work; however, there are several reports that look at past work to ensure compliance is met on the elements CWS has identified as meaningful regarding historical tracking and performance.

In addition, CWS has developed data dashboards for several different areas of practice which are accessible to all CW staff. The dashboards allow for an easily digestible understanding of performance in various areas such as PP, including the way that certain practices tracked on the dashboards are related to CFSR outcomes. There are currently 14 different internally accessible dashboards. These include information for CPS, PP, Maltreatment in Care (MIC), Workloads, and Adoptions. Additionally, CWS has created an external data dashboard for judicial partners that allows for the various deprived courts across the state to observe performance and monitor progress on key outcomes such as median and average days from removal to adjudication, median and average days from removal to first permanency hearing, overall permanency timeliness, MIC, and re-entry into out-of-home care. The data allows courts to identify areas to improve upon in conjunction with their local CWS partners. An example of how some of these reports and

dashboards have been utilized for continuous quality improvement include but are not limited to: all CW staff are able to utilize monthly and quarterly MIC data and MIC reports to monitor trends, understand prevention efforts, and focus reduction efforts within their districts and regions. Located on the SharePoint MIC page are resources available to all CW staff for 24/7 access. On the MIC SharePoint website, CW staff can access the Measure 1.1 No Lag Internal Data Report which is updated monthly. The report provides specific details as to children placed in out-of-home care with findings related to Measure 1.1, all allegations of abuse or neglect either by a foster parent, or Measure 1.2, all allegations of abuse or neglect by a parent, while the children are in out-of-home care. The report updates on the last day of each month and is then distributed to all MIC leads and added to the MIC website within the first week of each month. This report includes monthly child abuse and neglect referral closures with findings for all MIC investigations from the prior 12 months. The information within this report is periodically reviewed and monitored to understand fluctuations in MIC occurrences and that information is shared with CW regional staff on an as-needed basis and bi-annually as part of the practice improvement charter process. Also on the SharePoint location is the MIC Tool Kit. Within the tool kit are several links to Qualtrics survey dashboards showing instant data from all MIC reviews completed. Accessing these dashboards allows CW staff to understand trends in practice that are known to influence MIC. For example, if a region has a specific district that has experienced increased MIC they are able to see which district CW staff were involved, access the reviews which were completed for them, and reference any transfer of learning (TOL) notes within those reviews to respond in a way that bolsters preferred and improved practices. The ability to understand overall trends within a specific region and districts within that region allows CWS leadership to access specific cases and practices to ensure targeted TOL occurs when necessary. It also allows for areas with lower MIC or positive trends to use specific cases and practices as examples of quality practice that can be replicated.

Other reports easily accessible to all CW staff found in KIDS under the CWS WebFOCUS Reports tab include: Safety in Out-of-Home Care, Y1067 Programs Review of OOH Screen Outs, Y1751 OOH Investigations (Excluding OCA and Day Care), Y1790B OOH Screened Out Referrals Excluding OCA and Day Care, Y1832 Maltreatment in Care Dashboard, and Y1832 Maltreatment in Care Dashboard Guide. These reports aid in strategic planning for CWS programs, regions, districts, supervisors, and even individual case planning. CW supervisors and specialists specifically, can utilize these reports and dashboards to understand which staff have cases experiencing MIC and to understand the following:

- placement types;
- ages;
- demographics of the children involved;
- types of maltreatment occurring;
- lengths of placement;
- length of time the PP specialist had case assignment to date of referral;
- tenure of CW staff;
- staff caseloads;
- how many caseworkers have been assigned to the case in the past year;

- length of time between family assessment approval and date of MIC referral;
- findings and finding changes;
- screen-out reasons and screen-out changes;
- 10-day staffing dates along with their outcomes and recommendations; and
- Resource staff involved.

This information allows CW specialists and their supervisors to review and keep track of trends and practice operations in order to target MIC prevention, MIC response, and MIC outcomes. All the above has allowed for the development of statewide and regional-specific MIC reduction strategies to be developed and monitored, which has resulted in the progress noted in both the MIC Statewide Data Indicators and Pinnacle Plan as it relates to MIC reduction.

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. The request for proposal will be drafted to include CCWIS requirements as well as specifications around optimizing CW business processes to include continuous quality improvement quality assurance. CWS QA plans to partner with an independent quality assurance vendor to monitor deliverables through the design, development, and implementation process.

### **Practice Improvement Charter Process**

CWS CQI QA Programs staff supports all CW staff statewide in CWS-related continuous quality improvement processes. Support is accomplished in various ways, but primarily through the ongoing practice improvement charter process that was established as part of the 2020-2024 CFSP.

The practice improvement charter process begins with the compilation and sharing of the statewide practice profile and regional practice profiles created based on data from the 130 cases, 65 every six months, randomly selected from across the state and individually reviewed based on the CFSP case review process and use of the federal Onsite Review Instrument (OSRI). These profiles contain summaries of Strengths and Area Needing Improvement on safety, permanency, and well-being outcomes on Case Review Items 1-18. Additional qualitative programmatic data related to Pinnacle Plan improvement and system reform strategies are also provided and have in the past included:

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

The data in the CWS statewide and regional practice profiles are shared with the CWS Executive Team every six months to review current strategy progress and to inform ongoing decisions made at that level regarding broad system wide improvement efforts such as needed policy and process changes.

The practice improvement charter data profiles are shared with CW regional and programs leadership during CQI Statewide Implementation Team meetings, held every six months, to inform ongoing decisions made at the regional level related to practice improvement. These profiles also support decisions regarding regional and statewide training needs for CW specialists and any policy changes that may be required. In one example of this, a region's profile data for CFSR Case Review Item 11: Relationship of Child in Care with Parents, indicated that this item was one of the lowest scoring items for the region. As a result of discovering this information through the practice improvement charter process and consultation with CWS CQI QA Programs staff, the region developed and scheduled Family Time training sessions for CW regional staff. In addition to providing content during the training around the effective facilitation of parent and child contact, the training discussed the significance of frequent and meaningful parent/child contact and its connection to improved permanency, placement stability, and MIC outcomes. The result of these efforts was that the region improved significantly on Item 11 over the following six months.

Practice improvement charter data profiles are also shared, every six months, with CW regional practice improvement charter teams during monthly regional practice improvement charter team meetings for the purposes of progress monitoring and consideration of needed revisions to the established regional practice improvement charter goals, objectives, and strategies. Regional practice improvement charter teams are made of CWS CQI QA team members and a variety of CW specialists, CW supervisors, district directors, field managers, and regional deputy directors. Upon receipt of the practice improvement charter profiles, regional practice improvement charter teams work closely and in conjunction with CQI team members to develop additional data analyses, identify the root causes of system improvement issues or lack of progress on system improvement goals, develop action steps and strategies to impact outcomes, establish data tracking procedures, identify needs and resources for implementation support, and make decisions about ongoing monitoring of practice improvement. The qualitative and quantitative information that comprises the practice profiles allow for ongoing measurement and progress tracking of CFSP goals in addition to supplementary data that can inform the development and revision of regional practice improvement charters. For example, one region's profile data indicated that CFSR Case Review Item 12A: Needs Assessment and Services to Children and Item 18: Mental/Behavioral Health of the Child, were the two lowest scoring items for the region based on the region's practice improvement charter data profile. As additional context, one of Oklahoma's 2020-2024 CFSP objectives included: Use of Child Behavioral Health Screeners for children in out-of-home placement to ensure that a child's educational, developmental, physical, and mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely.

For statewide regional and district reasons, the region used the data to target Items 12B and 18 for system improvement. As a result, the region implemented the following Objective and Actions into their practice improvement charter:

**Objective:** Use of the Child Behavioral Health Screeners for children in out-of-home placement to ensure that child's educational, developmental, physical, and

mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely.

**Actions:** CWS CQI QA will pull the YI810 Child Behavioral Health Screening Report (OKTASCC) after the 5<sup>th</sup> of each month that displays the last 30 days. CWS CQI QA will note any elevated screeners where children are not currently in services and notify the CW district director. The CW district director will instruct the CW supervisor to staff all identified cases with missing services with their CW specialist within 10-business days and ensure needed referrals are sent. CW supervisors will email district directors when completed.

The region engaged in and monitored the above actions over the following six-month period during the monthly regional practice improvement charter team meetings and upon receipt of their subsequent practice improvement charter data profile, saw improved strength ratings for both items 12A and 18.

The practice improvement charter process and the various feedback loops described were implemented as a result of feedback received during the CFSR, Round 3 and subsequent development of the 2020-2024 CFSP.

### **Contract Performance Review (CPR) Process**

CQI CPR Programs CPR staff engage in regularly occurring quality assurance reviews related to FC&A resource home approvals. This process was established as part of the Pinnacle Plan system improvement and reform efforts. Highlights of this process include, but are not limited to, face-to-face debriefings and reviews which occur on a quarterly basis to allow for frequent feedback to FC&A staff about how resource homes are identified and licensed. These reviews examine current FC&A practices for newly approved traditional and kinship resource homes. Reviewers utilize an evaluation tool that focuses on safety measures such as thorough background checks, fingerprinting, public searches, references, and physical settings such as adequate housing and water. The tool also reviews for the quality of resource assessments by considering whether the information is documented accurately, the family is fully assessed, and whether areas of concern were fully addressed prior to the home's approval. It also considers whether the Resource Family Assessment (RFA) contains concerns that may have diminished the overall assessment of the family through the following areas: incomplete interviews with applicant(s), incomplete interviews with other adult(s) in the home, incomplete interviews with children in the home, did not explain discrepancies between interviews and forms and/or paperwork, minimal information on one or more sections of the RFA. Upon completion of the reviews by the assigned programs field representatives (PFR), a feedback loop meeting is held between the CWS CQI QA team and the respective CW field manager and assigned supervisor at the time of the resource home approval. These meetings provide a level of detail and feedback from reviewers that focuses on best practices and areas that do not meet the foster care policy and guidelines. Ongoing process and implementation evaluation and transparent partnering between CPR staff, FC&A Programs, and district CW staff allow for ongoing process modification, identification of strengths and needs, and practice enhancements which have been

demonstrated to lead to enriched growth and development of FC&A Resource staff across the state while furthering improvement efforts in this practice area as part of ongoing Pinnacle Plan system improvement and reform efforts. FC&A Programs staff attend regional feedback loop meetings thus enabling them to hear first-hand how the reviewer scored out an evaluation tool. Further, meetings are held every quarter with CWS CQI QA Programs staff to review trends for the most recently reviewed quarter. CWS CQI QA Programs staff take this information and provide FC&A staff training on a regional and statewide basis. FC&A supervisors use the evaluation tools and comments to provide a TOL directly to their staff.

The Quality Approval reviews are completed on a quarterly basis. Two measuring systems were put into place whereby trends and practices could be maintained and reported on after each quarter data collection. The first source comes from a basic trends table devised by the CPR team to capture the number of resources that had not met the expectations on a particular item on the approval tool. The other method to gather data is a Qualtrics data survey. The outcomes are filtered through a dashboard which reflects the specific type of occurrences.

Over the past three years the CPR Unit has provided quality assurance, practices have been impacted through training, TOL opportunities, and changes to forms that streamline information and cut duplication.

#### Data Validity

CWS supports the ability to conduct a state-led case review process for CFSR purposes in accordance with the Children's Bureau document titled *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 an internal case review process that assesses statewide practice performance in the key CWS performance areas of safety, permanency, and well-being using a uniform sampling process and methodology.

The sample 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. Cases are selected randomly to ensure that results are not impacted by selection bias.

Individual case reviews are completed utilizing the federal OSRI, a set of questions validated by the Children's Bureau and approved for assessment of CWS practice. Subsequent to case review completion, the review is debriefed either face-to-face or virtually with all CW staff involved in the case as well as their leadership. Additionally, a written summary of the review, written in colloquial language, is provided to all CW staff involved in the case and their leadership identifying strengths and areas needing improvement. Furthermore, aggregated data summarizing outcomes across all reviews are compiled and shared with CW staff at every level through the CFSR quarterly newsletter.

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

### Foundational Administrative Structure

CWS maintains the capacity and resources necessary to sustain an ongoing continuous quality improvement process through a team dedicated to quality assurance activities, known as CQI Programs. CQI Programs administrative structure remained stable during this reporting period. CQI Programs is led by a programs administrator who reports directly to the deputy director of CWS Programs. Within CQI Programs five teams have direct responsibility for activities related to the quality assurance systems: the CFSR team, two QA teams, the CPR team, and the MIC and Appeals team. The CFSR team is led by a programs supervisor and is comprised of five PFRs. One CQI QA team is led by a programs supervisor with five PFRs, and the other CQI 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 CQI 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 CQI QA team member assigned. Future plans include ensuring this region has a full three-member support team in place. The CPR team's focused quality assurance work includes conducting reviews for contracts associated with out-of-home placements, serving as second-level quality assurance reviewers for the CFSR team, and reviewing of FC&A new kinship and traditional resource home approvals with one PFR assigned to each FC&A region. Designated staff within the MIC and Appeals team complete quality assurance MIC reviews, provide MIC prevention consultations for the entire state, develop and conduct MIC training, and completes and distributes MIC detailed data analysis reports. Other designated staff complete 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.

Engaging in training activities and other supports to enhance the capacity of CWS CQI QA staff to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during phases of implementation, and account for variation in populations that impact the ability to observe improvements over time, is paramount to the development of CWS CQI QA staff in Oklahoma. While training and accessing other supports was done on a continual basis throughout the 2020-2024 CFSP time frame, those undertaken by CQI staff in the last year include annual completion of Online Monitoring System (OMS) module trainings specific to the Round 4 CFSR, overview of the review process (Procedures Manual), overview of conducting case-related interviews/interview guides, overview of the OSRI and instructions, overview of various Reviewer Briefs, overview of Correlation Guide provided by the Children's Bureau,

overview of any updates to the Frequently Asked Questions (FAQs) on the OMS website, and overview of Appendix C, ongoing questions/answers by third party quality assurance, bi-annually and by the CFSR team annually. The CFSR team also partnered with OKDHS staff reviewers external to the CFSR team to model one case review per external reviewer including the debriefing. The CFSR and QA teams also engaged in the Children's Bureau's E-Learning online academy with regards to CFSR Round 4 preparation.

QA staff completed the Capacity Building Center's CQI Training Academy, as they do on an annual basis. This is a self-paced e-learning course developed to assist CQI teams to build a common understanding of CQI practices.

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 CQI capabilities. Training undertaken as part of this work included:

**AWAKEN:** A value-based framework providing actionable steps that moves 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 your own 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:** The Safe Systems Improvement Tool (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. 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. For more information on the KIDS system, please see the **Information Systems** section of this report.

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 is consistent with the instrument, consistent across reviewers, and is properly implemented across the

entire state. Assurance of consistency and proper implementation is overseen by CQI Programs leadership and is maintained through the various audit and quality assurance mechanisms outlined in the CFSR Procedure Manual. The audit and mechanisms mainly consist of standardized training for all staff within 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 quality assurance reviews conducted by trained staff from the CPR team; and CQI Programs staff's involvement in debriefing every completed review.

Additional quantitative and qualitative case level data were collected directly by CQI Programs as part of the QA team's role in completing reviews of family meetings, timely permanency, permanency safety consultations, quality caseworker visits, and contacts when requested by CW regional leadership staff and other activities identified in regional practice charters.

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.

#### Case Review Data and Process

CWS has an ongoing case review component that includes reading the case files of children served by CWS and interviewing parties involved in the cases. This process is described in detail, above.

#### 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, data dissemination, and progress monitoring occur through the sharing of bi-annual trend and outcome practice profiles with CW staff at all levels in addition to various external partners statewide and for each region. CFSR trend and outcomes data along with additional data related to all regularly completed qualitative reviews are shared broadly within CWS for the purposes of measuring and improving practice as noted in the examples previously described above.

#### Feedback to Stakeholders and Decision-Makers and Adjustment to Programs and Processes

CWS and the OSDH continue efforts to provide a collaborative approach towards creating a child and family well-being network and continue to improve the infrastructure and pathways for a comprehensive early childhood system and continuum of evidence-based prevention services that support and strengthen families, prevent child maltreatment, and ensure the long-term health, safety, and well-being and educational success of the youngest Oklahomans while preserving culture, family, and community. A key continuous quality improvement component is engagement of stakeholders and the input they provide in the improvements to the CW system. Oklahoma views engagement of those

with lived expertise as essential in building a comprehensive prevention continuum by elevating an understanding of what families need and how to remove the barriers that prevent them from receiving effective supports and services. In addition, Oklahoma supports human-centered design methods to implement and institutionalize a framework and culture for the inclusion of youth, family, and tribal voice to promote and facilitate the co-designing of a child and family well-being network. Examples of this inclusion can be seen in the Parent Exit Survey, the FMC survey process, and in the ongoing survey processes completed with youth as part of the Oklahoma Successful Adulthood program.

CWS, OSDH, and the Oklahoma Commission on Children and Youth (OCCY) hold Bi-Annual Collaborative Convening meetings, co-hosted by CWS, OSDH, and OCCY, along with prevention partners and stakeholders, to share data, efforts around systems transformation, and cross-systems coordination to align strategic priorities and strengthen collaborations. Additionally, this collaborative, comprised of various state agencies, system partners, stakeholders, and persons with lived experience, has been engaged to provide feedback on the current CFSP and upcoming PIP.

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 child welfare and criminal justice systems, are included in the Bi-Annual Collaborative Convening meetings. This Task Force reviews and discusses the CFSP, PIP, and yearly progress to align established child welfare system improvement efforts with future planning of Children's Justice Act (CJA) activities. CJA funds and activities support the state in addressing the safety outcomes outlined in the CFSP. At each Task Force meeting, a CWS representative provides an overview of the CFSP process, including sharing the latest CFSP data on performance outcomes. Task Force members are encouraged to be a part of their community's stakeholder meetings to provide insight from their unique standpoint in efforts to improve practice for Oklahoma families.

### **Staff Training**

Refer to the attached ***Oklahoma Child Welfare Services Training Plan*** for details pertaining to staff training.

### **Service Array**

For the past two decades CWS has invested a great deal of resources to safely reduce the number of children entering foster care. This decline is the direct result of strategies aimed at serving families preventatively and those designed to reduce barriers to children reaching permanency. The selection and sequence of strategies to be deployed over the next five years will be critical to continuing this momentum, particularly in light of the state ranking 46<sup>th</sup> in the nation for child well-being according to the Annie E. Casey Foundation Kids Count 2023 and also among states with the highest levels of adverse childhood experiences (ACEs) according to several national data points. CWS' collective efforts are focused on preventing ACEs from occurring, and where trauma has occurred, utilizing the Science of Hope and trauma-informed practices as tools to elevate hope and promote

resiliency and well-being. CWS is committed to creating a hope-centered, trauma-informed child and family well-being network.

For Oklahoma's CW system to be truly effective and transformative, services and treatment must be culturally relevant, community-based, and accessible to children and families. These services must be aligned with an integrated, broader continuum of care, resources and supports, sufficient to keep children safe and to meet the children's and families' needs. Agency capacity to serve children and families for whom prevention and intervention-related services are needed continues to be increased 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 availability of effective services.

CWS 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. The services available to children and families involved with the CW system are aligned with an integrated, broader prevention continuum of services, and resources and supports. CWS will continue to identify and/or develop evidence-based and/or evidence-informed services and resources at a community level to promote child well-being, safety, and permanency, and enhance the overall service array.

The goals, objectives, and strategies outlined in this 2025-2029 Oklahoma Child and Family Services Plan, through a CW system focusing on trauma-informed, family-centered care, will ensure the practice, procedures, and policies in place will continue to be enhanced and create sustainable, desired outcomes for children and families. Regular, timely, and useful feedback will support successful implementation and service fidelity, as well as contribute to the developing knowledgebase about successful strategies for adopting, installing, implementing, and providing access to and sustaining evidence-based prevention and intervention-related services to children and families in the CW system. This approach will contribute to a continuum of supports and services for ensuring strong and healthy well-being of children and strengthening families with an aim of diverting families from the CW system and creating a system where all families can thrive.

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. CWS 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 promotion of the health, safety, and wellness of Oklahoma's children and families. CWS 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 FCS Programs and not within foster care. These services are aligned with an integrated, broader prevention continuum.

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. A family's entry into the CW system occurs through the Oklahoma OKDHS Hotline. The referrals are screened, and a disposition is made as to the CPS response. CWS' purpose is to identify, treat, and prevent child abuse and neglect ensuring reasonable efforts are made to maintain and protect the child in their own home. When this is not feasible, CWS provides a placement that meets the child's needs. 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.

CWS activities are tied to the CWS Practice Model, which depicts the flow of the work from case opening to case closure. 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. CWS completes the Assessment of Child Safety (AOCS) within CPS to determine the safety of a child and within FCS and PP on an ongoing basis to continue to assess the strengths and needs of the children and families. The assessment of children and families guides the evaluation of safety and helps to determine how to best serve the family at a client level. In addition to the utilization of the AOCS through the safety evaluation process, CWS has utilized the Child

Behavioral Health Screener (CBHS) up 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. The quality of CWS staff engagement with the family in assessing strengths and needs, joint-case planning, and identification and provision of appropriate services is critical in shaping the ultimate outcome of each child and family. 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 children and families. Both initial and ongoing assessment of children, parents, and foster parents to adequately address the relevant issues and attain case plan goals is critical to achieving positive outcomes. Empowering families involves engagement at all avenues throughout involvement with CWS. Focusing on improving parent assessments improves parental engagement and child safety, as well as enhancing parental protective capacities, reducing maltreatment, and improving timely permanency.

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

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. Based on the recently completed CFSR Round 4 Statewide Assessment and ongoing input from families, children, and youth, tribes, courts, and other partners analysis of the data allowed for the identification of gaps between the needs and the effectiveness of the services at a child and family level. At a system-level, it has allowed CWS Programs staff to develop the goals, objectives, and strategies outlined in this CFSP for program improvement and continue to ensure the appropriateness of the service array. Systemic barriers in the CW system are a challenge to overcome in developing strategies to address service and quality gaps. In order to match and deliver appropriate individualized services to children and families, communication, collaboration, and information sharing is of utmost importance. In addition, geographic differences in service availability are a

determining factor in the delivery of the highest quality and most effective services available statewide.

CWS continues to make a comprehensive and systematic transformation of the CW system through strategies aimed at improving CW practices toward a CW family-focused practice model, pathways for families to receive a continuum of evidence-based primary, secondary, and 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 infrastructure 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. 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. CWS 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. CWS is committed to enhancing collaboration and partnership between CWS, 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 Native American children, their families, and their tribes. CWS, as a partner with the ODMHSAS and the OSDH, is committed to ensuring the creation and efficient operation of a unified and integrated system of care 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.

Refer to other sections of this CFSP, including, but not limited to, the **Plan for Enacting the State's Vision, Services, and Targeted Plans** for additional activities targeted at improving the service array.

### **Agency Responsiveness to the Community**

More than a decade ago, Oklahoma understood that no CW agency could transform on its own. The vision outlined in the Vision and Collaboration section reflects years of intentional investment in creating, strengthening, and refining partnerships between the CW agency and other public state agencies and those with a vested interest in the CW system, including providers, tribal partners, courts, families, and youth with lived expertise. OKDHS continues to strengthen its ability to leverage diverse voices by strategically fostering key relationships across the network, as well as by emphasizing

the significance of organically formed connections and partnerships within local communities. OKDHS continues 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. 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.

CWS places a high value on collaboration and partnership with stakeholders and has dedicated significant resources to support partnership with the community. CWS remains committed to engaging community partners, other state agencies, the private sector, and tribes in supporting children and families. The CWS Community Partnership Program that was established through the Pinnacle Plan, the state improvement plan from the 2012 class action lawsuit, *DG vs. Yarbrough*, moved from under the CWS Division to the OKDHS agencywide Community Partners Unit under the Office of Strategic Engagement. This has allowed for a broader approach to serve everyone in both the metro and rural areas of the state as well as distributed resources where needed the most. The OKDHS agencywide Strategic Engagement Unit continues to collaborate and provide assistance to CWS 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 CWS leadership where community resources could be beneficial. This is completed by engaging in several activities: CarePortal, new CWS spaces as part of the real estate modernization plan, Service First, Be A Neighbor (BAN), and individual work with local non-profits and community groups.

- The 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 CWS-only spaces are being opened up across the state and community partners have stepped forward to meet the needs identified by local leaders to help the space be safe, welcoming, and inclusive.

- Service First is a partnership with community partners across the state that provide space to CWS for families to meet, staff to work, and family visitation in neutral locations.
- BAN is 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.
- Individual groups such as collaboratives, non-profits, or a single contact can work with the Strategic Engagement Unit on identifying what the community partner feels is a local need and how they envision meeting that need. Teaming up with local CWS leadership and creating a unified vision with the partner, developing a formal Memorandum of Understanding, agreeing to data sharing if needed, and seeing supports come from grassroots efforts, the team assists in meeting the needs of local communities. These partners offer services or goods to families, help support Holiday Hope, the CWS annual Christmas gift program, and other community needs.

The CWS School-Based Services program, which was a direct result in response to requests from the community and created in 2016, continues to be administered through a collaborative partnership between OKDHS and local school districts. CWS 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 Services 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.

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 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 various collaborative meetings and workgroups.

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

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 broad 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. CWS has a representative designed within CSAW and participates in monthly meetings, as well as attends SAT that meets monthly.

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. OKDHS not only has utilized these system collaborative meetings and workgroups to engage stakeholders, but also has 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, and the Annual Progress and Services Report. 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. In efforts of further informing this systemic factor with regard to the agency responsiveness to the community system functioning with family and youth specifically, multiple surveys and focus groups have been deployed. A statewide survey was deployed in 2023 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 OKSA, and respondents reported they were actively heard by their CW specialists.

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. Fortunately, community partners and other public and private agencies are fully engaged in both partnering with the agency to assess the functioning of the system as well as to develop solutions for identified areas of need. As ongoing qualitative information is gathered through case reviews and other methods, it will continue 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.

Further details regarding the agency responsiveness to the community are found throughout other sections of this CFSP including, but not limited to, the **Assessment of Current Performance in Improving Outcome, Plan for Enacting the State's Vision, Services, and Consultation and Coordination Between States and Tribes**.

### **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

#### **Standards Applied Equally**

In the attached Oklahoma Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan, the process for assessing, initial and ongoing, new foster and adoptive homes is outlined. Training on the assessment process is required for all CWS Recruitment and resource family partner (RFP) agencies and is offered as a refresher training for all CW staff after their first year of employment. Examples of the documents used during this process include the Records Check Documentation (04AF007E) for all foster and adoptive homes which lists the results of all the CWS history, and criminal and background searches conducted as well as recommendations by the CW staff and their supervisor completing the searches; the Resource Family Assessment Review Tool (04AF053E) which ensures all resource requirements are met and any concerns are addressed prior the approval of the foster resource; and the Resource Family Assessment (04AF003E), often called the home study, which is an in-depth review and interview of the family based on all information gathered to that point as well as asking questions of the family such as about their past experiences in comparison to past experiences, their family culture, and parenting approach.

Through policy, documents, and training, these assessment processes are clearly outlined and required for all staff in both CWS Recruitment and RFP agencies to follow. This allows for a focus on determining if the home can provide a safe and nurturing environment for children in OKDHS custody that would be placed there. Background history is reviewed from the context of immediate safety threats and how the history impacts the present functioning and understanding of the family members in the home.

Another tool for staff to ensure they are completing the assessment process thoroughly and timely is through WebFOCUS reports created from information directly from the KIDS system. These reports provide information such as documents lacking prior to approval/denial, reviewing timeframe compliance, and demographic information on families. CW supervisors review information from these reports during monthly meetings

with their staff with the goal of assessing every home equally while also adhering to policy requirements.

One method of reviewing the success of how well this process ensures conformity to the process and ensures it is being applied equally across all staff within CWS FC&A and RFP agencies is through case auditing. Quality assurance reviews of approved kinship and traditional homes are conducted by the CQI Programs QA CPR team. The QA CPR team uses a comprehensive review tool that highlights both safety issues and best practice opportunities. Since this audit process started in SFY 2020, the team reviewed nine resource homes per region for a total of 45 CWS resource homes each quarter. 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. For RFP supported homes, these reviews are completed during the annual contract reviews as scheduled by the CPR Unit. Going forward the period each review covers will likely be increased for traditional homes due to multiple years of minimal to no negative scoring. The results of the reviews conducted by the QA CPR team have helped FC&A Programs staff to review and update assessment forms and make updates and changes to FC&A trainings.

The waiver and variance request and review process is outlined in the Oklahoma Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan. This process has been helpful to the assessment process being an ongoing success by ensuring that any deviations from policy are outlined and detailed for both future review and to ensure standards are still being applied equally. During the last CFSR it was determined there is no singular statewide tracking system for waivers and variances across CWS and the RFP agencies which will need to be addressed in this next CFSP phase to better track patterns.

Changes will also be made to the kinship assessment and approval process based on updates to the federal requirements for IV-E funding in September 2023. These changes include updating the forms used during assessment of, updating policy, and updated training for staff who are responsible for kinship homes, both relative and non-relative. Implementation of the new kinship process will occur during this CFSP phase.

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

In the attached Oklahoma Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan, the background check process is outlined. During the last CFSP phase the Office of Background Investigations (OBI) solidified its role in conducting fingerprint and name-based background checks for multiple CWS purposes in accordance with state and federal requirements. OBI continues to update policy to comply with state and federal laws as they occur. During the last CFSP phase, OBI conducted approximately 3,753 name-based searches (OSBI) and 2,760 fingerprint based national criminal history searches each year, on average. This number included background checks for CWS purposes including foster care, adoption, trial reunification, and guardianship. OBI

conducts background checks for after-hours emergency placements. By keeping the fingerprint process centralized within OBI it has helped to ensure success in the assessment of fingerprint results across CWS and the RFP agencies. One update to this process occurred during the COVID-19 pandemic. This was the implementation of a mobile fingerprinting option through the Oklahoma State Bureau of Investigation which initially was used to help offset printing sites that were closed due to the pandemic and continues to be available to counties as needed.

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. For additional information regarding the QA CPR team see Standards Applied Equally as noted above. Additionally, staff pull the YI039 Crime Screen Compliance for Open Resource Homes report to review open resource homes with household members who have overdue fingerprint renewals, when family members turn 18 and require fingerprints, and when the foster or adoptive families' children turn 13 and require a JOLTS check. This process of assessing background results, and auditing cases, has, and will continue to, ensure Oklahoma remains in compliance with federal requirements for criminal background clearances for these types of homes.

### **Diligent Recruitment**

The diligent recruitment process and efforts are outlined in the attached Oklahoma Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan. For over the past eight years every CWS Recruitment unit and RFP agency has created a recruitment plan specific to their area, county, and/or region. By utilizing data from WebFOCUS reports and additional demographic information provided by KIDS staff, as well as making updates to the recruitment plan document itself, CWS and RFP agency staff utilize WebFOCUS reports and monthly recruitment reports from KIDS to evaluate and assess the needs of each county based on the children currently in OKDHS custody at that point in time. Through reviewing this information, CWS and RFP staff make updates to their recruitment plan documents, allowing them to better recruit for families and children in OKDHS custody at a county level.

At the start of each SFY, KIDS completes a foster care needs assessment to create a goal for the total number of traditional foster care homes to be recruited which is then divided between CWS and the RFP agencies. While the target has not been achieved every year, enough homes are added to offset those that are lost through closure and natural attrition to maintain a pool of homes to meet the needs of children who are in, or coming into, out-of-home care.

In 2022, two recruitment incentive programs were enacted to help encourage the recruitment of new foster homes. The first incentive program was for existing foster families to recruit new traditional foster families and the second incentive program applied to all CW staff to recruit new traditional foster families. After reviewing the incentive outcomes at the end of SFY 2023, CWS leadership extended both incentives to go through the end of SFY 2025. Since October 2022, over 120 new foster homes have been added through the incentives.

Collaboration meetings between CWS, RFP agencies, and Tribal partners have been conducted over the last few years and will continue to take place regularly as they are reported to be successful in getting joint events completed as well reaching a larger audience when combined. Utilizing the knowledge of experts in the field such as Dr. Denise Goodman and Maureen Heffernan to help staff strategize new ways of reaching families who will work with youth and children with advanced behavioral challenges as well as how to recruit better in minority communities has been ongoing and will continue indefinitely. Recruitment collaboration meetings led by FC&A Programs staff are held quarterly and bring together the CWS field administrator and PFR, the CWS RFP field administrator and PFR, Specialized Foster Care and Agency Companion homes programs manager, and Specialized Placements and Partnerships programs administrator to discuss any current barriers to recruitment efforts and generate ideas for future collaborative events.

## **PLAN FOR ENACTING THE STATE'S VISION**

### **Implementation Supports**

Over the five-year period, the Continuous Quality Improvements (CQI) teams, including Quality Assurance (QA) and Child and Family Services Reviews (CFSR) teams will work directly with local leadership and programs teams within the five focused districts of Oklahoma, Tulsa, Comanche, Cleveland, and Canadian Counties, on targeted items identified through the CFSR review around safety, permanency, and well-being. The identified teams will work to enhance the supervisory capacity within these districts, identifying enhancements to increase identified outcomes in order to expand statewide.

Since 2012, Oklahoma's Pinnacle Plan has been the roadmap for improving outcomes for children involved in the child welfare (CW) system. As Child Welfare Services (CWS) moves towards the end of the Pinnacle Plan, the focus must shift from performance measurement to practice enhancement and quality supervision.

Core performance areas and the CFSR Program Improvement Plan (PIP) serve as the foundation to assist in selecting and designing the goals and objectives to the 2025-2029 CFSP to continue to build state capacity. Oklahoma will continue to focus on driving the workforce to shift from compliance-based thinking to quality-focused assessments resulting in improved outcomes for Oklahoman families. The Oklahoma Department of Human Services (OKDHS) CWS seeks to accomplish the following goals during the five-year period of the 2025-2029 CFSP.

Each identified goal and objective was carefully considered and selected by utilizing both qualitative and quantitative data gathered through feedback from stakeholders, Tribes, courts, and families and youth with lived expertise through the Round 4 CFSR Statewide Assessment (SWA) and various established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys. An analysis was summarized in the SWA, section D2. Assessment of Current Performance in Improving Outcomes of the 2025-2029 CFSP, and section C2. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes of the 2020-2024 APSR Final Report. Many strategies or interventions have been implemented over the course of the past 10 years as part of Oklahoma's Pinnacle Plan and the CW system improvement and reform efforts. Historical knowledge of initiatives to build state capacity and improve outcomes were heavily considered, along with the feedback gained through the SWA, guided the selection of the goals and objectives in the 2025-2029 CFSP as OKDHS has worked diligently to have a thorough understanding of system functioning and capacity for improvements to continue to expand and strengthen the range of culturally responsive, linguistically appropriate services for children and families.

To support the achievement of the CFSP and CFSR goals and objectives, OKDHS anticipates a need for ongoing technical assistance and capacity building throughout the implementation of the CFSP and CFSR PIP strategies, objectives, and key activities. Several recommendations came from the Governor's Permanency Task Force

report that was released in September 2023. Technical assistance will be used to assist in establishing a timeline to align the recommendations from the Permanency Task Force with the objectives and key activities in the CFSP and CFSR PIP. The CWS KIDS system tracks all children and youth who are tribal members or identified as eligible for tribal membership. Technical assistance will be utilized to accurately document those children and youth in KIDS, who are included in two race categories, as they are applicable to the CFSP and CFSR PIP strategies and key activities. Details and a proposed timeline for additional technical assistance will become clearer once further exploration and analysis of specific needs are conducted. By securing ongoing technical assistance, OKDHS will benefit from direct support from subject matter experts who bring specialized knowledge and experience. This expert assistance will enable OKDHS staff to address identified challenges, implement effective solutions, and achieve the goals and objectives of the CFSP and CFSR PIP. The collaborative approach will not only enhance the capacity of the OKDHS staff but also ensure that improvements are sustainable and aligned with best practices in child and family services.

**Goals and Objectives**

***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	Target by End of FFY 2029	Data Source
Foster care entry rate per 1,000	2.9	3.0	NCANDS
Families who received preventative services from the state during the year – Family-Centered Services (FCS)	1,579	2,000	KIDS
Absence of maltreatment in care	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	72%	85%	CFSR
Safety Outcome 2: Item 3: Risk and safety assessment and management	58%	70%	CFSR
Percent of families who complete FCS and do not have a subsequent removal or unsafe finding within 12 months	95.6%	96%	KIDS
Percent of children needing an intervention and served in FCS	49.9%	50%	KIDS

## Objectives

- Increase the awareness, availability, and accessibility of evidence-based or evidence-informed prevention and intervention-related culturally relevant, community-based services to support families, prevent maltreatment, and 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 preventive services utilized each year. As other well-supported and promising prevention services are identified, a target for use will be established. Evaluation will occur through number of services available, relationship, and community collaboration.
  - Increase the use of SafeCare®, Intensive Safety Services (ISS), Intercept®, Comprehensive Home-Based Services (CHBS), and other primary and secondary community-based preventive services to preserve families. Service utilization will be monitored annually over the five-year period, with a goal to increase the number of families served through the identified interventions each year.
  - Increase the use of mental health and substance abuse prevention and treatment services – number of services offered/clients served annually.
  - Increase the use of in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling – number of services offered/clients served annually.
  - Partner with domestic violence programs to stop family violence – number of services offered/clients served annually.
- Improve the quality of investigative reports and safety determinations through utilization of the Assessment of Child Safety and enhanced capacity and competency around safety decision making and recommendations for appropriate safety interventions. Increase utilization of Family-Centered Services (FCS) by correctly identifying families whose behaviors have crossed the safety threshold.
  - Develop a Child Protective Services (CPS) case review tool with focus on evaluation of maltreatment, family functioning, and protective capacity.
  - Increase timely face-to-face contact with the alleged victim(s) after failed contact upon initial initiation.
  - Increase timely notification of a report alleging abuse or neglect of a child identified or believed to be a Native American child to the child's tribe. Increase the completion of tribal verification to ensure compliance with the Indian Child Welfare Act (ICWA).
  - Increase the utilization of FCS as a mechanism to increase protective capacity within the family system.
  - Enhance post-CORE level trainings to enhance practical application of policy and the safety framework, to include a focus on totality of family functioning and protective capacities.
  - Develop training for CW regional leadership increasing capacity to identify safety threats and protective capacities during Intentional Case Staffings.
- CW district directors will support CW supervisors in utilization of the three key strategies outlined in the Supervisory Framework to support CW specialists in critical decision-making in effort to understand and treat safety needs, decrease trauma, and strengthen parental protective capacities.

- CWS CQI Programs staff will partner with other CWS programs to compose combined reviews over statewide and regional practices impacting quality safety decisions and positive safety outcomes. Information outlining areas of practice requiring focus, also referred to as regional practice summaries, will be provided to each region every six months so that CW regional leadership understands current barriers and practice areas needing improvement and can be intentional on the focus of improving outcomes in the areas identified.
- Increase utilization of the FCS program as an intervention to serve families as a tertiary prevention to keep children safely in their home. Engage CW staff in creating awareness of FCS outcomes and provide training to CPS, FCS, and Child Safety Meeting (CSM) facilitators to focus on promoting the practice of identifying and utilizing the least restrictive intervention available to ensure safety and meet the needs to the family. Provide additional skill-based safety plan training to assist with managing safety in the home. Partner with CW districts to engage court partners and enhance stakeholder support of FCS as an intervention for families.
  - Increase number of children served each year across the five-year period.
  - Decrease percentage of children for whom higher level of intervention is requested while working with the family in FCS.
  - Decrease percentage of children who enter OKDHS custody within one year of FCS case closure across the five-year period.
- Focus on CSMs to enhance decision-making and improve utilization of least restrictive intervention to ensure safety of the child and meet the family's needs. Revise training for new facilitators to ensure training is readily available, and that skills to facilitate an effective CSM are developed. Revise training for new CPS staff to provide additional skill building in utilizing the CSM as a team decision making process and to assist with engaging parents in planning and participating in the CSM to best meet their needs. Utilize information from qualitative assessments to inform areas for practice enhancement related to CSMs.
  - Increase percentage of children in OKDHS custody of parents at the time of the CSM and who receive a CSM.
- Develop a non-investigative, community pathway to link families that are introduced to the CW system through a report to the Statewide Child Abuse and Neglect Hotline, but do not meet criteria for a CPS investigation or assessment with preventive supports, resources, and services outside of the traditional CW service delivery system.
  - Expand the School-Based Services Program to at-risk communities to increase access to preventive supports, resources, and services for children and families in need.

**Goal 2: Decrease trauma experienced by a child who enters the child welfare system by ensuring stability of placement, enhancing family engagement through quality case planning, decision-making and Family Time, decrease maltreatment in care, and enhance 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	Target by End of FFY 2029	Data Source
Two or fewer placement settings for children in care for less than 12 months	79.8%	88%	AFCARS
Two or fewer placement settings for children in care for 12 to 24 months	61%	68%	AFCARS
Two or fewer placement settings for children in care for 24+ months	33%	42%	AFCARS
Initial placement as kinship	47.2%	55%	KIDS
Reunification in less than 12 months	55.5%	69.9%	AFCARS
Guardianship in less than 18 months	59.8%	65%	AFCARS
Adoption in less than 24 months	45.9%	54.5%	AFCARS
Absence of maltreatment in care	99.1%	99.68%	NCANDS and AFCARS

### Objectives

- Increase the number of case planning meetings with person(s) responsible for the child (PRFC's) and family supports present during the CSM, Family Meeting 1, and Family Meeting 2 to engage the parents and their natural support system in case planning and decision making. Ensure focus on utilization of family supports to provide support to the child(ren), parent(s), and caregiver(s). Ongoing evaluation of family involvement is to occur through qualitative review processes.
- Increase completion and quality of the Child and Resource Family Support Plan to promote placement stability and encourage proactive efforts to support the child's caregiver in meeting the child's needs including their connection to kin and culture. Evaluation will occur through ongoing qualitative review processes.
- Develop and implement a case transfer process for CW specialist case assignment changes that facilitates quality transfer of information between CW specialists, parents, caregivers, and service providers to prevent disruption in case progress and service provision to families. Evaluation will occur through ongoing qualitative review processes.

- Utilization of Enhanced Foster Care (EFC) to ensure a youth remains in a family-based placement when a youth is identified to be at risk of placement instability or has complex needs requiring additional services and support to stabilize and support.
- Ensure timely completion of EFC treatment team meetings which focus on the child's treatment progress, additional needs of the child or resource family, and therapeutic parenting services to ensure timely initiation and quality engagement of the recommended service array for the youth and resource family.
- Utilization of crisis intervention plans as part of treatment and support planning for a youth receiving EFC services and support to ensure that crisis plans are focusing on recognizing triggers, developing calming and coping skills, identification of de-escalation strategies for resource parents, and having an identified contact to engage when the resource parent cannot manage a crisis alone.
- Utilization of mobile crisis response when a youth is experiencing crisis while in care and referring for additional support, such as EFC, when the youth remains placed in a family-based settings to support placement stability and ongoing engagement with the youth and family.
- Focus diligent search efforts within each region to enhance and reform strategies in building permanent connections and locating family for the child in OKDHS custody to increase kinship as first placement. For children where ICWA applies, active efforts to locate the family's placement preferences in an effort to promote cultural identity will be included in both initial and ongoing diligent searches.
  - Training for CW staff will be updated as needed to ensure new practices are shared.
- Improve child well-being and timely permanency by supporting family engagement through progressive and frequent Family Time. CW staff will complete ongoing Family Time trainings as needed which will focus not only on levels of supervision and best practices, but how to understand, prepare, and debrief trauma responses to Family Time to minimize delays or barriers to permanency. Evaluation will occur through ongoing qualitative reviews.
- As part of the Supervisory Framework, CW supervisors will utilize Intentional Case Staffings to support ongoing follow-up conversations for children determined "Safe" in their most recent monthly child/worker visit contact. This effort will promote timely permanency as ongoing discussions will provide frequent opportunities to problem solve barriers preventing reunification or moving to less restrictive levels of supervision for Family Time.
- Expand partnerships with Oklahoma parent mentor programs and their staff who have lived experience to guide agency decision making related to policy and practices to improve experiences for families involved with CWS.
- Improve timeliness of establishing permanency goals for children who have been in out-of-home care for 60-calendar days or more as this directly impacts urgency to achieve permanency for the child with the identified case plan goal (CPG). Ongoing evaluation is to occur through qualitative review processes such as CFSR and other CWS CQI qualitative reviews.

- Training for CW staff including CORE will be updated as needed to address practices impacting untimely establishment of CPGs including the use of concurrent planning.
- Collaborate with the Court Improvement Program (CIP) to engage CW staff in barriers with the court and promote relationships with court partners to enhance capacity of quality representation by contract attorneys, increase timely permanency for families, and improve experiences for families navigating the systems. Partnership will occur with CIP throughout the five-year evaluation period.
- Modernize the Individualized Service Plan (ISP) for parents to be written and formatted in a more family-focused and hope-centered way to promote early engagement in services.
  - Training for CW staff will be developed and will focus on ensuring language included in ISPs is carefully considered and should eliminate the bias of all involved parties and be safety focused as well as culturally appropriate.
- Develop informational materials to support parents involved with CWS and enhance their understanding of the CW system and court processes to promote timely permanency.
- Maltreatment in care (MIC) qualitative reviews will be conducted for each substantiated investigation of maltreatment within resource home settings as well as for children experiencing maltreatment during trial reunification. These reviews focus on the sufficiency of information gathered related to finding(s) determinations as well as safety decisions.
  - Periodic qualitative reviews will also be conducted for a portion of unsubstantiated investigations of alleged maltreatment within resource home settings from each region. These reviews focus on sufficiency of information gathered and safety responses to risk. Results of these reviews will be provided to CW regional and district staff and their leadership teams to support CW specialists in improving practices to better outcomes. The trends from all MIC reviews will be periodically monitored and shared back to the CW regional and district leadership teams and findings utilized in trainings as needed.
  - Information sharing will occur with CWS Programs and regional and district staff during each MIC review and trends will be monitored and incorporated into ongoing trainings.
  - Any MIC review with notable concerns about critical decision making will be shared with the CW supervisor, CW specialist, district director, and regional director so that the review may be utilized by the CW supervisor during Intentional Case Staffings or monthly meetings to address with the CW specialist.

**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	Target by End of FFY 2029	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	62%	70%	CFSR
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Item 14: Frequency and quality of visits between caseworkers and child(ren)	60%	65%	CFSR
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Item 15: Frequency and quality of visits between caseworkers and the mothers and fathers	50%	60%	CFSR
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. Item 16: Children's educational needs	79%	85%	CFSR
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs: Item 17: Children's physical health needs	74%	80%	CFSR
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs: Item 18: Children's mental/behavioral health needs	63%	70%	CFSR

**Objectives**

- Support and enhance a competent, skilled, and professional trauma-informed CW workforce utilizing family-centered practices in assessment, decision-making and case planning, and service delivery to: improve the identification of the services necessary to meet the needs of children, parents, and resource families and ensure the safety, permanency, and well-being of the child(ren); adequately address the issues relevant to CWS' involvement with the family; and promote achievement of case goals. Training and support will be provided through CWS

CORE curriculum and on-the-job Training (OJT) guides that provide exposure to the practical application of knowledge and skills, during CFSR case review debriefings with CW leadership, CW supervisors, and CW specialists, and through the Supervisory Framework. Full implementation of a new CORE curriculum and OJT guides will occur during SFY 2025 and be assessed through focus groups for effectiveness and ongoing improvement and relevance. Regional case review summaries, as well as other qualitative review summaries will be provided to the CWS Executive Team and CW regional leadership that identify practice trends impacting quality outcomes.

- Enhance the quality of caseworker visits with children and families to improve CW specialist's assessment and identification of needs and services for children, parents, and resource families. This enhancement aims to support families in achieving case goals and ensuring the safety, permanency, and well-being of the child(ren). Monitoring of quality of visits between CW specialists and children and parents will be conducted through ongoing CFSR and existing CQI reviews.
- Increase the awareness, availability, and accessibility of evidence-based or evidence-informed intervention-related, culturally relevant, community-based services to support families and preserve children's connections, prevent maltreatment, ensure stable placements, and achieve timely permanency for children. Service utilization will be monitored annually over the five-year period, with a goal to increase the number of families served through the identified interventions each year. As other services necessary to achieve case goals are identified, a target for use will be established. Evaluation will occur through number of services available, relationship, and community collaboration.
  - Increase the use of Intercept® and Comprehensive Home-Based Services (CHBS), and other secondary and tertiary community-based, culturally relevant services to ensure the safety, permanency and well-being of children and families – number of services offered/clients served annually.
  - Increase the use of mental health and substance abuse prevention and treatment services – number of services offered/clients served annually.
  - Partner with Domestic Violence programs to stop family violence – number of services offered/clients served annually.
- Enhance collaboration with the Oklahoma State Department of Health (OSDH), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma State Department of Education (OSDE), other child-serving systems, and stakeholders that touch families' lives to increase awareness, availability, and accessibility to preventive and intervention-related services for children and families and improve outcomes for children and families through data-driven service array and resource development system improvements. Ongoing evaluation of these collaborative relationships will be integrated into the existing continuous quality improvement processes and within the ongoing planned activities in this 2025-2029 CFSP.
- Utilize service providers that will work with children, families, and resource parents as partners in identifying and meeting needs and strengthening families. Evaluation will occur through ongoing stakeholder meetings and contract monitoring of the service providers by CWS Programs staff in the form of monthly

reports received by the contractors, quarterly site visits/contractor meetings, and annual contract renewal process. 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.

- Support and enhance early identification of educational, physical health, and mental/behavioral health needs of children to ensure children are provided with targeted referrals and service provision that are individualized to meet the unique needs of children served by the agency. The Early Periodic, Screening, Diagnosis, and Treatment (EPSDT), and in partnership with SoonerStart and OSDE services and supports will help to ensure children receive appropriate and adequate services to meet their needs. Monitoring will be ongoing and utilize existing data collection methods.
- Utilize the Child and Adolescent Needs and Strengths (CANS) assessment to determine the level of need and care for children with complex needs and their family to provide individualized services, supports, and treatment recommendations for children related to their complex emotional, behavioral, developmental, and educational needs.
  - Develop and enhance collaboration with the Oklahoma Managed Care Organization who administers the Children's Specialty Program specifically designated for children involved with the CW system to ensure effective care coordination.
  - Ensure the completion of the introduction to Enhanced Foster Care and Enhanced Foster Care: Trauma informed Practice for the CW Specialist to enhance CW specialists' skills in assessing and providing services for children with complex needs and their family.
  - Provide therapeutic parenting education and resources to resource parents who are caring for youth with complex needs to ensure resource parents provide intentional parenting that fosters the feelings of safety and connectedness to help a child heal and learn how to securely attach.
  - Implementation of Quality Residential Treatment Programs for youth who are recommended by the CANS for QRTP, ensuring that youth who enter a QRTP receive high intensity, quality evidence-based treatment, and effective and timely discharge planning.
- Increase completion and improve the quality of youth transition planning to ensure youth receive individualized services, supports, and resources to help achieve their goals to transition to adulthood, and positively impact permanency and well-being outcomes. Training and/or resource materials for CW staff will be identified and developed as needed and will focus on supporting effective youth transition planning. Ongoing evaluation will occur through qualitative permanency reviews, existing continuous quality improvement processes and within the ongoing planned activities in this 2025-2029 CFSP.

## **SERVICES**

### **Child and Family Services Continuum**

A continuum of care and service array for children and families through a strengths and community-based framework to ensure connection to and utilization of formal and informal culturally relevant, community-based services, resources, and supports available to promote strong Oklahoma families is a priority in the state of Oklahoma. The services available to children and families involved with the child welfare (CW) system are aligned with an integrated, broader prevention continuum of services, and resources and supports. Oklahoma Human Services (OKDHS) continues to make a comprehensive and systematic transformation of the CW system through strategies aimed at improving CW practices toward a CW family-focused practice model, pathways for families to receive a continuum of evidence-based primary, secondary, and 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. In doing so, Oklahoma will transform the CW system into a child and family well-being network. Designing a network that strengthens families through the delivery of prevention and intervention-related services and enhancing protective factors will help decrease disparities in outcomes and create a system where all families can thrive. To strengthen families and prevent child maltreatment and promote well-being, a continuum of care and services must encompass a protective factors approach. Protective factors are conditions or attributes of individuals, families, communities, or the larger society that reduce or eliminate risk and promote healthy development and well-being of children and families. These factors help ensure that children and youth function well in society. Protective factors can also serve as safeguards, helping children who might otherwise be at risk of abuse or neglect, to find resources and supports for the caregiver. The caregiver protective capacities are specific, individual attributes that are directly related to child safety, and are utilized by Child Welfare Services (CWS) to assess child safety and risk. Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure child and family well-being. CWS can best ensure child safety and promote child and family well-being by promoting both caregiver protective capacities and protective factors. CWS, as a partner with other state child-serving agencies, such as the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma State Department of Health (OSDH), and community stakeholders, is committed to ensuring the creation and efficient operation of a unified and integrated continuum of care for all Oklahoma's children and families.

### **Service Coordination**

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 the 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. Strategic planning occurs at all agency levels to promote safety, permanency, and well-being for Oklahoma children and families. 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. Other programs delivered by OKDHS that support families served by CWS include:

- Adult and Family Services (AFS) provides public assistance services, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) programs statewide. AFS administers Health Related Medical Services (HRMS), such as SoonerCare, short-term (Aid to Families with Dependent Children and Aged, Blind, Disabled-related), Long-Term Care, such as Nursing Home, ADvantage, and Personal Care, Supplemental Security Income – Disabled Children's Program (SSI-DCP), Tax Equity and Fiscal Responsibility Act (TEFRA), as well as the State Supplemental Payment. Low Income Home Energy Assistance Program (LIHEAP) includes the Winter Heating program every December, the Energy Crisis Assistance Program (ECAP) every March, and the Summer Cooling program every July. Child Care Subsidy staff supports the administration of the Child Care Subsidy Program. This includes development of policy and guidelines for eligibility and training on policy and procedures. Staff also manages Child Care provider contracts and provides training materials to childcare providers. AFS operations staff oversees and takes a lead role in various special projects and programs that have included Community Collaborative projects and tribal TANF liaisons.
- Child Support Services (CSS) acts as an economic advocate for the children of Oklahoma, ensuring parents financially support their children. CSS helps families become self-sufficient, and for those who are not receiving public assistance to remain self-sufficient.
- Child Care Services (CCS) is responsible for ensuring children and parents have access to licensed, affordable, high-quality childcare where children have the opportunity to develop to their fullest potential in a safe, healthy, and nurturing environment.

OKDHS has also been able to help families access community resources and services through the TANF Investment Strategy from reserved TANF dollars 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 healthy 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 CWS leveraging SSBG to fund and support regional and district staff working investigations and activities that are not supported by Title IV-E and targeted case management.

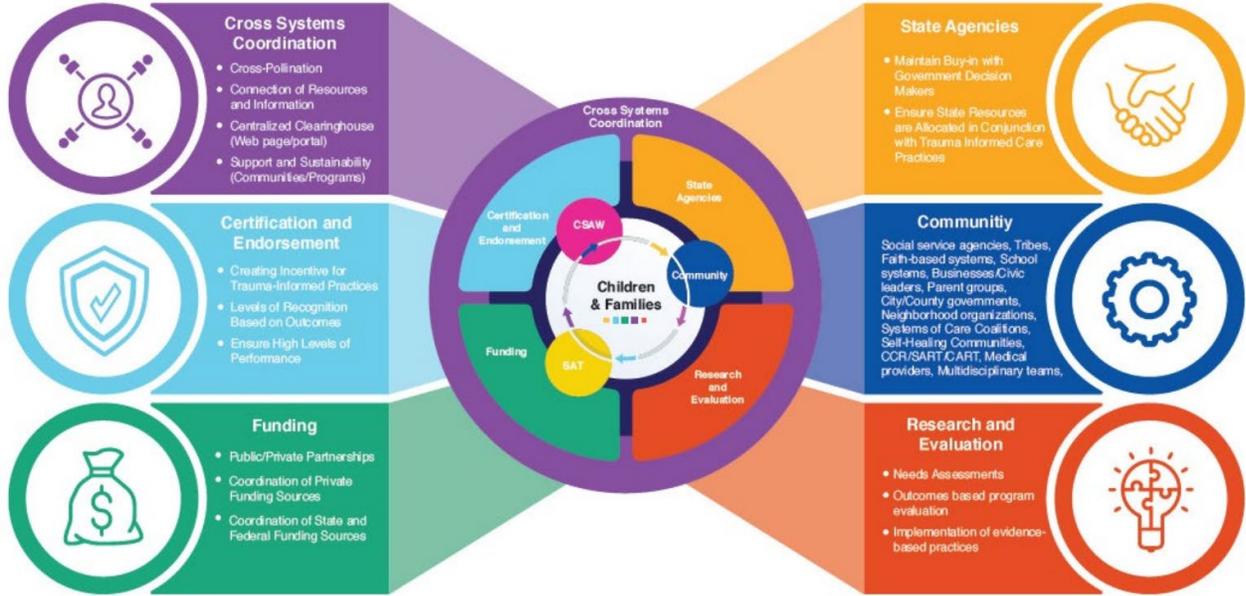
Although OKDHS is the designated state agency who administers the Title IV-B, subpart 1 and 2, and Title IV-E of the Social Security Act and oversees the state's CFSP, collaboration occurs with other state agencies and stakeholders to strengthen the states' overall CW system, comprehensively integrating the full array of CW services, from prevention and protection to treatment services and foster care, and through permanency. The care and service array for children and families is linked to, coordinated with, and integrated into a continuum through The Partnership.

The Partnership, formed by a Memorandum of Agreement in 2004 by the eight state child-serving agency commissioners and directors, and the directors of the Oklahoma Family Network and the National Alliance on Mental Illness (NAMI) Oklahoma ensures the creation and efficient operation of a unified and integrated system of care for all Oklahoma's children and families. The Partnership is posed to ensure a continuum of care and service array for children and families is integrated systemwide and provides a mechanism for cross-system collaboration. Figure 47 illustrates the cross systems

coordination within The Partnership, and in relationship to the local and state agencies and communities.

Figure 47

### Cross Systems Coordination Diagram



The partners that make up The Partnership includes OKDHS and the following:

- **ODMHSAS** – Single state authority responsible for publicly-funded substance abuse and mental health prevention and treatment services. ODMHSAS is supported through Substance Abuse and Mental Health Block Grants through the Substance Abuse and Mental Health Services Administration: 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 Family Treatment Courts (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.
- **Oklahoma Health Care Authority (OHCA)** – State Medicaid authority responsible for administering Medicaid and public mental health services, jointly with ODMHSAS. 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 Oklahoma. The SoonerSelect Children's Specialty Plan (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.

- **OSDH** – Primary public health protection agency. 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 Community-Based Child Abuse Prevention (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 Office of Juvenile Affairs (OJA)** – Single state authority responsible for the management of juvenile affairs.

- **Oklahoma Department of Rehabilitative Services (DRS)** – State agency responsible for providing people with physical, mental, and visual disabilities with the opportunity to obtain employment and independent living through counseling, job training, and other individualized services.
- **Oklahoma State Department of Education (OSDE)** – State agency responsible for policies and administration and supervision of the public school system of Oklahoma. OSDE is the lead state agency for the 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. SoonerStart is Oklahoma's Part C of IDEA program.
- **Oklahoma Commission on Children and Youth (OCCY)** – Responsible for developing and approving the State Plans for Services to Children and Youth and the Office of Child Abuse Prevention State Plan; and meet to consider proposals, approve budgets, hear staff reports, make appointments to councils and committees, and submit recommendations to the Governor, Legislature, Supreme Court, and agencies responsible for developing or improving services to the children and youth of Oklahoma. The Parent Partnership Board (PPB), established through the OCCY since 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 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 PPB, along with other parent boards and groups, to provide insight and feedback from those with lived expertise in the CFSR process and CFSP development.
- **Oklahoma Family Network (OFN)** – A statewide, non-profit agency that supports Oklahoma families with critically ill infants or children with special health care needs or disabilities.
- **NAMI Oklahoma** – A statewide, advocacy group, representing families and people affected by mental health disorders.

The Children's State Advisory Workgroup (CSAW), the working arm of The Partnership, 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 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.

### **Children's Bureau Grant Programs**

OKDHS, in partnership with the agencies and stakeholders involved with the following grant programs, utilize these programs and funds to prevent child abuse and neglect, protect children and improve the safety, permanency, and well-being of children and families involved in the CW system.

The OSDH Office of Child Abuse Prevention (OCAP) was created out of the Oklahoma Child Abuse Prevention Act and is the designated lead agency of the **Community-Based Child Abuse Prevention** established out of CAPTA. OSDH is responsible for crafting the Oklahoma State Plan for the Prevention of Child Abuse and Neglect as well as administering the CBCAP funds and providing oversight to funded programs that are provided through Oklahoma's public health system. Oklahoma utilizes their CBCAP dollars to support evidence-based programs and innovative programs for specific target populations as well as for critical infrastructure for the home-visitation network in the state. The majority of state-funded prevention activities are provided on a statewide basis, others are county specific. The Child Abuse Prevention Network conducts a myriad of public awareness and prevention activities. A full description of the activities and services is found in the attached **2023 Community-Based Child Abuse Prevention Grant Program Report**. The *Oklahoma State Plan for the Prevention of Child Abuse and Neglect 2024-2028* is being finalized, and currently is not available, but OKDHS collaborated with OSDH and prevention system partners to identify and implement strategies to support safe and healthy children and families through the creation of the new five-year state plan.

The **Children's Justice Act (CJA)** grants to States falls within the CAPTA and are administered and monitored by OKDHS, 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. Trainings and activities are geared toward improving CW investigations and child abuse prosecution concentrating on topic areas of domestic violence, human trafficking, and engaging children and parents who may be developmentally delayed; and as such, help ensure children are first and foremost, protected from abuse and neglect. The Oklahoma Advisory Task Force Board, established in 1990, is a multidisciplinary team of individuals from across Oklahoma who are committed to reviewing current practices in the child protection system and funding programs designed to impact change and to make training and policy recommendations in each of three categories: investigative, administrative, and judicial handling of cases of child abuse and neglect. The Task Force aligns their planning of CJA activities with the vision and goals of the CFSP. The Task Force has identified various areas of concentration as seen in the attached **Children's Justice Act Three-Year Plan**.

The state **Court Improvement Program (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 meets on

a quarterly basis to coordinate the CIP program and ensure alignment and integration into the CFSP. This collaboration is detailed in both the **Assessment of Current Performance in Improving Outcomes** and the **Plan for Enacting the State's Vision** sections of this CFSP. The Oklahoma CIP mission is to provide safety, permanency, and well-being outcomes for Oklahoma's deprived children through efficient court practices and computer technology. Oklahoma's CIP goals are to:

- to help CW systems address the CFSP outcomes of safety, permanency, and well-being;
- to produce better outcomes for children and families that are tangible, measurable, and time specific; and
- to allow courts to address fundamental problems by improving legal and judicial training and developing and improving court data systems.

Refer to other sections of this CFSP, including, but not limited to, **the Assessment of Current Performance in Improving Outcomes, Plan for Enacting the State's Vision, Consultation, Coordination Between States and Tribes, and Targeted Plans** for additional descriptions of the provision of services.

### **Service Description**

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. Oklahoma has a long history of state investment in the infrastructure of early childhood education as well as primary and secondary prevention efforts. As described in previous sections, OSDH provides broad-based primary prevention services and through ODMHSAS and OCHA, mental health and substance abuse services are jointly funded and administered. 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 through a community-based approach to ensure connection to and utilization of the formal and informal community-based programs available. The increase in evidence-based treatment to address identified needs has reduced problematic behaviors, thereby increasing child well-being. The resulting increase in child well-being created favorable conditions for reductions in placement changes/disruptions, reduced re-entry rates, and quicker decisions around family reunification or adoption. Focused CW staff training has increased the quality of decision-making and case planning. Use of the case management system has provided immediate data to CW staff to initiate and monitor services and to better inform all levels of decision-making, thereby driving improvements in the broader CW system. This infrastructure and pathways for families ensure they and their children receive a continuum of evidence-based primary, secondary, and tertiary prevention and intervention-related services.

The statewide survey deployed to social service professionals and parents/caregivers in collaboration with OSDH and OCCY, along with separate surveys deployed to

parents/caregivers involved with the CW system and CW staff by OKDHS 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 had 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.

The 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.

CWS cannot do this work alone and relies on the support of partners, external stakeholders, and community providers to achieve CWS' vision and goals. CWS remains committed to engaging community partners, other state agencies, the private sector, and tribes in supporting children and families in order to identify system gaps and barriers and assessing service needs for the children and families. An assessment of the strengths and gaps in service, including mismatches between available services and family needs as identified through available data, including the Child and Family Services Review results and the consultation process are found in other sections of this CFSP.

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

The Stephanie Tubbs Jones Child Welfare Services Program provides funds for Oklahoma CWS programs directed toward the goal of keeping families together. They

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:

*Child Protective Services (CPS)* - a child welfare 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. The primary purpose of CPS intervention is to protect the child, assess family strengths and needs, and provide services to remedy the conditions and behaviors that created threats of abuse or neglect. When a safety threat is identified and there is no person responsible for the child (PRFC) with the capacities to protect the child, the child welfare 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.

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

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

### **Services for Children Adopted from Other Countries**

Collaboration to support families who adopted children from other countries was formed with the Oklahoma State Department of Health and a variety of other adoption related programs and adoptive families. CWS continues to strive to seek additional partnerships with the Oklahoma State Department of Education and other entities that have knowledge and expertise of the trauma children from other countries experienced. Some of the services provided include information and referral, educational advocacy, a parent support network, mobile response intervention, respite funds based on the family's circumstances upon funding availability, and case management. CWS offers information and referral services to help connect adoptive parents, no matter the type of adoption.

Pursuant to the Fostering Connections to Success and Increasing Adoptions Act of 2008, children who have special needs, but who are not citizens or residents of the United States and were either adopted in another country or brought to the United States for the purposes of adoption, are categorically ineligible for adoption assistance, except when the child meets the eligibility criteria after the dissolution of the international adoption.

### **Services for Children Under the Age of Five**

CWS and community stakeholders are actively engaged to expand services to reduce the length of time children under the age of 5 are in out-of-home custody through the following initiatives.

*Systems of Care (SOC):* The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) continues efforts to strengthen Oklahoma's early childhood SOC through multiple efforts that fit within the goals outlined in their state plan for Infant Mental Health (IMH) that promote awareness of the significance of infant and early childhood mental health.

*Parent-Child Assistance Program (PCAP):* 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.

*Safely Advocating for Families Engaged in Recovery (SAFER):* 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 for pregnant or parenting mothers of young children.

*Family Treatment Court (FTC):* To help with the rising number of children entering out-of-home care, especially young children younger than age 5, the FTC (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.

*Infant Toddler Court Program (ITCP):* Oklahoma Infant Toddler Court Program implements and evaluates multiple ITCP across the state of Oklahoma. The ITCP aims to improve the health, safety, well-being, and development of infants, toddlers, and families involved in the CW system.

*Family Engagement and Quality Parent-Child Visits:* CWS has developed and will continue to utilize a practice guide to help staff prepare for and conduct quality visits with birth families and support birth parents to remain engaged in their child's life and case planning while they are in OKDHS custody. CW specialists can refer children for Early

and Periodic Screening, Diagnostic, and Treatment (EPSDT) as well as SoonerStart assessments following child visits to identify needed services.

*Court Improvement Program (CIP):* CWS will continue to work with judges through the CIP to strength relations and establish a shared understanding of safety threshold for determining when reunification remains viable and is appropriate.

Activities to address the developmental needs of all vulnerable children under 5 years of age can be found in other sections of this CFSP.

### **Efforts to Track and Prevent Child Maltreatment Deaths**

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

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

CWS attended the Bi-Annual Collaborative Convening in October 2023 and April 2024. OKDHS continues regular attendance and participation with the CDRB and the Board of Child Abuse Examiners.

The most recent annual recommendations from the CDRB are from 2024. The CDRB had no recommendations specific to OKDHS CWS.

The CDRB made recommendations in 2021 to the OCCY which included the recommendation of an environmental scan be completed to determine what education

exists to non-professional caregivers regarding unsafe sleep. The environmental scan was completed in 2022 and it was determined there is limited instruction on safe sleep available to nonprofessional caregivers. A trend has also emerged in unsafe sleep involving grandparents as caregivers. Since 2014, OKDHS has captured in all CPS Investigations, with a child 12 months or younger, if OKDHS viewed sleeping arrangements and discussed safe sleep with the PRFC(s). In August 2022, OKDHS began conducting and tracking practice reviews focused on the quality of unsafe sleep education provided to PRFCs during a CPS investigation. Those reviews concluded in December 2023. The reviews were randomly selected from a criterion including both a CPS investigation with at least one child 11 months or younger at the time the report was received by OKDHS and the CPS Investigation was closed within the month prior to the month of review. The review captured if OKDHS documented details of what unsafe sleep education was provided, the PRFCs reaction to the education, if the PRFCs had an appropriate sleep plan for the infant and if not the resolution, and if the infant's current sleeping arrangements were documented. 794 reviews were completed. Of those, 312 reviews had documentation that unsafe sleep education was provided to the parents, 155 reviews documented the parent's reaction to the education provided, 207 reviews documented the parent's sleep plan for the child, and 276 reviews contained documentation of the infant's sleeping arrangement. That data collection was provided quarterly to Continuous Quality Improvement (CQI) and respective district leadership to enhance practice and documentation surrounding safe sleep education.

In SFY 2021, 5.7 percent of child deaths and 21.9 percent of child near deaths were the result of a drug ingestion. In SFY 2022, 7.4 percent of child deaths and 13.2 percent of child near deaths were the result of a drug ingestion.

In March 2024, CWS began conducting and tracking practice reviews focused on in-home drug ingestions by minors. The reviews are selected from a criterion including both a CPS investigation with an allegation of Neglect - Threat of Harm and an injury characteristic of either Drug Ingestion or Drug Ingestion – THC and the family had a prior CPS investigation within six months of the reported ingestion. The review captures the type of drug ingested, the PRFC or adult that the drug belonged to, if the ingestion resulted in a child death or near-death event, length of time between the ingestion and the previous child welfare investigation, the PRFCs plan to secure the drug, the PRFCs reaction to education related to safe storage, documentation of observation of safe storage and the resolution if safe storage was not observed. The review includes both illicit and prescription drugs. To date, 24 reviews have been completed. Of those, the drug ingested belonged to the PRFC living in the home in 67 percent of the reviews in 16 ingestions; the drug ingestion caused a near-death event in 12.5 percent of the reviews in 3 ingestions; and, of all drugs ingested, THC was the ingested drug in 58 percent of the reviews in 14 ingestions. There have been no child deaths as the result of a drug ingestion since the review period began. The data collection is provided quarterly to CQI and respective CW district leadership to enhance practice and documentation surrounding environmental drug exposure leading to ingestion.

Refer to ***Oklahoma Child Death Review Board 2024 Recommendations*** for all

recommendations to community stakeholders.

### **Promoting Safe and Stable Families**

Promoting Safe and Stable Families (PSSF) is an important funding stream for Oklahoma child welfare and provides Oklahoma with the ability to better collaborate and work with tribes, find and work with families of children that have been removed from their home, and support local services and placements to keep children close to their homes of origin, which can lead to more effective and timely reunifications. Oklahoma uses PSSF to facilitate pilot projects that help decrease the time to reunification and provide funding to overcome any barriers obstacles to reunification or to prevent 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.

### **Service Decision-Making Process for Family Support Services**

In preparation for CFSP planning, OKDHS defined the state's major components of its service continuum. Direct services are performed by a combination of both state agencies and community-based contract provider agencies. 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.

Contracts for federal, state, and OKDHS funds are awarded by the Oklahoma Office of Management and Enterprise Services and are based on a fixed-rate or competitive bidding process in accordance with state law. Bids are generally awarded based on best value for OKDHS, proven records of providing quality services, and aligned with community 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. Oversight is provided by OKDHS program and contract staff in the form of monthly reports received by the contractors,

quarterly site visits and contractor meetings and through the annual contract renewal process. OKDHS enters into individual contracts with the federally recognized tribes in Oklahoma to provide foster care and adoption services, Oklahoma Successful Adulthood services, Interstate Compact on the Placement of Children (ICPC), post-adoption and guardianship subsidies. Additionally, OKDHS contracts with qualifying tribes for state PSSF program funds. The Tribal Programs staff monitors those contracts through site visits and ongoing support to Tribal staff and in accordance with state and federal IV-B funding guidelines.

### **Populations at Greatest Risk of Maltreatment**

The National Child Abuse & Neglect Data System (NCANDS), the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the Chapin Hall Multi-State Foster Care Data Archive are routinely utilized to identify populations at greatest risk of maltreatment in Oklahoma. Children under five years of age who, by virtue of age, are identified specifically in policy and protocols as "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.

Recent data indicates disparity of removal rates for Native American children versus children of other races. OKDHS has made updates to KIDS to better capture families that identify as Native American versus children and families who are enrolled or eligible for enrollment within a federally recognized tribe. OKDHS plans to use this data to enhance timely tribal notification of a report accepted for CPS investigation and tribal verification, in compliance with the Indian Child Welfare Act.

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 all CW staff of 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.

Over the next five years, the further development of policy, practice, collaboration, and response affected by these laws will be highlighted as OKDHS and other state and tribal agencies, state and local governments, community partners, and the Oklahoma citizens work together to protect the population of children at highest risk of maltreatment.

### **Monthly Caseworker Visit Formula Grant**

Through the Pinnacle Plan, CWS substantially shifted case practice by prioritizing the importance of having the same primary CW specialist visit the same child each month. This consistency has supported better outcomes for children including ensuring stability in placement, safety, permanency, and well-being. Additional changes to frequency in caseworker visit policy within recent years resulted in it being required for the assigned CW specialist to visit the child on the day placement is made and then make two subsequent visits in the first and second month for a total of five visits in the first 60-calendar days following placement. This increase in frequency further promotes the CW specialist's ability to adequately assess and support the child's stability, safety, and well-being in their new placement. Reoccurring caseworker visits occur at minimum every 30-calendar days and should include preparation beforehand to ensure the visit is efficient and effective.

From the last Child and Family Services Review (CFSR), Program Improvement Plan (PIP), quality contact guides were developed and deployed with training for CW staff. The quality contact guide remains in practice and continues to be updated as needed to reflect better emerging practices. Quality monthly visits are a priority for CWS, and this commitment is seen in the consistent performance in exceeding the target outcome of 95 percent of the total visits to children in foster care made monthly. Quality visits are fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children.

Additionally, CWS has developed an updated report for child visits that is more effective as a management tool as it captures multiple aspects of completed visits with children including the required frequency of visits as previously mentioned. This child visitation report will continue to be used during the 2025-2029 CFSP five-year plan and edited as needed.

Monthly caseworker visit grant funds will be utilized to fund the cost of smart phones for CW specialists. This allows CW specialists to access the web, email, and other online resources needed to meet the increasing demands of CW work. In addition, the technology provides CW staff better access to their supervisors while allowing them to meet the critical demand of spending more time in the field. The smart phones also contain high-quality cameras that assist CW staff with more accurate documentation, resulting in more effective supervisor consultation. This effort to ensure CW specialists have mobility through quality technology will further promote retention of staff.

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

OKDHS is responsible for both administering and supervising the state's Independent Living (IL) program, Oklahoma Successful Adulthood (OKSA), as described in the Chafee program, the Education and Training Voucher (ETV) program, and in Section 477 of the Social Security Act to youth in the custody and care of OKDHS and tribal youth in the care and custody of federally recognized tribes. OKDHS' authority to administer children and family services, such as IL, is based on 56 O.S. § 176 to provide "for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent" and 10A O.S. § 1-7-103. OKDHS is appropriated state funds based on annual budget requests to the Oklahoma legislature along with matching federal funds. The Governor of Oklahoma provides oversight. OKDHS is committed to efforts towards achieving positive outcomes for youth in its custody. OKDHS participates in the National Youth in Transition Database (NYTD) survey process to track outcomes and determine the program's effectiveness in achieving the Chafee Program's purposes.

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

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

OKSA participants are youth and young adults at various ages and stages of achieving permanency. They are youth currently in foster care, young adults who were in foster care at age 16 and who have not reached the age of 23, youth who entered a permanent guardianship, trial reunification or adoption after age 16, and young adults ages 18 to 26 who are participating in the ETV program. These youth and young adults are served through assessments and youth-driven planning, youth development funds, events, and alumni services. All of these activities center on the 7 Key Elements of Success, which include health, housing, education, employment, essential documents, life skills, and permanent connections. When youth and young adults have information, knowledge, and practice in these seven areas, they are more likely to be successful in transitioning to adulthood.

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

- youth ages 14 through 17 in OKDHS or tribal legal custody and in out-of-home placement;
- young adults ages 18, 19, and 20 receiving voluntary extended services or were in OKDHS or tribal custody in out-of-home placement on or after their 16<sup>th</sup> birthday;
- youth who entered a permanent guardianship with kin, trial reunification or adoption after age 16 and have not reached their 23<sup>rd</sup> birthday; and,
- young adults ages 21 to 26 who on their 21<sup>st</sup> birthday were participating in the ETV program.

The estimated total number of youth and young adults likely to be eligible for the OKSA Chafee/ETV program in SFY 2025 is approximately 3,000.

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

Transition planning is encouraged for each youth beginning at age 17 and particularly for those youth identified as needing additional supports. A mandatory family meeting is held with youth and supportive adults at 120-calendar days prior to the youth's 18<sup>th</sup> birthday to discuss and initiate the 90-calendar day transition plan. Youth are strongly encouraged to be present at all court reviews and transition meetings. When the youth is unable to be present, the youth is encouraged to provide written input for the proceedings. To strengthen the transition process, life skills and services are part of the contractual requirement for every placement provider serving youth ages 14 to 21.

The OKSA program is contracting with LYFT and their Life Skills Reimagined online curriculum to assist youth in building life skills and addressing needs related to the 7 Key Elements of Success. There continues to be discussion around data sharing and the memorandum of understanding (MOU) content. The current plan is to begin implementation of the curriculum in the fall of 2025.

Youth and young adults ages 16 to 23 who exited care can call the OKSA Helpline to request services and resources that complement the youth's/young adult's plan and own efforts towards self-sufficiency. When making satisfactory academic progress, young adults ages 18 to 21 involved in post-secondary endeavors that meet the definition of an institution of higher education can receive ETV until age 26. These young adults are

assigned an Education specialist who assists the young adult in developing an education plan, meeting with college personnel to determine the young adult's total cost of attendance and eliminating any barriers to success, calculating the young adult's unmet need, requesting ETV funds, and ensuring that all requirements of the ETV program under the Chafee program are met.

Youth exiting OKDHS custody after age 16 to guardianship, trial reunification, or adoption are eligible for the same resources and services available to other youth in custody, except for housing youth development funds after age 18 and the Medicaid 18 to 26 option.

Tuition waivers for Oklahoma state colleges and universities are available when the youth was in custody nine months or more after turning age 16. The OKSA program provides a brochure outlining OKSA services, postcards for the available ETV services, location of the OKSA informational website, and an OKSA Helpline card containing the toll-free number. Both youth and adults can use these items to access services and resources.

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

Teen Conference is the largest statewide event offered for youth ages 15 to 21. The event is planned and facilitated by the OKSA community contractor. The conference is held on an Oklahoma college campus and offers learning through specialized skills workshops, life skills simulations, and recreational activities. The learning experiences are based on the 7 Key Elements of Success. The CW specialist, tribal workers, resource parents, group home providers, mentors, and sometimes therapists accompany the youth to the event. The conference incorporates learning IL skills within an environment that promotes networking and peer support.

In June 2023, Teen Conference was a three-day in-person event. A total of 170 youth and adult sponsors attended the conference. Evaluations and other anecdotal feedback regarding the conference was highly positive. Of the youth who attended, 88 percent reported feeling more hopeful about their future after attending the conference.

In SFY 2024, a one-day "Newcomers" conference was held on 5/29/2023. This conference is for youth aged 14 who are or should be receiving OKSA services. The conference brought together youth and adult sponsors from across the state to meet OKSA staff and learn more about the opportunities, supports, and services available to them. Participants focused on building connections, exploring educational pathways, and using the Science of Hope to set and achieve goals.

The Developmental Disabilities Services (DDS) Conference 2024 will be held on 6/28/2024. This conference is a collaboration between the OKSA program and the OKDHS DDS division to provide an annual, one-day life skills event. This conference provides opportunities for youth to practice life skills, promote awareness of community resources, and strengthen youth/adult relationships. Youth participants are ages 14 to 18 with a developmental disabilities designation and currently receiving DDS services.

Conferences are planned by a committee of current and former foster youth, CW specialists, community partners, and the OKSA community contractor. The conferences are staffed primarily by alumni foster youth. The conferences' goals are to create a safe learning environment in which youth and their adult partners can work together to develop deeper relationships while learning more about the 7 Key Elements of Success and practicing IL life skills.

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

- Preparation funds for youth ages 14 to 18 include education, work, essential documents, and normalcy-related expenses. Normalcy purchases include, but are not limited to, driver education classes; purchases of laptop for schoolwork; and expenses related to high school such as yearbooks, senior pictures, and graduation announcements. In limited circumstances, OKSA may consider matching a youth's efforts to purchase a vehicle.
- Supportive funds for young adults ages 18 to 23 in transition to adulthood include education, work, essential documents, and transportation-related expenses, including matching a youth's efforts to purchase a vehicle, furniture and appliances, medical expenses, and miscellaneous items.
- Housing funds for young adults ages 18 to 23 who exited care at, or after age 18, and are transitioning into adulthood. These funds include rent deposits and payments and utility deposits and payments.

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

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

Aftercare services are provided through the OKSA Helpline. The OKSA Helpline assists young adults ages 18 to 23 no longer in OKDHS or tribal custody. Supports can be financial assistance through youth development funds, resource referrals, and case management provision. The OKSA Helpline is responsible for answering a technical assistance line, 1-800-397-2945, and an email address, [oksa@ou.edu](mailto:oksa@ou.edu), available to youth and young adults statewide. Youth formerly in foster care who moved to Oklahoma after exiting care in another state are able to call the OKSA Helpline or contact the OKSA email address to set up a case and receive services.

OKSA's fiscal agent contract, Acumen fiscal agent services, makes it possible for OKSA to offer a multitude of options to get funding into the hands of young people. These options include checks, direct deposit, Visa gift cards, paycards, and store-specific e-cards for youth development funds, incentive payments, youth advocacy opportunities, and ETV. This contract provides efficient and expedient methods for getting supports to youth in a timely manner no matter the type of need, designated recipient, or vendor and allows OKSA to respond to youth, young adults, and vendors' changing needs.

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

A Brief List of NRCYS Services Includes:

- Providing welcome resources as youth reach age 14.
- Providing IL specialists who assist CW and tribal CW staff.
- Providing technical assistance and consultation to professionals serving OKSA program youth. Technical assistance may be provided by phone, email, written materials, website, or face-to-face.
- Facilitating seminars, life skills groups, events, and teen conferences so youth have opportunities to learn about and practice the 7 Key Elements of Success.
- Providing logistics for adult and youth events.
- Supporting, coaching, and maintaining a foster alumni speaker's bureau, Oklahoma Youth and Young Adult Network.
- Coordinating and coaching the foster alumni Leadership Council and providing professional experiences to youth and valuable information to CWS.
- Facilitating training and technical assistance for caseworkers in the field on transitioning youth issues, positive youth development, and trauma-informed care.
- Facilitating annual OKSA county coordinator retreat. This event ensures OKSA-specific caseworkers in the field receive the most up-to-date information about the program. These caseworkers act as a resource in their offices for OKSA program details.
- Staffing the OKSA Helpline alumni network, which is a resource and referral Helpline for youth, placement providers, and caseworkers.
- Maintaining the OKSA website, which is a user-friendly resource for youth and adults that provides information regarding the OKSA program process, the 7 Key

Elements of Success, upcoming events and training, local resources for transition to adulthood, and other youth relevant information.

- Processing and documenting youth development funds.
- Tracking outcome data.
- Documenting NYTD services.
- Maintaining the OKSA county coordinator listserv.
- Developing and maintaining community partnerships for youth resources.
- Developing and distributing outreach for the OKSA program.

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

### **Program Goals**

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

Over the course of the last five-year plan, 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.

Through a partnership with the University of Oklahoma (OU) Hope Research Center OKSA worked to create a validated assessment tool, utilizing a trauma-informed and hope-centered framework. Finalization of the new assessment and planning tool occurred in SFY 2024. OKSA is in the process of creating a youth friendly App as a platform to access and complete the new assessment and planning tool. The statewide rollout will occur in SFY 2025.

OKSA has been able to increase opportunities within current programming for young people to obtain more information surrounding cultural, spiritual, and personal identity formation. Through the community contractor NRCYS, the OKSA program has been able to provide interactive workshops for participants to build capacity to offer a welcoming and inclusive environment for all youth so they can experience an inclusive space and be invited to share in the totality of their identities. This training allowed for participants to explore lesbian, gay, bisexual, transgender, queer, and others (LGBTQI+) history and how it impacts the LGBTQI+ community; provided information about current language and terminology; built awareness for specific challenges LGBTQI+ youth face; and how to access available resources.

OKSA developed a tracking methodology to maximize the ability to track youth who are of age and/or grade level to have received a diploma or equivalency in an effort to identify any youth who may be eligible for the ETV program and the Tuition Waiver. This search

produced a total number of 64 in SFY 2024. The OKSA ETV staff developed a plan to host three annual college/technical school combination tours for future students. These tours are designed to tour one college in the morning where lunch is provided for the students and one tech school in the afternoon. The first combination tour was completed in March 2024 and two additional tours are scheduled for July and August 2024.

OKSA is participating in the Substance Abuse and Mental Health Services Administration (SAMHSA) Grant SE-TAY Policy Academy with other community partners who serve youth ages 15-24 in the state of Oklahoma who are homeless or at risk of homelessness. The Oklahoma team is using the Individual Placement and Support (IPS) model of supported employment. IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. Through this model in the state of Oklahoma from January through March 2024 225 individuals ages 15-24 received IPS services. Of those 36 were employed and 26 had reached 90 days employed. The average hourly wage was \$11.54 with the average hours per week being 28. OKSA is excited to continue to explore this option for youth who have aged out of the foster care system.

OKSA has continued to expand housing pathways for youth aging out of foster care. OKSA implemented the Transitional Living Program (TLP) Collaborative in SFY 2024. The collaborative is a group of transitional housing partners serving transitioned aged youth across the state. The goal of the collaborative is to share resources and information to streamline housing support for youth between the ages of 18-23. In SFY 2024 in partnership with a youth services agency, Pivot, 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 groundbreaking 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 has been able to partner with other programs within the agency, community partners, and other youth serving organizations to incorporate youth voice in their programming. In SFY 2024 there was significant emphasis on including the youth's voice in the planning, preparation, and writing of this 2025-2029 CFSP in various areas within CWS.

### **2025-2029 Five-Year Plan Recommendations:**

Over the next five years the OKSA program will continue to collaborate with other state agencies and community providers to supply and support resources and services focusing on assessment; transition planning; supportive connections; cultural and personal identity formation; education; employment; housing; and transportation.

#### **Assessment**

Goal: Partner with the Hope Research Center, OU School of Social Work, to create an evidence-informed tool to assess youth.

- Objective 1.1: Finalize assessment tool and supportive documents

- Strategy 1.1.a: Finalize assessment tool.
- Strategy 1.1.b: Finalize planning tool.
- Strategy 1.1.c: Finalize supplemental guide to using assessment and planning tools.
- Objective 1.2: Provide training to lay the foundation for a process of working with youth based on the Hope model.
  - Strategy 1.2.a: Fully integrate new assessment and planning tool into Level 1 OKSA training.
  - Strategy 1.2.b: Develop statewide training plan to introduce new tools to all Permanency Planning (PP) specialists.

### Transition Planning

Goal: Have all parties engaged in the transition planning process starting at age 17.

- Objective 1.1: Develop strategic data tracking to inform CWS leadership on items impacting transition for young people.
  - Strategy 1.1.a: Schedule initial meeting with leadership to determine desired data points.
  - Strategy 1.1.b: CWS and NRCYS will coordinate to determine data elements that need to be added to the OKSA database.
  - Strategy 1.1.c: NRCYS will make alterations to the OKSA database.
  - Strategy 1.1.d: Utilizing data, NRCYS will create an annual transition report to include youth outcomes based on services provided and tracked.
- Objective 1.2: Create caseworker transition toolkit to educate CW specialists, placement providers, and youth about relevant items impacting transition for young people.
  - Strategy 1.2.a: Coordinate focus groups with PP specialists, placement providers, and young people to determine what information is needed.
  - Strategy 1.2.b: Review existing tools and resources to determine which need alterations and what additional tools to create.
  - Strategy 1.2.c: Create materials to support needs as determined by focus groups.
  - Strategy 1.2.d: Gather input on the draft materials from relevant stakeholders.
  - Strategy 1.2.e: Provide youth access to Life Skills Reimagined platform for ongoing skills development.
  - Strategy 1.2.f: Develop statewide implementation plan to introduce Life Skills Reimagined platform.
- Objective 1.3: Create an OKSA app that assists in managing youth transition.
  - Strategy 1.3.a: Research what other states are utilizing and if their app is duplicatable.
  - Strategy 1.3.b: Schedule initial meeting with app developers to determine scope of work.

- Strategy 1.3.c: Hold bi-weekly teleconferences to set priorities and time frames.
- Strategy 1.3.d: Create a draft app.
- Strategy 1.3.e: Gather input on design and useability from relevant stakeholders.
- Strategy 1.3.f: Create finalized app.
- Strategy 1.3.g: Develop marketing plan for implementation.

### Supportive Connections

Goal: Young people will leave care with supportive, healthy, permanent connections, and have the opportunity to have their voice heard by programs and policymakers in Oklahoma's CW system and other systems that serve youth and families.

- Objective 1.1: Increase the number of opportunities for youth to build relational permanency.
  - Strategy 1.1.a: Increase opportunities for young people to support one another through networking, mentorship, and/or events.
  - Strategy 1.1.b: Identify mentorship opportunities in local communities.
  - Strategy 1.1.c: Create opportunities for peer-to-peer networking through the OKSA youth alumni network.
- Objective 1.2: OKSA will recruit and train a group of young people with lived experience in foster care.
  - Strategy 1.2.a: Create a sustainability plan to recruit and retain young people for the OKSA Youth and Young Adult Network.
  - Strategy 1.2.b: Hold events to recruit young people to fill speaking engagements and focus groups with the secondary purpose of giving young people with lived experience time to build community.
  - Strategy 1.2.c: OKSA will offer at least two Presenting with Purpose trainings per year to keep speakers trained on sharing their lived experience.
  - Strategy 1.2.d: OKSA will coordinate with the youth and young adult network to create a facilitator training and training of trainers for young people who would like to advance their speaking skills.
  - Strategy 1.2.e: Provide professional development opportunities to help advance their professional skills.
  - Strategy 1.2.f: OKSA will find at least 10 speaking opportunities per year for young people to participate.
  - Strategy 1.2.g: OKSA will find at least five opportunities for young people to provide feedback on new or ongoing initiatives per year.
- Objective 1.3: Provide education for youth on stages of forming connections and maintaining healthy boundaries.
  - Strategy 1.3.a: OKSA will provide at least two trainings per year on topics related to building and maintaining healthy relationships, such as how to

build a support network, maintaining healthy boundaries, and how to terminate an unhealthy relationship.

- Strategy 1.3.b: Create print materials to support the formation of healthy connections as determined by training and exit interviews.
- Strategy 1.3.c: Provide youth access to Life Skills Reimagined platform for ongoing skills development.

### Cultural and Personal Identity Formation

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

- Objective 1.1: Increase the number of opportunities for young people, professionals, and placement providers to explore cultural, spiritual, and personal identity formation.
  - Strategy 1.1.a: Increase the number of OKSA-sponsored events that provide information related to cultural, spiritual, and personal identity formation.
  - Strategy 1.1.b: Increase the supports for young people to ease barriers to participation in events that explore cultural, spiritual, and personal identity formation.
  - Strategy 1.1.c: Review field tools and assessments to ensure cultural competence.
  - Strategy 1.1.d: Create field tools to support tribal registration for youth for youth while age 17 if not previously accomplished.

### Education

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

- Objective 1.1: Partner with Oklahoma State Department of Education and other relevant stakeholders to streamline the process for youth transitioning between schools and a consistent transfer of credits.
  - Strategy 1.1.a: CWS will partner with relevant education stakeholders to initiate and implement educational changes.
  - Strategy 1.1.b: CWS will explore policy changes regarding legislation for youth to qualify for Oklahoma's Promise without a signature.
  - Strategy 1.1.c: CWS will explore legislation changes necessary for a statewide, standardized system for credit recovery and the transfer of hours for youth who move schools.
- Objective 1.2: Young people will have awareness of how OKSA supports their educational goals, including post-secondary education or training.
  - Strategy 1.2.a: OKSA will create and maintain a listing of credit recovery and high school alternatives for students to complete high school.
  - Strategy 1.2.b: OKSA will coordinate training and/or materials on Individualized Education Program laws and regulations to be used by

- placements and caseworkers.
- Strategy 1.2.c: OKSA will create materials on important Oklahoma education laws, regulations, policy, and resources to be used by placements and caseworkers.
- Strategy 1.2.d: OKSA will create materials to help youth decide which educational pathway options are best suited for them.

## Employment

Goal: Build community partnerships to increase employment opportunities for OKSA youth.

- Objective 1.1: Pilot IPS employment model to determine effectiveness for use as statewide model.
  - Strategy 1.1.a: Strategize with IPS implementation group to determine necessary implementation steps.
  - Strategy 1.1.b: Attend monthly IPS implementation meetings to explore opportunities for collaboration.
  - Strategy 1.1.c: OKSA employment coordinator will go through full IPS certification training.
  - Strategy 1.1.d: OKSA staff will go through online IPS training module to establish a common understanding of the program.
- Objective 1.2: Engage with community partners to create career readiness and apprenticeship opportunities.
  - Strategy 1.2.a: Explore partnerships with local organizations like Workforce and Work Ready.
  - Strategy 1.2.b: OKSA will work with the Oklahoma State Department of Education to streamline information sharing of youth Individual Career Academic Plan (ICAP) assessment results.
  - Strategy 1.2.c: Explore partnerships with local organizations where youth can volunteer and earn experience to help gain employment.
- Objective 1.3: Work with OKSA youth to increase employability and career readiness.
  - Strategy 1.3.a: Explore community partnerships to facilitate a youth workshop focusing on resume building and soft skills related to employment.
  - Strategy 1.3.b: Provide youth access to Life Skills Reimagined platform for ongoing skills development.

## Housing

Goal: Youth and young adults will have safe and stable homes that support healthy well-being.

- Objective 1.1: Increase the number of housing options for young adults that support their transition plan and identified needs.

- Strategy 1.1.a: OKDHS will continue to contract with NRCYS to provide a housing coordinator to identify and facilitate access to the housing continuum available for youth and young adults.
- Strategy 1.1.b: OKSA will expand their relationship with various housing authorities to increase the number of housing vouchers available to youth across the state.
- Strategy 1.1.c: Support the statewide TLP network through quarterly TLP collaborative meetings.
- Strategy 1.1.d: Explore the possibility of a marketing campaign to increase the number of host homes.
- Objective 1.2: Increase the number of resources to help youth navigate complex housing systems.
  - Strategy 1.2.a: Coordinate focus groups with stakeholders to determine what information is needed.
  - Strategy 1.2.b: Review existing tools and resources to determine which need alterations and what additional tools to create.
  - Strategy 1.2.c: Create materials to support needs as determined by focus groups, youth exit interviews, and ongoing conversations with foster alumni.
  - Strategy 1.2.d: Gather input on the draft materials from relevant stakeholders.
  - Strategy 1.2.e: Provide youth access to Life Skills Reimagined platform for ongoing skills.

## Transportation

Goal: Increase transportation options for OKSA youth

- Objective 1.1: Build community partnerships to better capitalize on existing transportation resources.
  - Strategy 1.1.a: Connect with the Oklahoma Department of Transportation statewide mobility manager to explore current resources and strategies for increasing options.
  - Strategy 1.1.b: Connect with community partners like CarePortal and Be a Neighbor to explore the creation of a statewide transportation database and assist youth in obtaining vehicles.
- Objective 1.2: Build capacity for youth to pursue legal automobile ownership.
  - Strategy 1.2.a: Research promising programs other states are using.
  - Strategy 1.2.b: Partner with the Oklahoma Commission on Child and Youth (OCCY) to advocate for legislative changes to remove barriers in completing drivers education due to placement disruptions.
  - Strategy 1.2.c: Coordinate at least two trainings per year on topics related to the costs, responsibilities, and process of purchasing a vehicle.

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

The Administration for Children and Families found Oklahoma in compliance with the NYTD requirements for NYTD data submissions in 2023. OKDHS frequently shares

information on NYTD outcomes and service reports with multiple state agencies, community partners, and youth. NYTD data was shared with the Homeless Alliance partners and the court workgroups in Oklahoma County, as well as Tribal/State Workgroup meetings. NRCYS distributes NYTD data to community partners on at least a yearly basis. In SFY 2024, OKSA continued to offer Professional Development Trainings available to CW staff, foster families, and community stakeholders, utilizing NYTD data to help guide training topics. OKSA also shared outcome data in an OKSA Newsletter distributed bi-annually to CW staff and stakeholders. NYTD data is also shared with OKDHS Communications to distribute to media venues as requested.

OKSA is currently in early conversation and planning phases regarding convening stakeholder feedback groups in SFY 2025. These will include groups led by, and primarily consisting of, current and former foster youth. In principle, these planned feedback groups would meet to examine NYTD service and outcomes data to improve awareness, increase collaboration, and discuss suggestions for potential interventions and systemic enhancements to focus on during the next five years.

NYTD survey data collection is an effective collaborative effort between OKDHS and NRCYS. The survey process begins with a birthday card sent to 17-year-olds that includes a QR code with a link to complete the NYTD survey.

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

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

- Discussed NYTD survey process in all OKSA-related trainings, including specific information on services documentation in KIDS.
- Increased emphasis on knowledge and skills building in areas of education and employment attainment and success with continued emphasis on the importance of permanent connections for youth. Monthly benchmark activities were designed for each age group to help support and enhance these efforts.
- OKSA is exploring strategies to mine NYTD data in order to identify disparities, both in received services and outcomes, related to youth who have been historically underserved, including youth and young adults of color, youth with disabilities, and others. Recently, the CWS Technology and Governance Unit created a preliminary report to analyze provision of NYTD services by race as pulled from NYTD survey data.

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

comprehensive report of OKSA-related activities including assessment, planning, and NYTD service documentation. This report's data is pulled from a database generated from KIDS. The report presents data at the state, region, county, and worker levels. OKDHS and contract OKSA staff utilize this data to provide targeted training and technical assistance. Report analysis yielded little variation in service delivery to youth based on region or county.

Three broad goals were established that support outcome achievements. In SFY 2023, OKSA continued to facilitate improvement in:

1. Percent of youth in custody with an assessment. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 72 percent of youth ages 14 through 17 had completed assessments.
2. Percent of youth in custody who receive an OKSA Service Type. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 100 percent of youth ages 14 through 17 had a Service Type completed.
3. Percent of youth in custody that completed the 90-calendar day transition plan. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 78 percent had a 90-calendar day transition plan completed.

OKSA will explore why Oklahoma has one of the highest percentages of homelessness among young adults age 19 with this percentage being 43 percent. During a peer-to-peer virtual NYTD meeting, OKSA inquired if there were any comparison reports in regard to homeless percentages between states that have extended foster care and those states that do not. OKSA will explore this further in SFY 2025.

### **Coordinated Services with Other Federal and State Programs for Youth**

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

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

Page Week for youth ages 16 to 21 is a yearly event in which OKDHS youth are invited to participate as pages for a week in the Oklahoma House of Representatives and Senate. To participate, the youth must apply, and the selection process requires evaluation of the youth's involvement in the OKSA program, as well as volunteer and school activities.

When selected, youth have the opportunity to learn about the legislative process and meet with their legislators. Legislators have the opportunity to listen firsthand to issues that arise with youth in out-of-home placement. In addition, the legislature provides housing for the week, transportation, supervision, and work stipends. In SFY 2024, seven youth from across the state were selected to participate.

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

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

#### Youth Homelessness Demonstration Program (YHDP)

- HomeOKC is the lead agency for the Oklahoma City Housing and Urban Development (HUD) funded CoC. HomeOKC is a collective of voting organizations who support the efforts of the CoC to prevent and end homelessness in the Oklahoma City area. The CoC was awarded a HUD YHDP grant in Round 4 to focus on housing and homeless services for the city's young adult population.
  - Housing Solutions is the lead agency for the Tulsa County HUD-funded CoC. A Way Home For Tulsa (AWH4T) is a collective of over 30 voting organizations who support the efforts of the CoC to prevent and end homelessness in the Tulsa area. On 10/24/2022, the CoC was awarded a HUD YHDP grant in Round 6 to focus on housing and homeless services for the city's young adult population.

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

Oklahoma's statewide OKSA Helpline provides guidance, makes payments, referrals, and connections to service providers in the youth's local community. The housing

navigator works closely with property managers, landlords, and housing authorities to provide assurances and ensure voucher execution.

The Oklahoma Health Care Authority (OHCA) manages the extended medical coverage, SoonerCare, for youth ages 18 to 26 who aged out of foster care. OHCA is also the state organization that provides medical coverage to youth who have aged out of foster care in other states. For youth who have aged out of foster care in Oklahoma, it is a seamless process, and their medical coverage continues without reapplying for benefits. For youth who aged out of foster care in a state other than Oklahoma, they can apply for benefits at [Soonercare.org](http://Soonercare.org). No written documentation of custody status will be required. The state of Oklahoma will accept a self-attestation from those youth. Youth and young adults who experienced foster care can locate information about medical services available in the state of Oklahoma including a link to the current Medicaid program [www.soonercare.org](http://www.soonercare.org) on OKSA's website, [www.oksa.ou.edu](http://www.oksa.ou.edu). They may also reach out to the OKSA Helpline at 1-800-397-2945 for assistance.

CWS has partnered with the Oklahoma State Department of Health's Vital Records Division to streamline the initial birth certificate application process. The new process will start with new removals, with a two-week lag for data entry purposes, being pulled into a report and being sent to Vital Records where two copies will be ordered. OKSA has partnered with CWS staff assigned to this project to ensure that transition aged youth already in care also receive their birth certificate. OKSA has appointed a position within the program to ensure transition aged youth are being added to the report that is sent to Vital Records. This position will work closely with district and regional CW staff assigned transition aged youth to gather the needed information for Oklahoma State Department of Health's Vital Records Division. OKSA will work on creating a report to track percentages of youth leaving care with these documents in SFY 2025.

### **Collaboration with Other Private and Public Agencies**

The Oklahoma Chafee program is involved with several public and private agencies in helping youth in OKDHS and tribal foster care achieve independence and will participate in evaluating the effects of the following programs in achieving the purposes of Chafee.

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

OKSA partners with the Oklahoma Department of Mental Health and Substance Abuse Service (ODMHSAS) on multiple community projects aimed at ending youth homelessness for transitioned aged youth. These projects include the Pay for Success Grant for supportive housing, support of development and training for host homes, and the SAMHSA Supported Employment for Transition Age Youth Policy Academy.

OKDHS partners with OHFA, the statewide housing authority, to set aside 50 housing choice vouchers specifically for youth transitioning out of out-of-home care. This partnership allows youth to 17 years and nine months of age to be referred for a voucher, surpassing waitlist, to expedite the housing transition between leaving care.

OCCY is partnering with several youth-serving agencies including OKDHS to improve the outcomes for youth transitioning out of care. OCCY partners with youth-serving agencies including OKDHS to improve the outcomes for youth transitioning out of care. Some of the projects they are collaborating on include ensuring youth have essential documents, opportunities for youth to have bank accounts, and implementation of mentoring programs for at risk youth in OKDHS custody. In SFY 2024 OCCY partnered with Oklahoma's Credit Union to remove essential document barriers to youth opening bank accounts.

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

The Coordinated Community Plan (CCP) is a committee made up of governmental agencies including the ODMHSAS, OKDHS, and public and private agencies including the Oklahoma City Housing Authority, the City of Oklahoma City, and YV, as well as community service partners including NorthCare, Pivot, and Hope Community Services that work collectively on projects like the YHDP to ensure every youth and young adult has access to proactive preventive services and a choice of prompt, safe, and low-barrier housing options.

AWH4T is a collective of 55 voting organizations that exists to plan and implement strategies to support a system of outreach, engagement, assessment, prevention, and evaluation for those experiencing homelessness or those persons at risk of homelessness, within Tulsa City/County. OKDHS is currently a voting member.

The Oklahoma Institute for Child Advocacy (OICA) was established to create a strong advocacy network that would provide a voice for the needs of children and youth in Oklahoma, particularly those in the state's care.

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

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

The TLP Collaborative is a group of transitional housing partners serving transitioned aged youth across the state. The goals of the collaborative are to share resources and information to streamline housing supports for youth between the ages of 18-23.

OKSA partners with OKDHS DDS to streamline support including housing pathways for young people approved for DDS services. Youth with lived experience may pursue a Daily Living Skills home, Agency Companion home, or an adult group home, based on their individual needs. OKSA supports these pathways by bridging the payment gap for adult Supplemental Security Income.

The Community Transformation Team in Tulsa is a long-established collaboration that focuses on all youth-related issues in the Tulsa metro area. The collaborative partners are ODMHSAS, Tulsa Mental Health Association, OHCA, OKDHS, OJA, Oklahoma State Department of Health, and Youth Services of Tulsa. In the past six years, this community team encouraged the development of a Post-Adjudicatory Review Board to focus on youth transitioning from foster care in the Tulsa community, supported activities to address a healthy transition for youth with mental health issues, and supported transitional living programs through the local Youth Service agency and the Mental Health Association. This collaboration will continue to be active in the identification and development of services that support youth transitioning from custody.

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

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

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

## **Education and Training Vouchers (ETV) Program**

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

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

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

Education specialists confirm each student is only receiving one voucher to equal \$5,000 or less, per school year. Each specialist coordinates with either the bursar or financial aid office at the individual schools and ensures each student does not exceed the cost of attendance. No payments are made until both are verified by the school.

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

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

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

List of Current Partnerships:

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

**Education and Training Vouchers**

	Total ETVs Awarded	Number of New ETVs
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.

**Chafee Training**

OKSA training is coordinated through the CWS Training Program and is covered in this CFSP under **Targeted Plans within the 2025-2029 CFSP**, Training Plan. A two-day overview of the OKSA program is jointly trained by OKSA and OKSA community contractor staff. OKSA staff completed eight sessions of this training in SFY 2023. Per training evaluations, participant response continued to be positive.

The OKSA community contractor shifted to a blended model of professional development training in SFY 2022 with a mix of both virtual and in-person events. These training sessions focus on knowledge and skill enhancement specific to working with adolescent youth. OKSA made these sessions available to CW staff, placement providers, service providers, and other community stakeholders. Topics included, but were not limited to:

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

Topics planned for SFY 2024 include a focus on cultural, spiritual, and personal identity

development, training on development of creative life skills group for youth, and targeted trainings for employers and housing providers.

OKSA County Coordinator Training is a two-day conference for all OKSA county coordinators across the state. The training was completed 1/18/2024 and 1/19/2024. In SFY 2023, this conference returned to an in-person format, receiving a generally positive response. With 77 counties in Oklahoma, the goal is to have at least a coordinator dedicated to each county. OKSA county coordinators have the added responsibility of making sure staff in their offices know about the OKSA program and that the youth in their counties are receiving services needed to transition into adulthood successfully. This training's goal is to support the OKSA county coordinators in their efforts and is designed to help give the coordinators an opportunity to network with one another, gather information on the OKSA program, learn about new policy changes, and new opportunities for youth and resources that are available to assist them in providing the best services possible to youth in care.

In addition to the annual coordinator training in SFY 2023, the OKSA program continued facilitation of quarterly trainings with the county coordinators in each region of the state. OKSA also offers individualized Overview Trainings when requested by county coordinators for their office and co-workers. Participant response, per evaluations and feedback, was overwhelmingly positive.

### **Consultation with Tribes**

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

1. As part of the SFY 2025 stakeholder engagement feedback planning, OKSA will engage in outreach to tribal partners.
2. OKSA performs training and technical assistance upon request from tribal nations. In SFY 2024 OKSA provided an overview of available services and resources for Cherokee Nation, Choctaw Nation, Osage Nation, Muscogee Creek Nation, the Cheyenne and Arapaho Tribes, as well as the Tribal Youth Workgroup. In addition, the OKSA housing navigator met with tribal leadership to discuss housing needs for youth within their tribal district, and how they could best respond to the housing needs experienced by youth exiting foster care.
3. All services available to youth in OKDHS custody are equally available to youth in tribal custody, which includes youth development funds, training and technical assistance for caseworkers, and all assessment and planning tools.
4. No tribes requested an agreement to administer, supervise, or oversee the Chafee program. In the event they would like to coordinate on this, OKDHS contacts its regional lead with the Children's Bureau for technical assistance.
5. There were three youth in tribal custody who attended the annual Oklahoma Teen Conference, one youth in tribal custody who attended the summer conference for youth receiving DDS, and six youth in tribal custody who attended the Intro to OKSA summer conference. In addition, requests for funds and technical assistance, along with OKSA resource mailings, were received and processed for 25 youth in or from tribal custody by NRCYS in SFY 2024.

6. OKSA participated in the Community Roundtable for Tribal Youth in Placement, hosted by the Southern Plains Child Protection Team. A follow up meeting has also been scheduled to determine other ways to collaborate with the workgroup and participate in their annual conference.
7. OKSA attended the Oklahoma Indian Child Welfare Association conference to network and gain insight into unique needs of tribal youth.

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## CONSULTATION WITH TRIBES

Oklahoma has 38 federally recognized tribes and through the federal Indian Child Welfare Act (ICWA) of 1978 and Oklahoma Indian Child Welfare Act of 1982 (Title 10 O.S. § 40 through 40.9), Child Welfare Services (CWS) has responsibility to provide child welfare (CW) services for the protection of tribal children as detailed in Oklahoma Human Services (OKDHS) policy, Subchapter 19: Working with Indian Children (OAC 340-075-19) and through Tribal-State Agreements. OKDHS, through Tribal-State Agreements coordinates services and provides Title IV-E and IV-B funding. American Indian children in tribal custody are provided with services consistent with children in OKDHS foster care.

The services are outlined in Tribal-State Agreements with individual tribes and consists of case reviews on tribal children in OKDHS custody, notification to tribes of abuse/neglect referrals and investigations, removal of American Indian children by OKDHS, foster care and adoption services, Oklahoma Successful Adulthood (OKSA) services, Interstate Compact on the Placement of Children (ICPC), post-adoption and guardianship subsidies. The agreements provide for monthly foster care reimbursement payments for tribally approved foster homes 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 CWS 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 KIDS by the CWS Tribal IV-E Unit. The CWS Tribal IV-E Unit also handles Title XIX medical services and Title IV-E determinations and re-determinations.

CWS Foster Care and Adoptions Programs staff work closely with CW specialists to provide 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. Tribes are also provided access to (ICPC) services through the state. 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 services are available for tribal youth age 14 and older and are covered in the Tribal-State Agreement. Representatives of the program are actively involved in identifying those youth eligible for services. The OKSA program also provides in-service trainings for the tribes through regular meetings provided by the

state tribal units. OKSA 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 the **Services** section of this 2025-2029 CSFP.

Under the direction of the OKDHS Director's leadership an OKDHS assigned tribal liaison is a support for the CWS division and across multiple OKDHS divisions aimed to ensure tribal collaboration and voice to promote and facilitate the co-designing of a child and family well-being network. The Oklahoma Pinnacle Plan, the state improvement plan from the 2012 class action lawsuit, DG vs. Yarbrough led to the development of the OKDHS CWS Tribal Programs Unit. The 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 CWS 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 within the region. These assignments provide tribes a direct contact for consultation with CWS. The tribal coordinators act as liaisons between the Oklahoma and tribes and are available to provide consultation and support on required ICWA related case management activities with CW 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 CWS Tribal Programs Unit is actively involved in tribal child protective teams (CPTs) across the state, the Court Improvement Program (CIP), and collaboration with the tribes in training CW staff. The tribal coordinators participate in community initiatives that serve Oklahoma tribes, such as Family T.R.E.E. and regional multidisciplinary teams. In addition, the CWS Tribal Programs Unit assists in the development of and in providing the ICWA training for new CW supervisors as part of CWS Supervisor Academy; Tribal Indian Child Welfare (ICW) staff are invited regularly to assist in the presentations. The CWS Tribal Programs Unit also completes random case reviews to identify issues with ICWA compliance. The focus is on notification to tribes, verification of tribal enrollment, and documentation in the case management system. WebFOCUS reports are also used to identify specific areas for compliance and improvement, such as correct documentation of tribal verification. Individual reports are generated as well and provided to specific tribes by request to provide information on all referrals to OKDHS in the previous month identifying the requesting tribe.

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 Tribal IV-E Unit is under the CWS program administrator who supervises the programs manager and collaborates with the tribes in a leadership capacity. The

CWS Tribal IV-E Unit works alongside the CWS Tribal Programs Unit to provide Title IV-E funding to tribes and works administratively to provide services outlined in the Tribal-State Agreements as described above. The CWS 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 and regularly scheduled trainings open to all tribes are conducted 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 programs 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 State Workgroup (TSWG) was formed over a decade ago to provide an infrastructure for the state and tribes to strengthen partnerships and collaborate on practice improvements and ICWA compliance with the CWS division. All 38 federally recognized tribes and key CWS Programs, regional, and district leadership are invited to participate in the TSWG which is co-chaired by CWS and ICW leadership creating a platform in which multiple voices and perspectives are shared. The TSWG is currently co-chaired by the CWS Assistant Director and Cherokee Nation Manager of Administrative Operations and meets on a quarterly basis.

The Oklahoma Indian Child Welfare Association (OICWA) originated from an ICWA Task Force created in 1981 to address common areas of service and issues among ICWA programs in the state. The ICWA Task Force evolved into the OICWA and, in 1984, was officially recognized by the state of Oklahoma as a corporation. The OICWA continues to uphold the original vision and mission of its founding members to promote the well-being of American Indian children, their families and their tribes. The OICWA comprises of a five-member board that make up the executive committee and other committees that include: legislative, bylaws, training, special projects, substitute care, membership, public relations, and conference. The CWS Tribal Programs Unit participates in and serves on various committees alongside tribal members. Oklahoma leveraged the well-established partnerships through the CWS Tribal Programs Unit, the TSWG, and OICWA to collaborate with tribes during the planning phase and development of the 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 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 CWS, OICWA, and Oklahoma tribes toward developing a child and family well-being network.

The Oklahoma ICWA Partnership, comprised of CWS, OICWA, and the CIP, was developed in 2016 as part of the five-year demonstration grant through the Administration on Children Youth and Families, Children's Bureau, State and Tribal ICWA Implementation Partnership (HHS-2016-ACF-ACYF-CT-1123). The Oklahoma ICWA Partnership, as the evolution of previous partnerships committed to working together to strengthen ICWA practice, with a shared, stated goal to "improve safety, permanency, and well-being of American Indian children and families through improved communication, training, and accountability of CW and court systems as it applies to ICWA". The Oklahoma 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 Oklahoma ICWA Partnership was developed through the establishment of a Grant Governance Committee (GGC). The GGC was formed as a subcommittee of the TSWG, with the TSWG serving as an advisory committee to the Oklahoma 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. Although the grant ended on 9/30/2023, the partnerships and projects that resulted from the grant are being sustained within and through the existing CWS, OICWA, and court infrastructures and individual tribes to ensure ICWA compliance and a continuum of culturally relevant, community-based array of services, resources, and supports that can meet the unique needs of American Indian children, their families, and their tribes.

All 38 tribes are contacted at various times through invitation to participate in the TSWG, 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, Annual Progress and Services Report (APSR), initial preparation for the Program Improvement Plan, and in the development of the CFSP. The CWS 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 consult with

throughout the year. CWS, in consultation and coordination with tribes have identified the following areas of focus for the 2025-2029 CFSP:

- timely identification of children's Indian status;
- early and timely notification of tribes;
- increase the percentage of Indian children placed in ICWA compliant homes;
- recruitment of tribally approved homes and improved identification within the CW system of ICWA-compliant CWS homes;
- continued collaboration efforts throughout the life of the case to identify and approve relative/kinship placements, and improved coordination between the CWS Tribal Programs Unit and CWS Foster Care and Adoptions to secure ICWA compliant placements;
- integrate the FFPSA into Tribal-State Agreements, including the Title IV-E Prevention Program;
- enhance the training opportunities around ICWA and active efforts;
- increase accuracy of data entry to the case management system through monitoring and review of the ICWA dashboard and reports, including the Adoption and Foster Care Analysis and Reporting System, maltreatment in care, foster home referrals, child tribal information, placement information (ICWA compliance), and other measurable data. Including input from tribes, and access to the new CW case management system; and
- continued improvements by the CWS Tribal IV-E Unit to improve the eligibility rate through ongoing training and partnership with tribal courts to obtain court orders, and continued support of tribes around tribal foster homes and Title IV-E.

Copies of the 2025-2029 CFSP and subsequent APSRs will be shared with tribes electronically and through the TSW and Title IV-B meetings.

**TARGETED PLANS WITHIN THE CFSP**

**Foster and Adoptive Parent Diligent Recruitment Plan**

See the attached ***Oklahoma Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan***.

**Health Care Oversight and Coordination Plan**

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

**Disaster Plan**

See the attached ***Oklahoma Child Welfare Services Disaster Plan***.

**Training Plan**

See the attached ***Oklahoma Child Welfare Services Training Plan*** and ***Training Plan with Cost Allocation***.

## FINANCIAL INFORMATION

### Payment Limitations – Title IV-B, Subpart 1

In SFY 2005, the State expended Title IV-B, Subpart 1, funds as follows: Child Care - \$0; Foster Care Maintenance - \$340,000; Adoption Assistance - \$400,000. The State may not exceed this baseline amount for the corresponding types of payments after FY 2007 and replaces the 1979 baseline amount to which the State was previously held.

In SFY 2005, the state expended \$4,953,028 in state funds on State Family Foster Care. These funds were not used as match against any federal funding sources. This amount became the maximum that a State may use as a match for foster care maintenance payments under the Title IV-B, Subpart 1, (Section 424(d)) and will serve as a baseline for future years.

### Payment Limitations – Title IV-B, Subpart 2

The FY 2024 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was \$1,104,220 state match at 25 percent and a MOE of \$1,520,000 to equal a total expenditure of \$2,624,220.

See attached ***Oklahoma FY 25 CFS-101 – Excel, Oklahoma FY 25 CFS-101 – PDF, and Oklahoma FY 24 CFS-101 Reallotment.***