



# **PINNACLE PLAN MEASURES**

# **SEMI-ANNUAL SUMMARY REPORT**

## **AUGUST 2016**

## Overview

The Oklahoma Department of Human Services (DHS) is committed to improving the safety, permanency, and well-being of children served by the child welfare (CW) system. The Pinnacle Plan is the roadmap and public reporting is critical to ensuring transparency and accountability. The [OKDHS Metrics, Baselines, and Targets Agreement -3/7/13](#) outlines how the outcomes and other indicators are measured and reported. Monthly and Semi-Annual Reports are made available to the public.

Oklahoma is committed to good faith efforts and positive trending toward the goals outlined in the plan. Twice per year DHS provides an analysis in which the agency outlines: (1) the strategies being employed to improve performance in the areas identified in the Compromise and Settlement Agreement, and (2) the progress toward improving performance. The report includes an update regarding performance improvement strategies implemented to date and, when possible, an assessment of the effectiveness of those strategies. Each semi-annual report addresses seven performance areas comprised of 27 specific metric elements. The seven areas are: Foster Care Safety, Counts for New Foster Homes, Worker Contacts, Placement Stability, Shelter Usage, Permanency Timeliness, and Workloads.

The Compromise and Settlement Agreement requires the Co-Neutrals to determine the extent to which DHS makes good faith efforts to achieve substantial and sustained progress toward each Target Outcome. This report summarizes the most significant strategies implemented for each Target Outcome and, where possible, draws connections between those efforts and progress toward the Target Outcomes established in the Metrics, Baselines, and Targets Agreement.

## Measurement Notes

DHS was the first state agency in the nation to have a federally approved Statewide Automated Child Welfare Information System (KIDS System) and continues to strive for high quality data. **The findings in this report are subject to change due to ongoing data entry, changes in policy, changes in practice, and changes in definitions, or data quality issues that may be discovered through the process.**

## Organization of the report

To align the metrics in this report with the elements of a continuous quality improvement (CQI) process, DHS believes it is important to clarify how the various metrics relate to the levers that DHS can potentially influence to improve outcomes for children in care.

The CQI process is based on the premise that improving outcomes for children requires some degree of system reform and system reform involves changing one or more elements of the traditional way of doing business: (1) the process of care, (2) the quality of care, and (3) the capacity to deliver care. Process changes pertain to how the work is done; quality changes pertain to how well it is done; and capacity changes pertain to the tangible resources the agency devotes to delivering care. CQI presumes that a combination of these three types of reforms will lead to improved outcomes (i.e., safety, permanency, and well-being) for children.

To clarify how the various Settlement Agreement metrics relate to these particular aspects of DHS' ongoing reform efforts, the report begins with some contextual information and is then organized by metric type:

**SECTION 1: Contextual information.** This section provides a general description of entry and exit trends since the enactment of the Settlement Agreement and trends in the demographic profile of the children captured during the history of reporting periods.

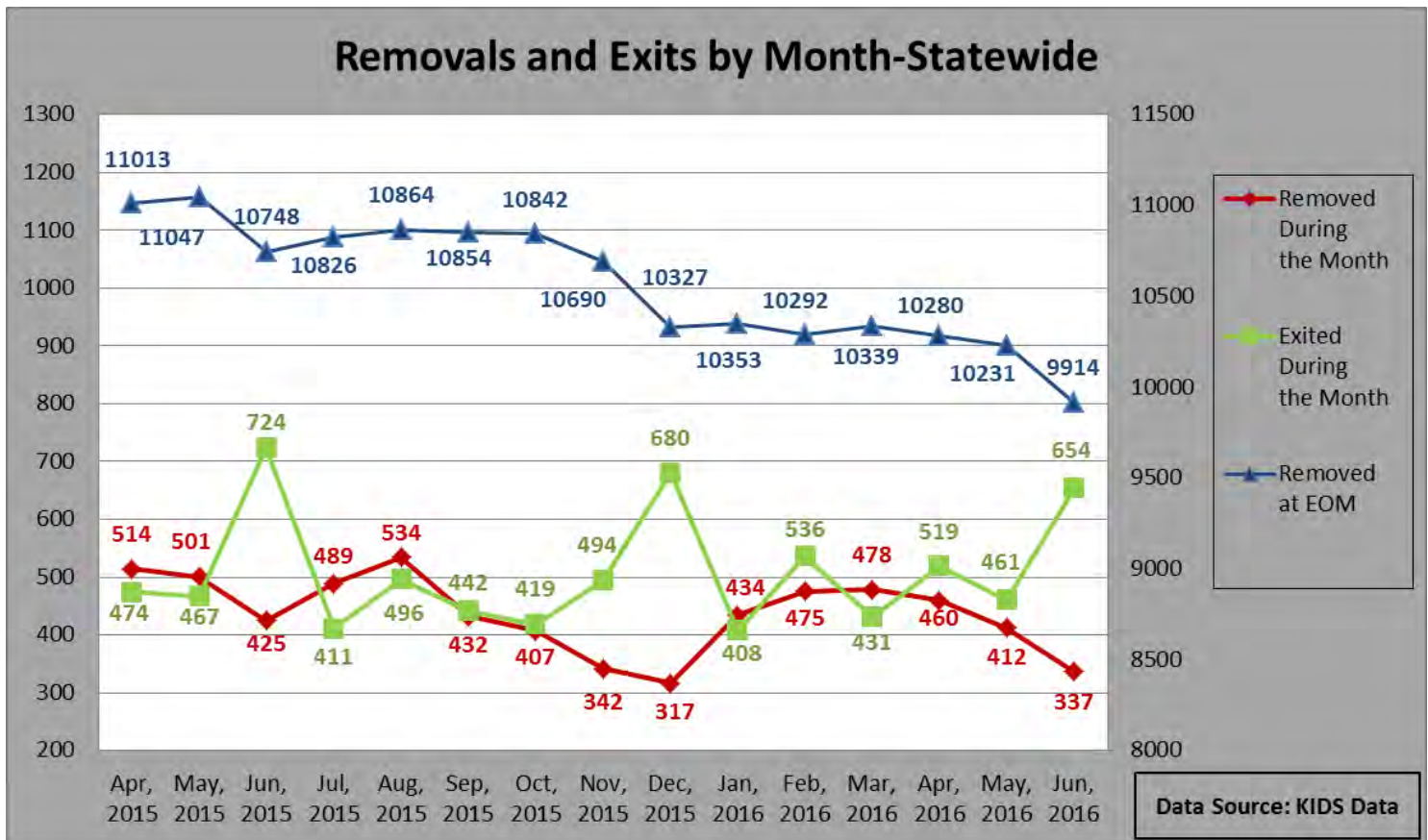
**SECTION 2: Child outcomes.** This section reports on metrics related to safety and permanency outcomes for children in care. These include indicators pertaining to **maltreatment in care, frequency of worker contacts, placement stability, shelter placement, and permanency.**

**SECTION 3: Capacity indicators.** This section reports on metrics designed to measure DHS' capacity to deliver foster care services. These include metrics pertaining to **foster home development and caseload/workload.**

## SECTION 1: Contextual information

### Entry, exit, and caseload trends

DHS began Pinnacle Plan implementation in July 2012, six months after the Settlement Agreement was reached. In July 2012, just over 9,000 children were in care, and this number continued to rise before peaking at 11,303 in October 2014. In November 2014, the number started to decline for the first time since Pinnacle Plan implementation began. As of June 2016, the number of children in care reached 9,914, a 12.29 percent decrease since October 2014, continuing reduction in the number of children in care. The chart below, Section 1, Graph 1, shows the number of children removed and the children who exited care during each month from April 2015 through June 2016. During SFY2016, the total number of children exiting care outnumbered the children removed leading to the decrease in the number of children in care.

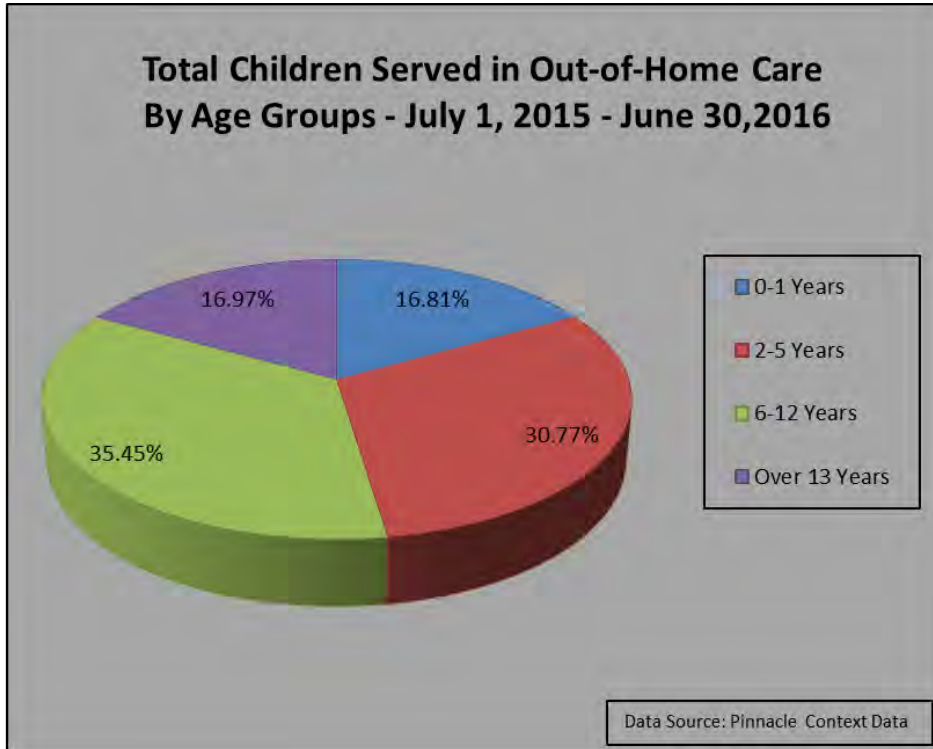


Section 1, Graph 1

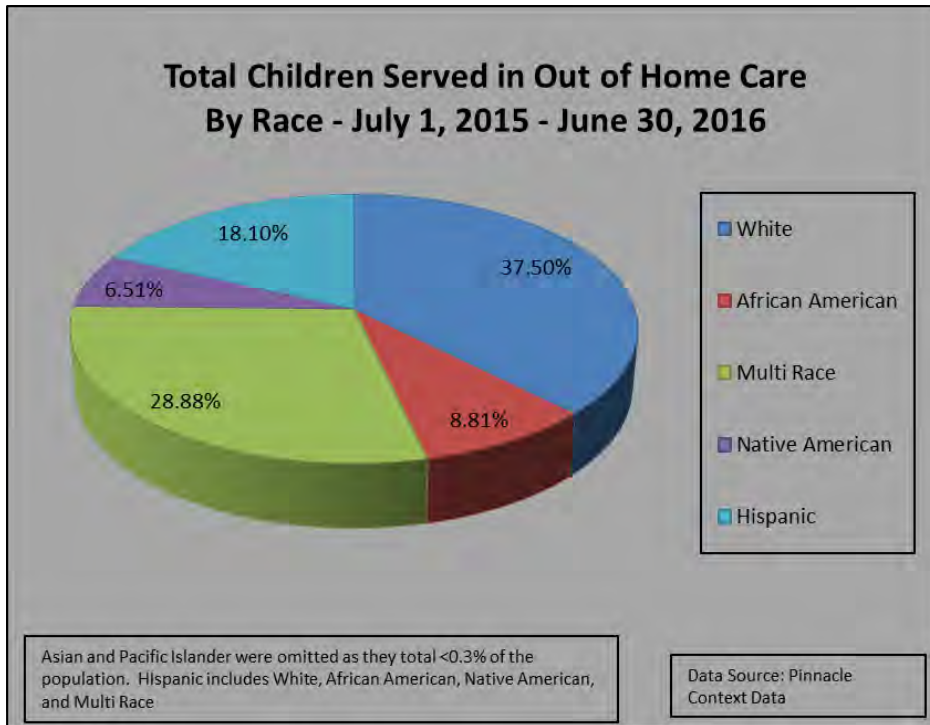
### Demographic information by reporting period

During the reporting period of April 1, 2015 through March 31, 2016, DHS served 16,548 children. The "served" population includes all children who were in care for at least 24 hours. This number also includes children in tribal custody. For the purposes of Pinnacle Plan reporting, children in tribal custody are not included in the measures, except for the Absence of Maltreatment in Care measure that includes all children served. This leaves a total population served of 15,891 children.

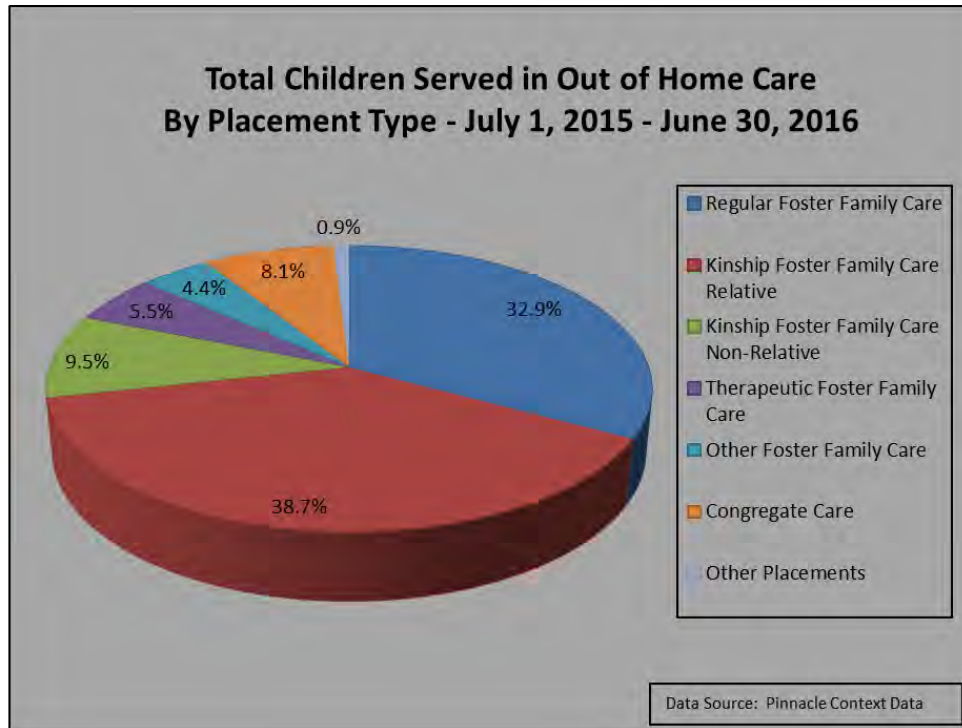
Section 1, Charts 1, 2, and 3 show the children's demographics by age, race, and placement type as of June 30, 2016. For race, when a child claims more than one race, the child is counted in the "Multi-Race" category. Hispanic or Latino origin is not counted as a primary race, so when a client indicates that he or she is Hispanic, regardless of any other race selected, the client is reported in the "Hispanic" category. The other races, White, African American, Multi-Race, and Native American, are all Non-Hispanic.



Section 1, Chart 1



Section 1, Chart 2



Section 1, Chart 3

## SECTION 2. Child Outcomes

### 1.1: Absence of maltreatment in care by resource caregivers

#### Operational Question:

Of all children served in foster care during the 12-month reporting period, what percent were **not** victims of substantiated or indicated maltreatment (abuse or neglect) by a foster parent or facility staff member?

#### Data Source and Definitions:

For the Semi-Annual Report, Oklahoma uses the logic from the official federal metric. This measure uses a 12-month period based on the time frame of April 1 through March 31. Oklahoma used the two official state-submitted Adoption and Foster Care Analysis Reporting System (AFCARS) (15B & 16A) files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) file (covering AFCARS 15B & 16A periods) to compute the measure. The NCANDS file used for this report is calculated the same as the file submitted to the federal government, which includes running the data through the official validation tool. However, the official submission to NCANDS occurs only once annually and is due yearly by January 31<sup>st</sup>, so the NCANDS data is still subject to change until that date.

- Counts of children not maltreated in foster care (out-of-home care) are derived by subtracting the NCANDS count of child maltreatment by foster care (out-of-home care) providers from the AFCARS count of children placed in out-of-home care during the reporting period.
- This metric measures performance over 12 months and differs from the monthly data that is collected from KIDS.
- The federal metric only counts a victim once during the FFY, even when a child is victimized more than once in the course of a year. Whereas in the monthly report, a victim is counted for every substantiated finding of abuse or neglect.
- Also, NCANDS does not include any referral when the report date and completion date do not both fall during the same FFY reporting period.
- The total population in this measure includes tribal custody children as these children are included in the federal submission to NCANDS.

This measure includes all children placed in traditional foster care homes, kinship homes (relative or non-relative), therapeutic foster care homes, group homes, shelters, and residential facilities. Oklahoma began including children substantiated of maltreatment by the Office of Client Advocacy (OCA) in institutional settings in March 2013.

#### Description of Denominator and Numerator for this reporting period:

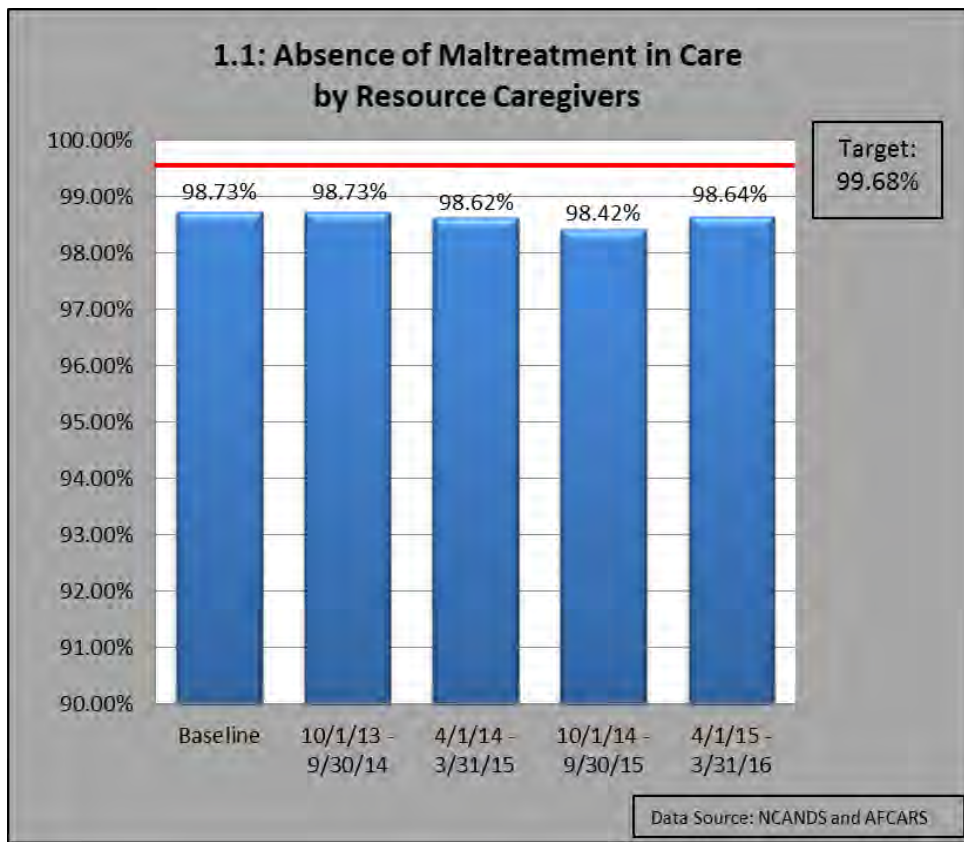
**Denominator:** All children served in foster care between 4/1/2015 and 3/31/2016.

**Numerator:** The number of children served in foster care between 4/1/2015 and 3/31/2016 who did not have any substantiated or indicated allegations of maltreatment by a foster parent or facility staff member during that period.

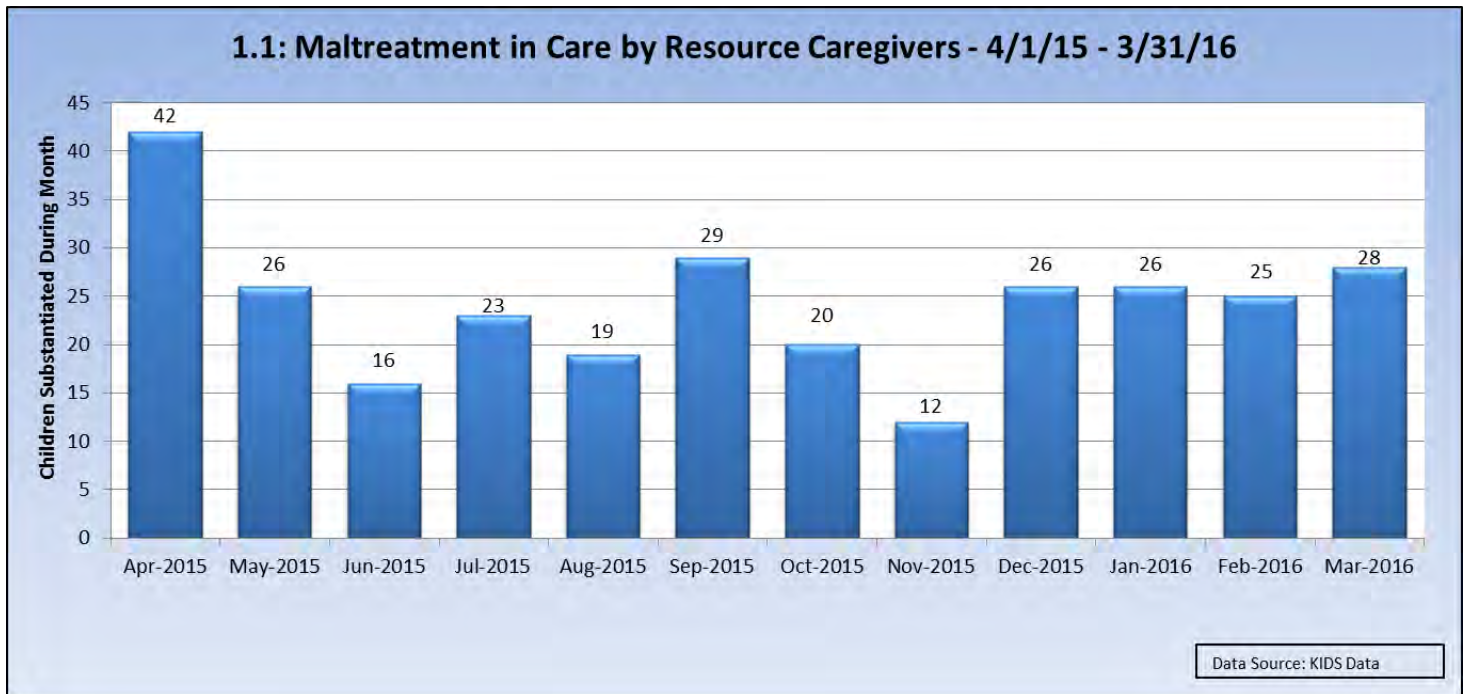
**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2013 - 3/31/2014	All children served between 4/1/2013 and 3/31/2014	15,605	15,806	98.73%
10/1/2013 - 9/30/2014	All children served between 10/1/2013 and 9/30/2014	16,066	16,272	98.73%
4/1/2014 - 3/31/2015	All children served between 4/1/2014 and 3/31/2015	16,410	16,640	98.62%
10/1/2014 - 9/30/2015	All children served between 10/1/2014 and 9/30/2015	16,543	16,808	98.42%
4/1/2015 - 3/31/2016	All children served between 4/1/2015 and 3/31/2016	16,323	16,548	98.64%
Target				99.68%

Section 2, Table 1.1-1



Section 2, Graph 1.1-1



Section 2, Graph 1.1-2

**Commentary:**

This indicator is based on the federal measure for maltreatment in care and produces representative information about the incidence of maltreatment in care (MIC). The MIC rate for this semi-annual reporting period has decreased, the data shows the total number of victims decreased in the most recent six month time period as well.

For the reporting period April 1, 2015 - March 31, 2016, a total of 292 substantiations of maltreatment while in out-of-home care were reported in the monthly MIC Pinnacle Plan Measure. After discussions and further analysis of MIC, a detailed listing of referrals is provided in this report and subsequent semi-annual reports. These 292 victims were included in 168 separate referrals: 115 referrals for children in foster care and 53 referrals to OCA. Of the 292 victims placed in foster care:

- 115 children were in a Kinship Foster Care Home Relative (39.4%);
- 18 children were in a Kinship Foster Care Home Non-Relative (6.2%);
- 52 children were in a Traditional Foster Home or Contracted Foster Care Home (17.8%);
- 15 children were in a Traditional Foster Supported Homes (5.1%);
- 12 children were in a Therapeutic Foster Care Home (TFC) (4.1%);
- 10 children were in a Tribal Approved Foster Care or Foster Care Kinship Home (3.4%);
- 1 child was in a Developmental Disability Services (DDS) home or Agency Companion Home (0.3%);
- 1 child was in an Adoptive placement (0.3%);
- 47 children were in a Level D, D+, or E Resource Facility (16.1%);
- 1 children was placed in a Non-OKDHS Operated Facility (0.3%);
- 9 children were in an Acute Psychiatric Hospital or Psychiatric Residential Treatment Center (3.1%);
- 1 children was in a Youth Services Shelter (0.3%);
- 8 children were in a DHS shelter (2.7%);
- 2 child were in Detention (0.7%).

For NCANDS reporting, 225 victims were reported. The difference between the two measures was explained in Data Source and Defitiions.



Children in Out-of-Home Care April 1, 2015 - March 31, 2016					
Placement Type	Placement Days	Percent	Placement Type	MIC	Percent
Regular Foster Family Care	1196738	32.9%	Regular Foster Family Care	67	22.9%
Kinship Foster Family Care Relative	1408016	38.7%	Kinship Foster Family Care Relative	115	39.4%
Kinship Foster Family Care Non-Relative	346102	9.5%	Kinship Foster Family Care Non-Relative	18	6.2%
Therapeutic Foster Family Care	198982	5.5%	Therapeutic Foster Family Care	12	4.1%
Congregate Care	294363	8.1%	Congregate Care	68	23.3%
Other Foster Family Care	160877	4.4%	Other Foster Family Care	12	4.1%
Other Placements	33910	0.9%	Other Placements	0	0.0%
<b>Total</b>	<b>3638988</b>	<b>100.0%</b>	<b>Total</b>	<b>292</b>	<b>100%</b>
<i>Data Source, Pinnacle MIC Data for 12 months ending March 31, 2016 and Placement Days by Resource Type Run date: June 30, 2016</i>					

Section 2, Table 1.1-2

The MIC by resource caregiver quarterly data continually fluctuated and CWS has not seen the desired, consistent positive trending. The initial activity steps of the MIC core strategy included guidance in the form of emergency policy and Instructions to Staff (ITS) on: (1) review of background checks and history; (2) review of additional referrals including those that were screened; (3) the development and implementation of written plans of compliance; and (4) the process of reviewing and approving or denying overfills in foster homes. These initial steps were done to lay the foundation for a change in practice that builds consistency in each review process and increases the communication between various staff who have contact with the child and the foster family.

As previously reported, the emergency policy and ITS were drafted and numbered memos sent to CW staff for each of the strategies. The numbered memos: 15-12 Overfills; 15-13 Background Information, Search and Assessment; and 15-15 Written Plans of Compliance, were reviewed with all supervisors during the regional quarterly supervisor trainings in November 2015. The numbered memos were sent to the resource family partner (RFP) agencies and discussed during a conference call with the agency directors. Foster care staff, along with RFP agency staff, were trained on the development and implementation of WPCs in October 2015. Memo 16-02 Joint Review of Resource Home Referrals was sent to staff 2/29/16 to provide clearer guidance on Memo 15-13.

Once the initial strategies were developed and implemented the next steps included the development and implementation of tracking mechanisms for the strategies. The field manager report was revised February 2016 to include: (1) the monitoring of all open WPC's; (2) the review of referrals whether screened, substantiated, or unsubstantiated; and (3) the review of every home with an overfill during the month. The field managers submitted the first report in April using the March information. When the field managers complete the initial review of the monthly report, they follow-up immediately on any concerning information. The field managers use the monthly report to guide individual supervisor conferences and assist with the development of the supervisor's assessment skills as well as to identify any positive or negative trends. The field manager's monthly reports are reviewed at a higher statewide level to: (1) ensure activities are implemented consistently; (2) identify and analyze trends; (3) identify any support needs the field may have; and (4) make adjustments to strategies/activities when results are not having the intended outcomes. The Foster Care Field Administrator reviewed expectations regarding the field manager's monthly report with the field managers at the Foster Care and Adoption Leadership meeting in April 2016.

Child Protective Services (CPS) and Foster Care and Adoption programs are working with KIDS to develop an MIC report to assist with this monitoring component. In addition, KIDS is in the process of creating an MIC dashboard. The dashboard will provide 12 months of data related to the current number of open homes, open WPC's, open referrals, 10-day staffing dates, overfills, and investigative information to use as a management tool. The dashboard will have information for the entire state, but with the ability to drill down to data for a specific region, district, supervisor, or

worker. KIDS is also adding a "screen-out consultation" option to the contact picklist so the information may be pulled into reports.

The Out-of- Home (OOH) Assessment of Child Safety (AOCS) was released 7/9/16. The OOH AOCS includes a 10-day staffing screen that requires a district director's and field manager's approval to ensure clear communication amongst programs and clearly defined roles for the follow-up and support to the foster parents. An overfill checklist was created for staff to use when requesting an overfill in a foster home. The checklist includes the components identified in Memo 15-12 regarding overfills. This information must be gathered and submitted prior to staffing with leadership for approval. As part of the field manager's monthly report, an overfill report is pulled from KIDS and sent to the field manager identifying each home with an overfill during the month. The home remains on the overfill report until the home is no longer overfilled. The overfill report includes a section for identifying provided support that the supervisor completes, returns to the field manager, and becomes part of the field manager's monthly report.

In April 2016, a foster care program field representative (PFR) began reviewing the foster home investigations upheld by CPS programs. The PFR reviewed the investigation, all history including criminal and child welfare, the initial home study, re-assessments, contacts, and any other relevant information. Through the review, the PFR looked for any missed red flags. Following the first month's review, it was determined that categorizing the information, such as CW history, criminal history, overfills, WPCs, policy violations, and other concerns, would be helpful. These reviews provided information that will assist in developing future priorities/activities and included an analysis that was shared with the field managers to identify trends in their respective regions and address as needed. These reviews were temporarily suspended at the end of June 2016 because one of the newly proposed short-term strategies includes a targeted review to be completed by the CWS Quality Assurance team.

The drafted foster care ITS changed from quarterly required foster home visits to monthly required contact with the foster family with at least one contact a quarter taking place in the foster home. The increased contact is to establish a stronger relationship between the foster care specialist and the foster family as well as provide additional support to the foster family. Theoretically, increasing contacts positively impact MIC. Foster care is in the process of developing a guide for use prior to and during the contact to ensure child safety is adequately addressed.

The creation of an agency-wide centralized background check unit was also one of the primary strategies to assist with building consistency in the process of review of history. The Office of Inspector General absorbed the responsibility for this unit which is called the Office of Background Investigations (OBI). OBI began a pilot in Cleveland County on 1/17/16 processing requests from foster care staff only. The pilot expanded on 3/21/16 to include all CWS staff in Cleveland County. The initial process included a system that would identify the types of criminal or child welfare history resulting in a finding of: automatic denial (red light); proceed with caution (yellow light); or all clear to proceed with assessment of the family, (green light). This process also provides all of the documents to staff for review.

Initially, OBI completed CW searches including the traffic light designation to provide to the requestor. In addition, OBI provided a portion of the public records search results on applicants/household members as well; however, the information provided by OBI for the public records searches was insufficient to meet the needs of CWS staff, and resulted in duplication of efforts because CWS staff had to search these records again. As of 4/29/16, CWS and OBI made an agreement as to each division's staff responsibilities in the background check process. Under the agreement, OBI conducts all criminal and public records searches while CWS staff conducts all other required searches including KIDS, IMS, and JOLTS. OBI staff gathers supporting documentation to provide to CWS staff on criminal and public records searches, and also assists with obtaining out-of-state CW history when CWS staff indicates the applicant lived outside of Oklahoma within the last five years. CWS staff is more qualified to assess CW history, and a few issues occurred with the traffic light designations for some CW history recorded by the OBI unit. Rather than develop a protocol to override a red light for CW history, it was decided that CWS staff would complete those searches and assess accordingly so OBI could assist with the reporting of all public records searches. On 7/1/16, OBI services expanded to the entire state, with the exception of the RFP Unit and external partners. A date for the RFP rollout has yet to be determined.

Currently, CWS supervisors are reviewing all criminal and CW background checks and take any concerns to the field manager for consultation, per policy. Conference calls or meetings continue to occur weekly with OBI to address issues as they are identified.

In July 2016, a Regional MIC team was formed and is comprised of staff from both Foster Care and Adoptions programs along with a district director from all five regions. The team will address the role of field staff in MIC prevention. The team met twice and is in the process of developing a statewide protocol to address the following areas: screenout consultations between Permanency Planning (PP) and Foster Care and Adoptions staff, 10-day staffings, and the importance of quality PP worker visits. The regional leads are responsible for stressing the importance of communication between PP and Foster Care and Adoptions staff regarding overfills, WPCs, CW and criminal history, and any other noted concerns. This communication is to ensure all staff are involved in the monitoring and oversight of resource families with their regional teams.

CWS is committed to keeping children in out-of-home care safe and recently re-evaluated the initial MIC strategies and their implementation. Newly proposed strategies were submitted the end of June 2016 and included:

1. review kinship and foster home cases that have the highest number of referrals, whether screened out or accepted, to identify and address any safety concerns or needs of the family or children in placement;
2. review safety concerns, risk factors, and possible needs of all kinship and foster homes that have more children in placement than approved for;
3. increase the quality and assessment of ongoing safety in worker visits; and
4. utilize data analysis to make adjustments for ongoing supervisory review of foster home studies and reassessments and for determining when higher level reviews are needed.

These are short-term strategies that once completed will inform the development of future MIC strategies and ongoing practice.

DHS remains committed to reducing maltreatment in out-of-home care in higher level settings and as a result developed core strategies intended to impact MIC that were approved by the Co-Neutrals in August 2015. Efforts, while multi-faceted, are comprised of three major components: policy, practice, and technical enhancements; contract enhancements; and heightened monitoring of those facilities identified as having the highest number of maltreatment reports and maltreatment incidents.

**Policy, Practice, and Technical Enhancements:** Initiatives in this component address concerns identified through DHS and Co-Neutral case reviews in the area of identification and execution of corrective actions to eliminate or decrease safety threats to children in higher level settings. Specific activities undertaken, technical enhancements, and significant policies and practices developed, were previously summarized in the last semi-annual report. Updates regarding policy and practice implementation included SPPU policy enhancements were released and in effect 2/29/16 as well as additional meetings and discussions that occurred between PP and SPPU program staff regarding refinement and implementation of the Assessing Safety in Residential Care contact guide. Technical enhancements and updates include further refinement of the SPPU Facility Services Plan (FSP) screens in KIDS, functionality testing of the screens 5/23/16, and additional enhancements to the related FSP reports that will be generated from these screens.

**Contract Enhancements:** Initiatives in this component address concerns identified through DHS and Co-Neutral case reviews regarding facility staff training in and utilization of appropriate positive behavior management to include prevention, de-escalation, and non-pain producing restraint as well as concerns involving a lack of contract language that allows DHS to hold contracted providers accountable for non-compliance or ongoing safety-related issues. Specific contract mandates and activities undertaken by DHS in conjunction with other oversight agencies and providers were previously summarized in the last semi-annual report. Updated contracts were executed for all level B through E group home providers effective 2/1/16. Additional work on the development of standardized group home provider forms,

monthly reports, and provider performance report cards, as part of the contracts, is ongoing with meetings between SPPU leadership and a small set of group home provider leadership continuing to occur in this reporting period: 1/07/16, 2/4/16, 2/26/16, and 3/29/16. Providers for all level B through E group homes were given until 1/1/17 to have all staff trained in and fully implement the contractually mandated model of positive behavior management, Managing Aggressive Behavior (MAB). Trainings for provider staff in MAB certification and MAB training certification (MABTC) are through the DHS contract with the University of Oklahoma - National Resource Center for Youth Services (NRCYS). As of 8/1/16, 272 of the 370 direct care staff, 73.5 percent, currently employed in all level B through E group homes are MAB certified. Additionally, 26 group home provider staff completed the MABTC, supporting the ability for further implementation and sustainability of the model across the group home provider system.

**Heightened Monitoring:** Initiatives in this component are to develop a data-informed process of intensive intervention and remediation with providers identified with the highest number of reports of maltreatment and maltreatment incidents during a specific period of review. Specific activities related to collaboration with other oversight agencies regarding development of the heightened monitoring team (HMT) and heightened monitoring process were previously summarized in the last semi-annual report. Additional HMT process efforts include the appointment of an SPPU staff member to solely focus on heightened monitoring efforts. This includes conducting every other week face-to-face visits with identified facilities to conduct follow up and obtain documentation on facility efforts in heightened monitoring activities. This reporting period includes heightened monitoring activities based upon three data periods. The data reflects that a referral may have occurred in a month different from the month of substantiation.

The first maltreatment data set was received October 2015 and included maltreatment data for the period of May through July 2015. Ten provider resources in need of heightened monitoring were identified from this data set. During the initial meetings, the substantiated reports of maltreatment were discussed and any remaining safety issues stemming from these reports were addressed. In addition, SPPU requested all provider leadership to agree to partake in a program assessment conducted by NRCYS, regarding the operation of their facility in a trauma-informed manner. All six group home providers and one of the four higher level, acute and residential treatment center (RTC) providers, agreed to participate in the program assessment and develop action plans based upon the assessment recommendations. Ongoing monitoring regarding completion of the action plans was conducted weekly by SPPU liaisons and bi-weekly by the SPPU detailed staff member.

The second maltreatment data set received January 2016 included maltreatment data for the period of July through December 2015. This data set led to the identification of two additional provider resources in need of heightened monitoring. The identified facilities provide services at the acute or RTC level of care. One of these providers previously participated in an initial heightened monitoring meeting related to a different resource but declined to participate in the program assessment and action plan development process. As a result, a subsequent initial heightened monitoring meeting was not held with this provider; however, the provider was notified that one of their resources was identified as being in need of heightened monitoring. The initial heightened monitoring meeting with the other identified provider occurred 2/19/16. This provider also declined to participate in the program assessment and action plan development process.

The third maltreatment data set received in early April 2016 included maltreatment data from January through March 2016. The resources identified from this data set include the top three from group home and shelter levels of care and the top three from acute and RTC levels of care. Initial heightened monitoring meetings for two of the top three group home and shelter level of care resources were 4/28/16 and 4/29/16 and their program assessments occurred in May 2016. The third identified resource from this level of care was previously identified as a facility in need of heightened monitoring from both prior data sets. As a result, an initial meeting had already taken place with this resource. An updated program assessment occurred for this resource in May 2016 and internal DHS discussions started about implementation of contractually allowable financial consequences with the resource as improvements were not observed to be in operation at the resource despite previous heightened monitoring efforts.

The identified providers from the acute and RTC level of care had resources previously noted as in need of heightened monitoring and initial heightened monitoring meetings occurred with both providers' leadership in November of 2015. During these initial meetings, both providers declined the offer of completing a program assessment for their resources. Despite not participating in the program assessment and action planning process, the specific resources of these providers originally identified from the first two data sets were not identified as heightened monitoring facilities in the most recent review of data from January through March 2016.

Across the system, core strategy initiatives to impact MIC in higher level settings are still in the early stages of implementation; however, positive trending is occurring. This is evidenced by a decrease of eleven child MIC victims in all congregate care settings compared to data in the previous semi-annual report. Furthermore, targeted efforts towards those facilities identified as in need of heightened monitoring appears to be positively impacting the majority of involved resources. Of the six group home resources identified as in need of heightened monitoring in the two initial data periods, three had no MIC victims according to data from January through March 2016. Of the six acute and RTC level resources identified as in need of heightened monitoring in the initial two data periods, five had no MIC victims from January through March 2016.

Children in DHS Custody with Substantiations of Abuse or Neglect in Acute or Residential Treatment Centers										
Heightened Monitoring Facilities										
	Acute/RTC #1	Acute/RTC #2	Acute/RTC #3	Acute/RTC #4	Acute/RTC #5	Acute/RTC #6	Acute/RTC #7	Acute/RTC #8	Acute/RTC #9	Totals
Apr-15					1					1
May-15										0
Jun-15										0
Jul-15										0
Aug-15							1			1
Sep-15						1				1
Oct-15		1								1
Nov-15										0
Dec-15										0
Jan-16										0
Feb-16	1									1
Mar-16										0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>
<i>Numbers indicate children with substantiation while in DHS custody and placed at facility.</i>										
Heightened Monitoring 1st Period				Heightened Monitoring 2nd Period				Heightened Monitoring 3rd Period		

Section 2, Table 1.1-3

Children in DHS Custody with Substantiations of Abuse or Neglect in Group Homes or Shelters									
Heightened Monitoring Facilities									
	Group Home #1	Group Home #2	Group Home #3	Group Home #4	Group Home #5	Group Home #6	Group Home #7	Group Home #8	Total
Apr-15									0
May-15	3								3
Jun-15				2					2
Jul-15		1	1						2
Aug-15									0
Sep-15				2	2	1		1	6
Oct-15			1	1					2
Nov-15						2			2
Dec-15									0
Jan-16			1				1	3	5
Feb-16		1						1	2
Mar-16						3	1		4
<b>Total</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>28</b>
<i>Numbers indicate children with substantiation while in DHS custody and placed at facility.</i>									
	Heightened Monitoring 1st Period			Heightened Monitoring 2nd Period			Heightened Monitoring 3rd Period		

Section 2, Table 1.1-4

## 1.2: Absence of maltreatment in care by parents

### Operational Question:

Of all children served in foster care during the 12-month reporting period, what percent were **not** victims of substantiated or indicated maltreatment (abuse or neglect) by a parent while in DHS custody?

### Data Source and Definitions:

For the Semi-Annual report, Oklahoma uses the same logic as Data Element XI. Children Maltreated by Parents while in Foster Care on Oklahoma's Federal Data Profile. This element uses a 12-month period based on the time frame of April 1 through March 31. Oklahoma used the two official state-submitted AFCARS (15B & 16A) files combined with a non-submitted annual NCANDS (Covering AFCARS 15B & 16A periods) file to compute the measure. The NCANDS file used for this report is calculated the same as the file submitted to the federal government, which includes running the data through the official validation tool; however, the official submission to NCANDS occurs only once annually and is due January 31<sup>st</sup> each year, so the NCANDS data is still subject to change until that date. However, the official submission to NCANDS occurs only once annually and is due yearly by January 31<sup>st</sup>, so the NCANDS data is still subject to change until that date.

- This metric measures performance over 12 months and differs from the monthly data collected from KIDS.
- The federal data element requires matching NCANDS and AFCARS records by AFCARS IDs.
- The NCANDS report date and completion date must fall within the removal period found in the matching AFCARS record.
- The federal metric only counts a victim once during the FFY, even when a child is victimized more than once in the course of a year. Whereas in the monthly report, a victim is counted for every substantiated finding of abuse or neglect.

The federal data element includes all victims of substantiated abuse or neglect by a parent while in care, even when the reported abuse occurred prior to the child coming into care. Whereas in the monthly metric, children disclosing abuse that occurred prior to coming into care are excluded.

**Description of Denominator and Numerator for this reporting period:**

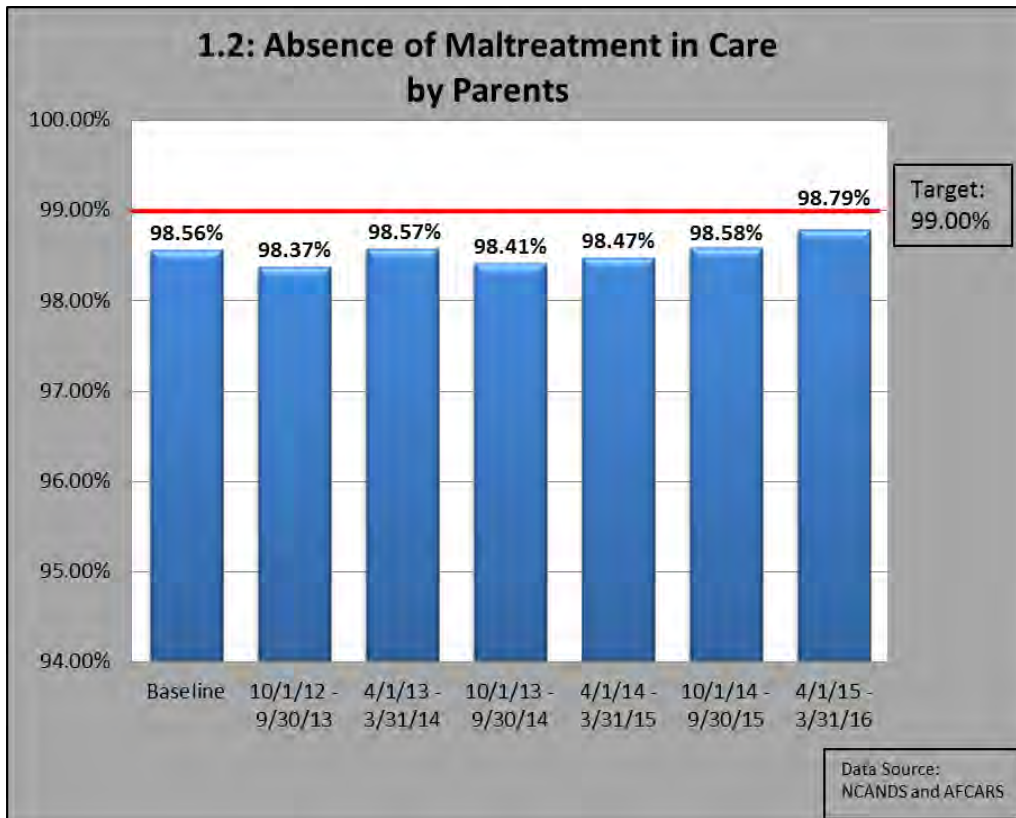
**Denominator:** All children served in foster care between 4/1/2015 and 3/31/2016.

**Numerator:** The number of children served in foster care between 4/1/2015 and 3/31/2016 that did not have any substantiated or indicated allegations of maltreatment by a parent during that period.

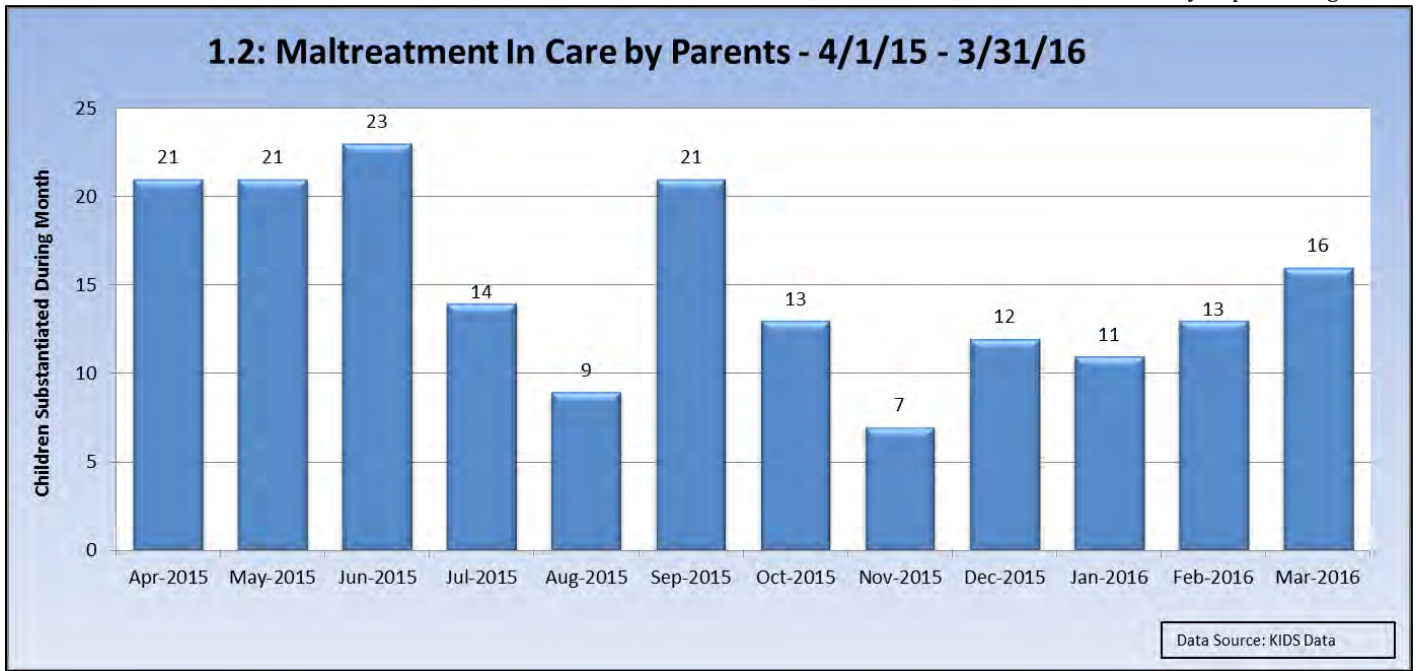
**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2010 – 9/30/2011	All children served between 10/1/2010 and 9/30/2011	12,352	12,533	98.56%
10/1/2012 – 9/30/2013	All children served between 10/1/2012 and 9/30/2013	14,800	15,045	98.37%
4/1/2013 – 3/31/2014	All children served between 4/1/2013 and 3/31/2014	15,580	15,806	98.57%
10/1/2013 – 9/30/2014	All children served between 10/1/2013 and 9/30/2014	16,013	16,272	98.41%
4/1/2014 – 3/31/2015	All children served between 4/1/2014 and 3/31/2015	16,386	16,640	98.47%
10/1/2014 – 9/30/2015	All children served between 10/1/2014 and 9/30/2015	16,571	16,808	98.58%
4/1/2015 – 3/31/2016	All children served between 4/1/2015 and 3/31/2016	16,348	16,548	98.79%
Target				99.00%

Section 2, Table 1.2-1



Section 2, Graph 1.2-1



Section 2, Graph 1.2-2

**Commentary:**

This indicator is based on the federal measure for maltreatment in care and produces representative information about the incidence of maltreatment in care. The data above shows that the rate of maltreatment in care has improved from the baseline. For the reporting period April 1, 2014 - March 31, 2016, a total of 257 substantiations of maltreatment while in out-of-home care by parents were reported in the monthly MIC Pinnacle Plan Measure. The 257 victims were included in 148 separate referrals. However, in the monthly reporting, 76 of these victims were excluded based on the alleged abuse/neglect occurring prior to the child coming into out-of-home care. These victims are still reported to NCANDS.

Of the 257 victims in out-of-home care by parents:

- 126 were in Trial Reunification (49.0%);
- 78 were in Kinship Foster Homes (30.4%);
- 30 were placed in Foster Homes (11.7%);
- 21 were placed in Above Foster Care or other type settings (8.2%);
- 2 were placed in other placements (0.8%).

MIC leads were designated for each region and will be working to create a plan to further address all MIC performance measures.



### 3.1: Frequency of Worker Contacts

**Operational Question:**

What percentage of the total minimum number of required monthly face-to-face contacts occurred with children who were in foster care for at least one calendar month during the reporting period?

**Data Source and Definitions:**

This measure is calculated using the criteria for the federal visitation measure. However, the measure differs from the federal measure since this measure does not include children in tribal custody.

- The Data reflects the total number of required monthly contacts due to children in out-of-home care over the course of 12 months and the number of total required monthly contacts made for those visits.
- Only one monthly contact per month is counted even though multiple visits may have been made during the month.

**Description of Denominator and Numerator for this reporting period:**

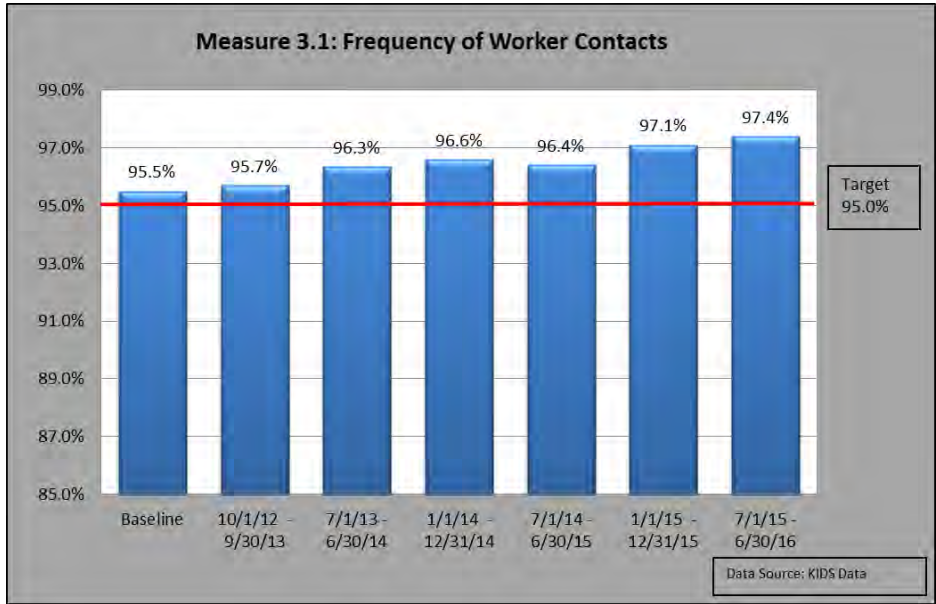
**Denominator:** The number of required monthly contacts due between July 1, 2015 and June 30, 2016.

**Numerator:** The number of qualifying required monthly contacts made.

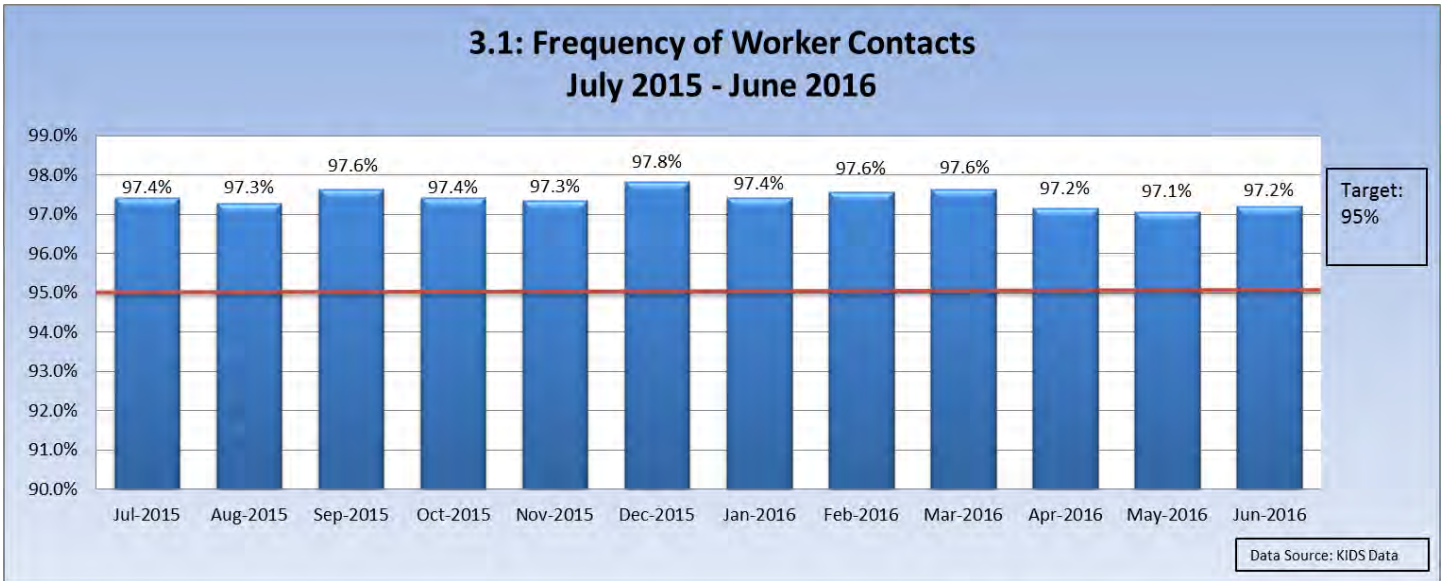
**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month between 7/1/2011 - 6/30/2012	90,355	94,639	95.5%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month between 10/1/2012 - 9/30/2013	105,868	110,673	95.7%
7/1/2013 – 6/30/2014	All children due a visit who were in care at least a full calendar month between 7/1/2013 - 6/30/2014	118,824	123,343	96.3%
1/1/2014 – 12/31/2014	All children due a visit who were in care at least a full calendar month between 1/1/2014 - 12/31/2014	124,355	128,745	96.6%
7/1/2014 – 6/30/2015	All children due a visit who were in care at least a full calendar month between 7/1/2014 - 6/30/2015	123,596	128,173	96.4%
1/1/2015 – 12/31/2015	All children due a visit who were in care at least a full calendar month between 1/1/2015 - 12/31/2015	121,799	125,417	97.1%
7/1/2015 – 6/30/2016	All children due a visit who were in care at least a full calendar month between 7/1/2015 - 6/30/2016	117,879	120,998	97.4%
Target				95.0%

Section 2, Table 3.1-1



Section 2, Graph 3.1-1



Section 2, Graph 3.1-2

**Commentary:**

The baseline for this measure was 95.5 percent and the target is to sustain 95.0 percent. Over the 12-month period from July 1, 2015 - June 30, 2016, 120,998 monthly contacts were required and 117,879 monthly contacts were completed which resulted in a rate of 97.4 percent. At the time the baseline was established in SFY12, there were 94,639 required monthly visits. In the current reporting period, an additional 26,359 visits were required over the baseline. Performance in this area continues to be above the baseline and exceeds the target. DHS believes that workload performance positively impacts this measure's performance.

## 3.2: Frequency of Primary Worker Contacts

### Operational Question:

What percentage of the total minimum number of required monthly face-to-face contacts was completed by the primary worker with children who were in foster care for at least one calendar month during the reporting period?

### Data Source and Definitions:

This measure is calculated similarly to the federal visitation measure. However, the measure only counts visits made by the primary case worker. For children in trial adoption cases, the monthly contact must have been completed by the Adoption worker with a primary assignment. Beginning with the semi-annual reporting period ending December 31, 2015, children who were placed in out-of-state placements will be excluded from the primary worker visitation measure, as these children have an assigned worker out-of-state responsible for monthly visitation.

- The Data reflects the total number of required monthly contacts due to children in out-of-home care over the course of 12 months and the number of total required monthly contacts made by the primary assigned worker.
- Only one contact per month is counted even though multiple visits may have been made during the month.
- To be counted as a valid monthly contact completed by a primary worker, the worker who completed the visit must have had a primary assignment at the time of the visit.

### Description of Denominator and Numerator for this reporting period:

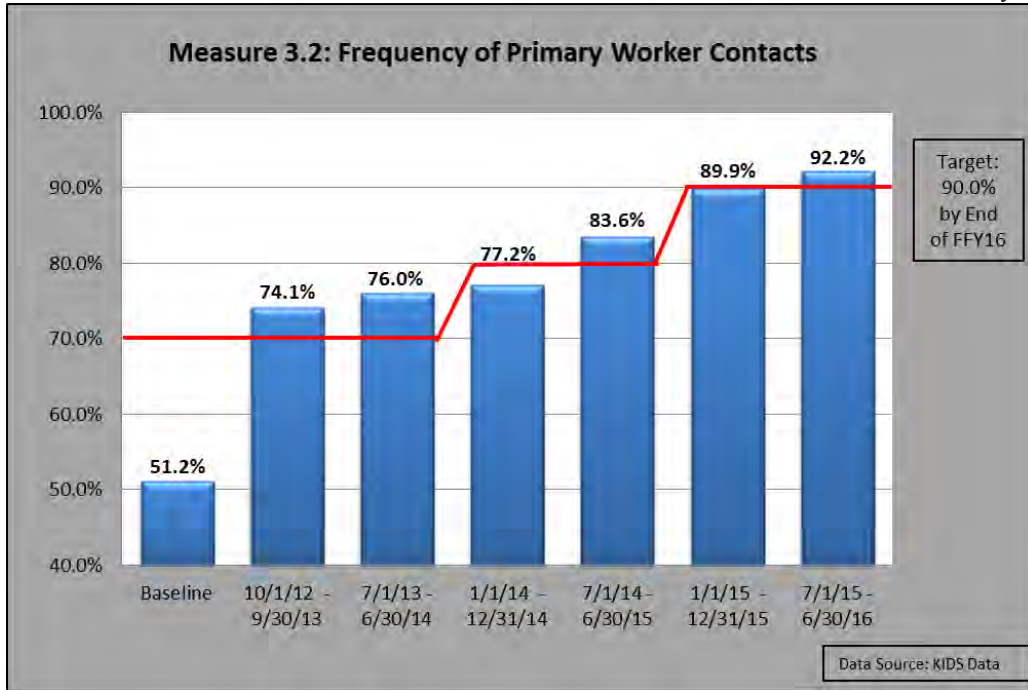
**Denominator:** The number of required monthly contacts due between July 1, 2015 and June 30, 2016.

**Numerator:** The number of qualifying monthly visits made by a primary worker.

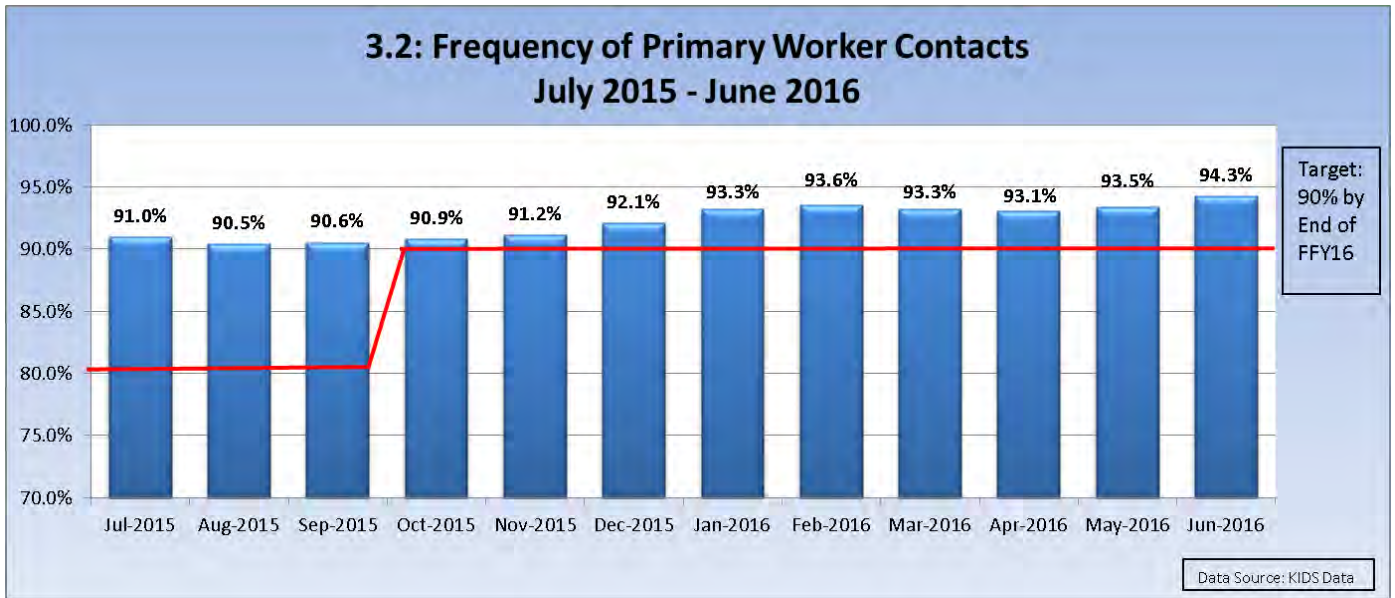
### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month between 7/1/2011 - 6/30/2012	48,497	94,639	51.2%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month between 10/1/2012 - 9/30/2013	81,971	110,673	74.1%
7/1/2013 – 6/30/2014	All children due a visit who were in care at least a full calendar month between 7/1/2013 – 6/30/2014	93,760	123,343	76.0%
1/1/2014 – 12/31/2014	All children due a visit who were in care at least a full calendar month between 1/1/2014 – 12/31/2014	99,358	128,745	77.2%
7/1/2014 – 6/30/2015	All children due a visit who were in care at least a full calendar month between 7/1/2014 – 6/30/2015	105,333	125,969	83.6%
1/1/2015 – 12/31/2015	All children due a visit who were in care at least a full calendar month between 1/1/2015 – 12/31/2015	108,859	121,024	89.9%
7/1/2015 – 6/30/2016	All children due a visit who were in care at least a full calendar month between 7/1/2015 – 6/30/2016	107,763	116,834	92.2%
Target				End of FFY16 90.0%

Section 2, Table 3.2-1



Section 2, Graph 3.2-1



Section 2, Graph 3.2-2

**Commentary:**

The baseline for this measure was 51.2 percent and the final target is 90.0 percent to be met by the end of June 30, 2016. Over the 12-month period from July 1, 2015 – June 03, 2016, 116,834 primary monthly contacts were required and 107,763 of those were monthly contacts made by the primary worker for a rate of 92.2 percent. At the time the baseline was established using SFY12 data, 48,497 monthly contacts were made by primary workers. During the current reporting period, an increase of over 59,266 monthly contacts were made over the last 12 months by the primary worker for over a 100 percent increase in the number of contacts made by the primary worker. Performance in this area continues to be above the baseline and exceeds the target. DHS believes that workload performance positively impacts this measure's performance.

### 3.3: Continuity of Worker Contacts by Primary Workers

#### Operational Question

What percentage of children in care for at least six consecutive months during the reporting period were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge?

#### Data Source and Definitions:

This measure looks at the percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge. This measure does not include children in tribal custody or children placed out-of-state.

- Only one contact per month is counted even though multiple visits may have been made during the month by different workers.
- To be counted as a valid monthly contact completed by a primary worker, the worker who completed the visit must have had a primary assignment at the time of the visit.

For children in trial adoption (TA) cases, the monthly contact must have been completed by the Adoption worker with a primary assignment. When the child went into TA status in the last six months of the reporting period or when a child in TA's adoption finalized in less than six months, then they are excluded from this measure.

#### Description of Denominator and Numerator for this reporting period:

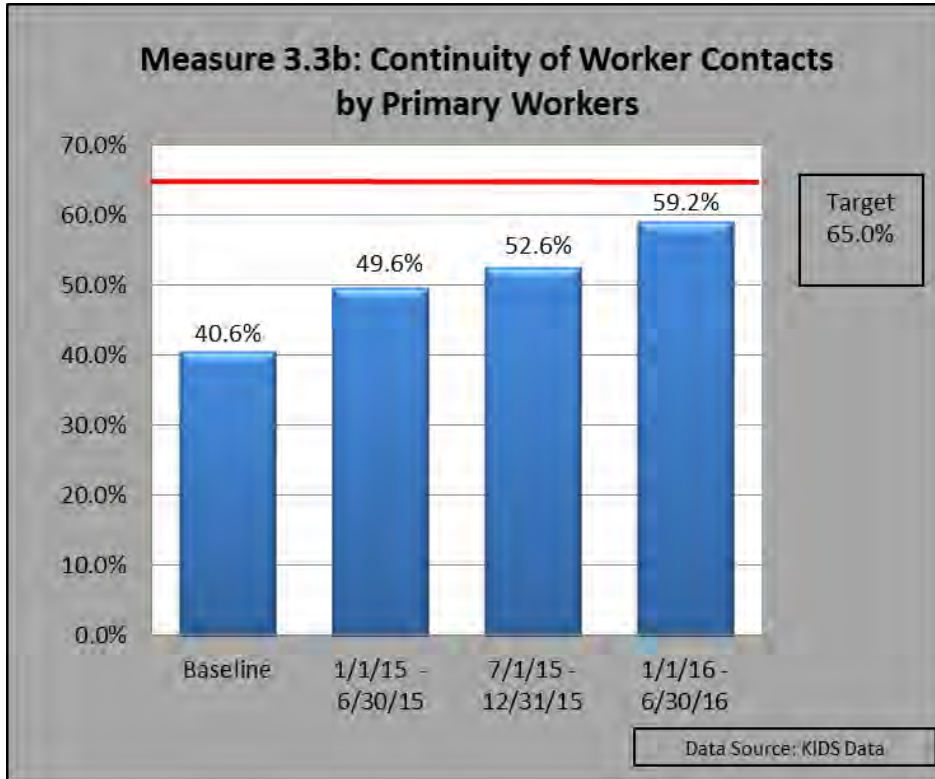
**Denominator:** Number of children in custody for at least six consecutive months from January 1, 2016 – June 30, 2016.

**Numerator:** Number of children who were seen for six consecutive months by the same primary caseworker for the last six months of the reporting period or for those children discharged from DHS legal custody during the reporting period, the last six months prior to discharge.

#### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 1/1/2014 – 6/30/2014				40.6%
1/1/2015 – 6/30/2015	All children in care at least 6 full calendar months between 1/1/2015 – 6/30/2015	5,135	10,349	49.6%
7/1/2015 – 12/31/2015	All children in care at least 6 full calendar months between 7/1/2015 – 12/31/2015	5,259	9,997	52.6%
1/1/2016 – 6/30/2016	All children in care at least 6 full calendar months between 1/1/2016 – 6/30/2016	5,717	9,650	59.2%
Target				65.0%

Section 2, Table 3.3-1



Section 2, Graph 3.3-1

**Commentary:**

This is the third reporting period for the Worker Continuity measure and a 6.6 percent increase occurred since the last reporting period. The baseline was set at 40.6 percent. In the reporting period January 1, 2016 – June 30, 2016, 59.2 percent of the children in care were seen by the same primary worker for six consecutive months. The target for this measure is 65.0 percent and as of 6/30/16, DHS was only 5.8 percent away from the target. DHS continues to show positive trending in this measure with an increase in the percentage of children seen by the same primary worker for each reporting period. DHS believes that performance on workloads impacted this measure. As workloads continue to decrease, DHS is confident that this measure's performance continue to increase and meet the target.

### 4.1a: Placement Stability—Children in care for less than 12 months

**Operational Question:**

Of all children served in foster care during the 12-month reporting period that were in care for at least eight days but less than 12 months, what percent had two or fewer placement settings to date?

**Data Source and Definitions:**

Timeliness and Permanency of Reunification – AFCARS 15B and 16A

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

**Description of Denominator and Numerator for this reporting period:**

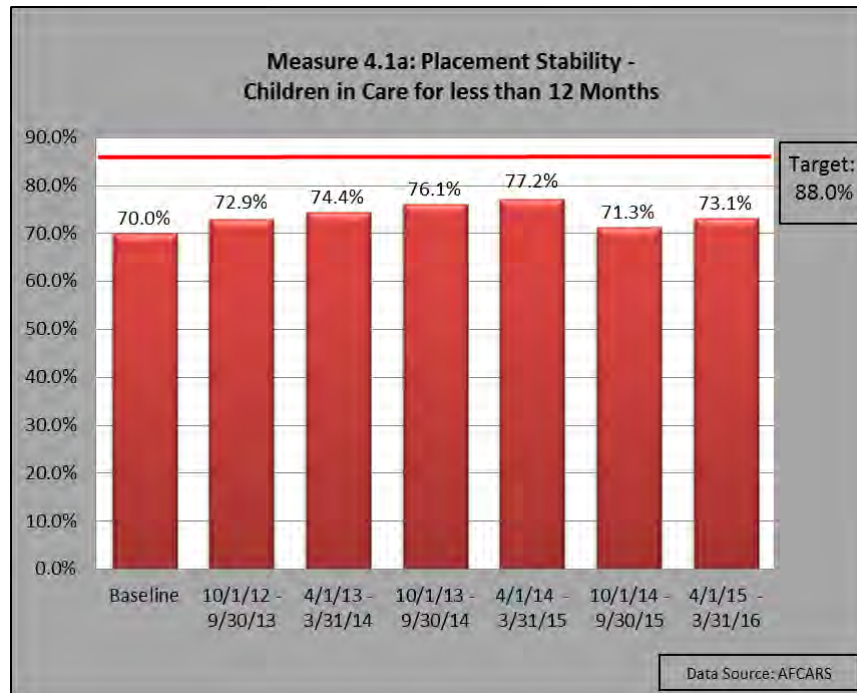
**Denominator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose length of stay (LOS) as of 3/31/2016 was between (b/w) eight days and 12 months.

**Numerator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose length of stay as of 3/31/2016 was between eight days and 12 months **and** who had two or fewer placement settings as of 3/31/2016.

**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011-9/30/2012	All children served between 10/1/2011 and 9/30/2012 with LOS b/w 8 days and 12 months			70.0%
10/1/2012 – 9/30/2013	All children served between 10/1/2012 and 9/30/2013 with LOS b/w 8 days and 12 months	4,396	6,031	72.9%
4/1/2013 – 3/31/2014	All children served between 4/1/2013 and 3/31/2014 with LOS b/w 8 days and 12 months	4,564	6,136	74.4%
10/1/2013 – 9/30/2014	All children served between 10/1/2013 and 9/30/2014 with LOS b/w 8 days and 12 months	4,513	5,933	76.1%
4/1/2014 – 3/31/2015	All children served between 4/1/2014 and 3/31/2015 with LOS b/w 8 days and 12 months	4,297	5,564	77.2%
10/1/2014 – 9/30/2015	All children served between 10/1/2014 and 9/30/2015 with LOS b/w 8 days and 12 months	3,981	5,585	71.3%
4/1/2015 - 3/31/2016	All children served between 4/1/2015 and 3/31/2016 with LOS b/w 8 days and 12 months	4,048	5,537	73.1%
Target				88.0%

Section 2, Table 4.1a-1



Section 2, Graph 4.1a-1

### 4.1b: Placement Stability—Children in care for 12 to 24 months

#### Operational Question:

Of all children served in foster care during the 12-month reporting period that were in care for at least 12 months but less than 24 months, what percent had two or fewer placement settings to date?

#### Data Source and Definitions:

Timeliness and Permanency of Reunification – AFCARS 15B and 16A

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

#### Description of Denominator and Numerator for this reporting period:

**Denominator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose length of stay as of 3/31/2016 was between 12 months and 24 months.

**Numerator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose length of stay as of 3/31/2016 was between 12 months and 24 months and who had two or fewer placement settings as of 3/31/2016

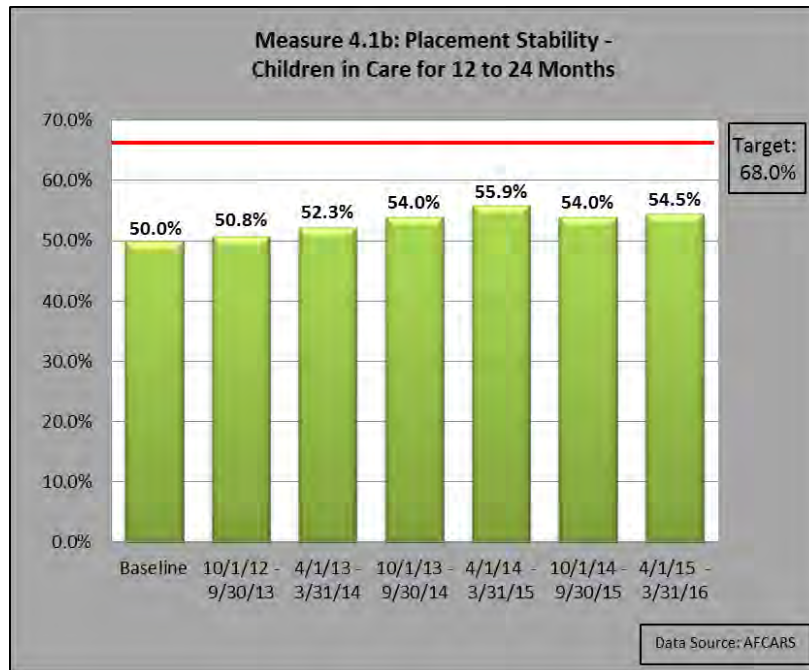
#### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011-9/30/2012	All children served between 10/1/2011 and 9/30/2012 with LOS between 12 and 24 months			50.0%
10/1/2012 – 9/30/2013	All children served between 10/1/2012 and 9/30/2013 with LOS between 12 and 24 months	2,292	4,514	50.8%
4/1/2013 – 3/31/2014	All children served between 4/1/2013 and 3/31/2014 with LOS between 12 and 24 months	2,569	4,909	52.3%



10/1/2013 – 9/30/2014	All children served between 10/1/2013 and 9/30/2014 with LOS between 12 and 24 months	2,795	5,174	54.0%
4/1/2014 – 3/31/2015	All children served between 4/1/2014 and 3/31/2015 with LOS between 12 and 24 months	3,034	5,430	55.9%
10/1/2014 – 9/30/2015	All children served between 10/1/2014 and 9/30/2015 with LOS between 12 and 24 months	2,844	5,271	54.0%
4/1/2015 - 3/31/2016	All children served between 4/1/2015 and 3/31/2016 with LOS between 12 and 24 months	2,710	4,977	54.5%
Target				68.0%

Section 2, Table 4.1b-1



Section 2, Graph 4.1b-1

### 4.1c: Placement stability—Children in care for 24 months or more

#### Operational Question:

Of all children served in foster care during the 12-month reporting period that were in care for at least 24 months, what percent had two or fewer placement settings to date?

#### Data Source and Definitions:

Timeliness and Permanency of Reunification – AFCARS 15B and 16A

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

#### Description of Denominator and Numerator for this reporting period:

**Denominator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose length of stay as of

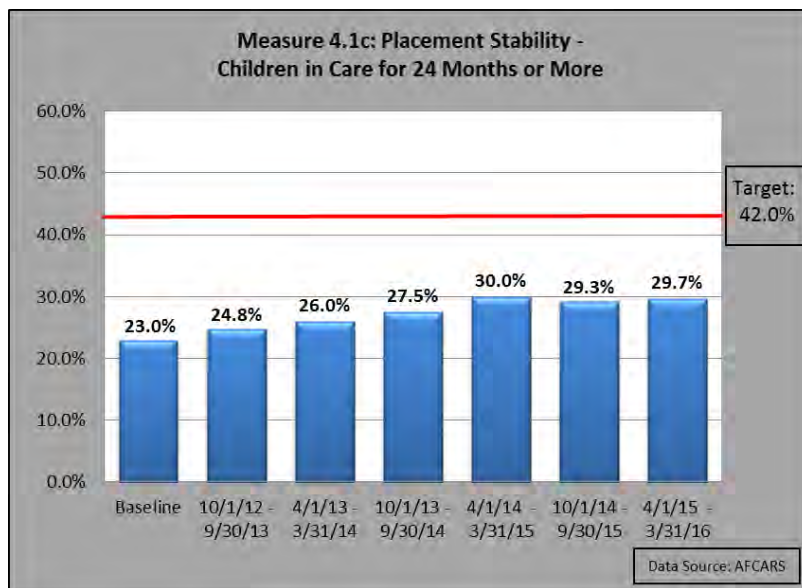
3/31/2016 was 24 months or longer.

**Numerator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose length of stay as of 3/31/2016 was 24 months or longer and who had two or fewer placement settings as of 3/31/2016.

**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011-9/30/2012	All children served between 10/1/2011 and 9/30/2012 with LOS 24 months or longer			23.0%
10/1/2012 – 9/30/2013	All children served between 10/1/2012 and 9/30/2013 with LOS 24 months or longer	1,002	4,035	24.8%
4/1/2013 – 3/31/2014	All children served between 4/1/2013 and 3/31/2014 with LOS 24 months or longer	1,112	4,277	26.0%
10/1/2013 – 9/30/2014	All children served between 10/1/2013 and 9/30/2014 with LOS 24 months or longer	1,303	4,731	27.5%
4/1/2014 – 3/31/2015	All children served between 4/1/2014 and 3/31/2015 with LOS 24 months or longer	1,576	5,260	30.0%
10/1/2014 – 9/30/2015	All children served between 10/1/2014 and 9/30/2015 with LOS 24 months or longer	1,632	5,572	29.3%
4/1/2015 - 3/31/2016	All children served between 4/1/2015 and 3/31/2016 with LOS 24 months or longer	1,688	5,677	29.7%
Target				42.0%

Section 2, Table 4.1c-1



Section 2, Graph 4.1c-1

## 4.2: Placement stability—Placement moves after 12 months in care

### Operational Question:

Of all children served in foster care for more than 12 months, what percent of children experienced two or fewer placement settings after their first 12 months in care?

### Data Source and Definitions:

Measure 4.2 looks at placement stability that occurs after the child's first 12 months in care. The placement that the child is placed in 12 months after their removal date counts as the first placement, and then the metric shows how many children had two or fewer placement settings after that time.

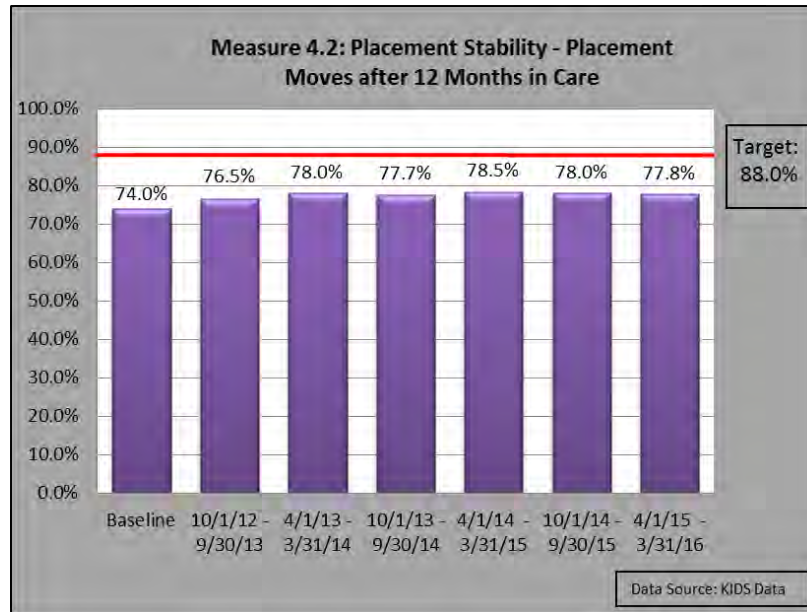
### Description of Denominator and Numerator for this reporting period:

**Denominator:** All children served in foster care between 4/1/2015 and 3/31/2016 whose current removal was prior to 3/31/2016 and remained in care at least 12 months.

### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011-9/30/2012	All children served between 10/1/2011 and 9/30/2012 with LOS at least 12 months			74.0%
10/1/2012 – 9/30/2013	All children served between 10/1/2012 and 9/30/2013 with LOS at least 12 months	6,404	8,374	76.5%
4/1/2013 – 3/31/2014	All children served between 4/1/2013 and 3/31/2014 with LOS at least 12 months	7,026	9,002	78.0%
10/1/2013 – 9/30/2014	All children served between 10/1/2013 and 9/30/2014 with LOS at least 12 months	7,590	9,763	77.7%
4/1/2014 – 3/31/2015	All children served between 4/1/2014 and 3/31/2015 with LOS at least 12 months	8,263	10,522	78.5%
10/1/2014 – 9/30/2015	All children served between 10/1/2014 and 9/30/2015 with LOS at least 12 months	8,334	10,691	78.0%
4/1/2015 - 3/31/2016	All children served between 4/1/2015 and 3/31/2016 with LOS at least 12 months	8,122	10,445	77.8%
Target				88.0%

Section 2, Table 4.2-1



Section 2, Graph 4.2-1

**Commentary:**

During this reporting period, DHS made progress in many Pinnacle Plan measures that assist with placement stability. DHS closed a state-operated shelter and significantly decreased the number of children entering shelters, reached the foster home recruitment goal, and moved a significant number of children to permanency. Additionally, almost 70 percent of CW specialists are meeting workload standards, which greatly impacts CW practice. As discussed in the prior semi-annual report, DHS had previously created and developed a strategy, Core Strategy 7 (CS 7), to reduce placement instability for children in out-of-home care through the use of Systems of Care (SOC) and Comprehensive Home-Based Services (CHBS)-Maintain Placement (Managing Child Behavior (MCB)). The statewide implementation for CS 7 began November 2015 and DHS continues to use CS 7 to guide and support CW field staff, foster families, and children in addressing placement instability for children in out-of-home care.

Measures 4.1a, 4.1b, and 4.1c in the previous semi-annual reporting period declined. For this reporting period, those same measures are now moving upward again; however, they are still below their previous highest percentage. CS 7 was in effect for only six months of the reporting period and may have contributed to the measures' leveling out and turning around. Measure 4.2's rate of decline slowed down.

The Co-Neutrals support CS 7 and provided DHS with guidance on improving outcomes for these difficult measures. During this reporting period, DHS met with district directors from each region to provide guidance on placement stability protocol and the need to identify services and resources to support the child and foster family to ensure placement stability. In addition, DHS followed the guidance of the Co-Neutrals and added an enhancement to CS 7.

CS 7 team has lead staff from each region along with staff from Foster Care, Project Management, and KIDS to support placement stability. The team met and decided that the overall strategy did not need to change. Rather, an additional report for district directors and field managers was needed that identified children who experienced two moves. District directors and field managers are then able to focus attention on those children and ensure CWS supervisors and staff provide the needed resources and services to support the child and foster family. The goal is to make sure that the child's second placement will be his or her final placement. This process also enables staff to identify trends regarding children who enter and exit the two moves list. Tracking these children should improve Measures 4.1a and 4.2 and lead to practice changes that affect placement stability. DHS anticipates the added activity will lead to holding staff at all levels accountable for placement stability. Furthermore, DHS will be in a better position to identify trends and provide better supports to the districts who struggle to ensure placement stability for children in out-of-home care.

The placement phone line continues to operate in Region 3. The placement line is accepting after hour calls from Region 3 staff. Foster care leadership is exploring the idea of a statewide rollout of the placement line. Currently, the team is determining if the placement phone line should be in each region or have a centralized location. However, the biggest challenge is the limited budget for a statewide rollout of the placement line.

DHS conducted an analysis of placement stability, Appendix A: Placement Stability Analysis. The analysis reviewed three nine-month periods with one of those periods representing the implementation of CS 7. The three nine-month periods: Period 1, May 2014 – December 2014; Period 2, January 2015 – August 2015; and Period 3, September 2015 – April 2016, the intervention period. The overall data suggests that DHS' average number of placements has trended downward since May 2014. Additionally, the data suggests the intervention period, Period 3, has the lowest average out of the three periods, with the average number of placements being 1.28.

The analysis provided DHS with insightful information. The data indicates for youth who experience more than two placements, the average length of stay in their second placement was approximately 65 days. The majority of children are being asked to leave by the provider because the provider is not able to work with the child. Additionally, the data suggests children leaving their second placement probably need a higher level of care. The data shows that children receiving SOC and CHBS-Maintain Placement have a higher number of placements than those who are not receiving an intervention, but children with an intervention had a higher number of placements prior to receiving the services.

While the analysis gave needed information on placement stability, it also left DHS with more questions and next steps to consider. DHS believes that based on the analysis CS 7 is working to assist with placement stability for children in out-of-home care. DHS now has a better understanding of when children disrupt, where they move, and the need for an intervention to assist with stability. DHS believes CS 7 contributes positively to placement stability for children in out-of-home care. This strategy continues to grow and encompass more program areas within CWS. As this strategy expands, strong partnerships are being formed, internally and externally, to support CW specialists, foster families, and child placement stability.

## 5.1: Shelter Use—Children ages 0 to 1 year old

### Operational Question:

Of all children ages 0-1 year old with an overnight shelter stay from January 1, 2016 – June 30, 2016, how many nights were spent in the shelter?

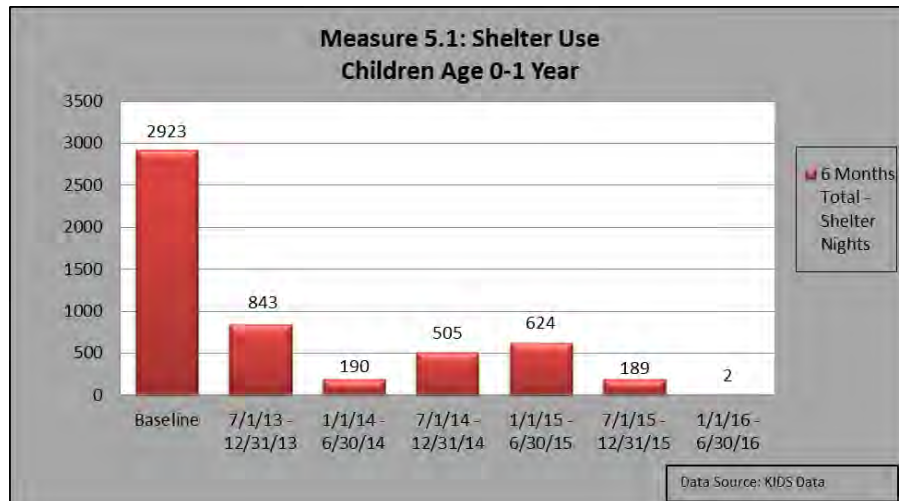
### Data Source and Definitions:

Data shown is the total number of nights children ages 0-1 year old spent in the shelter during the time period from January 1, 2016 – June 30, 2016. The baseline for this measure was 2,923 nights with a target of 0 nights by 12/31/12. Automatic exceptions are made when the child is part of a sibling set of four or more or when a child is placed with a minor parent who is also in DHS custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in the shelter.

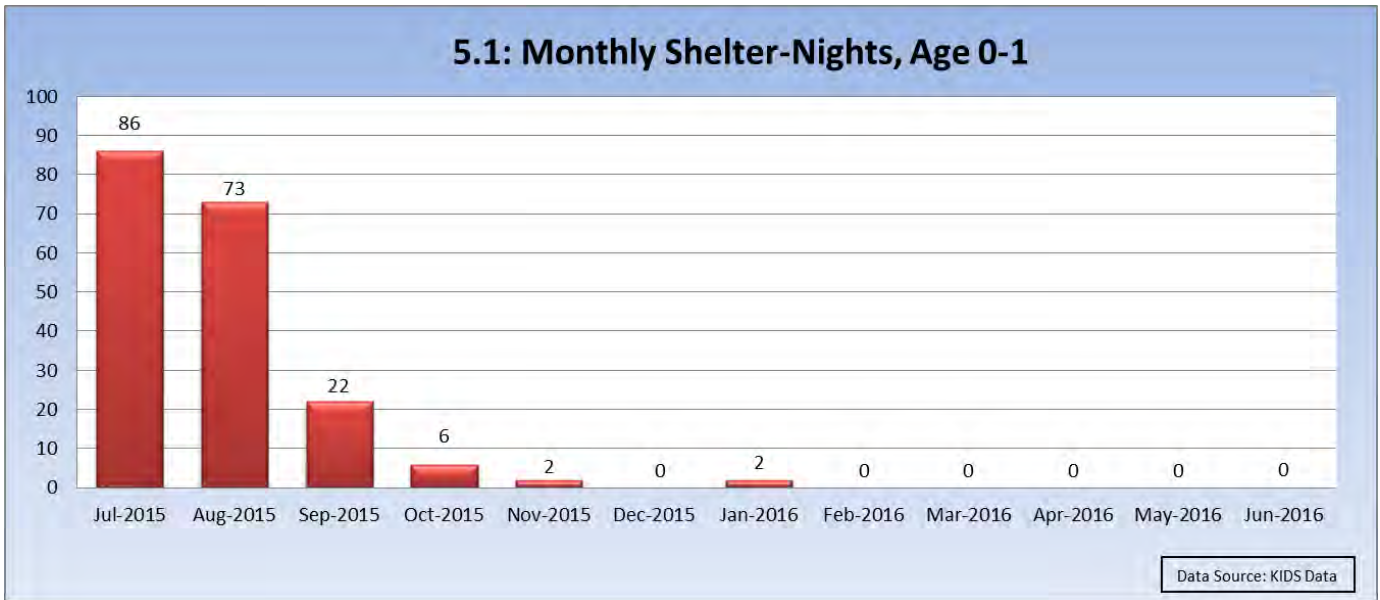
### Trends:

Reporting Period	Population	Result
Baseline: 1/1/2012-6/30/2012	All children age 0-1 year with an overnight shelter stay between 1/1/2012-6/30/2012	2,923 Nights
7/1/2013 – 12/31/2013	All children age 0-1 year with an overnight shelter stay between 7/1/2013 – 12/31/2013	843 Nights
1/1/2014 – 6/30/2014	All children age 0-1 year with an overnight shelter stay between 1/1/2014 – 6/30/2014	190 Nights
7/1/2014 – 12/31/2014	All children age 0-1 year with an overnight shelter stay between 7/1/2014 – 12/31/2014	505 Nights
1/1/2015 – 6/30/2015	All children age 0-1 year with an overnight shelter stay between 1/1/2015 – 6/30/2015	624 Nights
7/1/2015 – 12/31/2015	All children age 0-1 year with an overnight shelter stay between 7/1/2015 – 12/31/2015	189 Nights
1/1/2016 – 6/30/2016	All children age 0-1 year with an overnight shelter stay between 1/1/2016 – 6/30/2016	2 Nights
Target		0 nights

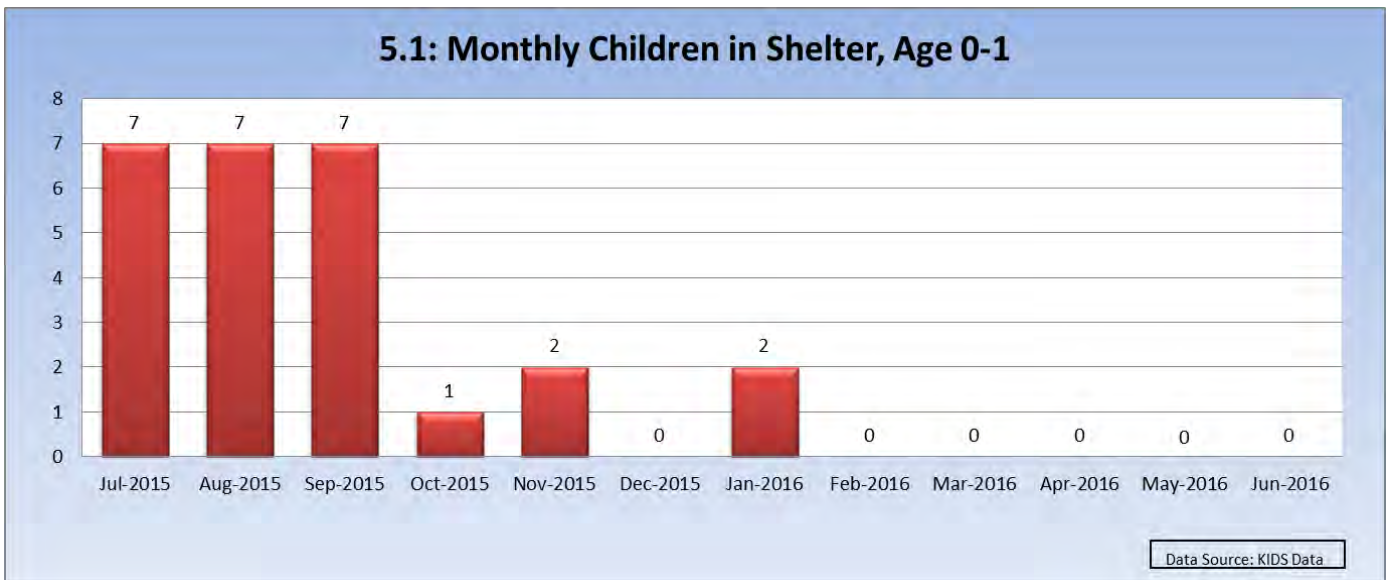
Section 2, Table 5.1-1



Section 2, Graph 5.1-1



Section 2, Graph 5.1-2



Section 2, Graph 5.1-3

**Commentary:**

A total of 2 children ages 0-1 year old spent two nights in the shelter from January 1, 2016 – June 30, 2016. Section 2, Graph 5.1-3 identifies 2 children spending time in shelters between January and June 2016. Of these 2 unique children with an overnight shelter stay, neither met an automatic exception of a sibling set of four or more or a child placed with a minor parent who was also in custody. During this time period, 2,305 children ages 0-1 year were in care and 99.9 percent of those children did not have a shelter stay. Overall, 15,891 children were in care and 97.6 percent of all children in care did not have an overnight shelter stay during the reporting period.

## 5.2: Shelter Use—Children ages 2 to 5 years old

### Operational Question:

Of all children ages 2-5 years old with an overnight shelter stay from January 1, 2016 – June 30, 2016, how many nights were spent in the shelter?

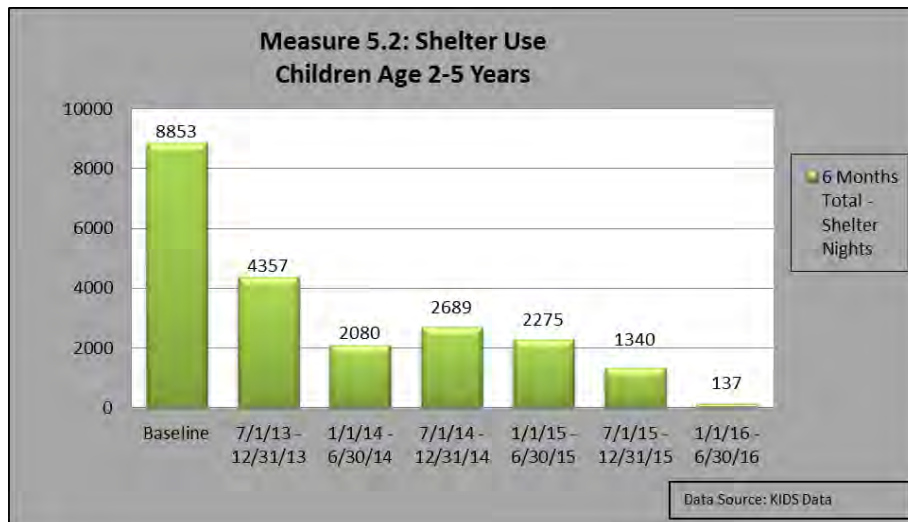
### Data Source and Definitions:

Data shown is the total number of nights children ages 2-5 years old spent in the shelter during the time period from January 1, 2016 – June 30, 2016. The baseline for this measure was 8,853 nights with a target of 0 nights by 6/30/13. Automatic exceptions are made when the child is part of a sibling set of four or more or a child is placed with a minor parent who is also in DHS custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in the shelter.

### Trends:

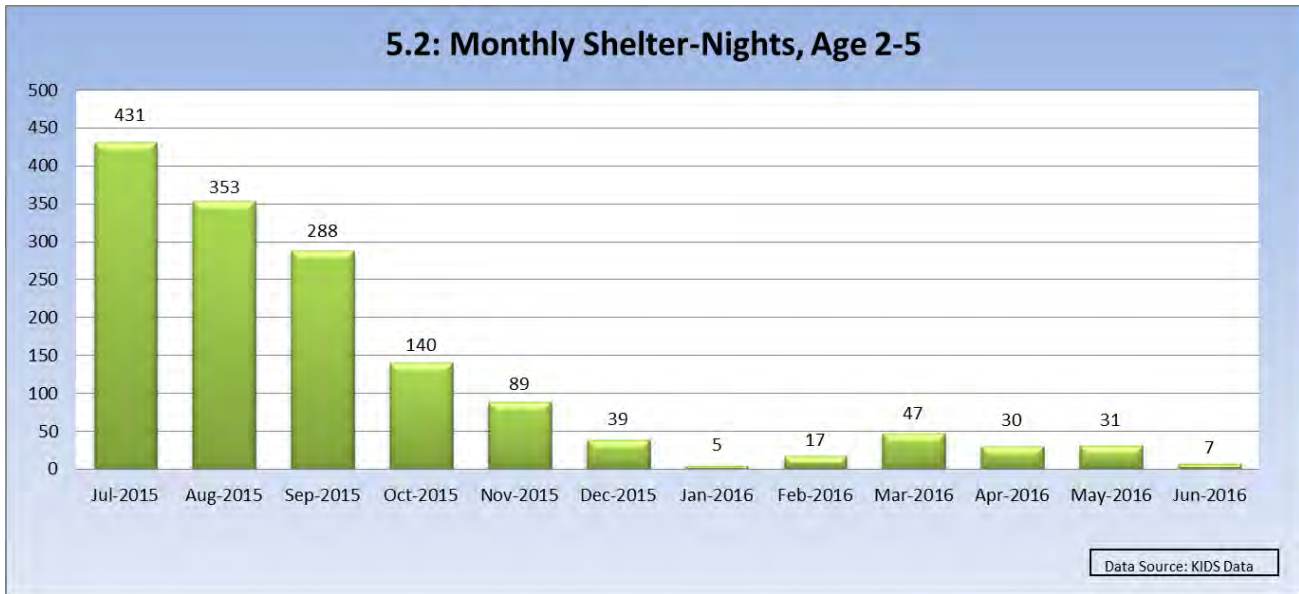
Reporting Period	Population	Result
Baseline: 1/1/2012-6/30/2012	All children age 2-5 years with an overnight shelter stay between 1/1/2012-6/30/2012	8,853 Nights
7/1/2013 – 12/31/2013	All children age 2-5 years with an overnight shelter stay between 7/1/2013 – 12/31/2013	4,357 Nights
1/1/2014 – 6/30/2014	All children age 2-5 years with an overnight shelter stay between 1/1/2014 – 6/30/2014	2,080 Nights
7/1/2014 – 12/31/2014	All children age 2-5 years with an overnight shelter stay between 7/1/2014 – 12/31/2014	2,689 Nights
1/1/2015 – 6/30/2015	All children age 2-5 years with an overnight shelter stay between 1/1/2015 – 6/30/2015	2,275 Nights
7/1/2015 – 12/31/2015	All children age 2-5 years with an overnight shelter stay between 7/1/2015 – 12/31/2015	1,340 Nights
1/1/2016 – 6/30/2016	All children age 2-5 years with an overnight shelter stay between 1/1/2016 – 6/30/2016	137 Nights
Target		0 Nights

Section 2, Table 5.2-1

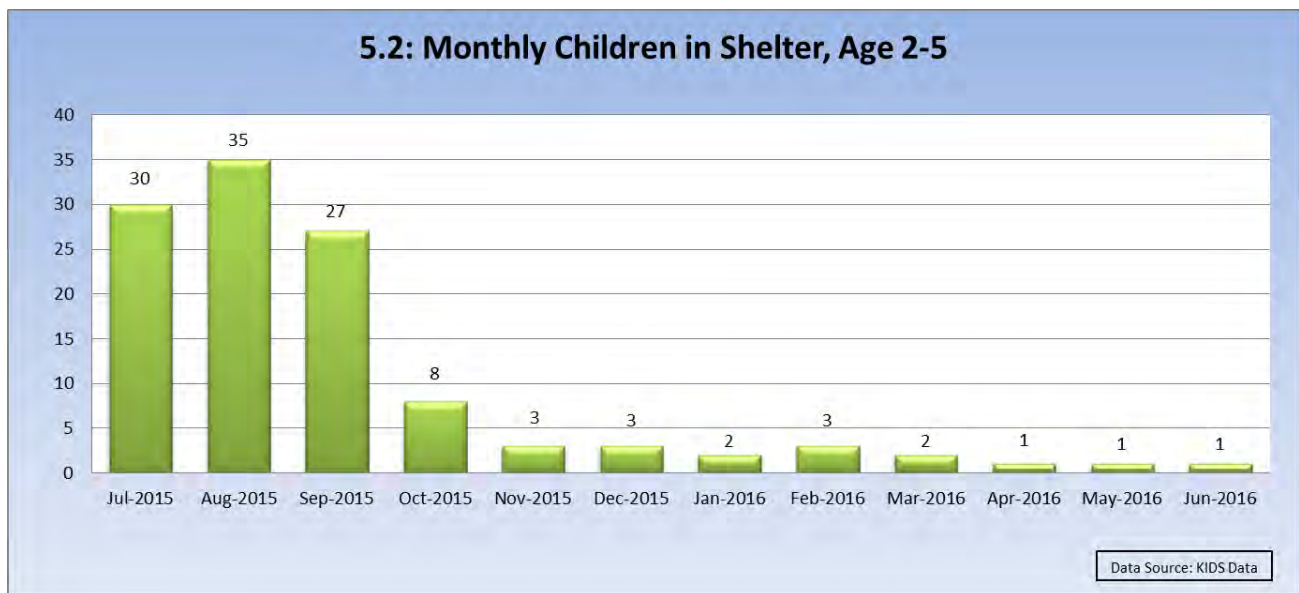


Section 2, Graph 5.2-1





Section 2, Graph 5.2-2



Section 2, Graph 5.2-3

**Commentary:**

A total of 4 children ages 2-5 years old spent a total of 137 nights in shelter care from January 1, 2016 – June 30, 2016. Section 2, Graph 5.2-3 identifies 10 children spending time in shelters between January and June 2016. In some cases, the child's shelter stay extended across two months. The child is included in the count for both months. Of the 4 unique children, none met the automatic exception as part of a sibling set of four or more. During this time period, 3,936 children ages 2-5 years were in care and 99.9 percent of those children did not have a shelter stay. Overall, 15,891 children were in care and 97.6 percent of all children in care did not have an overnight shelter stay during the reporting period.

### 5.3: Shelter Use—Children ages 6 to 12 years old

**Operational Question:**

Of all children ages 6-12 years old with an overnight shelter stay from January 1, 2016 – June 30, 2016, how many nights were spent in the shelter?

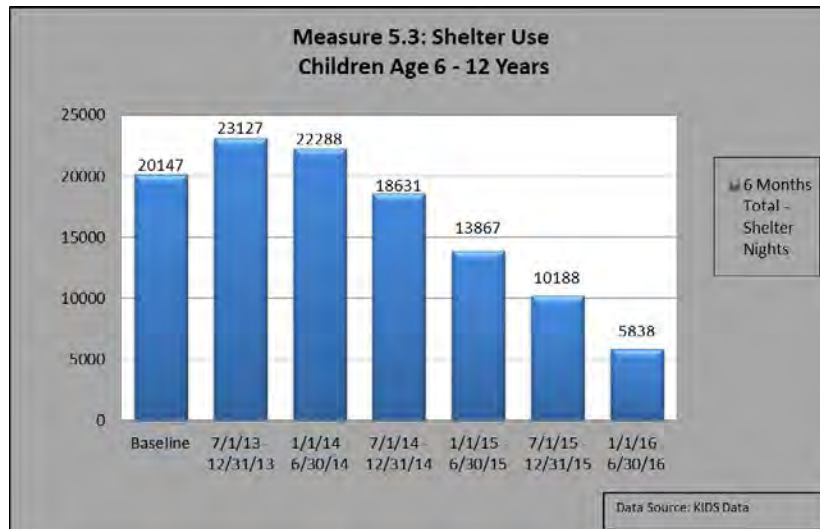
**Data Source and Definitions:**

Data shown is the total number of nights children ages 6-12 years old spent in the shelter during the time period from January 1, 2016 – June 30, 2016. The baseline for this measure was 20,147 nights with an interim target of 10,000 nights by 12/31/2013. An automatic exception is made when the child is part of a sibling set of four or more. Note: Children who meet an automatic exception are still included in the count of total nights spent in the shelter.

**Trends:**

Reporting Period	Population	Result
Baseline: 1/1/2012-6/30/2012	All children age 6-12 years with an overnight shelter stay between 1/1/2012- 6/30/2012	20,147 Nights
7/1/2013 – 12/31/2013	All children age 6-12 years with an overnight shelter stay between 7/1/2013 – 12/31/2013	23,127 Nights
1/1/2014 – 6/30/2014	All children age 6-12 years with an overnight shelter stay between 1/1/2014 – 6/30/2014	22,288 Nights
7/1/2014 – 12/31/2014	All children age 6-12 years with an overnight shelter stay between 7/1/2014 – 12/31/2014	18,631 Nights
1/1/2015 – 6/30/2015	All children age 6-12 years with an overnight shelter stay between 1/1/2015 – 6/30/2015	13,867 Nights
7/1/2015 – 12/31/2015	All children age 6-12 years with an overnight shelter stay between 7/1/2015 – 12/31/2015	10,188 Nights
1/1/2016 – 6/30/2016	All children age 6-12 years with an overnight shelter stay between 1/1/2016 – 6/30/2016	5,838 Nights
Target		0 Nights

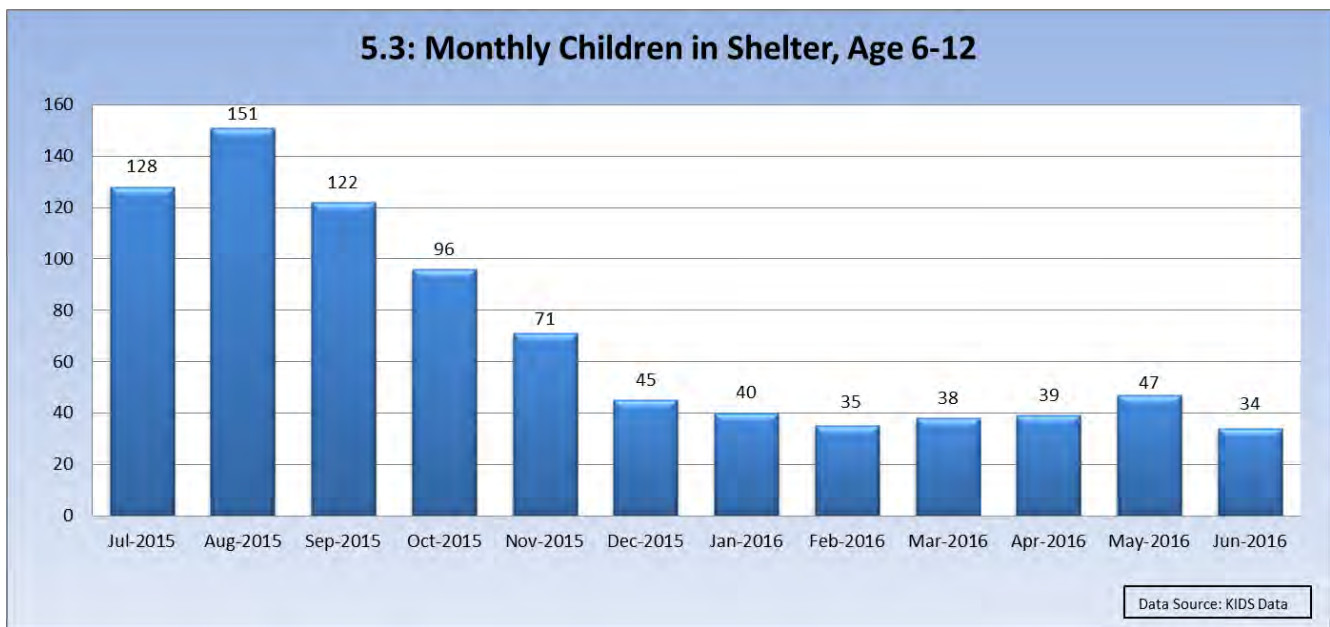
Section 2, Table 5.3-1



Section 2, Graph 5.3-1



Section 2, Graph 5.3-2



Section 2, Graph 5.3-3

**Commentary:**

A total of 112 children ages 6-12 years old spent a total of 5,838 nights in the shelter between January 1, 2016 – June 30, 2016. Section 2, Graph 5.3-3 identifies 233 children spending time in shelters between January and June 2016. In some cases, the child's shelter stay extended across two months. The child is included in the count for both months. Of these 112 children, 4 children, 3.6 percent, met the automatic exception as part of a sibling set of four or more. During this time period, 4,587 children ages 6-12 years old were in care and 97.6 percent of those children did not have a shelter stay. Overall, 15,891 children were in care and 97.6 percent of all children in care did not have an overnight shelter stay during the reporting period.

## 5.4: Shelter Use—Children ages 13 and older

### Operational Question:

Of all children ages 13 years or older with an overnight shelter stay from January 1, 2016 – June 30, 2016, how many nights were spent in the shelter?

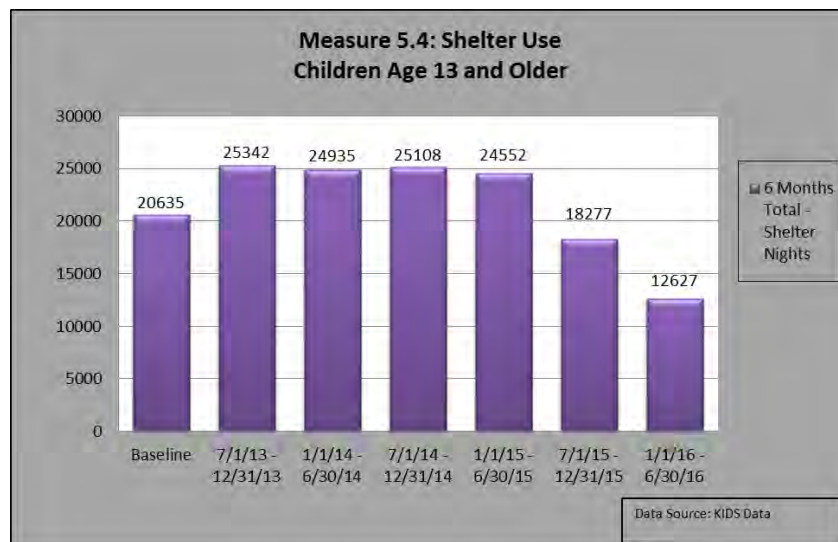
### Data Source and Definitions:

Data shown is the total number of nights children ages 13 years or older spent in the shelter during the time period from January 1, 2016 – June 30, 2016. The baseline for this measure is 20,635 nights with a target of 13,200. Of the children 13 years and older placed in a shelter during this period, the target is 80 percent of the children will meet the criteria of Pinnacle Plan Point 1.17. An automatic exception is made for children when the child is part of a sibling set of four or more. Note: Children who meet and automatic exception are still included in the count of total nights spent in the shelter.

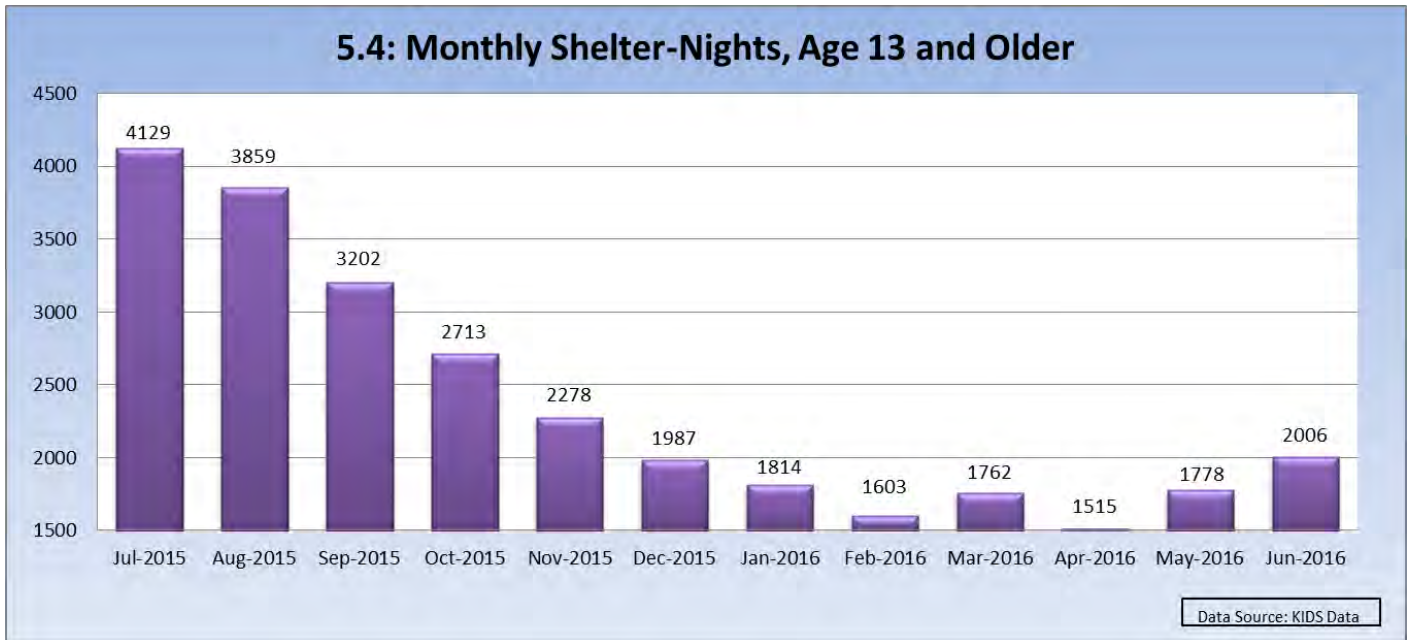
### Trends:

Reporting Period	Population	Result
Baseline: 1/1/2012-6/30/2012	All children age 13 or older with an overnight shelter stay between 1/1/2012-6/30/2012	20,635 Nights
7/1/2013 – 12/31/2013	All children age 13 or older with an overnight shelter stay between 7/1/2013 – 12/31/2013	25,342 Nights
1/1/2014 – 6/30/2014	All children age 13 or older with an overnight shelter stay between 1/1/2014 – 6/30/2014	24,935 Nights
7/1/2014 – 12/31/2014	All children age 13 or older with an overnight shelter stay between 7/1/2014 – 12/31/2014	25,108 Nights
1/1/2015 – 6/30/2015	All children age 13 or older with an overnight shelter stay between 1/1/2015 – 6/30/2015	24,552 Nights
7/1/2015 – 12/31/2015	All children age 13 or older with an overnight shelter stay between 7/1/2015 – 12/31/2015	18,277 Nights
1/1/2016 – 6/30/2016	All children age 13 or older with an overnight shelter stay between 1/1/2016 – 6/30/2016	12,627 Nights
Target		13,200 Nights

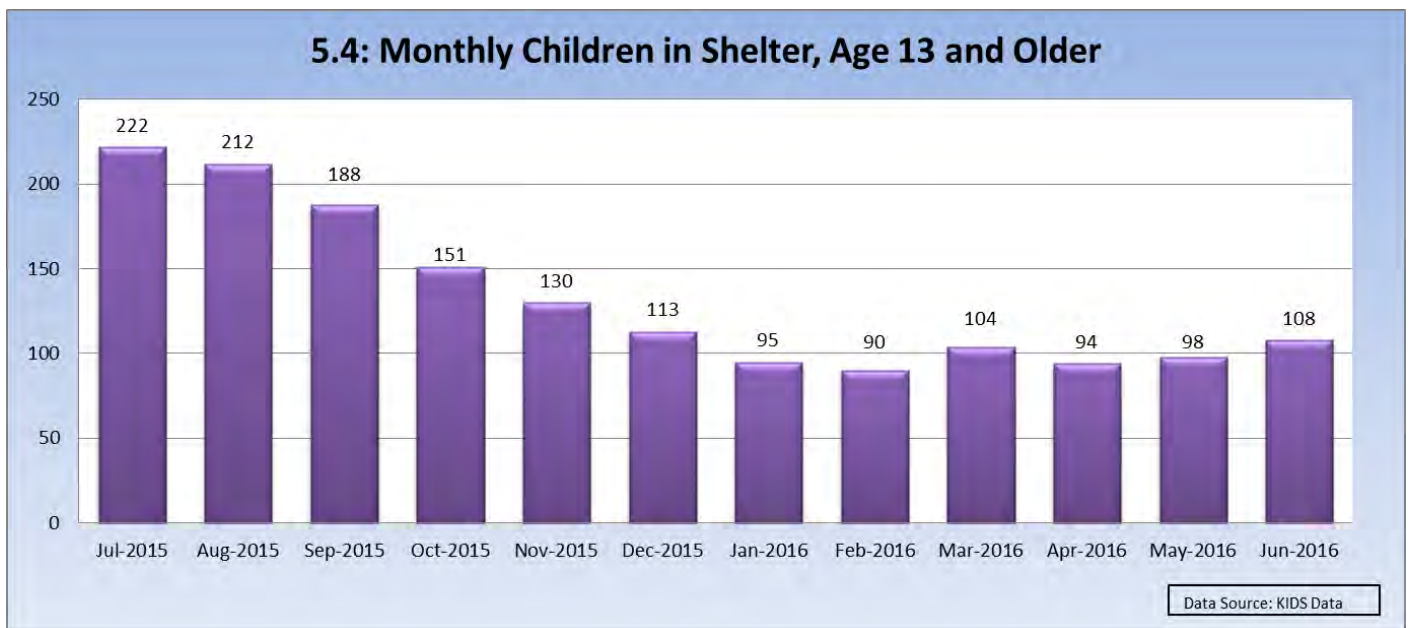
Section 2, Table 5.4-1



Section 2, Graph 5.4-1



Section 2, Graph 5.4-2



Section 2, Graph 5.4-3

**Commentary:**

A total of 264 children ages 13 years or older spent a total of 12,627 nights in shelter care from January 1, 2016 – June 30, 2016. Section 2, Graph 5.4-3 identifies 589 children spending time in shelters between January and June 2016. In some cases, the child's shelter stay extended across two months. The child is included in the count for both months. Of the 264 children, one child, 0.4 percent, met the automatic exception as part of a sibling set of four or more. During this time period, 2,123 children ages 13 years or older were in care and 87.6 percent of those children did not have a shelter stay. Overall, 15,891 children were in care and 97.6 percent of all children in care did not have an overnight shelter stay during the reporting period.

Ongoing efforts around the reduction of shelter utilization in Oklahoma continue with the key focus on placement of the children who remain at LDCC, as well as children who are placed in youth service shelters across the state. Partnership

opportunities with Oklahoma Association of Youth Shelters (OAYS) continue to expand and activities are in motion to ensure the OAYS staff is well-trained with advanced skill sets to meet the needs of the children placed in a shelter setting. DHS continues to show positive trending in the areas of overall decreased shelter utilization and the average length of stay that a child experiences when he or she is placed in a shelter. Over the course of the last year, dramatic reductions occurred in shelter utilization with the average shelter population reaching its lowest point in April 2016.

The decline in both of these areas continues to occur because of efforts to quickly and effectively assess the child's needs when entering shelter care and connecting with placements that best meet his or her specific needs. Challenges are still focused on not having immediate, needs-based placements for children in traditional foster care, therapeutic foster care (TFC), or settings that can meet the needs of children with medical challenges and other disabilities. The Shelter Lead continues to work with traditional and contracted foster care programs, TFC, congregate level care providers, as well as with CWS program staff on children with developmental and intellectual disabilities to develop working partnerships and planning activities on how to improve all program placements to best serve this dynamic population.

### **Laura Dester Children's Center (LDCC)**

In anticipation of LDCC closing in the early stages of 2016, DHS held a meeting with law enforcement officials and other judicial entities who had previously utilized LDCC as a placement option for children. This was an opportunity for representatives from DHS, law enforcement agencies, judicial entities, and community partners to come together to ensure there was a shared understanding of policies and procedures surrounding the changes at LDCC. Ideas and information were shared by all, as well as identification of challenges and barriers within all the different systems that will be impacted by the facility's closure. This meeting was an opportunity to initiate conversations and collaboration between local DHS leadership and these partners on an ongoing basis.

Although admissions to LDCC were slated to end October 2015, placements into LDCC continue, but only at the discretion of the CWS Division Director. The remaining children placed at LDCC have significant mental, behavioral, physical, intellectual, or developmental disabilities. Over the past six months, the LDCC daily population remained fairly constant in the months of January, February, and March, with a slight increase each month beginning in April. Placement planning was required for all of the children; however, placement availability for children with specific needs continues to be a challenge across the state. Weekly telephone conferences occur for all the children remaining at LDCC to locate the right placement to meet each of their needs. These calls will continue until the last child is placed out of the shelter and the facility officially ends operations.

In addition to a lack of appropriate needs-based placements for the children residing at LDCC, CWS also encountered the unforeseen closures of three contracted facilities, which included one private shelter, one residential facility for children with developmental and intellectual disabilities, and a Level E group home during the past few months. One state-operated group home, the Deborah Rothe Home in Oklahoma City, also ended operations at the end of June 2016. All of these locations were serving many youth across Oklahoma; therefore, swift, yet safe transition for these children had to occur within a short period of time since these facilities were closing entirely or were no longer going to serve CWS youth after a specific date.

As in any system embracing change, there are times when unexpected events occur that lead to unforeseen challenges. CWS Leadership has embraced these challenges and increased the amount of support given to the LDCC as the population and acuity levels of the children placed there have increased. Additional supports were needed in order to continue providing safe care to the children placed in this shelter setting. The additional services include; support from a local CW SPPU liaison to follow up on all MIC concerns; trauma-informed technical assistance provided through the OU-NRYCS contract for shelter leadership and staff; and hired additional staff to better care for the children's significant needs.

The CWS Program Supervisor for Developmental Disabilities Services (DDS) began housing a PFR at LDCC to assist with placement and service activities for youth who are receiving DDS services. In May 2016, the Shelter Lead and the PFR for Education Services hosted an educational event with administrators from the special education department at Tulsa

Public Schools. This daylong event ensured the children placed at LDCC with special education needs had all their services in place for year-round school, school-based services, and preparation information for all upcoming Individualized Education Program (IEP) meetings prior to the end of the school year. Challenged by some of Oklahoma's most difficult to place youth, the daily efforts by all staff, supports, and other service providers at LDCC played a significant role in the tremendous progress many of these children have made since being placed there.

### **Multi-Disciplinary Team Staffing's-Children in OAYS Shelters**

Although the process to begin utilizing the multi-disciplinary shelter staffing process with children placed in the youth service shelters was delayed by a few months, the team was able to begin those weekly staffings in February 2016. From February 2016 to June 2016, 81 case staffings occurred over 13 staffing days during this reporting period. CWS continues to use the multidisciplinary shelter staffing model with children placed in youth service shelters as a mechanism to explore placement opportunities. Many of these children have similar traits to other children who previously used shelter care. One thing that should be noted is that utilization of shelter care statewide for children under the age of 12 years old has seen a significant decline during this reporting period.

Shelter care in Oklahoma today is primarily used for children 13-18 years old. It does appear that age might play a significant factor in these children not receiving a timely needs-based placement, as many of these children have stabilized after just 45-60 days in a shelter setting. Traditional foster care requests are consistently denied due to a lack of homes for children of a specific age or need, which puts these children in limbo as their original identified needs may have stabilized. Because the original need has stabilized, these children are no longer eligible for higher levels of care, and traditional foster care frequently reports placements are not available for their age and/or needs, thus leaving these children caught in the middle of the placement gap. Positive trending in shelter reduction can be linked to using the multi-disciplinary shelter staffing process that has expanded to the regional level. Staff from SPPU is part of the team meetings and are highly involved in the placement-seeking process. The support and continued follow-up with field level supervisors and specialists is one of the key components of the staffing process allowing these meetings to be learning opportunities to expand their toolkit around the specific placement needs of their child.

### **OAYS Partnership**

In January 2016, DHS began the Provider Exchange program as part of the developing OAYS partnership. Six OAYS agencies were selected to be part of the cohort to receive technical assistance programming for the calendar year 2016. In collaboration with Annie E. Casey Foundation (AEC), the Office of Juvenile Affairs (OJA), and DHS, the cohort met twice, January and April 2016, and began the process of developing how the agencies can work together to better meet the needs of the clients that the agencies serve. The six agencies that began the Provider Exchange work successfully completed the second set of program meetings and are working on their SMART goals and ideas for their concept papers, as well as developing partnerships for their phone consultation. At the next meeting scheduled for late August 2016, the groups will present their concept papers and begin developing new or modified business plans. The Shelter Lead and an OJA representative participate as independent agency consultants to the program; therefore, their primary role is to support the selected agencies as they move through the Provider Exchange program. This permits OAYS to continue to work specifically with the Provider Exchange professionals without feeling the pressure of decision and action planning based on the directions of either CWS or OJA. This group will continue through the end of the calendar year with two cohort meetings remaining in August and December. Through this partnership with OAYS, DHS has improved relationships and a shared ownership of caring for Oklahoma's children and youth. This learning opportunity serves as a gateway to work through challenges, needs, and ongoing support and programming between the different agencies.

### **Trauma-Focused (TF) Cognitive Behavior Therapy (CBT) Request for Proposal, Training, and Implementation**

In addition to the work with the Provider Exchange, DHS extended an offer to the OAYS agencies to participate in an opportunity for training in the TF-CBT modality at no cost to their agency. The DHS Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC), a five year federal grant, along with the University of Oklahoma Health Sciences Center, issued a Request for Proposal in February 2016 to the OJA and OAYS agencies to submit their interest in clinical therapy staff participating in the training, support, and ongoing consultation of the TF-CBT modality. Many

agencies expressed interest in the opportunity and applications were issued in March 2016 and were returned in April 2016. In May 2016, participation slots were awarded to 38 clinicians across the state. The selected cohort participated in three days of training in June 2016 to begin implementing these services in communities around the state in July. DHS believes this is an outstanding opportunity to expand the service array for clients served by OAYS agencies and children in DHS custody all across Oklahoma. This training modality will equip providers to work better with children who experienced trauma and improve providers' independent work with children and adolescents and the caregivers in their communities.

### **Enhanced training modules for Youth Services Shelters**

CWS, in partnership with OJA, developed four training modules available over the course of this next year that focus on key skills to better prepare direct caregivers in the shelter setting for working with children and youth they come in contact with at their facility. At no cost to the Youth Service agencies, CWS provides the professionals, all in house CWS staff with expertise, certification, or special skill set, for the training and OJA issues four hours of training credit for the staff to attend. These training opportunities encompass four different trainings that include trauma-informed care in the direct care setting, cultural competency, medical issues and psychotropic medication training, and working with children who have developmental or intellectual disabilities. The training courses are offered in four to five locations across the state and are all offered twice in each location so that all youth service staff can attend. The first topic of training was Trauma-Informed Care in the Direct Care Setting and this round of training began in June 2016 with three training locations. The other six training locations will be completed in July 2016. The next training module on cultural competency is scheduled to occur in October and November. Youth Service agencies appear to be engaged in the training and find the information helpful to expand their toolkit when working with children in shelter settings.

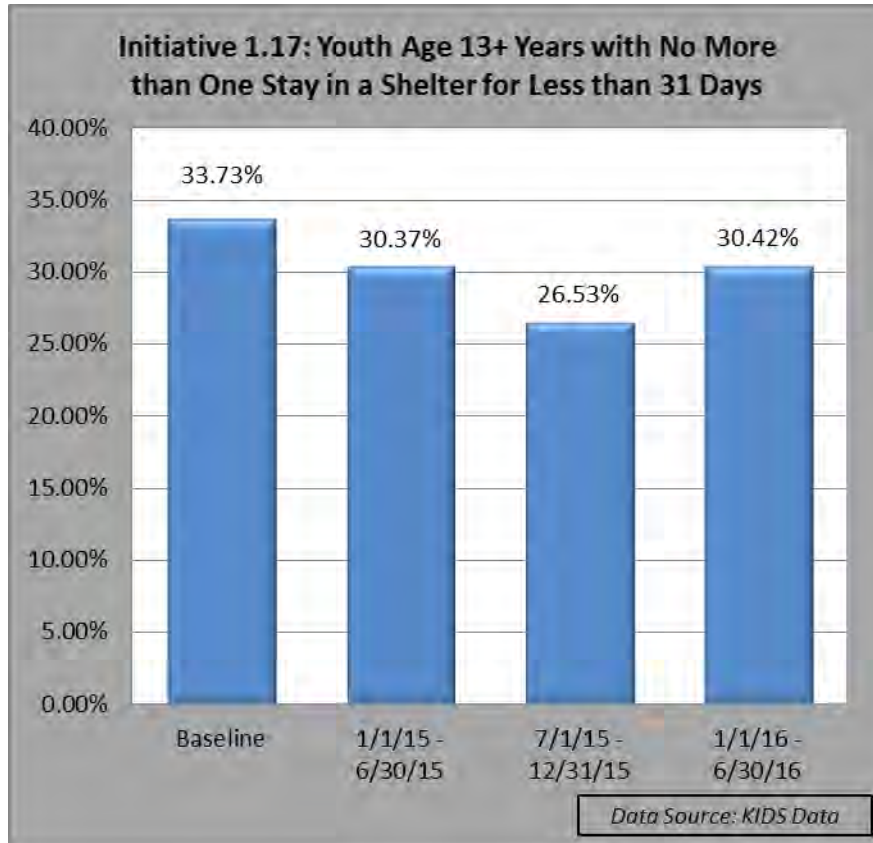
### **Shelter Repurposing**

Many questions are surfacing about the ongoing use of the two physical shelter buildings when operations permanently end. In Tulsa and Oklahoma City, community advocates, coalitions, councils, and key stakeholders have come together on several occasions to discuss options for utilization of the physical building once the shelters are closed. A Shelter Repurposing Sub-Committee was established in Oklahoma City and continues to actively work on the repurposing plan. A formal proposal presented to Director Lake in February 2016 was given the approval to continue work on plan implementation. As the plan continues to evolve, the services and programming that the repurposed Pauline E. Mayer (PEM) shelter will house are to begin operations in September 2016 in a temporary location until the PEM shelter renovations can be completed. A Request for Information (RFI) was issued in June 2016, giving anyone interested in providing services to children and families in the existing LDCC building an opportunity to submit a response. This was an open request and was not limited to the types of care that could be provided there. The RFI remains open until early August 2016. Tours of the facility for interested parties are set to occur in July 2016.

Overall, CWS is making positive strides across the state to reduce shelter use. As the data indicates, DHS is very close to meeting the target goals in the areas of children ages 0-1 and ages 2-5. DHS reduced not only the number of children utilizing shelter care in the age categories of 0-12, but continues to significantly reduce the number of nights children of this age stay in a shelter, when placement there is absolutely necessary. For the first time since the Pinnacle Plan began, DHS surpassed the goal of targeted number of nights for children ages 13-18 years old. While the total number of nights used in this age category was significantly reduced, continued work on ensuring children achieve the secondary goal - one, 30-day shelter stay in a calendar year - must now be the focus. All four age categories saw significant reductions during this reporting period, which is directly linked to many of the new protocols and practices that were put in place to continue reducing shelter care during the last year. Many of the ongoing activities not only support shelter usage reduction, but improve the safety and quality of care children and youth receive when served by partner agencies. Although shelter care experienced significant success over the past year, there is still much work to be done to ensure shelter care utilization does not begin trending in the negative direction. In the coming months, CWS will heighten its focus on shelter utilization in Oklahoma, with ongoing efforts to make adjustments and implement new and creative ideas to ensure all children in Oklahoma receive a placement in a setting that can meet their specific needs.



**Initiative 1.17: Youth 13 years and older not to be placed in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period.**



**Commentary:**

For the six-month period ending June 30, 2016, DHS experienced an increase from the prior reporting period of close to 4.0 percent.. Of the 263 children age 13 or over who had a shelter stay during the timeframe being reported, 80 children had one shelter stay lasting less than 31 days, 30.42 percent. However, of the 263 children age 13 and up who had a shelter stay: 51 of the children had 1 stay greater than 31 days, 19.39 percent; 28 children had two or more stays that totaled less than 31 days, 10.65 percent; and 104 children had two or more stays that lasted more than 31 days in the shelter, 39.54 percent.

## 6.2a: Permanency within 12 months of removal

### Operational Question:

Of all children who entered foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within 12 months of removal?

### Data Source and Definitions:

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the AFCARS files.

### Description of Denominator and Numerator for this reporting period:

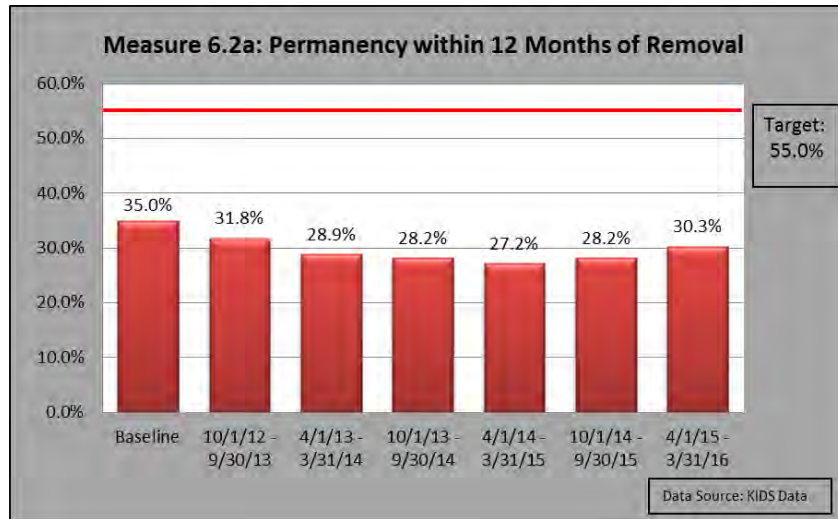
**Denominator:** All children who entered foster care between 10/1/2014 and 3/31/2015.

**Numerator:** The number of children who entered foster care between 10/1/2014 and 3/31/2015 and exited to a permanent setting within 12 months of removal.

### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2011 – 9/30/2011			35.0%
10/1/2012 – 9/30/2013	All admissions from 4/1/2012 – 9/30/2012	856	2,962	31.8%
4/1/2013 – 3/31/2014	All admissions from 10/1/2012 – 3/31/2013	782	2,707	28.9%
10/1/2013 – 9/30/2014	All admissions from 4/1/2013 – 9/30/2013	818	2,901	28.2%
4/1/2014 – 3/31/2015	All admissions from 10/1/2013 – 3/31/2014	748	2749	27.2%
10/1/2014 – 9/30/2015	All admissions from 4/1/2014 – 9/30/2014	764	2,705	28.2%
4/1/2015 - 3/31/2016	All admissions from 10/1/2014 – 3/31/2015	714	2,359	30.3%
Target				55.0%

Section 2, Table 6.2a-1



Section 2, Graph 6.2a-1

## 6.2b: Permanency within 2 years of removal

### Operational Question:

Of all children who entered their 12<sup>th</sup> month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within two years of removal?

### Data Source and Definitions:

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the AFCARS files.

Description of Denominator and Numerator for this reporting period:

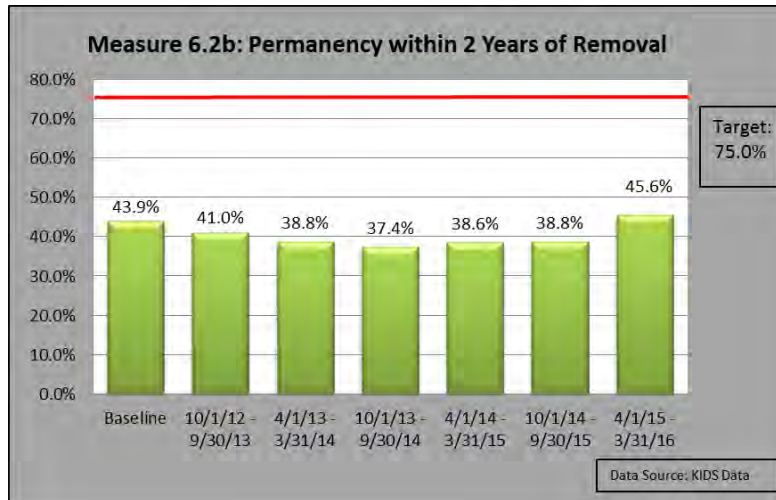
**Denominator:** All children who entered foster care between 10/1/2013 and 3/31/2014.

**Numerator:** The number of children, who entered foster care between 10/1/2013 and 3/31/2014, were removed at least 12 months, and exited to a permanent setting within 24 months of removal.

### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2010 – 9/30/2010			43.9%
10/1/2012 – 9/30/2013	All admissions from 4/1/2011 – 9/30/2011	667	1,626	41.0%
4/1/2013 – 3/31/2014	All admissions from 10/1/2011 – 3/31/2012	577	1,487	38.8%
10/1/2013 – 9/30/2014	All admissions from 4/1/2012 – 9/30/2012	669	1,787	37.4%
4/1/2014 – 3/31/2015	All admissions from 10/1/2012 – 3/31/2013	713	1,846	38.6%
10/1/2014 – 9/30/2015	All admissions from 4/1/2013 – 9/30/2013	780	2,008	38.8%
4/1/2015 – 3/31/2016	All admissions from 10/1/2013 – 3/31/2014	886	1,944	45.6%
Target				75.0%

Section 2, Table 6.2b-1



Section 2, Graph 6.2b-1

### 6.2c: Permanency within 3 years of removal

#### Operational Question:

Of all children who entered their 24<sup>th</sup> month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within three years of removal?

#### Data Source and Definitions:

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the AFCARS files.

Description of Denominator and Numerator for this reporting period:

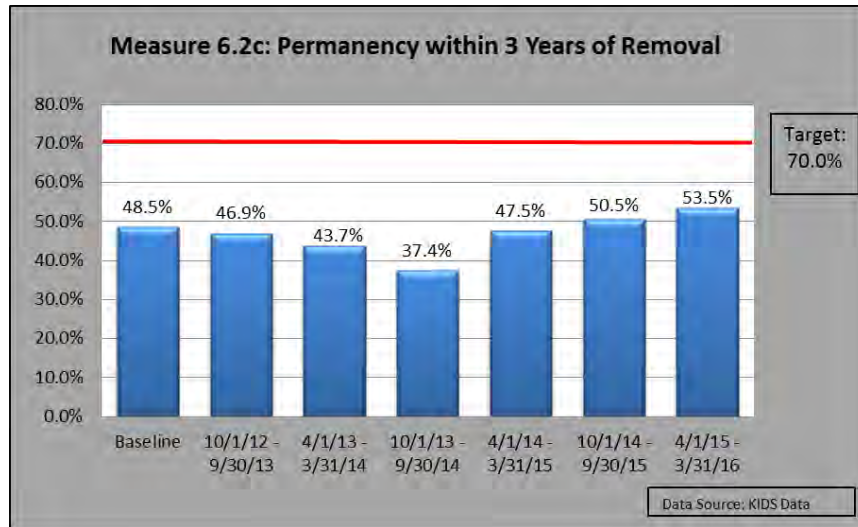
**Denominator:** All children who entered foster care between 10/1/2012 and 3/31/2013.

**Numerator:** The number of children, who entered foster care between 10/1/2012 and 3/31/2013, were removed at least 24 months, and exited to a permanent setting within 36 months of removal.

#### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2009 – 9/30/2009			48.5%
10/1/2012 – 9/30/2013	All admissions from 4/1/2010 – 9/30/2010	350	746	46.9%
4/1/2013 – 3/31/2014	All admissions from 10/1/2010 – 3/31/2011	286	654	43.7%
10/1/2013 – 9/31/2014	All admissions from 4/1/2011 – 9/30/2011	346	924	37.4%
4/1/2014 – 3/31/2015	All admissions from 10/1/2011 – 3/31/2012	414	872	47.5%
10/1/2014 – 9/31/2015	All admissions from 4/1/2012 – 9/30/2012	552	1,094	50.5%
4/1/2015 – 3/31/2016	All admissions from 10/1/2012 – 3/31/2013	586	1,095	53.5%
Target				70.0%

Section 2, Table 6.2c-1



Section 2, Graph 6.2c-1

## 6.2d: Permanency within 4 years of removal

### Operational Question:

Of all children who entered their 36<sup>th</sup> month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within 48 months of removal?

### Data Source and Definitions:

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the AFCARS files.

### Description of Denominator and Numerator for this reporting period:

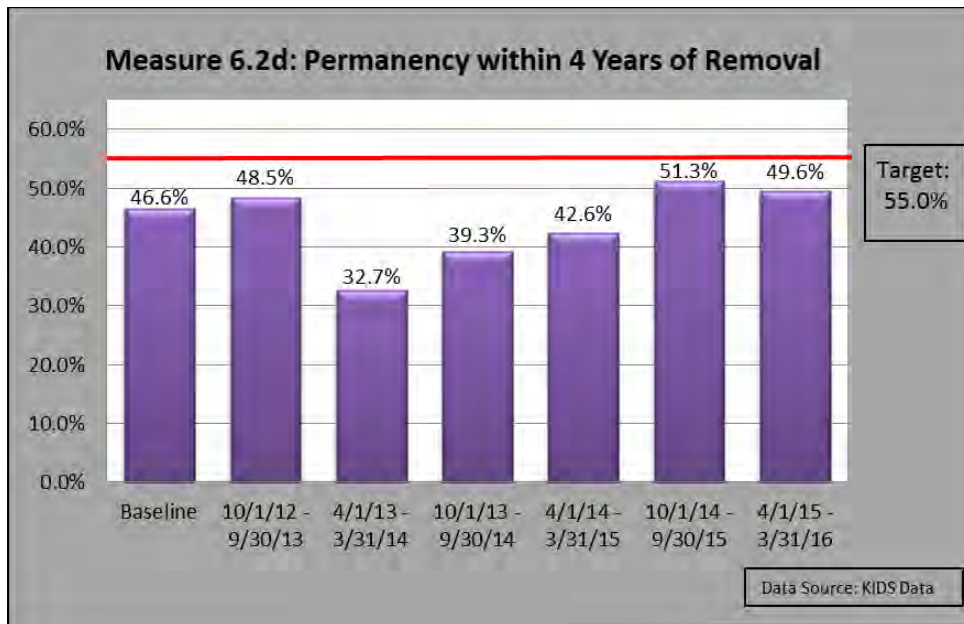
**Denominator:** All children who entered foster care between 10/1/2011 and 3/31/2012.

**Numerator:** The number of children, who entered foster care between 10/1/2011 and 3/31/2012, were removed at least 36 months, and exited to a permanent setting within 48 months of removal.

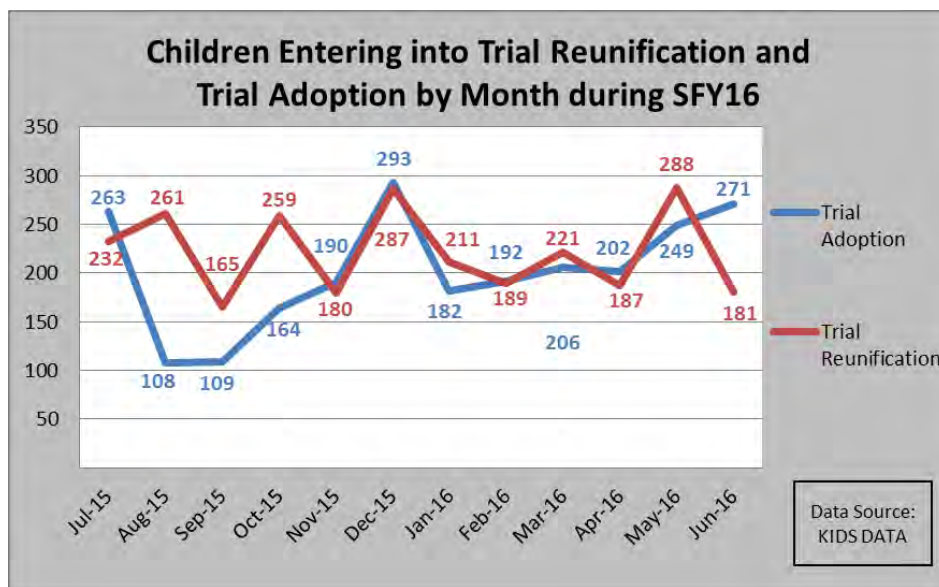
### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2008 – 9/30/2008			46.6%
10/1/2012 – 9/30/2013	All admissions from 4/1/2009 – 9/30/2009	128	264	48.5%
4/1/2013 – 3/31/2014	All admissions from 10/1/2009 – 3/31/2010	91	278	32.7%
10/1/2013 – 9/30/2014	All admissions from 4/1/2010 – 9/30/2010	141	359	39.3%
4/1/2014 – 3/31/2015	All admissions from 10/1/2010 – 3/31/2011	146	343	42.6%
10/1/2014 – 9/30/2015	All admissions from 4/1/2011 – 9/30/2011	285	556	51.3%
4/1/2015 – 3/31/2016	All admissions from 10/1/2011 – 3/31/2012	206	415	49.6%
Target				55.0%

Section 2, Table 6.2d-1



Section 2, Graph 6.2d-1



Section 2, Graph 6.2d-2

Section 2, Graph 6.2d-2 is an unduplicated count of children who entered Trial Adoption or Trial Reunification for each month during the State Fiscal Year 2016. This is not a summary count of all children placed in Trial Adoption or Trial Reunification during the month. Although not a Pinnacle Plan measure, DHS tracks performance in these two areas, as it is reflective of real time progress on moving children to permanency.

**Commentary:**

Performance on Measures 6.2a, b, and c increased during this reporting period. Measure 6.2a increased by 2.1 percent from the last reporting period, despite still being below the original baseline. Performance Measure 6.2b increased by 6.8 percent from last reporting period and is currently 1.7 percent above the original baseline. Performance in Measure 6.2c increased by 3 percent and is 5 percent above the original baseline. Measure 6.2d decreased by 1.7 percent since the last reporting period.

An additional 894 children in these cohorts achieved permanency after the target dates. As of 8/1/2016 there were 502 children placed in trial adoption and an additional 1000 in trial reunification with a total of 1502 children close to achieving a permanent exit from DHS care. Since the last reporting period, DHS continued expanding Permanency Safety Consultations (PSCs) implementation. As of August 2016, almost 2000 children had a PSC completed on their case. PSCs are structured, team reviews of children in out-of-home care with the case plan goal of reunification. Consultations bring a district focus to achieving permanency through identification of safety threats and barriers impacting permanency. District consultation teams include the district director, county supervisors, and case workers. On average, 20 cases per month are reviewed in each participating district. The team assists in determining a case plan to move forward towards permanency and invites multiple perspectives on the case being staffed. PSCs combine a four-pronged approach to system change by promoting systemic culture change, capacity building, improving outcomes for families, and ensuring practice sustainability. As of July 2016, PSCs were implemented in 15 judicial districts. The plan for statewide implementation continued in July 2016 with the regional training of all district directors. Every district across the state will have PSC's rolled out by 10/1/16.

Additional efforts to increase performance in the permanency measures include the designation of district directors in each region to serve as permanency leads. These leads serve as the regional contact for permanency efforts in each region and will begin providing bimonthly reports on each region's individualized plan to achieve permanency. A workgroup consisting of the regional leads, continuous quality assurance, KIDS, and permanency programs staff began meeting quarterly to review the states progress towards achieving safe, timely permanency. The workgroup will review progress on the regional permanency plans and make recommendations and changes as needed to keep the state focused on increasing performance in these measures.

### 6.3: Re-entry within 12 months of exit

#### Operational Question:

Of all children discharged from foster care in the 12-month period prior to the reporting period, what percentage re-entered care within 12 months of discharge?

#### Data Source and Definitions:

Re-entry within 12 months measures all children discharged to permanency, not including adoption, from foster care in the 12-month period prior to the reporting period and the percentage of children who re-enter foster care during the 12 months following discharge. This is the same as the Federal Metric and this data is pulled from AFCARS data.

#### Description of Denominator and Numerator for this reporting period:

**Denominator:** All children who exited foster care between 4/1/2014 and 3/31/2015.

**Numerator:** All children who exited foster care between 4/1/2014 and 3/31/2015 and re-entered care within one year of exit.

#### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011-9/30/2012	All exits between 10/1/2010 and 9/30/2011			10.3%
10/1/2012 – 9/30/2013	All exits between 10/1/2011 and 9/30/2012	234	2,334	10.0%
4/1/2013 – 3/31/2014	All exits between 4/1/2012 and 3/31/2013	223	2,375	9.4%
10/1/2013 – 9/30/2014	All exits between 10/1/2012 and 9/30/2013	225	2,638	8.5%
4/1/2014 – 3/31/2015	All exits between 4/1/2013 and 3/31/2014	230	2,682	8.6%

10/1/2014 – 9/30/2015	All exits between 10/1/2013 and 9/30/2014	223	2,756	8.1%
4/1/2015 – 3/31/2016	All exits between 4/1/2014 and 3/31/2015	218	2,869	7.6%
Target				8.2%

Section 2, Table 6.3-1



Section 2, Graph 6.3-1

**Commentary:**

The number of children re-entering out-of-home care within a 12-month period dropped 0.5 percent and is now at 7.6 percent which is 0.6 percent below the set target of 8.2 percent. Performance in this area continues to improve and DHS has shown an increasingly steady decline which has led to exceeding the target of 7.6 percent.

Performance in this measure continues to improve and exceeded the baseline five out of the last six reporting periods. PSC implementation and performance on the workload and worker contact measures appear to have impacted increased performance in this measure.

**6.4: Permanency for legally free teens**

**Operational Question:**

Of all legally free foster youth who turned age 16 in the period 24 to 36 months prior to the report date, what percent exited to permanency by age 18?

**Data Source and Definitions:**

Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, Measure 6.4 reports the percent that exited to permanency by age 18. An "Exit to Permanency" includes all youth with an exit reason of adoption, guardianship, custody to relative, or reunification. "Legally Free" means a parental rights termination date is reported to AFCARS for both mother and father.

**Description of Denominator and Numerator for this reporting period:**

**Denominator:** All children in care who turned 16 between 4/1/2013 and 3/31/2014 and were legally free at the time they turned 16.

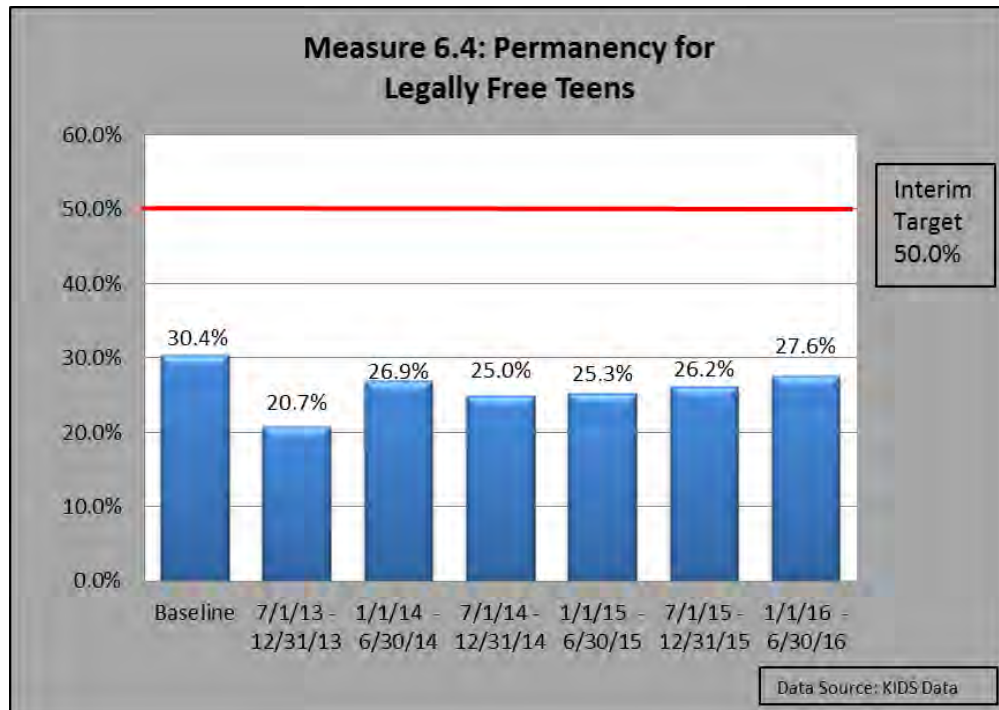
**Numerator:** The number of children, who turned 16 between 4/1/2013 and 3/31/2014, were legally free at the time they turned 16, and reached permanency prior to their 18<sup>th</sup> birthday.



**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children in care who turned 16 between 10/1/2009 and 9/30/2010 and were legally free at the time they turned 16.			30.4%
10/1/2012 – 9/30/2013	All children in care who turned 16 between 10/1/2010 and 9/30/2011 and were legally free at the time they turned 16.	29	140	20.7%
4/1/2013 – 3/31/2014	All children in care who turned 16 between 4/1/2011 and 3/31/2012 and were legally free at the time they turned 16.	36	134	26.9%
10/1/2013 – 9/30/2014	All children in care who turned 16 between 10/1/2011 and 9/30/2012 and were legally free at the time they turned 16.	37	148	25.0%
4/1/2014 – 3/31/2015	All children in care who turned 16 between 4/1/2012 and 3/31/2013 and were legally free at the time they turned 16.	37	146	25.3%
10/1/2014 – 9/30/2015	All children in care who turned 16 between 10/1/2012 and 9/30/2013 and were legally free at the time they turned 16.	33	126	26.2%
4/1/2015 – 3/31/2016	All children in care who turned 16 between 4/1/2013 and 3/31/2014 and were legally free at the time they turned 16.	29	105	27.6%
Target				50.0%

Section 2, Table 6.4-1



Section 2, Graph 6.4-1

**Commentary:**

Between April 1, 2013 and March 31, 2014, a total of 105 legally free youth turned 16 years of age. Of those youth, 29 exited to permanency: 1 youth, 1 percent, through reunification; 24 youth, 22.9 percent, through adoption; and 4 youth, 3.8 percent, through guardianship or custody to relative. Of the remaining 80 youth, 60 exited care prior to reaching permanency: 57 or 54.3 percent of youth, through emancipation/aged out; 2 or 1.9 percent of youth, through AWOL; and 1 or 1 percent of youth, transferred to another agency. The remaining 16 or 15.2 percent of youth, were still in care on the last day of the reporting period 3/31/16.

Although performance in this measure increased slightly over the last two reporting periods, it continues to remain below the baseline. DHS recognizes that the current performance remains insufficient and continues to implement additional activities to improve outcomes for legally free teens at risk for exiting care without permanency.

Permanency round tables were completed on 37 of the 105 youth who exited care during the period under review. DHS continues to identify and assess the youth eligible for reinstatement of parental rights. Permanency plans were also developed in June and July of 2016 by each regional leadership team to target permanency for older legally free youth. Impacting permanency for this population is challenging due to the complex barriers specific to this population, such as resistance by the youth to adoption and limited connections to relatives. Additional efforts include a plan to discontinue the case plan goal of adoption preparation for children and youth in October 2016. Adoptions and permanency programs met jointly and determined that limiting case plan goals to reunification, adoption, and guardianship would help ensure that each child in out-of-home care had active efforts being made to achieve permanency.

District directors were designated in each region to serve as permanency leads. These leads are the regional contact for permanency efforts and will begin providing bimonthly reports on each region's individualized plan to achieve permanency in September 2016. A workgroup consisting of the regional leads, continuous quality assurance, KIDS, and permanency programs staff began meeting quarterly to review the state's progress towards achieving safe, timely permanency. The workgroup will review progress on the regional permanency plans, track outcomes, and make recommendations and changes as needed. Each region's plan consists of three strategies intended to impact permanency for older youth. These strategies include, but are not limited to:

- Family Team Meetings for youth ages 15-17;
- PSCs for youth over the age of 13;
- Diligent search efforts for youth over the age of 15;
- Regional permanency training for frontline workers; and
- Intensive family engagement in districts meeting workload standards.

Each regional leadership team met as a group and reviewed their region's data and performance to assist in them in the development of region specific strategies to impact permanency for the youth represented in Measure 6.4.

## 6.5: Rate of adoption for legally free children

### Operational Question:

Of all children who became legally free for adoption in the 12-month period prior to the year of the reporting period, what percentage were discharged from foster care to a finalized adoption within 12 months of becoming legally free?

### Data Source and Definitions:

All children who became legally free for adoption in the 12-month period prior to the year of the reporting period with the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free are reported in Measure 6.5. "Legally Free" means there is a parental rights termination date reported to AFCARS for both mother and father. This measure is federal metric C 2.5.

**Description of Denominator and Numerator for this reporting period:**

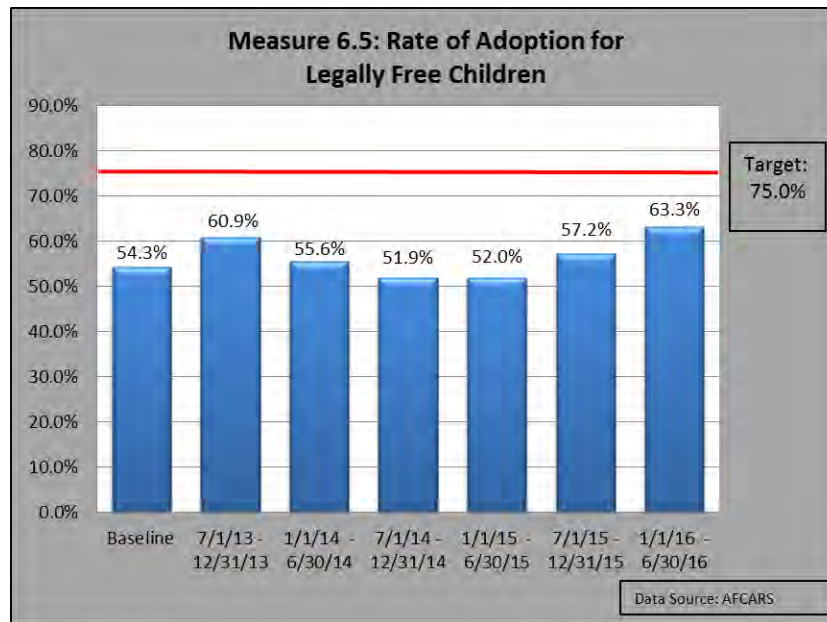
**Denominator:** All children who became legally free for adoption between 4/1/2014 and 3/31/2015.

**Numerator:** The number of children who became legally free for adoption between 4/1/2014 and 3/31/2015 **and** were discharged from care to a finalized adoption in less than 12 months from the date they became legally free.

**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children who became legally free between 10/1/10 and 9/30/2011			54.3%
10/1/2012 – 9/30/2013	All children who became legally free between 10/1/11 and 9/30/2012	898	1,474	60.9%
4/1/2013 – 3/31/2014	All children who became legally free between 4/1/12 and 3/31/2013	857	1,540	55.6%
10/1/2013 – 9/30/2014	All children who became legally free between 10/1/12 and 9/30/2013	839	1,618	51.9%
4/1/2014 – 3/31/2015	All children who became legally free between 4/1/13 and 3/31/2014	935	1,797	52.0%
10/1/2014 – 9/30/2015	All children who became legally free between 10/1/13 and 9/30/2014	1,200	2,099	57.2%
4/1/2015 – 3/31/2016	All children who became legally free between 4/1/14 and 3/31/2015	1,459	2,304	63.3%
Target				75.0%

Section 2, Table 6.5-1



Section 2, Graph 6.5-1

**Commentary:**

DHS continues to see an increase in the number of children becoming legally free for adoption. A 6.1 percent increase occurred from the last reporting period in the number of children who were discharged from care to a finalized adoption within 12 months from the date they became legally free.

DHS continues to see progress in timeliness to adoption of children once they become legally free. In this reporting period, 1459 of the 2304 children or an increase of 6.1 percent were included in the measure. Ongoing work through

the regional Adoption Timeliness Accountability Teams (ATATs) impacted this work. The teams are comprised of representatives from Adoption, Permanency Planning, Foster Care, Legal Services, and Interstate Compact on the Placement of Children (ICPC). The ATATs were formed to define and resolve barriers to the designated Quad 1 children achieving permanency through adoption finalization.

## 6.1 Rate of permanency for legally free children with no adoptive placement

### Operational Question:

Of children who were legally free but not living in an adoptive placement as of January 10, 2014, what number of children has exited care to a permanent placement?

### Data Source and Definitions:

All children who were legally free for adoption as of January 10, 2014 and did not have an identified adoptive family with the percentage who have since achieved permanency, either through adoption, guardianship, or reunification are reported in Measure 6.1. The target for this measure is that 90.0 percent of the children age 0-12 years, and 80.0 percent of the children age 13+ years will achieve permanency by June 30, 2016. "Legally Free" means there is a parental rights termination date reported to AFCARS for both mother and father or for one parent when the child was previously adopted by a single parent. In the KIDS system, these children are classified as "Quad 2" children, indicating that these children are legally free and have no identified adoptive placement.

### Description of Denominator and Numerator for this reporting period:

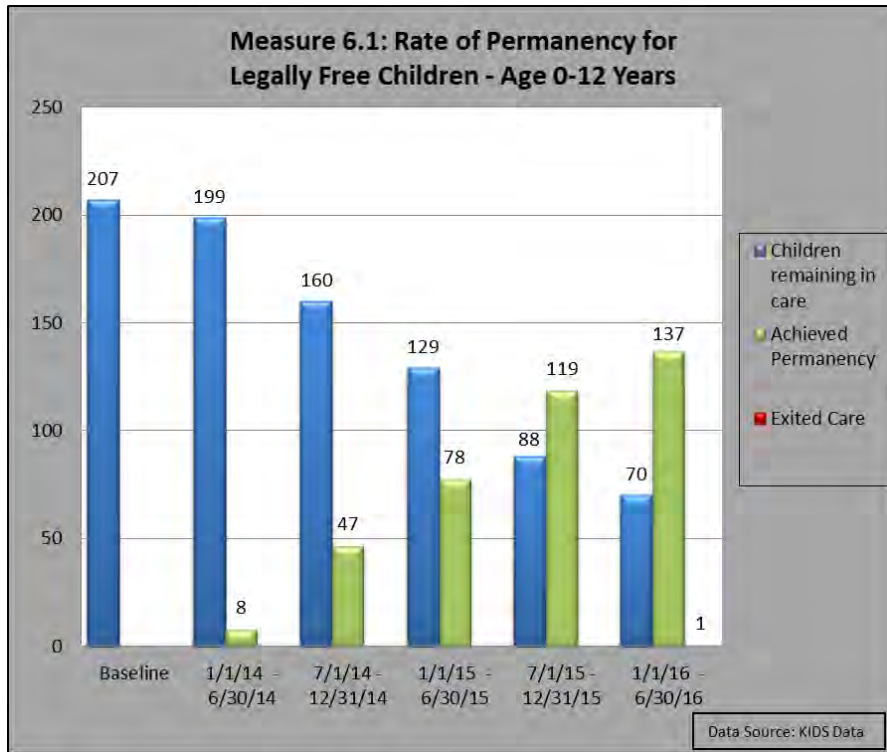
**Denominator:** All Quad 2 children with a case plan goal of adoption as of 1/10/2014.

**Numerator:** The number of Quad 2 children with a case plan goal of adoption who achieved permanency.

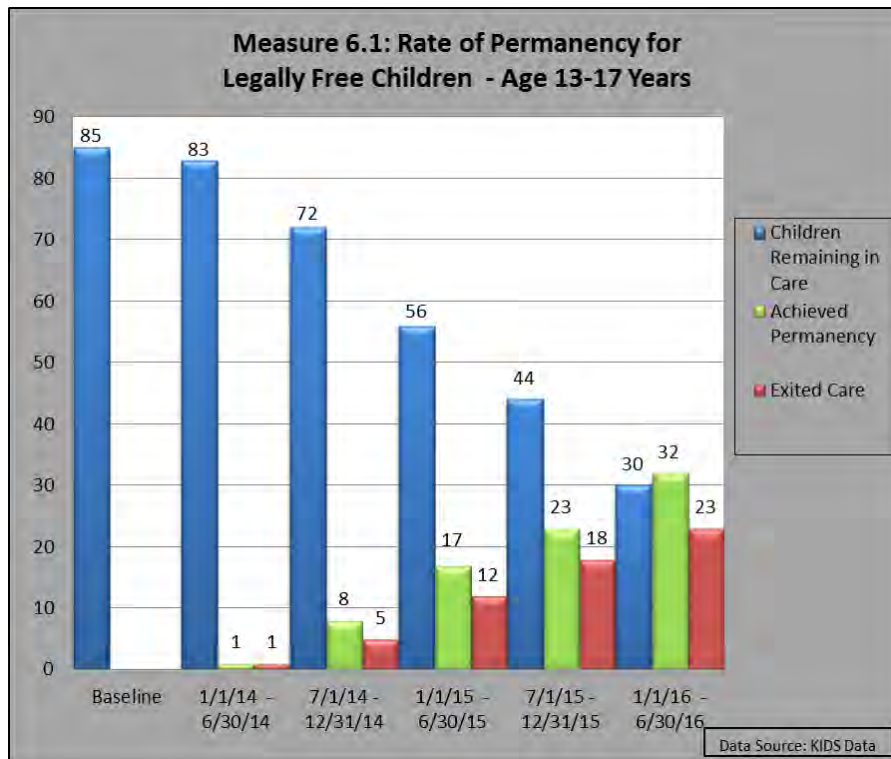
### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Cohort Baseline: 1/10/14				292 Children
1/10/2014 – 6/30/2014	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	8	207	3.9%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	1	85	1.2%
7/01/2014 – 12/31/2014	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	47	207	22.7%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	8	85	9.4%
1/01/2015 – 6/30/2015	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	78	207	37.7%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	17	85	20.0%
7/01/2015 – 12/31/2015	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	119	207	57.5%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	23	85	27.1%
1/01/2016 – 6/30/2016	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	137	207	66.2%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	32	85	37.6%
Target		90.0% (Age 0-12 Years) 80.0% (Age 13+ Years)		

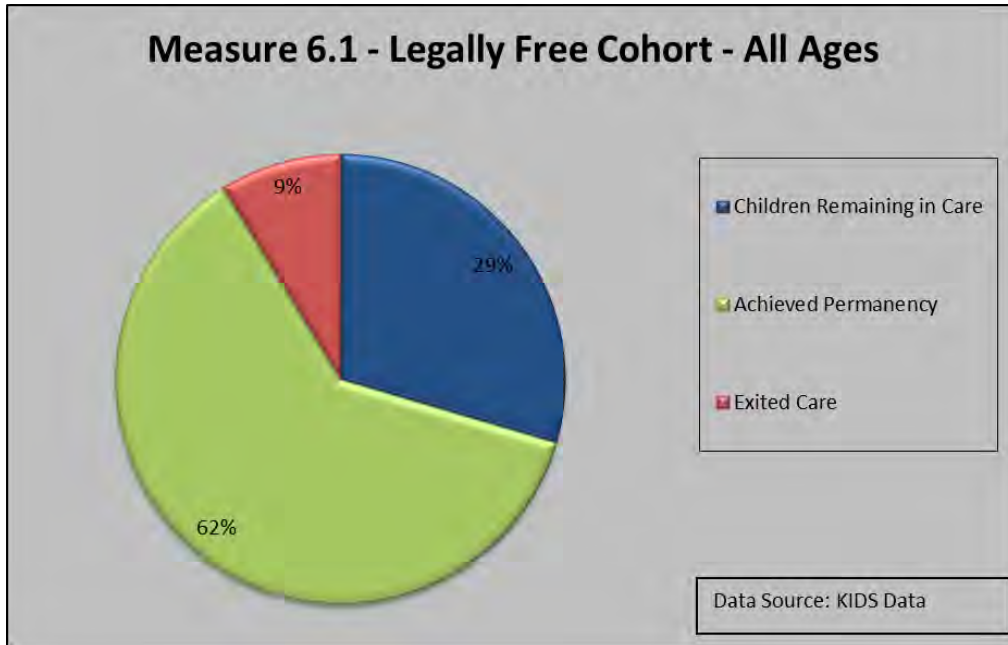
Section 2, Table 6.1-1



Section 2, Graph 6.1-1



Section 2, Graph 6.1-2



Section 2, Chart 6.1-1

**Commentary:**

As of June 30, 2016, 169 children, 62.0 percent, achieved permanency and 24 children, 9.0 percent exited care, 23 aged out of custody and 1 child exited due to death. For the cohort of children ages 0-12 who were legally free without an identified placement, 137 of 207 or 66.2 percent reached permanency. For the cohort of children aged 13 or older who were legally free without an identified placement, 32 of the 85 or 37.6 percent reached permanency.

Since the cohort was identified, 23 of the 292 baseline children exited care through aging out. Of the 23 children who exited care through aging out, 19 left care with transition plans documenting what will happen when DHS is no longer involved and defining the identified supports; 12 with permanency pacts; 2 were reunified with parents with services; and 11 signed themselves back into care. One of the youth had the opportunity to be reunified and adopted by an older sister, but the youth wanted to stay in the same school and continue to live with the foster family. Of those that aged out, 20 had the case goal plan of planned alternative permanent placement when leaving care.

Adoptions Transition Unit (ATU) staff are assigned to each of these children and youth and provide good faith efforts to assist the children in achieving permanency. Increased oversight by supervisors on documentation of efforts has improved the quality and timeliness of KIDS documentation. A new report for the ongoing Quad 2 was developed that identifies trends to provide better guidance and support to prevent youth exiting care through aging out. The increased efforts over the past year to engage in meaningful conversations with the youth, as well as with the important people in that youth's life has led to additional permanency possibilities for the baseline children and youth. ATU staff implemented new strategies of assisting and following up from statewide staffing to assure families are reviewed, considered, and recommended. ATU also examine the NON ID Resource report and make contact with the adoption workers to check on the family's status and appropriateness. This new process resulted in placement of two children into families identified through these methods of reviewing resources.

Ongoing efforts with the Targeted Family Finding and Engagement core strategy resulted in diligent searches completed on all of the baseline children and led to additional efforts being put in place earlier in the case to prevent children from reaching a legally free status without an identified family to adopt. In addition, a partnership was developed with three

news stations across the state that resulted in 69 of the baseline youth presented and aired on television to recruit families.

New core strategies were implemented in the last quarter of SFY16. These strategies include working with the Oklahoma Fosters Initiative and America's Kids Belong to develop videos of children waiting for adoptive families that can be used throughout different media sources including social media sites. The Oklahoma Heart Gallery is being updated to include new photos on children who are legally free, awaiting an adoptive family. The DHS recruitment teams share information about the specific children currently waiting for a family when participating in community recruitment events.

Beginning July 2016, DHS will partner with contracted mental health consultant to review the child profile on Quad 2 children prior to disclosure. The mental health consultant will assist the prospective family with understanding the child's history and the possible supports and services the child and family may need. They will also help with getting services in place as needed.

## 6.6: Trial Adoption Disruptions

### Operational Question:

Of all children who entered trial adoptive placements during the previous 12-month period, what percent of adoptions did not disrupt over a 12-month period?

### Data Source and Definitions:

A trial adoption (TA) placement is defined as the time between when a child is placed into an adoptive placement until the adoption is legally finalized. A trial adoption disruption is defined as the interruption of an adoption after the child's placement and before the adoption finalization.

### Description of Denominator and Numerator for this reporting period:

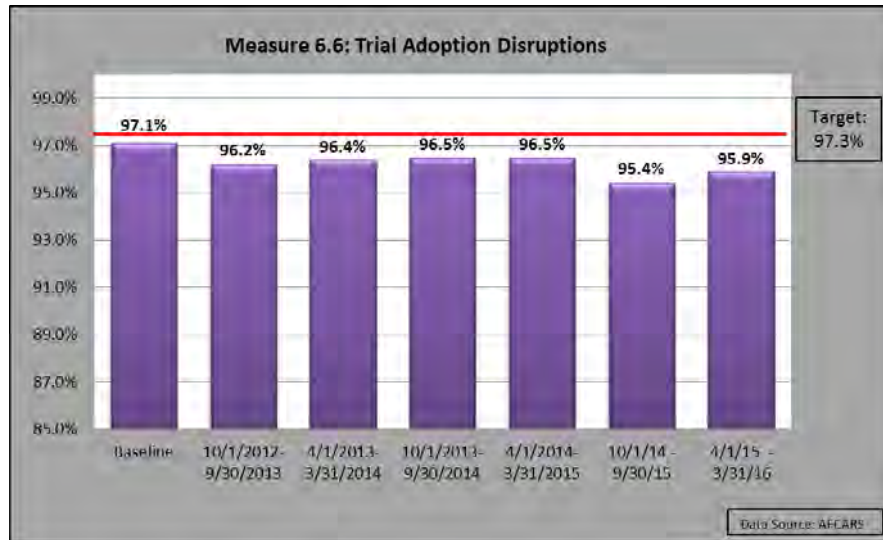
**Denominator:** Number of children that entered trial adoption between 4/1/2014 – 3/31/2015.

**Numerator:** Number of children that entered trial adoption between 4/1/2014 – 3/31/2015 **and** the trial adoption did not disrupt within 12 months.

### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children who entered TA between 10/1/2010 – 9/30/2011			97.1%
10/1/2012 – 9/30/2013	All children who entered TA between 10/1/2011 – 9/30/2012	1,433	1,489	96.2%
4/1/2013 – 3/31/2014	All children who entered TA between 4/1/2012 – 3/31/2013	1,366	1,417	96.4%
10/1/2013 – 9/30/2014	All children who entered TA between 10/1/2012 – 9/30/2013	1,197	1,241	96.5%
4/1/2014 – 3/31/2015	All children who entered TA between 4/1/2013 – 3/31/2014	1,252	1,297	96.5%
10/1/2014 – 9/30/2015	All children who entered TA between 10/1/2013 – 9/30/2014	1,477	1,549	95.4%
4/1/2015 – 3/31/2016	All children who entered TA between 4/1/2014 – 3/31/2015	1,938	2,020	95.9%
Target				97.3%

Section 2, Table 6.6-1



Section 2, Graph 6.6-1

**Commentary:**

DHS experienced a 0.5 percent increase in children who did not disrupt while in trial adoptive placement. For the current reporting period, 2,020 children entered into trial adoption between April 1, 2014 and March 31, 2015. This is a 30.4 percent increase over the number of children who entered trial adoption in the previous reporting period and a 55.7 percent increase over the reporting period 12 months ago. Although the number of trial adoption disruptions decreased slightly since the 12 month period ending 3/31/15, the number of successful Trial Adoption episodes has also significantly increased.

New strategies were implemented to focus attention on support from the matching process forward by utilizing the mental health consultants in the disclosure process to assist families in understanding the child's history and possible needs. The mental health consultants will also assist in transition planning and building stronger service plans around the trial adoption placement prior to finalization. Through a partnership with the Oklahoma Department of Mental Health and Substance Abuse Services, mobile crisis stabilization units are now available statewide to assist families during the trial adoption period. Staff are using this resource when the child and family are having difficulty before the situation escalates to prevent placement disruption. During this reporting period, 95.9 percent of the trial adoption placements did not disrupt.

**6.7 Adoption Dissolutions**

**Operational Question:**

Of all children whose adoptions were finalized over a 24-month period, what percentage of those children did not experience dissolution within 24 months of finalization?

**Data Source and Definitions:**

A finalized adoption is defined as the legal consummation of an adoption. Adoption dissolution is defined as the act of ending an adoption by a court order terminating the legal relationship between the child and the adoptive parent. This term applies only after finalization of the adoption.

**Description of Denominator and Numerator for this reporting period:**

**Denominator:** All children who had a legalized adoption during the 24 months ending March 31, 2014.

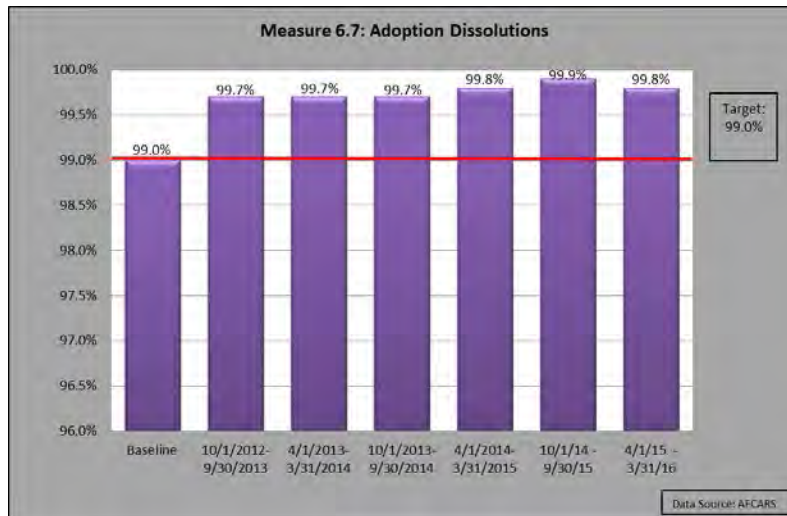
**Numerator:** All children who had a legalized adoption during the 24 months ending March 31, 2014 that did not dissolve in less than 24 months.



**Trends:**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children with a legalized adoption between 10/1/2008 and 9/30/2010			99.0%
10/1/2012 – 9/30/2013	All children with a legalized adoption between 10/1/2009 and 9/30/2011	2,969	2,979	99.7%
4/1/2013 – 3/31/2014	All children with a legalized adoption between 4/1/2010 and 3/31/2012	3,055	3,063	99.7%
10/1/2013 – 9/30/2014	All children with a legalized adoption between 10/1/2010 and 9/30/2012	2,856	2,865	99.7%
4/1/2014 – 3/31/2015	All children with a legalized adoption between 4/1/2011 and 3/31/2013	2,945	2,950	99.8%
10/1/2014 – 9/30/2015	All children with a legalized adoption between 10/1/2011 and 9/30/2013	2,846	2,849	99.9%
4/1/2015 – 3/31/2016	All children with a legalized adoption between 4/1/2012 and 3/31/2014	2,697	2,702	99.8%
Target				99.0%

Section 2, Table 6.7-1



Section 2, Graph 6.7-1

**Commentary:**

DHS continued to exceed the goal of 99.0 percent success rate for adoption placement stability with less than .2 percent in dissolutions.

The Department continues to be over the target of 99.0 percent with a 99.8 percent success rate. To support a family following finalization, the family receives a Post Adoption Services Statewide Service Directory. Efforts are underway to move some of the Post Adoption staff to the field so staff can stay more informed on the services available for families in the area. The staff will also meet with the family prior to finalization and begin building relationships so they are more supportive to the family in the future. An initial meeting to assess current service provider capacity statewide and to collaborate with the provider network to develop needed resources was held with partners on 6/28/16 with plans to expand the network of providers trained in assisting families with issues common to adoption.

## SECTION 3. Capacity indicators

### 2.1: New Family Foster Care Homes

#### Operational Question:

How many new foster homes, including Family Foster Homes and Supported Homes were opened during SFY16?

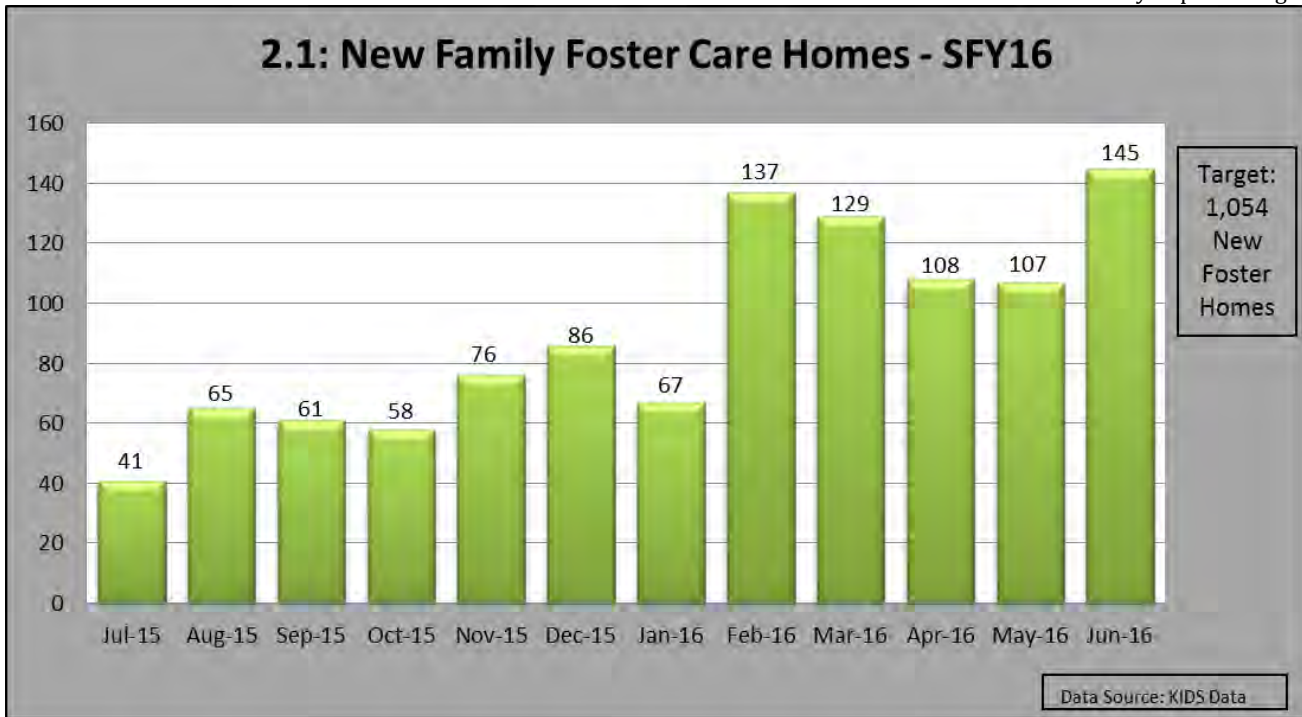
#### Data Source and Definitions:

Total count of new foster homes includes all Foster Family Homes and Supported Foster Homes by the month that the family assessment was approved using the agreed upon criteria. As of July 1, 2014, this measure does not include Kinship, Contracted Foster Care (CFC) Homes, Emergency Foster Care (EFC), Shelter Host Homes (SHH), Adoptive or Tribal Foster Homes.

#### Trends:

Reporting Period	Population	Result	
Baseline		1,898 Foster Homes open as of 7/1/2015	
7/1/2013 – 12/31/2013	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the first half of SFY14	346 Homes	763 Total Homes opened in SFY14
1/1/2014 – 6/30/2014	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the second half of SFY14	417 Homes	
7/1/2014 – 12/31/2014	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY15	409 Homes	780 Total Homes opened in SFY15
1/1/2015 – 6/30/2015	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY15	371 Homes	
7/1/2015 – 12/31/2015	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY16	387 Homes	1,080 Total Homes opened in SFY16
1/1/2016 – 6/30/2016	All Foster Family Homes and Supported Foster Homes opened during the Second half of SFY16	693 Homes	
Target		1,054 New Foster Homes opened by 6/30/2016	

Section 3, Table 2.1-1



Section 3, Graph 2.1-1

**Commentary:**

Through joint efforts of DHS, private partner agencies, community partners, including the faith-based community, and the Governor's office a total of 1,080 new homes were opened during SFY16 with a net gain of 480 homes. The target for new homes in SFY16 was 1,054 homes, which was exceeded by 26 homes. As of 7/1/15, 1,856 foster care homes were open. During SFY16, 1,271 foster care homes opened and 791 homes closed, leaving a total of 2,336 homes open on 6/30/16. The count of net gain only counts unique homes even though a resource family may provide more than one type of foster care. This measure also excludes any out-of-state foster homes. DHS continued the implementation of core strategies to increase new foster home development and to better support existing and future foster homes.

Multiple strategies are in place to recruitment of the needed foster families for SFY17 and the following years. These efforts include: assessing the current foster care needs, along with identifying projected needs based on the previous and current data; development of a resource family model to integrate the foster care and adoption programs; DHS and RFP agencies developing recruitment strategies while identifying and addressing issues that are barriers or obstacles to families completing the approval process; increasing public awareness, including expanding external community partnerships; and providing the supports and services needed for families to successfully foster children in care. DHS believes implementation of these strategies will produce a very sound and sustainable foster care system for Oklahoma's children.

DHS understands the importance of recruiting and developing foster families who will serve the children in need of placement; therefore, DHS completed a Foster Home Needs Analysis in December 2015. This analysis was based on the actual placement needs for children in DHS custody using current data, rather than DHS' capacity to recruit, with an understanding that the analysis would result in a multi-year plan. The analysis started by looking at the number of children in care and how many of those children were currently placed in foster homes. Each day that a child was placed in a foster home counted as a "bed day". Over a one year period, the total number of bed days spent in foster care was totaled to determine the current need.

To project future need, trending data over the last three years was also factored in. The analysis took into account that the average number of beds in an approved home is 1.9. The following contributing factors were also considered: waiting lists for appropriate level of care, separation of siblings, children placed outside of their primary county, choice factor/placement type, home utilization, and closure rates. As of December 2015, the analysis identified the need for 2407 new foster homes. DHS set a three-year goal at that time to recruit the needed families, knowing the data would

need ongoing analysis which would include a review of the number of children in care, their placement settings, and the utilization and closure rate of foster homes in the overall calculation to understand the number of homes needed.

CWS is working with the Co-Neutrals to finalize the SFY17 target and the RFP agencies to establish individual targets. CWS and the agencies will receive additional training and technical assistance from AEC to revise and finalize SFY 2017 recruitment plans.

Following completion of the needs analysis and initiation of the new RFP contracts, each RFP agency along with DHS recruitment staff developed new recruitment targets for the remainder of SFY16. Adjustments were made to account for the agencies that lost sub-contractors and for the new agencies that began directly contracting with DHS. Development of strategies for joint efforts to recruit TFC homes and homes for children with developmental disabilities began between DHS program and RFP agency staff. Additional efforts are ongoing in the field to reunite siblings and place children closer to home. DHS continues to provide monthly updates regarding the children placed outside of their home county and sibling groups that are separated as well as additional demographic information, such as age and race, to the CW leadership team, the RFP agencies, the tribes and to the DHS recruitment teams to drive targeted recruitment efforts.

Integration of the foster care and adoption programs is currently underway and full implementation is anticipated to be completed by 10/1/16. This plan is based on the need to streamline the process for families and better utilize internal resources. The development of a planning team began in February with the assistance of the AEC consultants and continues to move forward with identification of seven workgroups who started their work following a kick off meeting on 3/21/16. Each workgroup is led by a member of the planning team. The planning is responsible for making final decisions. The seven work groups include:

- Work Flow – recommend duties, responsibilities and work flow for the resource family model.
- Communication – adequately inform internal and external stakeholders about the goals and processes of the resource family model along with providing updates as the implementation proceeds.
- Workload Distribution – utilize data to identify workload and placement of staff based on job responsibilities, such as recruitment and development or Adoption Transition Unit.
- Space/Logistics/Technology – identify space, logistics and technology needs.
- Training – identify training needs and develop training plan to include internal and external stakeholders and other program areas.
- Policy and KIDS – reassess current policy and data collection to address changes in the resource family model.
- Customer Service – insure that customer service is considered throughout all aspects of the resource family model.

At the end of SFY16 as part of the integrated staffing model, the planning team added two additional recruitment staff positions with adoptions experience to each region with a plan to begin assigning foster care and adoption inquiries to these teams. The specific positions and job duties were identified, developed, and the workload distribution was finalized. Work with the KIDS team, HR team, and a review of policy is ongoing to determine the needs as the plan is rolled out in late September through the first of October. An overview training of the integrated model will be provided to all foster care and adoption staff in July and early August followed by specialized training for all staff in August and September about the changes in duties based on their particular assignment. Training for partner agencies, tribes, and DHS staff in other program areas will be offered during this time as well. The Customer Service Workgroup is currently developing strategies and solutions based on a synopsis of an internal and external survey that was sent out in May 2016.

DHS and RFP agencies must develop recruitment strategies based on the data available on the needs of children in foster care, while identifying and addressing issues that are barriers or obstacles to families completing the approval process. A SFY17 statewide Foster and Adoptive Parent Diligent Recruitment Plan that incorporated individual plans for each RFP agency and each DHS recruitment team into the overall plan was developed and will be adjusted based on a joint decision by DHS and the Co-Neutrals regarding the overall number of homes needed for SFY17. KIDS data was used

to determine the optimal number of foster homes needed to serve Oklahoma children. In addition to understanding the needed number and types of homes for children in care, it is critical that DHS and RFP agencies identify and address barriers to family approvals. This work is occurring through a Barrier Buster Workgroup and extended contact with families.

DHS recognized that efforts in the first half of SFY16 did not make a significant enough impact on foster home recruitment and support. While assessing internal barriers and obstacles, DHS decided that more internal efforts were necessary which led to the addition of two recruitment staff per region to the recruitment teams in February 2016. This increased each regional team by two full-time staff for a total of 35 workers and 5 supervisors across the state. The decision to move forward with this plan also factored into the development of the integrated foster care and adoption program, and was the first step in implementation. The duties for these positions were later changed to include the responsibility to respond to phone inquiries about fostering and/or adopting. Furthermore, the focus of the responses were changed to provide information that families need to make informed decisions about caring for children in DHS custody.

The recruiter secures and shares data regarding the children and youth in need of foster homes with the RFP agencies, tribes, and communities. The recruiter identifies, schedules, and coordinates recruitment activities in the region, and serves as a representative of the DHS foster care program in the assigned region. The recruitment teams continue to be supervised by foster care program staff to closely monitor the progress of this effort.

Along with building internal capacity to recruit additional foster homes, DHS expanded the external capacity for recruitment of foster families by opening up the contract for any interested child-placing agency. In response to several of the subcontracted agencies indicating that better communication through a direct contract with DHS would increase their ability to recruit and support families, DHS opened this option to all of the subcontractors. This effort led to an increase in the number of contractors from five to 18 by February 2016.

As part of the contract requirement, recruitment plans were submitted by every RFP utilizing the monthly recruitment data provided by CWS. AEC provided training and consultation to the RFP agencies and followed up with some individual consultation to help the agencies with plans development. AEC consultants will provide additional training, "Recruitment Plan 2.0," beginning in July and August 2016, as well as assisting DHS develop a tool for use in recruitment plan development and monitoring going forward. This training will also include the DHS staff assigned as RFP agency liaisons to build internal capacity to assist RFPs with recruitment plan development.

DHS began some new targeted recruitment efforts early in this reporting period through implementing recruitment challenges to all RFP agencies and DHS recruitment teams. This effort included sharing information as to how each agency and recruitment team was progressing in meeting individual goals as well as the state's overall goal. The recruitment challenges included awarding extra "points" for recruitment of families that would accept placement of siblings groups of four or larger, teens, or children with special developmental needs. The agencies and the DHS recruitment staff really ramped up their efforts in assisting families move through the process and in their communication to the community about the need for families to care for these groups of children as well as others.

An additional area in which targeted recruitment efforts was initiated includes finding families to care for children with developmental disabilities. The DDS program is divided into three areas of the state. A recruitment team was identified in each of those areas and included the DDS area program managers and intake staff, a CWS recruiter and supervisor and a support team of two DDS program managers, a DDS PFR as well as a CWS recruitment program supervisor, and a CWS PFR. The program staff will support the teams through technical assistance, quarterly meetings, and data tracking.

This group developed a referral process with a log for tracking of referrals and the development and approval of traditional foster homes that will provide care to developmentally disabled children. The DDS programs supervisor maintains a tracking log for all referrals, development, and approval of all specialized foster care homes. The DDS recruitment agency maintains a tracking log for all referrals, development, and approval of agency companion homes. All logs are reviewed monthly at recruitment team meetings. Training was developed and provided to all team members, as well as to additional DDS and recruitment staff on the different program policies and procedures.

Additional training is currently in development. Although not a part of this particular strategy, an additional benefit is the CWS recruiters are identifying homes for children who may be medically fragile or have special needs and will develop these identified homes according to foster care policy.

In addition to active recruitment efforts, DHS recognizes that it is essential to ensure the application and review process is sound and efficient for families to experience while becoming an approved resource. DHS implemented many efforts to promote positive experiences for families from the first moment of inquiry throughout the approval process. DHS staff make follow up calls to families throughout the process to identify any barriers for the individual families as well as possible systemic issues. Another effort to promote timely response and assessment of families who apply to provide foster care or adoption includes weekly conference calls with foster care leadership staff, the RFP agencies, and the DHS recruitment staff to review those families currently in the process.

For the past two years, DHS convened a "Barrier Buster" Workgroup to help identify any systemic issues with the RFP agencies and within the internal process. The workgroup quickly established goals that included streamlining the foster parent approval process for all types of foster parents, updating and revising DHS policies as needed, assisting all foster care agencies in identifying internal barriers to approval, developing supports/resources/tools to assist families and staff, and reducing barriers between DHS and RFP agencies in the approval process. This group met monthly during times of change or when the need arose to come together to problem solve. Since additional RFP agencies began contracting directly with DHS, a decision was made to reactivate this workgroup. The workgroup, co-facilitated by DHS and AEC, began meeting again on 2/25/16 and included RFP agencies, tribes, foster parents, and other partners.

The Barrier Buster Workgroup met again on 4/25/16 and established subgroups to address issues in four main areas: Process, Post Approval, Policy, and Administrative. The subgroups report back to the larger group each month with recommendations and progress made. Additional meetings were held on 5/23/16 and 6/28/16. This group's work to bust barriers includes development of a flyer with information on accessing medical care for children in custody without an identification card, identifying ways to reunify siblings that are separated, development of a process for transfer of cases between agencies, development of a process to share training between RFP agencies, clarification on respite care and alternate caregivers, identification of a teen panel for use in training that is shared with all RFP agencies, additional training for RFP agency staff on background checks, and overall policy clarification for staff.

Many issues and trends identified by the Barrier Buster Workgroup have already been addressed. Issues with military background checks were addressed through contact with different military branches and development of a new guide for all field staff regarding the process to obtain background information from military branches. Agencies struggling with completing the home assessments in a manner that considers all possible safety issues received training from AEC consultants. One RFP agency made significant progress and was released from DHS review prior to family approval. Another agency is currently providing a full assessment and analysis concerning these safety issues and a strategic plan of how the agency will develop the infrastructure needed to address the issues. AEC continues to provide assistance to the RFP agencies.

An additional measure was implemented to address barriers to approval. In March, 2016, The Foster Care and Adoption Support Center staff began contacting all applicants that were in the approval process for more than 60 days and any families with identified issues are contacted by the RFP agency they are working with for follow up. These calls have not only addressed family specific issues but also found that many families are having very positive experiences through the process. When the calls initially began, the issue around fingerprint processing arose, however during the last two months of SFY16, 84 families were contacted and the most frequent response to the delay in approval was due to the family wishing to take things slowly with no complaints about the process. A few families commented about the amount of paperwork involved, which is currently in review for streamlining. One family complained of communication issues with an RFP agency. The RFP agency was contacted and followed up with the family to quickly alleviate the problem, leading to the family's approval.

In recognition of the inability to do work this on its own, DHS is building additional community partnerships to successfully meet the needs of children in care. DHS along with the RFP agencies and tribes have many strategies in place to increase the awareness of the need for foster homes in Oklahoma. A very significant contributor in building

community partnerships and recruiting additional foster families is the Oklahoma Fosters Initiative. This campaign is a joint initiative with DHS, the Governor's office, the faith-based community, 111 Project, America's Kids Belong and other community partners, and was officially launched 11/12/15. The initiative is an effort to bring all of the partners together to increase community awareness of the need for additional foster families to serve children in DHS custody. Following the kick-off event in November 2015, data indicated there was a significant increase in the number of inquiries from the previous year. The increase in inquiries reinforced the need to continue with this effort, and planning began to include additional events and activities throughout the second half of SFY16.

On 2/1/16, the Oklahoma Fosters Initiative launched a "100 families in 100 days" social media campaign, highlighting a foster and/or adoptive family each day for 100 consecutive days. This was followed by Governor Fallin's State of the State address which included the need for foster families and encouraged families to step up. Governor Fallin then launched the Oklahoma Fosters Initiative in Tulsa on 2/12/16, with more than 350 people in attendance, including the media, community partners and current foster and adoptive parents. The event was an effort to reach more Oklahomans about the need for foster families and also provided an opportunity for existing foster families to enjoy a free day at the Jenks Aquarium, in appreciation for their service to Oklahoma's children. The event speakers included three foster/adoptive families sharing some of their experiences and asking others to join them in caring for children in foster care.

Efforts continued throughout the months with additional community partners joining the campaign. Leaders in the faith community stepped up and took leading roles. Life Church with 18 campuses across Oklahoma as well as other states committed to multiple events providing a message in May on Mother's Day on the need for the church to step in and care for children and their families who come into the CW system. Information was provided regarding the need for families to foster and adopt as well as other ways support could be provided through their small groups or through participation in the Care Portal. Following the Saturday night and Sunday services, more events at each campus were held to give interested families more information about foster care and adoption. DHS staff and agency staff were invited to attend and participate and were represented at each campus. In addition to the Life Church activities, the Assembly of God church invited the 111 Project to join them on their year-long "Road Show" across the state sharing the Oklahoma Fosters message in each of their churches. The Methodist and Baptist convention leadership is also engaging with Oklahoma Fosters and many events and activities are planned to provide information to their congregations about the need for foster and adoptive families for Oklahoma's children as well as events to help support existing foster families.

The Oklahoma Fosters Initiative initiated efforts to complete a series of five commercials regarding fostering through a partnership with Oklahoma City Community College and is planning a large event to launch all five commercials when production is completed. The first ad focuses on the support provided to a birth family by the children's foster family that resulted in reunification and an ongoing supportive relationship between the two families. In addition, the Oklahoma Council of Public Affairs devoted their entire July magazine to spotlighting child welfare, also including the need for additional foster families.

The Oklahoma Fosters Initiative is joining DHS, RFP agencies, and AEC to recruit ethnically diverse families and children throughout Oklahoma. With the help of AEC, CWS staff, and the Oklahoma Institute for Child Advocacy, the initiative is coordinating an African American panel discussion for August and working to identify areas of where media/ads and church outreach can make a direct impact on recruitment of these families. Outreach is occurring with school administrators for foster family recruitment within the school districts as well as support for foster children who are in their districts.

United States Senator James Lankford joined the effort with several speaking engagements across the state, throughout the month of May including hosting a large event on 5/31/16 in Tulsa and inviting community partners and DHS staff. He recognized and thanked families who foster and adopt and encouraged others to join this effort to care for Oklahoma's most vulnerable population.

Beginning in February, the Deputy Director for Foster Care and Adoptions issued monthly recruitment challenges to agencies and the DHS regional recruitment teams. In February, each agency and each of the regional recruitment teams

set their own goal. The winning agencies or teams were given awards at the end of each month's challenge based on the number of families they approved as well as their efforts at recruiting families for more difficult to place children, such as large sibling groups, teens or children with developmental disabilities. One of the highlights for the winning agency and recruitment teams was an invitation to attend the annual Boots and Bandanas event at the Governor's Mansion in May.

Throughout SFY16, the Director of the Oklahoma 111 Project, in collaboration with DHS and the faith community, launched the CarePortal in various counties across the state. This included the two largest metro counties in the state, Tulsa in January and Oklahoma in April. The CarePortal is an online church engagement tool that connects the CW workers to a church. When a CW worker identifies a need for a family, the worker goes on the CarePortal and submits a request. The churches are informed of the need and given an opportunity to meet the need. Additional community collaborations will occur in other counties across the state to launch the CarePortal in the coming months.

The CarePortal has three levels of involvement, the first is meeting physical needs, such as beds, car seats, or other needs for new foster families or situations with special circumstances, along with assisting families to prevent removal or to assist with reunification efforts. The second level includes providing more of a relationship support for foster families, such as volunteers to assist with specific needs, including transportation, tutoring, and financial training. The final level includes providing foster or adoptive placements. The church determines how involved their organization will be, but the long term goal is that through supporting foster, adoptive, and biological families, the church and the community will become more involved with helping families in need through fostering as well as supporting families in general.

Supporting existing and future foster families is necessary to have a robust foster care system. DHS in partnership with AEC initiated many efforts to recognize and address issues around foster and adoptive family support. Early in SFY15, the Foster Parent Support Workgroup was established to help identify foster parent needs and develop supports. This workgroup is comprised of foster parents, public/private foster care staff, tribes, CWS district directors, permanency, and CPS staff. The group, as well as information obtained through the Foster Care Ombudsman, pinpointed several areas for improvement regarding support for foster families, including overall customer service, support during an investigation of child abuse or neglect, timely return of phone calls, sharing of information, mentoring for new foster families by those with experience, as well as other areas to be developed.

One area of initial focus for this workgroup was to develop materials for the "Support Is Everyone's Job" campaign. The campaign is a program presented to all CWS staff to help them understand how in their present CWS position they may easily support foster parents with no additional time, paperwork, or inconvenience. The presentations are two hours long and include a foster parent panel. In addition to the training component, participants receive a role card related to their job/position within DHS that lists ways they can support resource families on a daily basis.

The campaign began roll out in February 2016 and will be provided to all child welfare staff by the end of September 2016. The Child Welfare Leadership staff are actively involved in this effort with district directors and field managers attending all sessions to reinforce the importance of supporting foster families. To insure sustainability, AEC consultants are training DHS staff to facilitate this work. AEC and DHS staff will be co-leading several of the sessions.

An ongoing issue for foster families has to do with the way they feel when the family is being investigated for allegations of abuse and neglect. Families report they feel very isolated during the investigation and feel they are being treated as they are guilty before any determination was made. DHS staff often feel unable to share information during the course of the investigation for fear of tainting the investigation, so they often cease contact with the family. Collaboration between CPS and Foster Care program staff led to training development and changes to Instructions to Staff regarding investigation in foster homes. CPS program staff presented to the foster care supervisors and field managers at the 2/1/16 foster care quarterly supervisor meeting. The roles of CPS and foster care staff during an out-of-home investigation were discussed. CPS and foster care agreed to coordinate the visit to the foster home during an investigation, when possible, with the understanding there may be times when coordination isn't feasible. Field managers and foster care supervisors will provide this information and guidance to the foster care specialists in the field, encouraging staff to support the family during the investigation.



To improve communication and resolve issues early, a foster care PFR is continuing to monitor foster parent social media sites. The assigned PFR contacts families with concerns and attempts to help them get their concerns resolved with the assigned leadership team. The PFR also tracks the complaints and questions through a log to identify any trends that need addressing, such as systemic problems, personnel issues, or other issues.

DHS instituted a requirement of foster care supervisors and field managers as well as RFP liaison and placement supervisors to contact two randomly selected foster families each month to begin developing positive relationships with foster families and to verify they were receiving good customer service from CWS and or RFP staff. An electronic customer service questionnaire was later developed so that information can be tracked in addition to the development of relationships through these calls. The foster care leadership team and the foster care support workgroup receive this information to assist in addressing any systemic issues identified.

Although DHS had some technical issues with compiling the information, the validity of the information was not compromised. May and June had a total of 223 questionnaires completed. Analysis of the May and June questionnaires indicates the results of the rankings were overwhelmingly excellent, good, or fair, 90 percent positive with only 0-8 percent of the resource parents rating the quality of customer service as "poor" for each of the 10 questions asked. In looking at the qualitative data available for each of these questions with a fair or poor rating, several trends were identified and are being reviewed by the foster care leadership team and the Foster Parent Support Workgroup for discussion of possible solutions to improve customer service.

Some of the identified issues are addressed by the Foster Parent Support Workgroup. A list of information that can be shared with foster parents has been drafted and is under review by DHS Legal Services. A guide for questions that foster parents need to ask when a new child is placed during worker visits as well as a guide for regular monthly visits is being prepared so the foster parent can be more engaged in case planning for the child. The workgroup is working on monthly topics with fliers or information to be provided to all foster families on topics, such as discipline. The workgroup is developing a one page description of the process for respite, which will help differentiate it from babysitting or the use of alternate caregivers. The group also worked on a foster parent mentoring model and has worked on this for both a small and large scale model.

The Arnall Foundation, who has been partnering with DHS on other initiatives, expressed a desire to partner with DHS in Oklahoma County to bring resources to support foster parents; therefore, feedback was solicited from the Foster Parent Support Workgroup on supports and resources that they would recommend. DHS is hopeful that through this partnership, additional supports will be identified that can later be spread statewide.

OU NRCYS continues to coordinate five DHS Family Support Network groups in three regions of the state including one in Pottawatomie, one in Sequoyah, and three in Tulsa counties. DHS continues to receive positive feedback on the support networks. Other ongoing foster parent support groups are present across the state as well, many of which are attended by foster care staff to support the families.

DHS, AEC consultants, and the University of Oklahoma's Center for Public Management (CPM) collaborated to update the Foster Care and Adoption Support Center website. The website was redesigned to be more user-friendly with multiple resources and supports for prospective and approved foster and adoptive parents. The new website includes materials in Spanish as well as English through translation services from the AEC consultants. The website will receive ongoing updates as needs are identified. Additional work in partnership with OU NRCYS and OU PM is occurring with the development of an on-line pre-service training program. Foster Care program staff reviewed the first two modules and were very pleased with the interactive nature of the program. This has been an unmet need for foster families for some time and should provide help in expediting the process for families who are unable to receive timely training, especially in the rural areas of the state.

### 2.3: New Therapeutic Foster Care Homes

**Operational Question:**

How many new Therapeutic Foster Care homes were opened in SFY16?

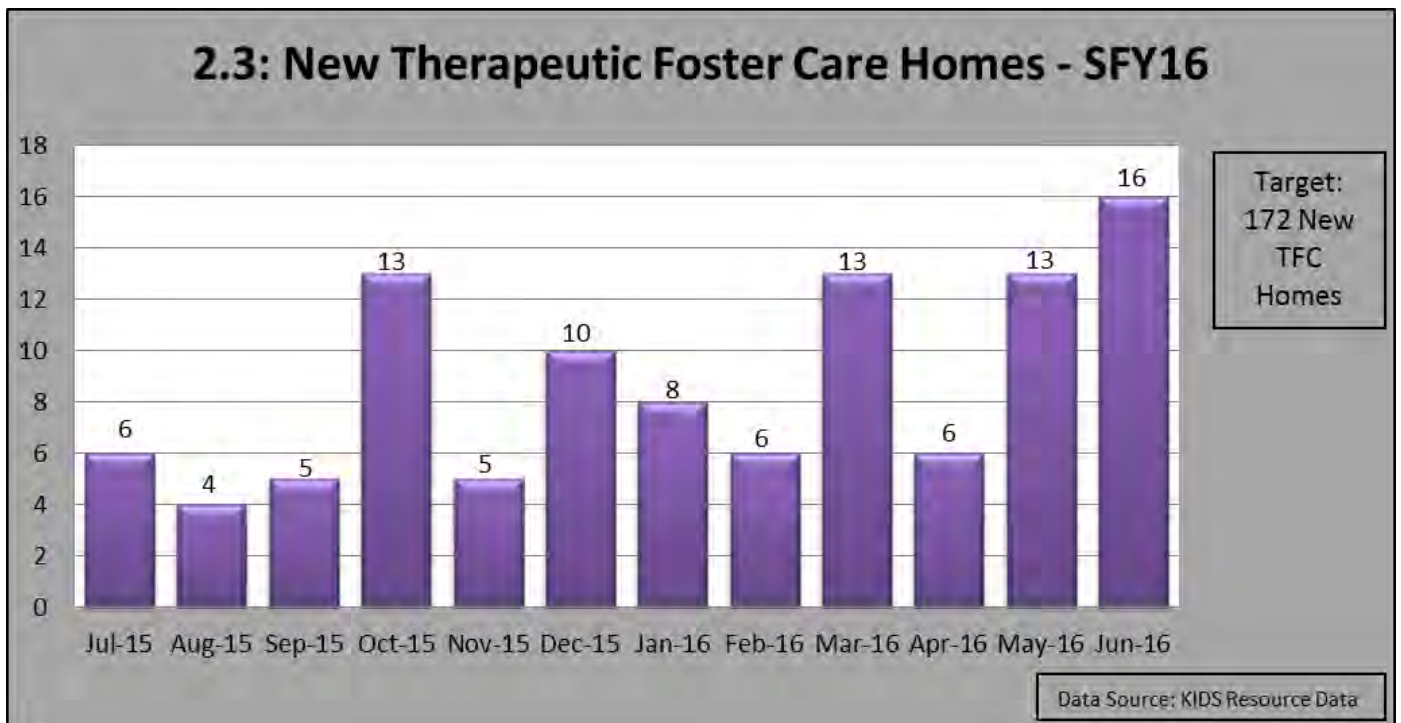
**Data Source and Definitions:**

Total count of new Therapeutic Foster Homes (TFC) includes all new TFC Homes, by month that they were opened using the agreed upon criteria.

**Trends:**

Reporting Period	Population	Result	
Baseline		461 TFC homes open as of 7/1/2015	
7/1/2013 – 12/31/2013	All new TFC homes opened in the first half of SFY14	55 TFC Homes	107 Total TFC Homes opened in SFY14
1/1/2014 – 6/30/2014	All new TFC homes opened in the second half of SFY14	52 TFC Homes	
7/1/2014 – 12/31/2014	All new TFC homes opened in the first half of SFY15	66 TFC Homes	137 Total TFC Homes opened in SFY15
1/1/2015 – 6/30/2015	All new TFC homes opened in the second half of SFY15	71 TFC Homes	
7/1/2015 – 12/31/2015	All new TFC homes opened in the first half of SFY16	43 TFC Homes	105 Total TFC Homes opened in SFY16
1/1/2016 – 6/30/2016	All new TFC homes opened in the second half of SFY16	62 TFC Homes	
Target		172 New TFC homes opened by 6/30/2016	

Section 3, Table 2.3-1



Section 3, Graph 2.3-1

**Commentary:**

A total of 105 new TFC homes were opened during SFY16, with a net loss of 79 homes. A total of 446 TFC homes were open on 7/1/15. During SFY16, 147 TFC homes were opened and 226 TFC homes closed, leaving 367 homes open on 7/1/16. The net gain only counts unique homes even though a resource family may provide more than one type of foster care.

The TFC program serves a vital role in the continuum of placements for children who are identified as having higher level needs. Over the past five years, demand has outpaced the TFC program capacity to operate an effective system for CWS staff, contracted providers, and, most importantly, the children the program serves. Throughout the development of the original core strategies, the TFC program was identified as an area that could benefit from focused work and attention to take the program to the next level.

A TFC strategy activity put into place in February 2016 was the process by which CWS was assigning children on the waiting list to the TFC provider agencies that serve their county of jurisdiction. This process was intended to explore a different way of approaching child-specific targeted recruitment to find a placement that could meet the child's needs and be closer to the child's home community. This process was also an effort to assist TFC provider agencies innovatively work their recruitment process. After discussing this effort with the TFC provider agency representatives, some agencies appeared open to the idea and were willing to try this form of recruitment, others did not seem as interested. Initially the plan called for the waiting list to be sent out with agency assignments for each child on a weekly basis. For a child in an area served by multiple TFC provider agencies, then that child would be assigned multiple agencies for this recruitment effort. In hindsight and in discussions with some of the TFC agencies, the instructions on what to do with the information once they received it were unclear and confusing. Coupled with the fact that a competing agency may also be working on a placement for the same child, one agency may put forth extensive efforts to secure and develop a home for the child that could end up utilizing much of their time and resources only to find out the child was placed by a different TFC provider agency. As children were initially assigned, each week the waiting list was updated to reflect the children who had since received a placement in TFC or in another placement type. After several weeks of this process, the TFC Programs team was unable to manage this process since the tracking and monitoring became very time and labor-intensive.

At this time, CWS is unclear if this process actually worked well in securing placement for children on the waiting list. Just as with other processes previously put in place, this was a great activity in theory, but from a practical standpoint this process was not easily sustained. The idea appears to be one that could be built upon at a later date, when the process is more thoroughly thought out and translatable to the TFC provider agencies. CWS will keep this idea in the tool box of available activities to revisit again at a time when both CWS and the TFC provider agencies are at a place where the level of intensive monitoring and creative recruitment efforts can be sustained.

As another activity parallel to the above mentioned information, DHS met with the Oklahoma Health Care Authority (OHCA) and ODMHSAS in February and June 2016 to continue conversations that began six months prior around opportunities for TFC agency providers and resources to serve children with medical issues and/or developmental and intellectual disabilities. Although no resolution could be reached on a financial mechanism to allow this to occur, CWS proactively split the initiative around placement recruitment and coordination for these specific needs-based placement types and expanded them into a core strategy focused in the area of resource home recruitment. Potential waivers and state plan amendments to expand services to this population are being considered. Ongoing work on that specific strategy will be included in future reports.

In May 2016, CWS Leadership made the decision to revisit the core strategy work surrounding the TFC program. A new Strategy Lead was assigned and discussions immediately occurred to determine the next steps for the TFC Program. Information about what to expect from the TFC Program team in the coming months was conveyed to the TFC agency providers during the June 2016 quarterly meeting. CWS made significant modifications and revisions to the existing TFC core strategies and laid out what to expect from the team during the next few months. Strategic planning began in May 2016, which established the first major activity of the newly revised core strategy. As the new TFC Strategy Lead came

onboard, a decision was made that a full quantitative and qualitative evaluation of the current TFC program was needed. This would require input and collaboration, both internally and externally, to guide any future strategic planning. CWS is prepared to make additional modifications to the TFC program in the coming months once the assessment and evaluation, which are currently underway, are completed. The previous core strategy work around TFC focused on the recruitment of new TFC resource homes, which is just one piece of the puzzle that contributes to the overall functioning of the current TFC program.

### **Program Assessment and Evaluation**

CWS must have a better understanding of all aspects of the current program before attempting to develop a focused and sustainable project plan for the TFC program. CWS must know who the children are that utilize TFC, how children are placed in TFC settings, and why the current TFC system is not working for children, child welfare (CW) staff, and agency providers. Research began in June 2016 with a literature review of evidence-based information surrounding Treatment/Therapeutic Foster Care use in other states, as well as collecting information on best practices for service delivery and support in the TFC setting. CWS is currently in the process of conducting a quantitative analysis over three years of data, SFYs 2014, 2015, and 2016, on children placed in a TFC resource during that time. In addition to the quantitative data analysis and literature review, CWS partnered with an AEC representative to do data analysis looking at capacity and the impact of length of stay in TFC on resource availability. The AEC representative is also assisting with conducting focus groups across the state. The focus groups gather detailed qualitative information about the current TFC program and how it could be improved to better serve the children, resource families, and CWS staff. Focus groups were held with the TFC program staff, children utilizing TFC care, TFC foster parents, TFC agency provider representatives, and CW staff from all program areas. The focus groups in Regions 3 and 5 were completed in June 2016. The remaining focus groups will be completed in July 2016 in Regions 1, 2, and 4. These are the beginning stages of information collection and assessing the current TFC program to know where enhancements and modifications can be made.

### **Performance-Based Contract Modifications**

Another task set to occur in June 2016 was the development of new performance-based metrics for the 2017 TFC agency provider contracts. In light of the critical budget situation in Oklahoma, it was necessary to discuss not only the performance metrics in place during the last state fiscal year, but also the agency's ability to financially incentivize any potential metrics for the upcoming year. After a thorough review of the previous TFC performance-based metrics, it was determined that at least two of the five identified metrics were unable to be measured due to a program delay in establishing the placement line and insufficient data sources. The items that were part of the performance-metrics during this last year were extremely time and labor-intensive to track and measure, leaving the TFC program without sufficient outcome information. Although performance-based contracting is still desired for the TFC program, the implementation of the previous metrics were prematurely introduced and ultimately did not have the desired impact that was originally sought when this model was developed. As discussions continued, it was decided that until CWS has a strategic plan for TFC program revision, performance-based metrics were removed entirely from the SFY 17 TFC agency provider contracts. CWS was transparent with the TFC agency providers informing them of potential contract modifications that may come later in the year once additional information is gathered and recommended changes to the program are set to be implemented. CWS will consult with AEC representatives on new and enhanced performance-based metrics once the assessment and evaluation period is complete.

### **Number of Children on the TFC Waiting List**

The TFC waiting list was discussed at length over the course of the TFC program and core strategy implementation. As part of the assessment and data analysis process that is currently ongoing within the TFC program, CWS is using this opportunity to review the current system of how children are placed on the waiting list, the ongoing use of the waiting list by TFC Program staff, and how the TFC provider agencies utilize the waiting list in order to place children in their available resources. The number of children on the waiting list has not significantly declined throughout the TFC core strategy implementation, but after some detailed work by the TFC Program Staff in June 2016, a significant decline occurred. This was just the beginning stages of additional modifications to better streamline the process and when it is

necessary to continue having a "waiting list," what improvements can be made to more effectively use the list for steps towards placement.

**New TFC Foster Homes**

During this reporting period, 62 new TFC homes were recruited and approved, with significant work occurring during the months of May and June. The overall yearly goal of 172 new TFC homes was not met; however, the information gathered around recruitment and retention of TFC homes during this year will help guide the planning and implementation goals for SFY 17. Although the final goal was not achieved, the agencies were able to recruit 19 more homes during this six month reporting period than during the previous reporting period. Engagement of the TFC provider agencies with the Oklahoma Fosters Initiative began at the June quarterly provider meeting and a working partnership is in development. In preparation for inclusion of TFC recruitment in the Oklahoma Fosters Initiative, a working protocol was developed to address engagement, follow up, and where to allocate new TFC inquiries to the contracted TFC providers. TFC agency information was gathered to update the Oklahoma Fosters website to include descriptions of each agency's unique characteristics. In the next few months, the TFC provider agencies will have an opportunity to receive specialized recruitment and retention training as well as additional supports sponsored through Oklahoma Fosters Initiative and AEC. SFY 17 TFC recruitment projections will be available soon and strategic work around setting and monitoring determined goals will be put in place.

CWS is in the very early stages of fully understanding the needs of the TFC program. As the TFC Lead guides the assessment and evaluation work that is currently in progress, the framework for the direction of the TFC program will begin to emerge and become the base on which additional program activities will be built. In the coming months, CWS will complete the assessment and evaluation activities and will report on the findings from those specific efforts. This will also be the driver of the continued revision of the TFC program as additional information can lead to program design, strategic planning, and sustainable implementation. CWS desires new and innovative partnerships with TFC provider agencies to best serve children and families all across Oklahoma.

## 7.1 Worker Caseloads

### Operational Question:

What percentage of all Child Welfare workers meet caseload standards, are close to meeting workload standards, or are over workload standards?

### Data Source and Definitions:

Utilizing the standards set forth in the Pinnacle Plan, each individual type of case is assigned a weight and then the weights are added up in order to determine a worker's caseload. The consolidated workload tracking process allows Oklahoma to factor in the worker's "Workload Capacity." The chart below represents the consolidated workload tracking process. A snapshot is taken every morning at 12:00 am of the workload of all child welfare workers. The entire workload of workers with a qualifying case assignment of CPS, PP, FCS, Adoption, and Resource are calculated and compared against the caseload standards. The workload is classified as meeting standards if it is 100 percent at or below a caseload. When the workload is over 100 percent but less than 120 percent of a caseload, it is considered to be "over but close"; otherwise the workload is considered to be over the standard. The measure tracks each worker - each day - to determine if they meet the standard, and this is called a "worker day." Work performed by child welfare specialists, is broken into multiple categories. This measure will look specifically at all child welfare workers (total), Permanency Planning, Preventive/Voluntary, Investigation, Adoption, Bridge, and Comprehensive workers.

### Description of Denominator and Numerator for this reporting period:

**Denominator:** The number of worker days worked by all child welfare workers in Bridge - Adoptions, Bridge – Foster Care, FCS, Investigation, and Permanency Planning between 1/1/2016 - 6/30/2016.

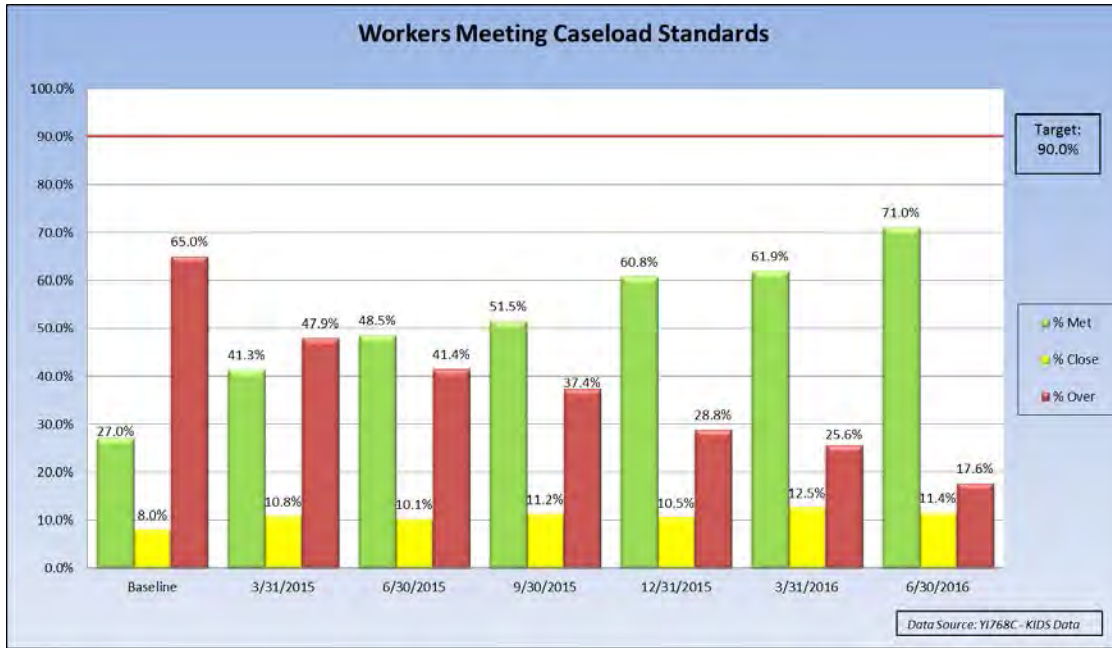
**Numerator:** Number of worker days where workers met the standard carrying a caseload of 100 percent or less of their calculated workload capacity.

### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2014 – 6/30/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP			27.0%
7/1/2014 – 9/31/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	28,187 Days	105,965 Days	26.6%
10/1/2014 – 12/31/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	35,267 Days	114,190 Days	31.2%
1/1/2015 – 3/31/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	53,149 Days	122,745 Days	46.2%
4/1/2015 – 6/30/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	64,452 Days	131,266 Days	49.1%
7/1/2015 – 9/30/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	64,327 Days	128,142 Days	50.2%
9/30/2015 – 12/31/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	75,845 Days	136,657 Days	55.5%

1/1/2016 – 3/31/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	88,047 Days	142,012 Days	62.3%
4/1/2016 – 6/30/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	96,381 Days	146,032 Days	66.0%
Target				90.0%

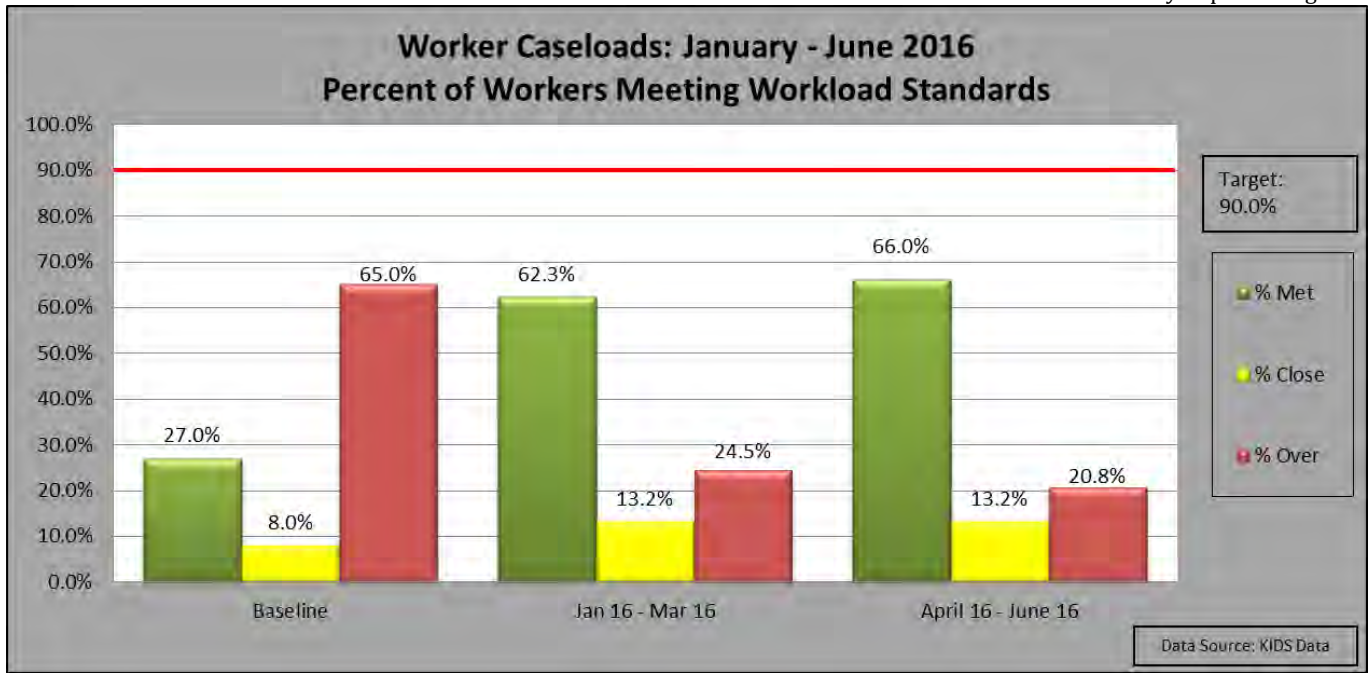
Section 3, Table 7.1-1



Section 3, Graph 7.1-1

**Commentary:**

A one day snapshot of the quarterly workload data during the quarter is represented in Section 3, Graph 7.1-1. As of 7/1/16, using the point in time Y1768C Workload data report, the percentage of Child Welfare Workers meeting the standard is 71.0 percent, with 11.4 percent "Close," and 17.6 percent "Over Standard." Of the 1656 workers, 1176 workers were meeting workload standards; 189 workers were close; and 291 workers were over the standard.



Section 3, Graph 7.1-2

Workers Meeting Workload Standards April 1, 2016 - June 30, 2016				
Worker Type	Worker Days	% Met	% Close	% Over
BRIDGE - ADOPTION	7662	43.2%	16.7%	40.1%
BRIDGE - FOSTER CARE	18238	72.4%	13.8%	13.8%
COMPREHENSIVE	10253	71.8%	10.2%	18.0%
PERMANENCY PLANNING	63180	59.5%	15.1%	25.4%
PREVENTIVE/VOLUNTARY	6856	87.6%	7.2%	5.2%
INVESTIGATION	39843	72.0%	11.0%	16.9%
OCA	641	90.3%	7.5%	2.2%
<b>STATEWIDE TOTAL</b>	<b>146673</b>	<b>66.0%</b>	<b>13.2%</b>	<b>20.8%</b>

Section 3, Table 7.1-2

DHS continues to make improvements in meeting workloads standards by increasing 10.5 percentage points since the last semi-annual report with 66 percent meeting standards for this reporting period. As of 6/30/16, DHS was able to increase the caseload carrying staff to 1,803 by continuing to have hiring events where needed and keeping turnover low. During this last quarter, DHS modified the weekly phone call structure to keep the calls relevant and to focus on the issues that create barriers and obstacles in meeting workload standards. The calls are now twice a month allowing sufficient time for reviewing any barriers and obstacles before moving on to discuss next steps. The calls have also gone from a single statewide call to five calls for each region. The calls now focus on an approach to address the three elements that influence workload standards: hiring, retention, and caseload distribution. The new call structure allows DHS to focus on the more district-specific issues impeding a district from meeting workload standards. When the calls first started, some 20 percent of CWS was not meeting workload standards and the number of staff was significantly less than what was needed to meet standards. However, as the overall percentage of workers meeting standards improves across the state, the needs are more specific and distinct by district. This change in call structure allows DHS to address the differences in the districts while continuing to do what was originally successful, which is identifying and busting barriers with constant communication between all the necessary parties on the calls.



## 7.1 Continued - Supervisor Caseloads

### Operational Question:

What percentage of Child Welfare supervisors meet caseload standards, are close to meeting workload standards, or are over workload standards?

### Data Source and Definitions:

This measure looks at Supervisor Units in regards to the worker standard per unit. There are two parts to determine if a supervisor unit meets the standard. First, the measure looks at the number of CW workers each supervisor is currently supervising in his or her unit. The target is for each unit to have a ratio of five CW workers to one Supervisor. When a Unit has a ratio of 5:1 or less, they are considered to meet the standard. Units are "close" when they have a ratio of 6:1. All Units with a ratio of 7:1 or over are considered "Over". Each worker accounts for 0.2 percent of a supervisor's workload capacity. Secondly, the measure looks at any of those supervisors who are currently supervising caseload carrying workers and also have primary assignments on their own workload. Because these workload assignments deduct from a supervisor's capacity to supervise their workers, the additional caseload must be factored into the measurement. When a supervisor has less than two case assignments, the case assignments will not be calculated into the measurement. Any other assignments on a supervisor's caseload will be calculated at the same weight as a worker's caseload and then added to the supervisor capacity, which includes the number of workers being supervised. With this combined calculation of the supervisor's workload capacity, it is then determined how many of these supervisor units are meeting the workload standard.

### Description of Denominator and Numerator for this reporting period:

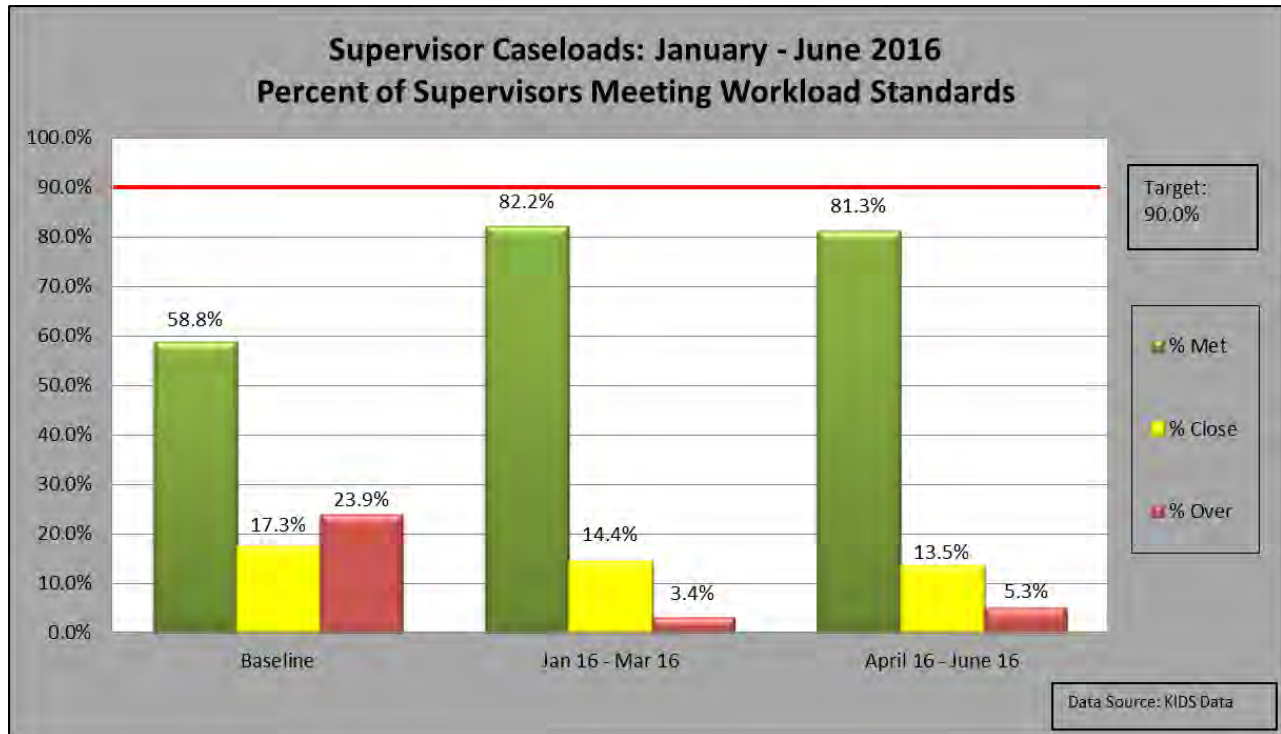
**Denominator:** All current supervisor units currently supervising caseload carrying workers in Adoptions, Foster Care, Family Centered Services, Investigation, and Permanency Planning.

### Trends:

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2014 – 6/30/2014	All supervisors with a unit currently supervising case load carrying workers			58.8%
7/1/2014 – 9/30/2014	All supervisors with a unit currently supervising case load carrying workers	197 - Met	296 Units	66.6%
10/1/2014 – 12/31/2014	All supervisors with a unit currently supervising case load carrying workers	217 - Met	306 Units	70.9%
1/1/2015 – 3/31/2015	All supervisors with a unit currently supervising case load carrying workers	220 - Met	315 Units	69.8%
4/1/2015 - 6/30/2015	All supervisors with a unit currently supervising case load carrying workers	264 - Met	351 Units	75.2%
7/1/2015 – 9/30/2015	All supervisors with a unit currently supervising case load carrying workers	279 - MET	364 Units	76.7%
10/1/2015 – 12/31/2015	All supervisors with a unit currently supervising case load carrying workers	297 - Met	372 Units	79.8%

1/1/2016 – 3/31/2016	All supervisors with a unit currently supervising case load carrying workers	315 - Met	383 Units	82.2%
4/1/2016 – 6/30/2016	All supervisors with a unit currently supervising case load carrying workers	308 - Met	379 Units	81.3%
Target				90.0%

Section 3, Table 7.1-3



Section 3, Graph 7.1-3

**Commentary:**

For the current quarter, there are a total of 379 Supervisor Units. As of 6/30/16, there were 1,757 CW specialists I, II, and III's. This calculated to a statewide worker to supervisor ratio of 4.64: 1. There were 308 supervisor units that met the workload standard, 51 units were close to meeting the standard, and 20 units were over the standard. As part of this measure, supervisor workloads must also be calculated into the workload standard. There were 51 supervisors with at least one assignment on his or her caseload and 12 of those supervisors had more than two assignments. In the previous quarter, 61 supervisors had at least one assignment and 17 of those had more than two assignments. With performance on this measure at 81.3 percent of supervisors meeting standards, up from a baseline of 58.8 percent, positive trending continues to occur.

## Appendix A: Placement Stability Analysis

The following report outlines progress by Child Welfare Services (CWS) regarding placement stability. CWS has a goal of children placed in no more than two placements while in out-of-home care. Beginning in September 2015, CWS began using various interventions to achieve the goal of a child experiencing no more than two placements while in care. This report uses KIDS data from three nine-month periods: Period 1, May 2014 – December 2014; Period 2, January 2015 – August 2015; and Period 3, September 2015 - April 2016. The periods are composed of every child reported in care during those dates. Due to some children placed in care for longer than nine months, some children fall into each of the three periods. Period 3 is identified as the intervention period. This report will examine:

- The average number of placements for children in care.
- The average number of days in care.
- The number of children in each period meeting the goal of two placements or less.
- Why are children leaving their second and third placements?
- Where are children going after their second placement?
- How are children exiting care?

### Average Number of Placements While in Care

Table 1 outlines the average number of placements for the entire sample and each placement period. The overall average number of placements is 1.52. Numbers show that the average number of placements has been consistently trending down since May 2014. Furthermore, the intervention period has the lowest average of the three periods and represents a 0.57 change in the average number of placements. Statistical analyses provide confidence that this decrease is significant and not simply an artifact of the data.

*Table 1: Average Number of Placements While in Care*

<b>Period</b>	<b>Average Number of Placements</b>
Period 1	1.85
Period 2	1.39
Period 3	1.28
<b>Overall</b>	<b>1.52</b>

### Conclusion

All of this taken together suggests that the majority of children in care are meeting the goal of placements and CWS is continuing to improve placement stability for children in care.

### Systems of Care and Comprehensive Home-Based Services Programming

Part of the strategy to increase placement stability and reduce the number of children in care who experience more than two moves has been to increase the use of Systems of Care (SOC) and Comprehensive Home-Based Services (CHBS). The average number of placements across groups and interventions are in Table 2. Evaluation of these programs is difficult because the programs are used for children who require more services and, therefore, may be at higher risk for frequent placement moves. As such, a direct comparison of their average number of placements to those not receiving the services is misleading due to a heavy selection bias. In other words, without proper propensity controls, it is expected that those children receiving services are likely to have a higher number of placements. Therefore, it is important to remember that higher placement numbers for these groups do not mean that the programs are not successful. Without a true control group,

there is no way to know what the placements would have been in the absence of the interventions. If further analyses of the effectiveness of SOC and CHBS are needed, techniques, such as propensity score matching can be used to create a quasi-control group from previous periods. Essentially, propensity score matching would use factors, such as placement types, the number of previous placements, abuse type, and age at removal, to generate a matched control group. This control group would allow for a more accurate comparison of the two groups.

All of that said, the interventions appear to be relatively successful. Although those who accessed SOC did have a higher number of average placements than the rest of the sample, the average was still well below the goal of two placements. The CHBS program appears to be even more effective with those who participated having the lowest average number of placements.

*Table 2: Average Number of Placements for Interventions*

<b>Average Number of Placements</b>	
Period 1	1.85
Period 2	1.39
Period 3, No Intervention	1.27
Systems of Care	1.75
CHBS	1.39
<b>Overall</b>	<b>1.52</b>

## Conclusion

Although full evaluation was not possible due to the lack of a matched control group, both the SOC and CHBS programs appear to be effective with both averaging less than two placements. Furthermore, the CHBS program appears to be having success as its average placements are as low or lower than the average for Periods 1 and 2.

## Average Number of Days in Care

The average number of days in care across the three periods was also calculated. Time in care was only calculated for those children with a final remove date. Table 3 includes the average time in care across the three periods. The intervention period represents the second shortest average across the three periods but is not significantly different from Period 1 (the lowest average placements). Due to outliers on the higher end of days in care, the median number of days in care has also been included. Once again, the intervention period has the second lowest number of days in care.

*Table 3: Number of Days in Care*

<b>Period</b>	<b>Avg. Days in Care</b>	<b>Median Days in Care</b>
Period 1	749	650
Period 2	782	686
Period 3	752	665
<b>Overall</b>	<b>760</b>	<b>664</b>

## Number of Children in Each Period with More than Two Moves

The following section will examine the number of children in care who experience more than two moves while in care. Table 4 shows the number of children in care across all periods with more than two placements per removal. Across all three periods, the majority of children had fewer than two placement moves. Furthermore, the intervention period had the highest percent of children who had less than two moves during their removal.

*Table 4: Percent of Children with More than Two Moves per Removal*

<b>Period</b>	<b>Less than 2 Moves (%)</b>	<b>More than 2 Moves (%)</b>
Period 1	55.13	44.87
Period 2	54.64	45.36
Period 3	56.06	43.94
<b>Overall</b>	<b>55.25</b>	<b>44.75</b>

Table 5 provides information on the number of children who experienced two or more placements during the period under review. Across all periods, the majority of children experienced less than two moves (87.69 percent). There has been a significant increase in the number of children who experienced less than two moves from Period 1 to 3 (+12 percent). This suggests that during the intervention period, CWS has improved placement stability for children in care and decreased the number children who experience more than two moves.

*Table 5: Percent of Children with More than Two Moves during the Period Under Review*

<b>Period</b>	<b>Less than 2 Moves (%)</b>	<b>More than 2 Moves (%)</b>
Period 1	81.16	18.84
Period 2	91.02	8.98
Period 3	93.53	6.47
<b>Overall</b>	<b>87.69</b>	<b>44.75</b>

Table 6 shows the percent of children with more than two placement moves per removal across the intervention programs, SOC and CHBS. This table shows that children who received SOC or CHBS interventions were more likely to have experienced more than two moves before the period under review. This suggests that those children who received the interventions had a history of placement instability and likely required a higher level of care. These findings provide support for statements in the previous section on SOC and CHBS regarding why the average number of placements was higher for those children.

*Table 6: More than Two Placements per Removal across Interventions*

<b>Period</b>	<b>Less than 2 Moves (%)</b>	<b>More than 2 Moves (%)</b>
Period 1	55.13	44.87
Period 2	54.64	45.36
Period 3, No Intervention	56.45	43.55
Systems of Care	34.81	65.19
CHBS	50.39	49.61
<b>Overall</b>	<b>87.69</b>	<b>44.75</b>

To further illustrate this point, the average number of placements before the period under review was calculated. Results can be found in Table 7. As seen below, the average number of placements before the period under review do not differ significantly across the periods for those who did not receive SOC or CHBS. However, both SOC and CHBS clients averaged a higher number of placements before the period under review. Furthermore, those children referred to SOC had on average substantially higher placements suggesting their needs and level of care were substantially higher even when compared to children referred to CHBS. Referring back to the average number of placements during the period under review for the interventions, Table 2, even though SOC had the highest average, when compared to the average number of previous placements for those clients it may be having the most success.

*Table 7: Average Placements before Period Under Review for Interventions*

<b>Average Placements before Period Under Review</b>	
Period 1	3.60
Period 2	3.65
Period 3, No Intervention	3.67
Systems of Care	5.57
CHBS	3.89
<b>Overall</b>	<b>3.64</b>

Table 8 shows the percent of children with more than two placement moves during the period under review and across intervention programs. Once again, Period 3 exhibits a substantial improvement in placement stability from Period 1. There was even an improvement in the number of children with less than two moves for those in Period 3 who did not participate in SOC or CHBS. Once again, CHBS and SOC appear to have a smaller percent of children with less than two moves when compared to those in Period 3 who did not receive SOC or CHBS. However, the fact that children receiving CHBS and SOC likely require a higher level of care and were at higher risk for instability, must be taken into consideration. When their placement histories are taken into account, both CHBS and SOC appear to be having success in improving placement stability. It appears that both programs were able to stabilize placements for children requiring a higher level of care.

When exiting the second and third placements, the most common reasons center on the provider either not being able to meet the behavioral needs of the child or the provider requesting a placement move. It is unclear if SOC or CHBS help to alleviate these requests. When looking at reasons for placement moves in Period 3, the provider not being able to meet the behavioral needs of the child or the provider requesting a placement move represents a larger percentage for those receiving SOC or CHBS than for those who did not. Given their previously mentioned likelihood to require higher levels of care, it is unclear how much the SOC and CHBS programs are alleviating moves due to provider requests or deficiencies. Given that all of the other data presented here suggests that SOC and CHBS programs are successful, it is likely that these higher percentages would be even higher in the absence of these programs.

*Table 8: More than Two Placements during Period Under Review across Intervention*

<b>Period</b>	<b>Less than 2 Moves (%)</b>	<b>More than 2 Moves (%)</b>
Period 1	81.16	18.84
Period 2	91.02	8.98
Period 3, No Intervention	93.66	6.34
Systems of Care	86.74	13.26
CHBS	91.41	8.59
<b>Overall</b>	<b>87.69</b>	<b>44.75</b>

## **Conclusion**

The majority of children in care across all three periods experience less than two moves while in care. Furthermore, most children also experience less than two moves during the period under review. This section also gave further support to previous assertions that the need for a higher level of care and; therefore, risk for placement instability exists among children enrolled in SOC or CHBS programming. Despite an increased propensity for placement instability, both the SOC and CHBS programs appear to be mitigating excessive moves and improving overall placement stability.

## **Why are children leaving their second and third placements?**

For those children who experienced more than two placements, analyses showed that the average length of stay in their second placement was approximately 65 days. Additionally, CWS also wanted to know where they are going after their second and third placements. For such analyses, CWS focused on exits for the following reasons:

- Placement Requested Change of Placement
- Placement Unable to Care for Child
- Placement Cannot Meet Behavioral Needs of Child
- Placement Cannot Meet Child Medical Treatment Needs

CWS hopes that increased use of interventions such as SOC and CHBS may help to alleviate these placement exit reasons and increase overall stability. A breakdown of the above mentioned placement exit reasons can be found in Table 9. Regarding a child’s third placement move, it appears that a breakdown due to provider issues is one area that has not improved in the intervention period. Both the groups receiving SOC and CHBS, as well as those not receiving SOC and CHBS, have a higher percent of placement exits due to provider issues. Even so, it is important to remember that only a minority of children in care experience a move to a third placement. Furthermore, even fewer children in care receiving SOC or CHBS experienced a third placement.

*Table 9: Percent of Second Placement Breakdowns due to Provider Issues*

<b>Percent of Second Placement Exits due to Provider Issues (%)</b>	
Period 1	15.45
Period 2	15.71
Period 3, No Intervention	17.43
Systems of Care	21.59
CHBS	27.42
<b>Overall</b>	<b>15.93</b>

CWS took the same approach for placement exits for a third placement. Those results are in Table 10. Overall, the percent of placement breakdowns due to provider issues are higher for third placement exits. This is not surprising given that children moving to a fourth placement likely require a higher level of care and are more likely to put a heavier strain on the provider. As previously mentioned, it is important to remember that these numbers only apply to a minority of children in care because most never see a third or fourth placement.

*Table 10: Percent of Third Placement Breakdowns due to Provider Issues*

<b>Percent of Third Placement Exits Due to Provider Issues (%)</b>	
Period 1	21.92
Period 2	25.48
Period 3, No Intervention	31.18
Systems of Care	35.71
CHBS	35.71
<b>Overall</b>	<b>24.08</b>

**Conclusion**

Placement disruptions of second placements due to provider issues represents a higher percentage of disruption reasons for SOC and CHBS children and a higher proportion for all of the children in Period 3 regardless of program enrollment. However, this does not necessarily indicate the intervention program has been ineffective. While the percentage exiting due to placement issues is higher, the overall number of

placement moves and disruptions is lower in the intervention period than in the previous periods (refer to section on placements during the period under review).

**Where are children going after their second placements?**

CWS also wanted to explore what type of placement children go to whenever they leave their second and third placements due to provider issues. These results can be found in Table 11. Those children receiving SOC or CHBS are more likely to be moved to an Acute Psychiatric Hospital than any of the other groups. This further supports the previous assertion that these children require a higher level of care than their peers. Placement in a shelter was relatively high across all of the groups. This is one area to aim for improvement as placement in a short-term facility with limited resources and services, such as a shelter, is guaranteed to increase future placement instability due to its short-term and temporary nature. At this time, this may be unavoidable; however, CWS should still strive to lower this number. CWS has already made efforts in this area by closing some shelters.

*Table 11: Placement Type Following Provider Breakdown at Second Placement*

Placement Type	Percent				
	Period 1	Period 2	Period 3, no CHBS/SOC	SOC	CHBS
Acute Psychiatric Hospital	5.8	6.7	6.39	22.22	23.08
CW Foster Family Care	27.3	27.05	26.52	33.33	15.38
Contracted Foster Care Home	-	-	-	-	15.38
Support Foster Family Care	16.10	14.64	21.88	11.11	7.69
Kinship/Non-Relative Home	5.97	4.34	4.95	0	15.38
Kinship Home	6.26	4.34	3.19	0	0
Psychiatric RTC	5.29	6.82	5.75	5.56	0
Residential Crisis Stabilization	1.08	1.36	1.76		0
Shelter OKDHS	3.47	3.60	0.96	11.11	0
Shelter Youth Service	13.25	13.77	11.5	16.67	7.69
Therapeutic Foster Care	7.51	8.68	10.38	0	7.69
Other	7.97	8.70	6.72		7.71
<b>Total</b>	100	100	100	100	100

**Conclusion**

CWS should continue to reduce its use of short-term placements, such as shelters, as they inevitably lead to further placement moves due to their temporary nature.

**How are children exiting?**

To further examine placement stability and how it relates to permanency outcomes, CWS explored the reason for exit at the end of removal by intervention and placement stability, more than two moves. The reason for exit by period is in Table 12. Although there is some variation across periods, there are no large changes.



Table 12: Exit Reason by Period

Removal End Reason	Percent			
	Period 1	Period 2	Period 3	Overall
Adoption	38.83	42.02	38.95	39.9
Adoption/Tribal Jurisdiction	0.04	0.04	0.02	0.03
Awol (Runaway)	0.18	0.17	0.22	0.18
Child Aged Out/Emancipation	5.62	5.19	4.83	5.34
Convicted Of Crime (Adult)	0.04	0.01	0.02	0.03
Custody To Relative	2.15	1.55	1.9	1.91
Custody Transfer Other Agency	0.51	0.41	0.79	0.53
Death Of Child	0.09	0.08	0.14	0.1
Guardianship - Non-Relative	0.70	0.56	0.55	0.63
Guardianship - Relative	5.40	5.05	5.65	5.33
Married	0.01	0.01	0.02	0.01
Reunification	45.30	43.72	45.63	44.84
Tribal Jurisdiction	1.13	1.19	1.27	1.17
<b>Total</b>	<b>100.00</b>	<b>100</b>	<b>100</b>	<b>100</b>

Table 13 shows the reason for exit at the end of removal across the interventions. Results show that those using SOC and CHBS are less likely to be adopted; however, they are more likely to be reunified when compared to other periods and those who did not use CHBS and SOC. It also appears that those who receive SOC are more likely to age out of care. Given the previous discussion regarding their higher placement instability before being referred to the service and the consistent link between placement instability and aging out of care, this is not surprising.

Table 13: Exit Reason across Interventions

Removal End Reason	Percent				
	Period 1	Period 2	Period 3, no CHBS/SOC	SOC	CHBS
Adoption	38.83	42.02	39.25	25.00	28.57
Adoption/Tribal Jurisdiction	0.04	0.04	0.02	0	0
Awol (Runaway)	0.18	0.17	0.17	1.48	3.58
Child Aged Out/Emancipation	5.62	5.19	4.8	8.82	0
Convicted Of Crime (Adult)	0.04	0.01	0.02	0	0
Custody To Relative	2.15	1.55	1.89	1.47	3.57
Custody Transfer Other Agency	0.51	0.41	0.81	0	0
Death Of Child	0.09	0.08	0.15	0	0
Guardianship - Non-Relative	0.70	0.56	0.54	0	3.57
Guardianship - Relative	5.40	5.05	5.63	8.82	0
Married	0.01	0.01	0.02	0	0
Reunification	45.30	43.72	45.38	54.41	60.71
Tribal Jurisdiction	1.13	1.19	1.3	0	0
<b>Total</b>	<b>100.00</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Finally, Table 14 shows the exit reason at removal end for those who had two moves or less during their removal when compared to those with more than two moves during their removal. For both columns, the most

frequent reason for exit is either adoption or reunification. This suggests that even when placements do exceed two placement moves, the majority of children are still able to achieve permanency.

*Table 14: Exit Reason by More than Two Moves*

Removal End Reason	Percent	
	Two Moves or Less	More than 2
Adoption	36.86	43.64
Adoption/Tribal Jurisdiction	0.04	0.03
Awol (Runaway)	0.16	0.21
Child Aged Out/Emancipation	2.28	9.08
Convicted Of Crime (Adult)	0.00	0.06
Custody To Relative	2.17	1.59
Custody Transfer Other Agency	0.45	0.63
Death Of Child	0.07	0.13
Guardianship - Non-Relative	0.66	0.59
Guardianship - Relative	5.95	4.57
Married	0.00	0.03
Reunification	50.17	38.31
Tribal Jurisdiction	1.19	1.15
<b>Total</b>	<b>100</b>	<b>100</b>

## Conclusion

Across all groups, the most common reasons for exit are adoption and reunification. While those children receiving SOC or CHBS appear less likely to be adopted, they appear to be more likely to be reunified. Given the research on the detrimental effects of not achieving some form of permanency, it appears that CWS is doing very well at achieving permanency regardless of placement stability. Although CWS will continue to improve placement stability along the road to permanency, at least CWS knows the road is largely leading in the right direction.

*Analysis conducted by DHS Office of Planning, Research and Statistics, finalized July 2016.*