



# **PINNACLE PLAN MEASURES**

## **SEMI-ANNUAL SUMMARY REPORT**

**February 2019**

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## 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 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) 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.

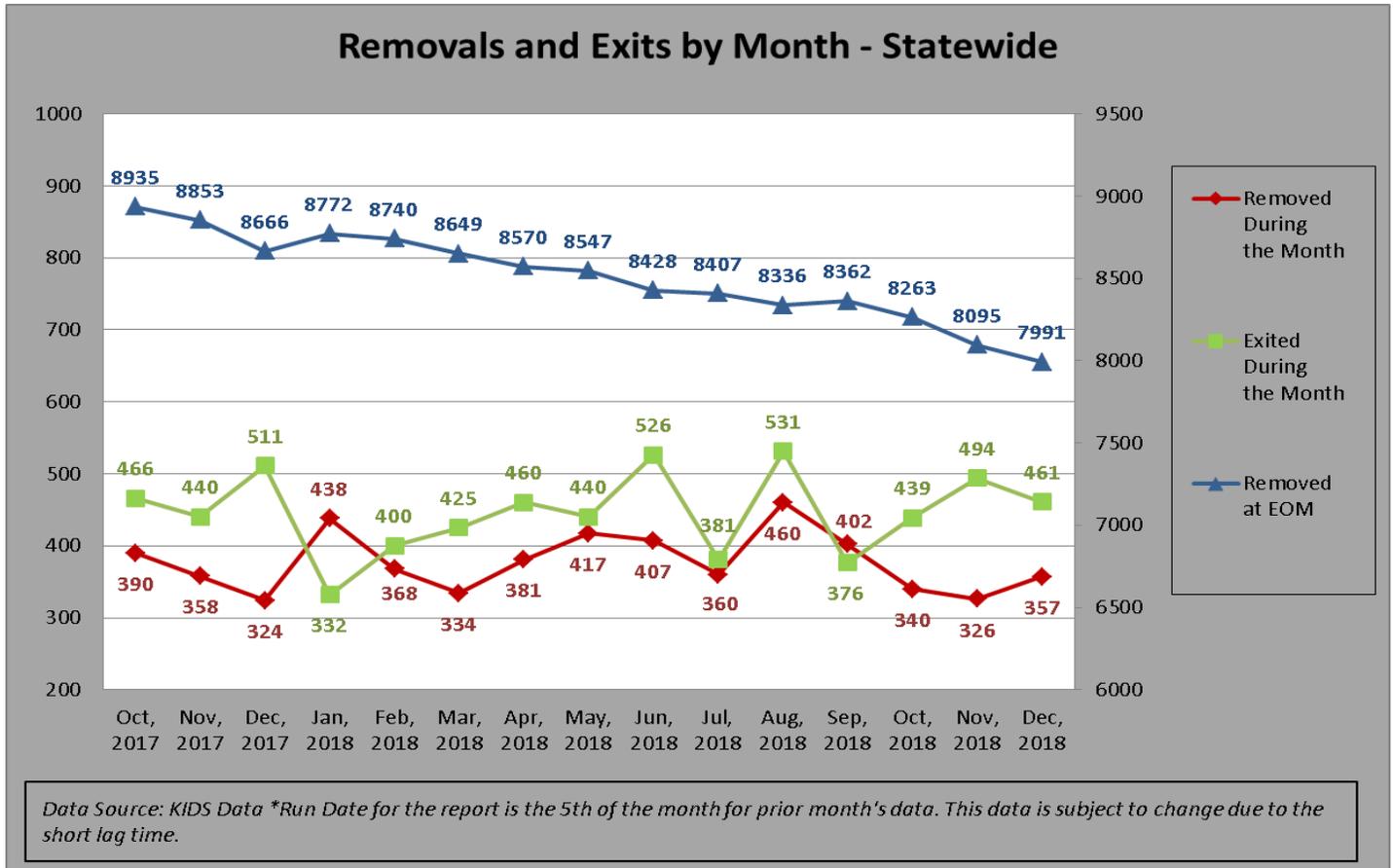
**SECTION 2: Child outcomes.** This section reports on metrics related to safety and permanency outcomes for children in care. These include indicators pertaining to **maltreatment in care, frequency of worker contacts, placement stability, shelter placement, and permanency.**

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

## SECTION 1. Contextual Information

### Entry and Exit Trends

The Oklahoma Department of Human Services (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 December 2018, the number of children in care reached 7991, a 29.3 percent decrease since October 2014, continuing the reduction in the number of children in care. Section 1, Graph 1 shows the number of children removed and the children who exited care during each month from October 2017 through December 2018. Throughout state fiscal year (SFY) 2018, the total number of children exiting care outnumbered the number of children removed.



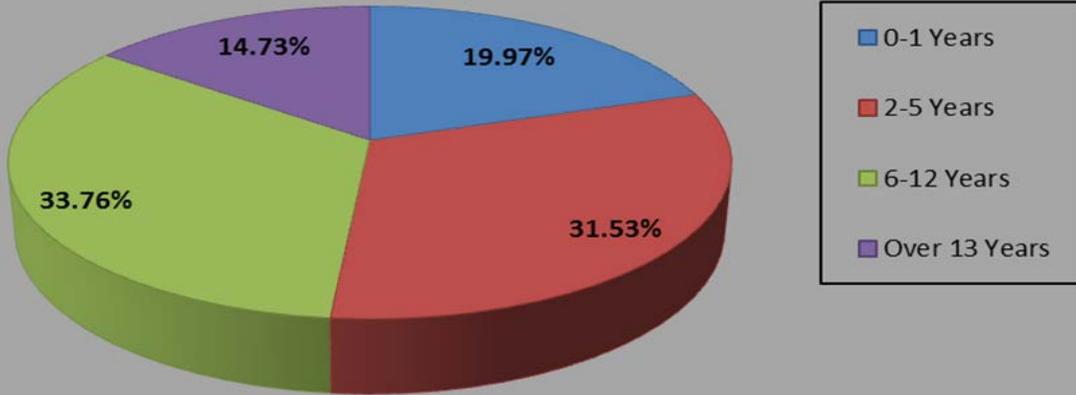
Section 1, Graph 1

### Demographic Information by Reporting Period

During the reporting period of October 1, 2017 through September 30, 2018, according to AFCARS, DHS served 13,901 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 served population of 13,649 excluding children in tribal custody.

Section 1, Charts 1, 2, and 3 show the children's demographics by age, race, and placement type. 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.

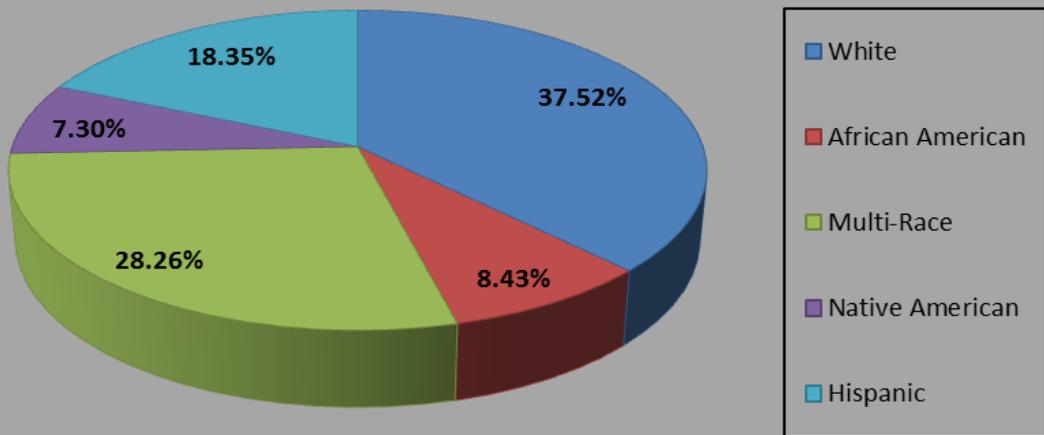
### Total Children Served in Out-of-Home Care By Age Groups - Oct. 1, 2017 - Sept. 30, 2018



Data Source: KIDS Data  
Pinnacle Context Data

Section 1, Chart 1

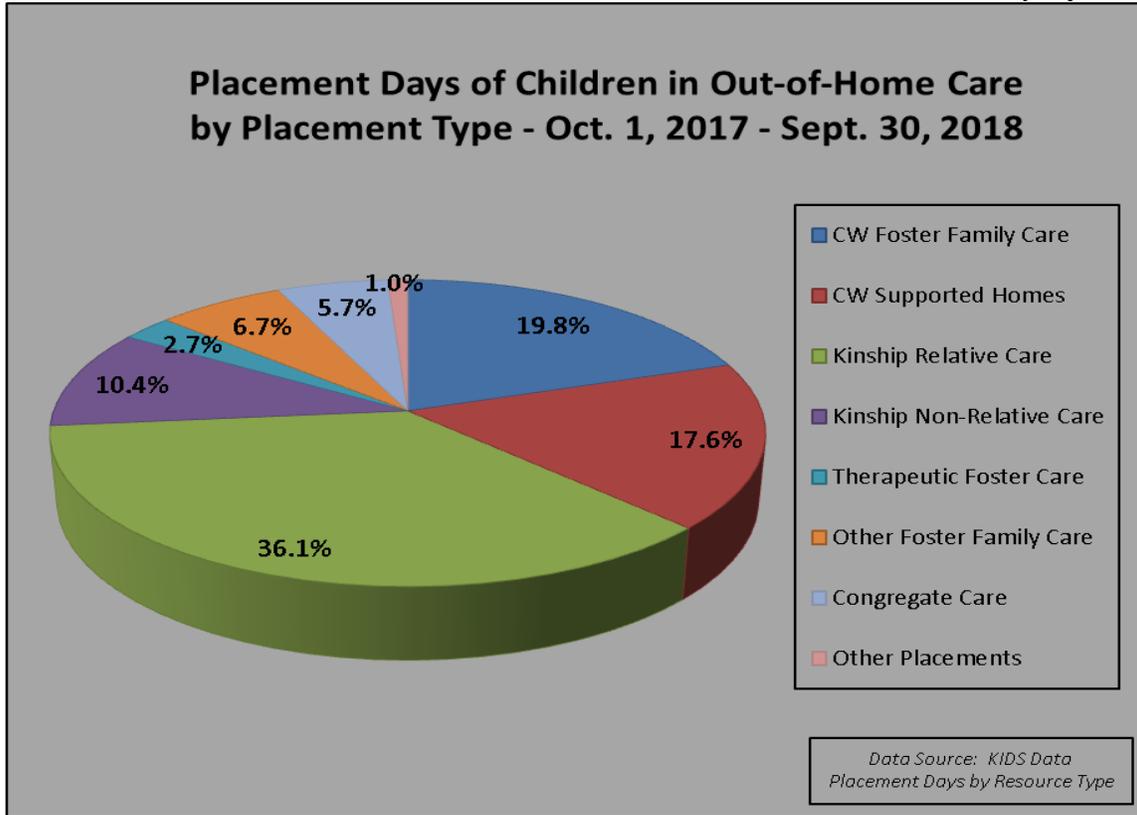
### Total Children Served in Out-of-Home Care By Race - Oct. 1, 2017 - Sept. 30, 2018



Asian and Pacific Islander were omitted as they total <0.2% of the population. Hispanic includes White, African American, Native American, and Multi-Race

Data Source: KIDS Data  
Pinnacle Context Data

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 is a 12-month period based on the federal fiscal year (FFY) of October 1 through September 30. Oklahoma uses the two official state-submitted Adoption and Foster Care Analysis Reporting System (AFCARS) (18A & 18B) files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) file covering AFCARS 18A & 18B 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, so NCANDS data is 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 collected from KIDS.
- The federal metric only counts a victim once during the FFY, even if a child is victimized more than once in the course of a year. In the monthly report, a victim is counted for every substantiated finding of abuse or neglect.
- 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 for maltreatment by the Office of Client Advocacy (OCA) in institutional settings in March 2013.

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

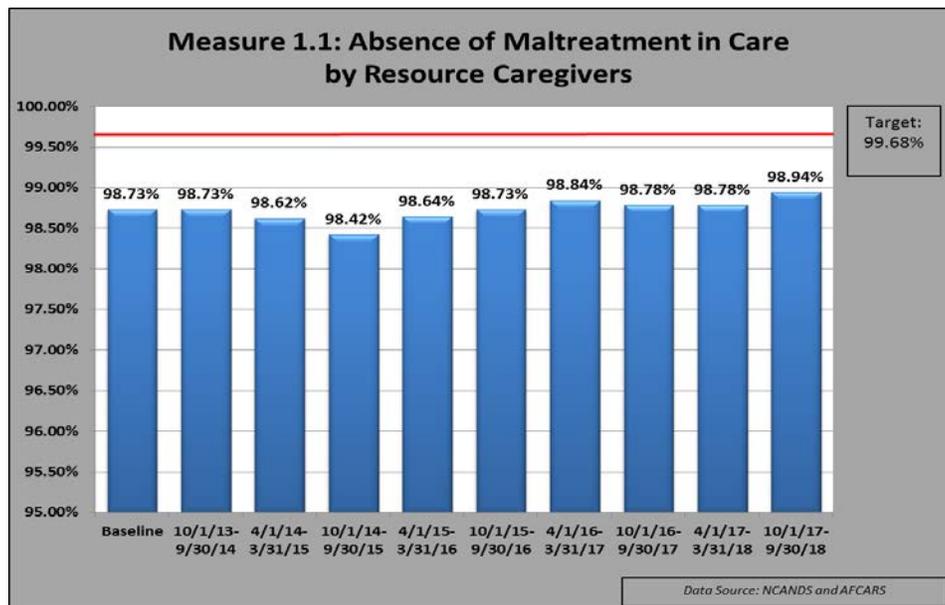
**Denominator:** All children served in foster care from 10/1/2017 through 9/30/2018.

**Numerator:** The number of children served in foster care from 10/1/2017 through 9/30/2018 who did not have any substantiated or indicated allegations of maltreatment by a foster parent or facility staff member during that period.

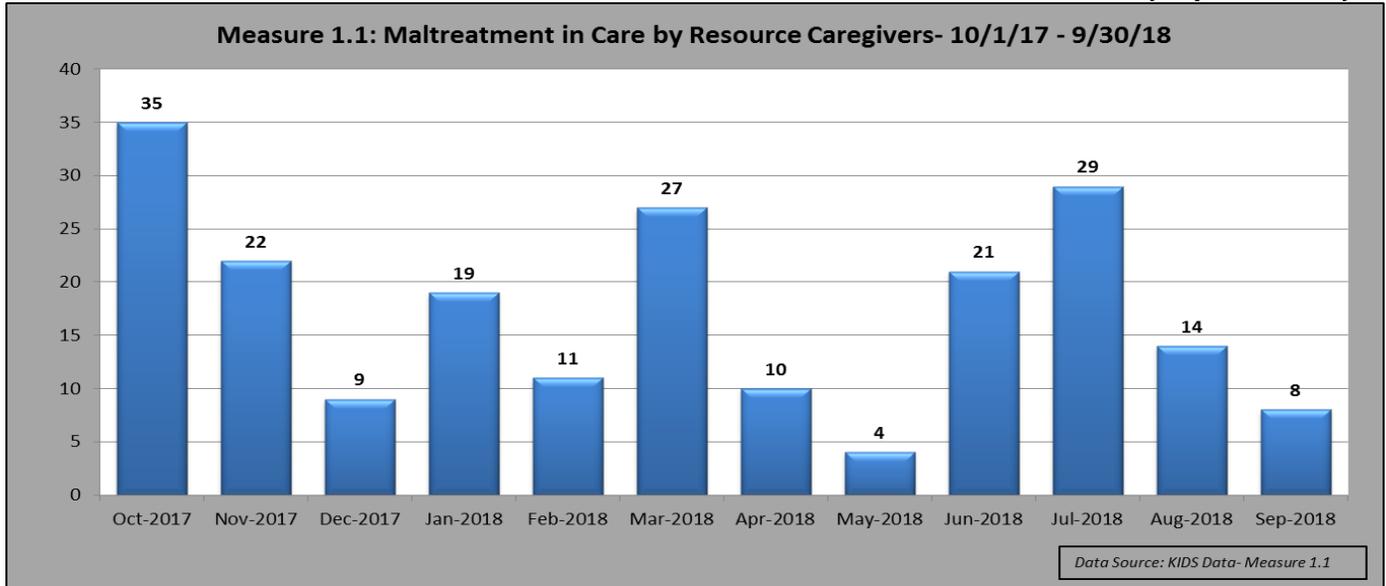
**Trends**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014	15,605	15,806	98.73%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014	16,066	16,272	98.73%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015	16,410	16,640	98.62%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015	16,543	16,808	98.42%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016	16,323	16,548	98.64%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016	16,037	16,244	98.73%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017	15,571	15,753	98.84%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017	14,929	15,113	98.78%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018	14,229	14,405	98.78%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018	13,754	13,901	98.94%
Target				99.68%

Section 2, Table 1.1-1



Section 2, Graph 1.1-1



Section 2, Graph 1.1-2

Children in Out-of-Home Care October 1, 2017 - September 30, 2018						Ending 9/30/18
Placement Type	Placement Days	Percent	Placement Type	MIC	Percent	MIC Rate per 100,000 days
CW Foster Family Homes	577,687	19.8%	CW Foster Family Homes	70	33.5%	12.1
CW Foster - Supported Homes	511,938	17.6%	CW Foster - Supported Homes	26	12.4%	5.1
Kinship Foster Care - Relative	1,052,062	36.1%	Kinship Foster Care - Relative	46	22.0%	4.4
Kinship Foster Care Non-Relative	303,385	10.4%	Kinship Foster Care Non-Relative	21	10.0%	6.9
Therapeutic Foster Care Homes	77,911	2.7%	Therapeutic Foster Care Homes	8	3.8%	10.3
Congregate Care	194,956	6.7%	Congregate Care	33	15.8%	16.9
Other Foster Family Care	167,332	5.7%	Other Foster Family Care	5	2.4%	3.0
Other Placements	30,155	1.0%	Other Placements	0	0.0%	0.0
<b>Total</b>	<b>2,915,426</b>	<b>100%</b>	<b>Total</b>	<b>209</b>	<b>100%</b>	<b>7.2</b>

*Data Source: Pinnacle MIC Data for 12 months ending 9/30/18; Run Date: 12/1/18 and Placement Days by Resource Type; Run Date: 10/5/18*

Section 2, Table 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). For NCANDS reporting, 147 victims were reported.

For the reporting period October 1, 2017 - September 30, 2018, 209 substantiations of maltreatment while in out-of-home care were reported in the monthly MIC Pinnacle Plan Measure. These 209 victims were included in 118 separate referrals: 92 referrals for children in foster care and 26 referrals to the Office of Child Advocacy (OCA). Of the 209 victims, 176 were placed in foster care settings and 33 were placed in congregate care settings:

**Foster Family Care Types: 176 Victims**

- 70 children were in a child welfare (CW) Foster Family Home (39.8%);
- 26 children were in a CW Foster-Supported Home (14.8%);
- 45 children were in a Kinship Foster Care - Relative (25.6%);
- 1 child was in Tribal-Approved - Kinship (0.6%);
- 21 children were in a Kinship Foster Care Non-Relative (11.9%);

- 8 children were in a Therapeutic Foster Care (TFC) Home (4.5%);
- 1 child was in an Adoptive Home (0.6%); and
- 4 children were in a Tribal-Approved Foster Home (2.3%).

**Congregate Care Placement Types: 33 Victims**

- 16 children were in a Level C, D, D+, or E Resource Facility (48.5%);
- 2 children were in an Acute Psychiatric Hospital or Psychiatric Residential Treatment Center (RTC) (6.1%);
- 13 children were in an Oklahoma Department of Human Services (DHS) Shelter (39.4%);
- 1 child was in a Residential Individual Therapeutic Service (3.0%); and
- 1 child was in a Non-DHS Operated Facility (3.0%).

The difference between the two measures is explained in Data Source and Definitions.

**Foster Care**

<b>Screen-Out Consultations on Out-of-Home (OOH) Referrals</b>			
<b>Screen-Out Referral Month</b>	<b>Total Screen-Out Referrals</b>	<b>Screen-Out Referrals with Screen-Out Consultation</b>	<b>% in Compliance</b>
<b>Baseline (Sept-Nov 2016)</b>	<b>312</b>	<b>122</b>	<b>39.1%</b>
Apr-18	87	83	95.4%
May-18	78	77	98.7%
Jun-18	73	73	100.0%
Jul-18	66	63	95.5%
Aug-18	70	69	98.6%
Sep-18	59	58	98.3%
<b>TOTAL</b>	<b>433</b>	<b>423</b>	<b>97.7%</b>
<i>Data Source: Y1790B - Out-of-Home Screen-Out Detail; Run Date: 12/14/18</i>			

Section 2, Table 1.1-3

<b>10-day Staffing on Out-of-Home (OOH) Investigations</b>			
<b>Investigation Closure Month</b>	<b>Total Children in OOH Referrals Assigned</b>	<b>Children with 10-day Staffing</b>	<b>% in Compliance</b>
Apr-18	112	112	100.0%
May-18	102	102	100.0%
Jun-18	131	131	100.0%
Jul-18	146	146	100.0%
Aug-18	159	159	100.0%
Sep-18	93	93	100.0%
<b>Total</b>	<b>743</b>	<b>743</b>	<b>100.0%</b>
<i>Data Source: Y1751 - Out-of-Home Investigations; Run Date: 12/14/18</i>			

Section 2, Table 1.1-4

### **Statewide Automated Child Welfare Information System (SACWIS)/KIDS**

In February 2018, the Resource Information Sheet (RIS) was released to CW specialists who carry permanency planning (PP) caseloads for assessing resource homes. The resource information assists the child's CW specialist make a full safety assessment prior to a child's placement, which could reduce MIC. The information can be viewed prior to making a placement decision and prints off automatically when a child's placement is changed in a family-like setting. The RIS provides a snapshot of the resource home and includes:

- the number of children currently placed;
- the number of total historical placements;
- the total number of children in the home;
- any open written plan of compliance (WPC)/investigation information;
- any prior referral history;
- any pets; and
- the family makeup/demographics.

In November 2018, a SACWIS/KIDS enhancement included the addition of any open or prior resource alerts to the RIS. The incorporation of resource alerts provides the child's CW specialist with information regarding any identified concerns presently or previously requiring ongoing monitoring by CW staff.

A screen-out consultation guide in KIDS was released on 2/9/2019. The enhancement will display relevant information about the resource, such as the number of referrals, number of investigations, and number of WPCs, as well as provide staff different text areas to document information that needs to be discussed in the consultation. The proposal includes a signature area for each responsible specialist to ensure accountability, similar to the 10-day staffing. This update is tentatively set to release in February 2019.

During this period, planning and development continued on the project to track WPCs within KIDS and the possibility of tracking exception requests and policy violations, which are set to release in May 2019. This enhancement will provide better information on why a WPC was implemented and congregate data to inform practice change.

To improve practice related to CW specialists' contacts, updated guides were developed to provide staff guidance on what steps to take before, during, and after a quality contact. Those guides, *Quality Contact with a Parent* and *Quality Contact with a Child*, replaced all previous guidance on specialist contact with parents and children. Regional leadership, including district directors and deputy directors, were trained in August and September 2018, on both of the new quality contact guides. Each guide's use and documentation were explained. These guides are also trained included in training number one of the Supervisor Framework Series, Best Practices. Region 1 received training on the subject starting 8/10/2018 and finishing on 10/10/2018. Since the Supervisor Framework Series rolls out to each region over a span of time, Region 2 was specifically trained on the use of both guides on 8/23/2018; Region 4 on 9/21/2018; Region 5 on 9/28/2018; and Region 3 on 10/12/2018. *CWS Numbered Memo 18-11, Quality Child and Parent Contacts* was sent to all CW staff 10/30/2018, informing them of the new guidance.

Child Protective Services (CPS) Program staff continues to review every out-of-home (OOH) screened-out referral to ensure policy guidelines are adhered to in the disposition process. In early 2018, an enhancement in KIDS started capturing the review process. CPS Program staff documents findings to concur or not concur with the screen-out disposition in KIDS. When Program staff does not concur with the referral's disposition, Program staff override and assign it in KIDS for an investigation.

### **Foster Home Assessments**

In November 2018, the Foster Care and Adoptions (FC&A) field deputy director presented and discussed the resource family assessment (RFA) state analysis and regional analysis with the field managers. Each field manager presented and discussed the state and regional analysis with their supervisors by 12/31/2018. In January 2019, each field manager is to develop a Continuous Quality Improvement Action Plan based on their specific practice areas needing the most

improvement to impact safety. Plans will be submitted to the FC&A field deputy director for final review. Each Action Plan is expected to be monitored for 90-calendar days by the field manager and his/her supervisors. The goal is for each area leadership team to assume ownership of their own practice and focus on areas that may impact safety the most based on the state and regional analysis. The resource family partner (RFP) agencies reviewed the initial information following the review of the homes within their own agencies, identifying areas of needed improvement. Follow-up work with the agency directors is scheduled for 1/16/2019. Programs staff are developing an information packet for each agency, as well as for CWS staff, that will provide tips and guidance for the trends identified in the RFA analysis, as well as trends identified in the most recent quality assurance (QA) reviews. The information will provide examples, guidance, and step-by-step instructions for agency leadership to utilize in shared learning activities for improving practice.

The finalized Resource Family Assessment (RFA) tools were released in September 2018 and provided to contractors for use beginning October 2018. Quarterly RFA contractor meetings are held to address questions and concerns to ensure clarity and consistency in the assessment process of resource homes.

In June 2018, FC&A Programs staff began development of the annual update process and revision of the reassessment process and guidelines. The revision's purpose was to update guidelines and expand the assessment of ongoing protective capacities to ensure the safety of children placed in resource homes. The revised forms were released in October 2018. FC&A Programs staff have developed an annual update and reassessment training to begin in January 2019 for all Resource and RFP staff. This training will aid staff in assessing ongoing protective capacities, identifying any family supports or needs that are lacking, and ensuring the family is able to provide safety and well-being for children placed in the resource home.

When a resource home is overfilled, FC&A staff and the child's assigned CW specialist continue working to make sure families are supported and the safety and well-being needs of children and families are addressed.. Overfilled resources are tracked for evaluating if appropriate, identified supports are in place to aid the resource family. FC&A Programs staff was previously responsible for completing a monthly statewide report of overfilled resources, including any updated supports or action steps for ongoing monitoring. On a statewide level ensure accountability for the support plans proved to be difficult. In November 2018, completion of the report and tracking of support plans for overfilled resources shifted to administrative staff assigned to each field manager. This reassignment of duties allows for more accountability at the local level and includes field manager oversight to ensure appropriate supports are established and modified as needed to ensure safety of children in the resource home.

To assist staff in assessing and remediating concerns in a resource home, Assessing Concerns in Resource Homes training was added to the required Level II curriculum for Resource staff and will be provided on an ongoing basis. This training aids in addressing policy violations, and developing and monitoring WPC's. FC&A staff statewide, as well as RFP staff, received Assessing Concerns in Resource Homes training in 2017. The next session is scheduled for January 2019 and is offered to Resource and RFP staff. This training is required for all new Resource and RFP staff and is offered to any staff who request the training or need a refresher.

During this reporting period, FC&A leadership worked with KIDS to develop enhancements to assist when an issue or concern in a resource home requires follow-up or ongoing monitoring. In September 2018, *CWS Numbered Memo 18-09 Documenting Resource Contacts* was released and provided to all CW and RFP staff. The memo provided instructions on documenting and tracking issues or concerns in the resource home identified by Resource staff or the child's assigned CW specialist. The protocol took effect on 9/17/2018. This documentation, or resource alert, increases communication between programs when concerns in a resource home arise and ensures the continued safety of children placed in the resource home.

- When the issue or concern is identified by Resource staff during the initial kinship approval, it is documented in the *Initial Kinship Safety Evaluation and Approval* document.
- When the issue or concern is identified by Resource staff during the resource approval process, it is documented in the *Resource Family Assessment Review* tool.

The *Initial Kinship Safety Evaluation and Approval* document and the *Resource Family Assessment Review* tool were slightly modified to clarify where to document this information. The modified document and tool were provided to FC&A and RFP staff on 9/12/2018. When an issue or concern is identified by Resource staff or the child's assigned CW staff, a resource alert is entered to notify all assigned staff of the need for ongoing monitoring. Ongoing monitoring of issues or concerns includes communication between assigned staff prior to initiating monthly contacts, and discussion of the resource alert during a screen-out consultation or 10-day staffing when a referral is received for the resource home.

KIDS added two new contact purposes to the picklist options to document and track this information. The specific issue or concerning information is clearly documented and entered as a contact with the purpose of "Alert – Resource Notice." When the concern or interest no longer requires monitoring, staff enters a contact with type or purpose of "Alert – Resource Notice Resolved." The resolution of the concern or issue is clearly documented in the contact. In November 2018, a KIDS enhancement further improved resource alert notification and tracking. The enhancement includes an automated alert to the assigned Resource staff, as well as CW staff with children placed in the home, when the issue or concerning information is entered. Resources with these contact purposes generate to a WebFOCUS report, YI102 – "Resource Homes with an Open Resource Alert Issue", for monitoring by Resource staff and CW staff with children placed in the home. The report is emailed monthly with an expectation that field managers, supervisors, and RFP agency staff utilize the report as a management tool to track open and resolved resource alerts.

To promote the transfer of learning and embed resource alerts in practice, a communication plan was prepared by FC&A leadership. A weekly discussion question was disseminated to all Resource staff, including RFP staff, originating from the FC&A field deputy director. The first discussion question was sent on 9/25/2018, *Resource Alerts*, and continued for eight weeks, with the last weekly discussion question sent on 11/19/2018. A booster question was disseminated to staff on 1/2/2019. Resource alerts implementation also included sharing information at leadership and supervisory meetings in September and October 2018. The information was also incorporated into the Supervisory Framework training.

Resource alert information was provided to RFP directors in July 2018 to allow them time to prepare their staff. RFP protocol, which mirrors DHS protocol, was distributed to all RFP agency directors on 9/10/2018 with instruction that resource alerts would go into effect 9/17/2018. All agency partners trained their staff regarding the resource alert protocol, which is recorded by sign-in sheets. Resource alerts were added to the agenda for the directors meeting held 10/17/2018, which allowed for follow-up discussion and feedback on usage of resource alerts.

In November 2018, ***CWS Numbered Memo 18-13 Placement Assessment Conversation*** was released and provided to all CW and RFP staff. The memo referenced the need for better communication to make the best placement decision possible and ensure the resource family has the necessary support to provide care for a child placed in their home. The memo provided protocols and guidance for documentation of placement assessment conversations between an assigned resource specialist and the child's assigned CW specialist prior to placement, when possible. The RIS guides the placement assessment conversation to discuss the family's strengths, history, and needs. A thorough conversation is needed to discuss items in the resource home's history requiring further monitoring, such as referral history, WPCs, injury alerts, and resource alerts. The placement assessment conversation also includes information about the child considered for placement, such as family information, siblings, visitation, reason for Child Welfare Services' (CWS') involvement, special needs, personality, strengths, behavior, and current services. The assigned resource specialist and child's assigned specialist also discuss any support the family may need to better meet the child's needs. When the placement assessment conversation is unable to occur prior to placement, the conversation occurs within two-business days to share information.

To ensure consistent reviews and more accurately compile data, an RFA review instrument, focused on the approval process, was developed with the input of the Continuous Quality Improvement (CQI) team. This instrument is utilized to review samples of traditional, kinship, and adoption resources recently approved. During the development of the approval review instrument and the QA process, the QA team met regularly to ensure quality and consistent reviews, as well as discuss any needed revisions to the instrument. The final revisions were completed in October 2018. An

additional review instrument was developed in October 2018 with the CQI team's input. The Ad Hoc instrument was retitled *Comprehensive Resource Review Instrument* to clearly reflect the scope of information reviewed. The *Comprehensive Resource Review Instrument* encompasses a review of the initial approval process and any ongoing work with a kinship, foster, or adoptive family. This instrument is utilized for RFP resource reviews and addresses differences in obtaining information from the RFP agencies. This comprehensive instrument also allows for Ad Hoc reviews focused on a specific issue or concern to be conducted by gathering information in the corresponding section of the instrument.

At the end of the last reporting period, the FC&A QA team was established. The team's first assignments included completing monthly reviews for newly approved traditional, kinship, and adoption resources. The first review was a random sample of kinship resources, which was completed in June 2018. The focus of the reviews was on the quality of the approval process. The QA team completed four training reviews to ensure team consistency and quality reviews. The QA team is using a standard RFA Review Tool, which was created with the input of the CWS Continuous Quality Improvement (CQI) team, to review a sample of approved RFAs for traditional, supported, kinship, and adoption resources for the prior month. The first random sample was pulled for review in June 2018. The QA team will complete quarterly debriefings with the field to discuss strengths and any identified trends as a result of the reviews. This will also be done with the RFP agencies quarterly. Over the course of the next six months, CWS will establish a baseline of review data that can then be compared to findings at the end of state fiscal year 2019. The qualitative data will be provided to FC&A leadership to determine any next steps for practice improvement. FC&A leadership will continue to evaluate the progress and make adjustments as needs are identified. An ad hoc review of 20 resources for an RFP agency, **Tallgrass Review**, was completed in October 2018, followed by a debriefing with the agency and the assigned liaison held in November 2018. The purpose of the ad hoc reviews was to fulfill requests made by leadership to gain better understanding of the overall comprehensive quality of field work and practice. The QA team will continue to review a random sample of kinship, foster, and adoptive homes each month with additional reviews added as needed.

The QA team completed debriefings with FC&A field staff based on the information obtained during the review process and met with several RFP agencies following review of various foster homes to discuss strengths and any identified trends. The QA team is in the process of developing a plan to sustain the shared learning moving forward.

### **MIC Expanded Strategies**

In October 2018, an MIC leadership team was established to improve the qualitative reviews and transfer of learning to each district. CWS has a statewide MIC leadership team, as well as MIC regional teams in each region. The statewide MIC leadership team is led by the MIC Program supervisor, under CPS Program administration. The statewide MIC leadership team includes field managers, district staff, supported home staff, and program staff from all CWS programs. Each region is represented by a district director or field analyst. The statewide MIC leadership team met on 12/17/2018, to establish a process for reviews conducted by district directors and field managers and to provide guidance for each region to develop an implementation strategy regarding MIC reduction. The regional MIC teams will meet within their regions every other month to present MIC data and trends within the districts and to discuss prevention strategies and ongoing implementation efforts. MIC Program staff will continue to review all substantiated referrals in a family-like setting and a random sample of 10 unsubstantiated referrals selected by the Co-Neutrals, eight in a family-like setting and two in congregate care. Beginning January 2019, those reviews will be sent to each involved district director/field manager in an effort to increase communication on the reviews. The statewide MIC leadership team has been meeting every month for the most recent quarter and will continue to meet monthly until the MIC Expanded Strategies are fully implemented and operating as intended. This will be determined by the MIC lead. Once this is accomplished, the statewide MIC leadership meetings will change to quarterly. MIC Program staff will continue to aid the field and regional MIC teams in identifying system strengths and needs, providing ongoing analysis and evaluations of ongoing performance, and collectively making adjustments to implemented strategies as needed.

### **Case Reviews**

In addition to the MIC program reviews, a process was developed and implemented for continued enhancements and review processes at the regional and district levels. Beginning December 2018, district directors began monthly reviews

of two substantiated and two unsubstantiated family-like setting referrals from the previous month within their district. It should be noted, not every district will have a substantiated or unsubstantiated referral for review every month as this is dependent on the amount of referrals received by each district. The objective will be to identify contributing MIC factors and trends within the district to monitor if the regional strategy to reduce MIC is having the intended impact.

When district staff encounter a RFP home for review, the district staff will notify the proper field manager of the review. RFP staff will conduct their own review concurrently to analyze quality and trends within the RFP home. All RFP agencies will present the findings of their reviews and a case analysis to their staff, reporting their progress and identified trends to CWS Resource staff. A modified review tool specific to RFP staff is expected to be developed and finalized this quarter. The tool and analysis will focus on three primary targets: quality visits and presence in the home; supports provided and needed in the home; and the quality of the agency's initial home assessment. To ensure transfer of learning, CWS liaisons discuss the review findings with agency staff during their quarterly agency site visit and during the bi-monthly meetings with agency directors.

Field managers will be a member of their regional MIC team. Each month, field managers will conduct one full review of an unsubstantiated referral and will assist district staff on three other reviews from the region. The case review tool for this process is still being tested to determine functionality and is not yet finalized. The MIC leadership team agreed to utilize the 'MIC Review Tool July 2018' until the finalization of the case review tool.

### **Regional Implementation**

Each region will develop a targeted strategy to improve practice and decrease the presence of contributing MIC factors. The targeted strategy will specify an action to reduce MIC that is clearly aligned with a contributing factor specific to the region. The strategy will include justification of the target, the specific implementation strategy, and how the action will be monitored to determine its impact on practice. Strategies will be approved by the regional director and MIC Program team. The regional MIC teams plan to finalize implementation of the targeted strategy to reduce MIC in January 2019.

### **Case Analysis**

District directors and field managers will present a case analysis to their regional staff quarterly, focusing on the regional-specific targeted implementation strategy. Program staff are engaging leadership staff from every region to ensure the case analyses process is utilized properly in field practice. All MIC leadership will be presented with a case analysis at the next MIC leadership meeting on 1/28/2019 where the case analysis process will be modeled and discussed thoroughly. All MIC regional leads will then transfer that learning by explaining and demonstrating the case analysis process to their regional leadership. Additionally, all leadership staff will attend a Supervisory Framework training series, which again models this type of transferred learning process. The regional MIC leads will analyze their regional trends from their case review processes, which will determine the type of case analysis presented. District directors and/or field managers will present a case analysis to regional staff on a quarterly basis specific to the trends found during the review process and the implementation efforts. The regional case analysis presentations will be presented during the next quarter.

A district director or field manager will discuss the findings of their substantiated reviews with staff from all programs involved in the case. The transfer of learning will focus on opportunities to enhance risk assessment skills and prevention strategies moving forward. Discussions will also occur regarding the unsubstantiated reviews when a practice area of enhancement or strength is found.

The FC&A QA team is assisting the MIC statewide team with the overall review and analysis outcomes and the transfer of learning process. The FC&A QA team has been conducting reviews and practicing face-to-face transfer of learning in discussions surrounding opportunities for practice improvement. Face-to-face feedback of the reviews began 11/14/2018 and continued through 1/11/2019. Sixteen face-to-face feedback reviews were completed in that time.

Each regional MIC lead is expected to produce a report narrating the trends or outcomes from the case reviews, case analysis, and the strategic action plans. Reports are to be submitted for review by the MIC leads. Ongoing analysis and dissemination of key findings highlighting MIC contributing factors will be presented to field staff by their regional and district leadership. Findings from all reviews and case analyses will be considered in coordination with the findings from Child and Family Services Reviews (CFSRs), program reviews, permanency safety consultations (PSCs) reviews, placement stability data, and permanency data in an effort to produce quality responses based on all reviews. A feedback loop will be implemented using those findings to make changes to trainings, policy, and/or MIC activities as needed.

MIC Program staff will begin disseminating an MIC Newsletter prior to the end of each quarter providing information regarding MIC focused strategies/implementation efforts. The newsletter will be issued prior to the end of the quarter with the information disseminated at each regional quarterly leadership meeting. The first newsletter is scheduled for release in February 2019.

MIC online training for all CWS staff was established in late November 2018 using information obtained through comprehensive CQI/QA review processes. The information includes a basic definition and discussion on the importance of MIC prevention and also defines expectations and specific content related to specialist type and placement setting so that specialists and supervisors are knowledgeable about factors contributing to MIC and understand their roles in MIC prevention. The training will be required annually. In addition to the annual training, a program specific MIC training is being developed for CPS, PP, and Resource staff. That training is anticipated to be complete by July 2019. All online MIC trainings have booster components to enhance supervisory transfer of learning with specialists through activities in the online Learning Management System (LMS). The last booster is scheduled to be completed by staff twelve weeks after they complete the learning modules. The training center and MIC lead will work together to determine how best to analyze the narrative reports in a manner suitable to identify staff understanding of MIC and prevention as well as any areas where additional support to the field is needed. The analysis' intent will be to gauge staff's understanding and application of MIC prevention techniques based on their narrative responses.

Due to information technology issues with the contractor, a concrete number of staff in compliance could not be confirmed. The contractor anticipates having a concrete number on staff compliance by January 2019.

### **Predictive Analytics**

CWS is working toward creating a predictive analytics model for MIC. The MIC Program team and KIDS team have been working together to understand the data currently being analyzed by the model in its exploratory stage. Given that the model remains in an exploratory stage, it has yet to produce actionable results. Once the predictive model produces actionable results with validity, then the model could be functional and built into operations. At this time, the model's functionality and validity are not validated enough to predict MIC or become operational, hence why it is still referred to as in an exploratory stage. Further analysis into the model to create actionable results requires working with a data scientist with social services knowledge and additional outside stakeholders. Considerations are underway regarding these barriers so that the model could be an additional tool to help identify potential at-risk children without replacing the process of conducting a safety analysis.

### **Supervisory Framework**

The Safety through Supervision Framework training was fully implemented in Region 1; beginning 8/10/2018, and finishing on 11/9/2018. Within the Supervisory Framework training, the Best Practices training focuses on practice areas that contribute to MIC, such as a lack of quality worker contacts and effective communication among all programs. The quality worker guides for both child and adult are thoroughly reviewed in this training. All levels of CW staff are required to attend this training. In the Safety-Focused Supervision Training, session number three of the Framework series, supervisors and leadership focus on safety-related assessments and communication across all programs. The training participants complete a case study and debrief areas that contributed to MIC incidents within the case. In the final session of Supervisory Framework training, supervisors and leadership review the three strategies within the Framework. These strategies are intentional case staffings, monthly conferences, and field observations. The guides

provide supervision consistency across the state and guide supervisors to effectively and thoroughly complete case staffings, monthly conferences, and field observations.

The Supervisory Framework series training is part of Oklahoma’s CFSR Program Improvement Plan (PIP), in which the first transformation zone rollout occurred in Region 1. Region 1 is currently participating in a 90-day transfer of learning (TOL) phase in which supervisors participate in monthly support groups that reflect on current supervisor practices and expectations. In the first month of TOL, supervisors discuss MIC and their role in prevention. The MIC online training, statewide MIC strategies, and the specific regions strategies are reviewed. The TOL is also used to filter questions/offer additional support surrounding the screen-out consultation guide, 10-day staffing guide, and quality worker visit guides.

The Supervisory Framework rollout will continue in the CFSR PIP transformation zones through May 2020. Region 3 will start the series training in January 2019; Region 5 in May 2019; Region 2 in August of 2019; and Region 4 in January of 2020. After each region completes the 90-days of training, supervisors will participate in 90-days of TOL phase in which support will be offered surrounding the supervisor framework and core strategies.

**Screen-Out Consultations**

A notable increase in screen-out consultations occurred from last period to this period, from 91.2 percent to 97.7 percent. A screened-out consultation guide was created in August 2018 to inform CW specialists on documentation regarding all areas of discussion and concern, which allows for better information finding and sharing, especially when assigned staff changes over time. The screen-out consultation ensures prompt action occurs on expressed concerns and that supports are put in place in a timely manner. Training on the screened-out consultation guide was provided to leadership in October 2018. Further training on the guide continues through the supervisory framework. In January 2019, the CQI/QA team along with FC&A QA will undertake another screen-out consultation review looking at the quality and effectiveness of the screen-out consultations.

**Congregate Care**

Children with Substantiations of Abuse or Neglect while in Out-of-Home Care - OCA Heightened Monitoring Facilities (HMF)							
Heighten Monitored Period	Closure Month	Group Homes / Shelters					Total
		Group Home / Shelter 1	Group Home / Shelter 2	Group Home / Shelter 3	Group Home / Shelter 4	Group Home / Shelter 5	
10th Data Period	Oct-17			2	1	3	6
	Nov-17						0
	Dec-17	2	1				3
11th Data Period	Jan-18			1			1
	Feb-18						0
	Mar-18	2					2
12th Data Period	Apr-18						0
	May-18						0
	Jun-18						0
13th Data Period	Jul-18						0
	Aug-18	1					1
	Sep-18						0
<b>TOTAL</b>		<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>13</b>
<i>Data Source: KIDS Data Measure 1.1 MIC; Run Date: 11/30/18 - Numbers indicate children with substantiations while in DHS custody and placed at Facility.</i>							
9th Period Data ID'd as HMF	10th Period Data ID'd as HMF	11th Period Data ID'd as HMF	12th Period Data ID'd as HMF				

Section 2, Table 1.1-5

Children with Substantiations of Abuse or Neglect while in Out-of-Home Care - OCA Heightened Monitoring Facilities (HMF)					
Heighten Monitored Period	Closure Month	Hospitals			Total
		Acute / RTC 1	Acute / RTC 2	Acute / RTC 3	
10th Data Period	Oct-17				0
	Nov-17				0
	Dec-17				0
11th Data Period	Jan-18				0
	Feb-18	1			1
	Mar-18				0
12th Data Period	Apr-18				0
	May-18				0
	Jun-18				0
13th Data Period	Jul-18				0
	Aug-18				0
	Sep-18				0
<b>TOTAL</b>		<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
<i>Data Source: KIDS Data Measure 1.1 MIC-Run Date: 11/30/18 - Numbers indicate children with substantiations while in DHS custody and placed at Facility.</i>					
9th Period Data ID'd as HMF		10th Period Data ID'd as HMF	11th Period Data ID'd as HMF	12th Period Data ID'd as HMF	

Section 2, Table 1.1-6

Note: The color blocking denotes the data period when a facility was identified as requiring heightened monitoring. Data reporting periods are for three months.

Core strategy initiatives designed to impact MIC in higher-level settings continue. Current semi-annual report data indicates a significant decrease of 36 child MIC victims compared to data in the last semi-annual report. The decrease signifies positive trending during this reporting period. Additionally, 15 of the total MIC incidents occurred in resources whose contracts were terminated or are no longer providing services. Furthermore, the heightened monitoring process appears to continue to positively impact the majority of involved resources. Of the five group home or shelter resources identified as in need of heightened monitoring based on data from the ninth, tenth, eleventh, and twelfth data periods, only one had any MIC victims during the thirteenth data period. This resource was involved in the heightened monitoring process for some time and made significant progress in developing a trauma-responsive program since the issuance of a Notice to Comply and change in executive leadership occurred in May 2018. The MIC incident, which occurred during the 13th data period, was determined to be an isolated incident involving a single staff member and not reflective of the current program's culture. Additionally, the program's new executive director took swift and appropriate action in response to the incident, immediately terminating the staff member prior to OCA involvement and the abusive action being substantiated. Of the three acute and residential treatment center (RTC) level resources identified as in need of heightened monitoring based on data from the ninth, tenth, eleventh, and twelfth data periods, none had any MIC victims during the thirteenth data period.

As detailed in previous semi-annual reports, the three major areas of focus for reducing MIC in OOH care in higher-level settings consists of: heightened monitoring of those facilities identified with the highest number of MIC incidents; policy, practice, and technical enhancements; and contract enhancements.

**Heightened Monitoring**

The specific activities and detailed processes on the selection of and the work completed with facilities in need of heightened monitoring based upon eleven initial data sets were summarized in previous semi-annual reports. This reporting period includes heightened monitoring activities based upon the twelfth and thirteenth MIC data sets.

12th MIC Data Set- April-June 2018

A heightened monitoring team (HMT) meeting was not held in July 2018 since no MIC incidents occurred in facilities during the 12th data period April to June 2018. Monthly HMT conference call updates were held 7/2/2018, 8/1/2018, and 9/5/2018 as work continued with those facilities previously identified as in need of support through the heightened monitoring process. During the monthly calls, action plans were reviewed and action plan updates were suggested based on information from weekly on-site monitoring by Specialized Placements and Partnerships Unit (SPPU) liaisons, bi-monthly visitation by the SPPU program field representative (PFR) assigned to HMT activities, DHS Child Care Licensing (CCL), and OCA feedback.

13th MIC Data Set- July-September 2018

A quarterly HMT meeting was held 10/15/2018 to identify facilities in need of enhanced support through heightened monitoring based on data from July through September 2018. Monthly HMT conference call updates were held 10/3/2018, 11/7/2018, and 12/5/2018. During the monthly calls, action plans were reviewed and action plan updates were suggested based on information from weekly on-site monitoring by SPPU liaisons, bi-monthly visitation by the SPPU PFR assigned to HMT activities, DHS CCL, and OCA feedback.

The thirteenth MIC data set was received October 2018. A review of this data set identified one new resource in need of heightened monitoring at the group home and shelter level of care and no providers at the RTC and acute level of care in need of heightened monitoring. An initial meeting with the identified resource did not occur as intensive support efforts similar to heightened monitoring were started with this resource in early August 2018 and included weekly progress updates. Additional MIC incidents were found to have occurred during the 13th data period, July-September 2018, in two other resources at the group home and shelter level of care; however, they were not identified as in need of heightened monitoring. One of these resources is the same resource discussed previously in which a Notice to Comply was issued exacting a change in their executive leadership and where the MIC incident was determined to be of an isolated nature involving a single staff member and not reflective of the current program's culture. Similarly, the MIC incident involving the other resource at this level of care appeared to be of an isolated nature and not reflective of the program's culture which would require ongoing remediation efforts. This is illustrated by the fact that the incident occurred in March 2018 and subsequently the provider implemented policy changes and staff retraining. Since that time, no additional reports of abuse or neglect with similar concerns were received on the resource.

Additional efforts undertaken related to heightened monitoring during this period occurred with a resource that has been involved in the heightened monitoring process for an extended period of time, but has made minimal progress in improving the program's overall culture. On 10/15/2018, SPPU engaged in discussion with the provider's ownership to discuss the lack of progress seen, despite engagement in the heightened monitoring process and supports provided through decreased referrals for placement. As a result, this provider exacted a change in the program's executive leadership with the new Executive Director beginning official duties on 1/7/2019.

**Policy, Practice, and Technical Enhancements**

Efforts regarding support for the use of the Assessing Safety in Residential Settings Contact Guide were detailed in prior semi-annual reports. These efforts were further bolstered and supported during this reporting period through the rollout of the annual online MIC training, which is required to be completed by CW staff at all levels.

Continued use of the SPPU Facility Services Plan (FSP) screens and reports in KIDS led to the identification of additional needed enhancements to support SPPU staff's work. These enhancements were shared with KIDS staff to consider as needed changes and for inclusion in development of the new SACWIS system.

Case reviews, using the substantiated and unsubstantiated case review tools for facilities, continued through this reporting period. Monthly, all substantiated referrals involving youth in DHS custody and placed in CWS-contracted facilities are reviewed along with a random selection of unsubstantiated referrals. Any areas of concern involving SPPU staff practice identified during the completed reviews are followed up on and addressed.

The more comprehensive, informed, and supportive review process of all referrals for placement to group homes involved in heightened monitoring and for youth with histories of problematic sexual behavior that includes the development and execution of an individualized safety or support plan began 4/30/2018 and continued through this reporting period.

**Contract Enhancements**

Provider performance report cards, based on data and reports from 1/1/2017 to 3/31/2018, were shared with D+ and E group home providers previously and included in previous semi-annual report submissions. *April-June 2018 Provider Performance Report Card* and *July-September 2018 Provider Performance Report Card* were shared with providers during this reporting period.

Since the Managing Aggressive Behavior (MAB) implementation in January 2017, SPPU, through the Trauma-Informed Care Project (TICP) with the National Resource Center for Youth Services (NRCYS), provided MAB supportive services to facility staff to build organizational capacity, support the internalization of the training concepts within each agency, provide direct care staff with competent on-site coaches, and build a statewide trainer network. Efforts in this regard continued throughout this reporting period.

**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 October 1 through September 30. Oklahoma used the two official state-submitted AFCARS (18A & 18B) files combined with a non-submitted annual NCANDS (Covering AFCARS 18A & 18B 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. The official submission to NCANDS occurs only once annually and is due yearly by January 31, 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.

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

**Denominator:** All children served in foster care from 10/1/2017 through 9/30/2018.

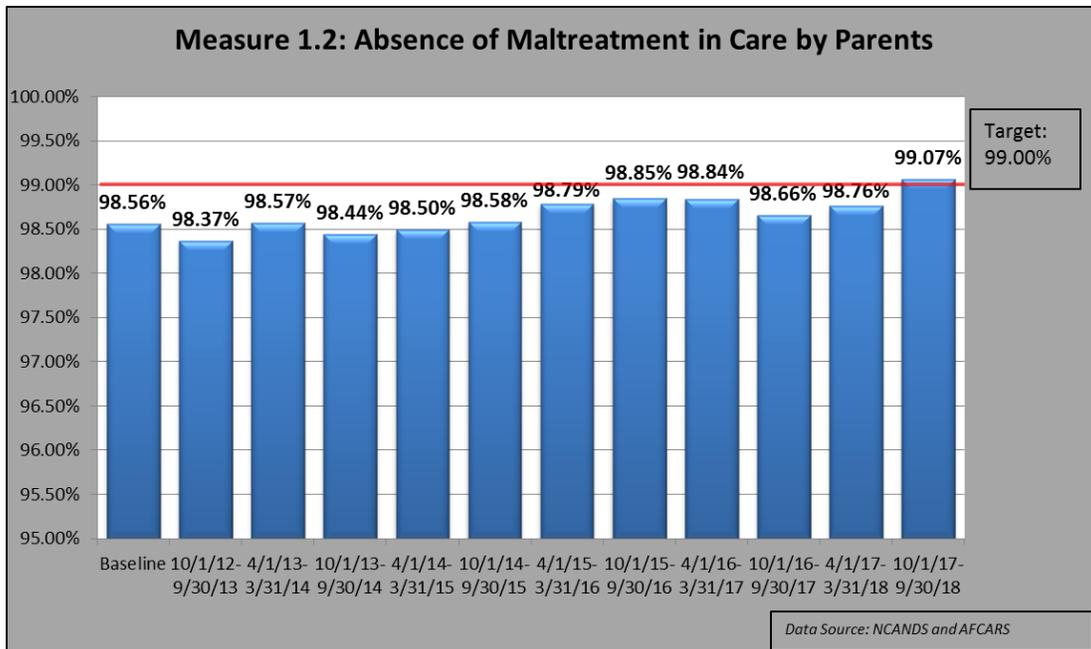
**Numerator:** The number of children served in foster care from 10/1/2017 through 9/30/2018 that did not have any substantiated or indicated allegations of maltreatment by a parent during that period.

**Trends**

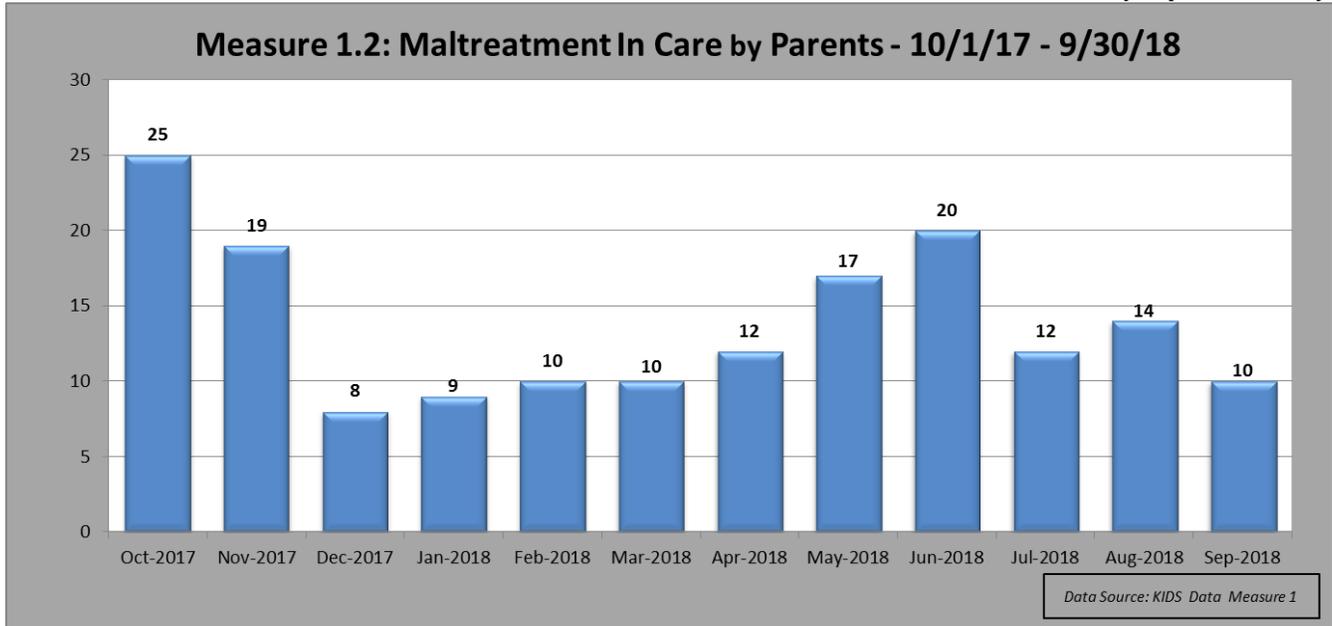
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2010 – 9/30/2011	All children served from 10/1/2010 - 9/30/2011	12,352	12,533	98.56%

10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013	14,800	15,045	98.37%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014	15,580	15,806	98.57%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014	16,018	16,272	98.44%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015	16,390	16,640	98.50%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015	16,571	16,808	98.58%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016	16,348	16,548	98.79%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 -- 9/30/2016	16,057	16,244	98.85%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017	15,570	15,753	98.84%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017	14,911	15,113	98.66%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018	14,226	14,405	98.76%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018	13,772	13,901	99.07%
Target				99.00%

Section 2, Table 1.2-1



Section 2, Graph 1.2-1



Section 2, Graph 1.2-2

**Commentary**

Section 2, Graph 1.2-1 is based on the federal indicator for maltreatment in care (MIC) and produces representative information about the incidence of MIC by parents. The data shows that the MIC rate improved from the baseline and is the first time Child Welfare Services (CWS) has achieved the target. This was also an improvement from the last reporting period by 0.31 percent. In the most recent reporting period, 99.07 percent of children in out-of-home care were not abused or neglected by a parent. Of the 13,901 children served in care during the reporting period, 129 had a substantiation of abuse by parent.

For the reporting period October 1, 2017 through September 30, 2018, a total of 166 substantiations of maltreatment while in out-of-home (OOH) care by parents were reported in the monthly MIC Pinnacle Plan Measure. The 166 victims were included in 96 separate referrals. In the monthly reporting for the same time period, 60 of these victims were excluded based on the alleged abuse/neglect occurring prior to the child coming into OOH care; however, these victims are still reported to NCANDS.

Of the 166 victims in OOH care by parents:

- 80 children were in Trial Reunification (48.2%);
- 33 children were in a Kinship Foster Care - Relative (19.9%);
- 10 children were in a Kinship Foster Care Non-Relative (6.0%);
- 18 children were in a CW Foster Family Home (10.8%);
- 12 children were in a CW Foster-Supported Home (7.2%);
- 1 child was in a Kinship/Terminated Parent Non-Paid (0.6%);
- 1 child was in a Therapeutic Foster Care (TFC) Home (0.6%);
- 5 children were in Tribal-Approved Foster Home (3.0%).
- 1 child was in a Level C, D, D+, or E Resource Facility (0.6%);
- 1 child was in an Acute Psychiatric Hospital or Psychiatric Residential Treatment Center (0.6%);
- 1 child was in an Department of Human Services (DHS) Shelter (0.6%);
- 3 children were in a Youth Services Shelter (1.8%).

**Children Maltreated in Out-of-Home Care by Parent, Excluding Prior Abuse**

Section 2, Tables 1.2-2 and 1.2-3 provide an additional view of performance on this measure. Understanding not only in what setting the abuse occurred in and when the abuse occurred is important.

<b>MEASURE 1.2a- CHILDREN MALTREATED WHILE IN OUT-OF-HOMES CARE BY PARENT- Excluding Prior Abuse</b>													
Report Month	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	TOTAL
% Safe in OOHC	99.99%	99.92%	99.97%	99.93%	99.89%	99.89%	99.88%	99.92%	99.90%	99.97%	99.90%	99.98%	99.42%
# in OOHC	9645	9544	9424	9343	9372	9329	9293	9246	9208	9056	9143	8957	13901
# Safe in OOHC	9644	9536	9421	9336	9362	9319	9282	9239	9199	9053	9134	8955	13821
# Maltreated in OOHC	1	8	3	7	10	10	11	7	9	3	9	2	80
# in OOHC is from the Annual File built from the MAR 2018 and SEP 2018 AFCARS file													
# Maltreated in OOHC is from the FFY 2018 NCANDS File													
Report Run on: December 13, 2018 at 9:38 am													

**Section 2, Table 1.2-2**

<b>MIC 1.2 Excluding Prior Abuse by Placement Type</b>		
Placement Type	# Children	% Children
TRIAL REUNIFICATION	60	75.0%
CW FOSTER FAMILY CARE	3	3.8%
CW FOSTER FAMILY CARE - SUPPORTED HOME	4	5.0%
KINSHIP/RELATIVE/CW FOST. FAM. CARE	11	13.8%
KINSHIP/NON-RELATIVE/CW FOST. FAM. CARE	1	1.3%
KINSHIP/TERMINATED PARENT NON-PAID	1	1.3%
<b>TOTAL</b>	<b>80</b>	<b>100.0%</b>
<i>Data Source: # in OOHC is from the Annual File built from the MAR 2018 and SEPT 2018 AFCARS files. # Maltreated is from the FFY 2018 NCANDS File; Run Date: 12/13/18</i>		

**Section 2, Table 1.2-3**

Victims normally excluded in the monthly reports are included in the Pinnacle Plan's semi-annual reports. This means the semi-annual report counts substantiations on abuse and neglect by a parent regardless of when the child in the custody of the Oklahoma Department of Human Services (DHS) reports the abuse. When a child was removed from the home and while in DHS custody reported abuse occurred in his or her parents' home prior to custody, and that abuse was substantiated, this child is currently counted in the MIC 1.2 numbers, even though the abuse and/or neglect did not occur while in DHS custody. Based on the monthly reporting that ended 9/3/2018, 60 of these victims would be excluded because the alleged abuse/neglect occurred prior to the child coming into OOH care. 11 of the 60 victims are already excluded in the NCANDS report as they are not included in the AFCARS population, leaving 49 additional victims that could be excluded due to abuse reported which was prior to the child's removal. If those substantiations were to be excluded in the semi-annual report, the overall number of victims would be reduced to 80 victims, of the originally reported 129 victims, out of a served population of 13,901. This would calculate out to a rate of 99.42 percent safe, which is above the federal standard and above the target for this measure of 99.00 percent. Of the 80 victims abused in OOH care by a parent, 60 victims or 75.0 percent were placed in trial reunification at the time of the MIC.

### 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 occurred.

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

**Denominator:** The number of required monthly contacts due from 1/1/2018 through 12/31/2018.

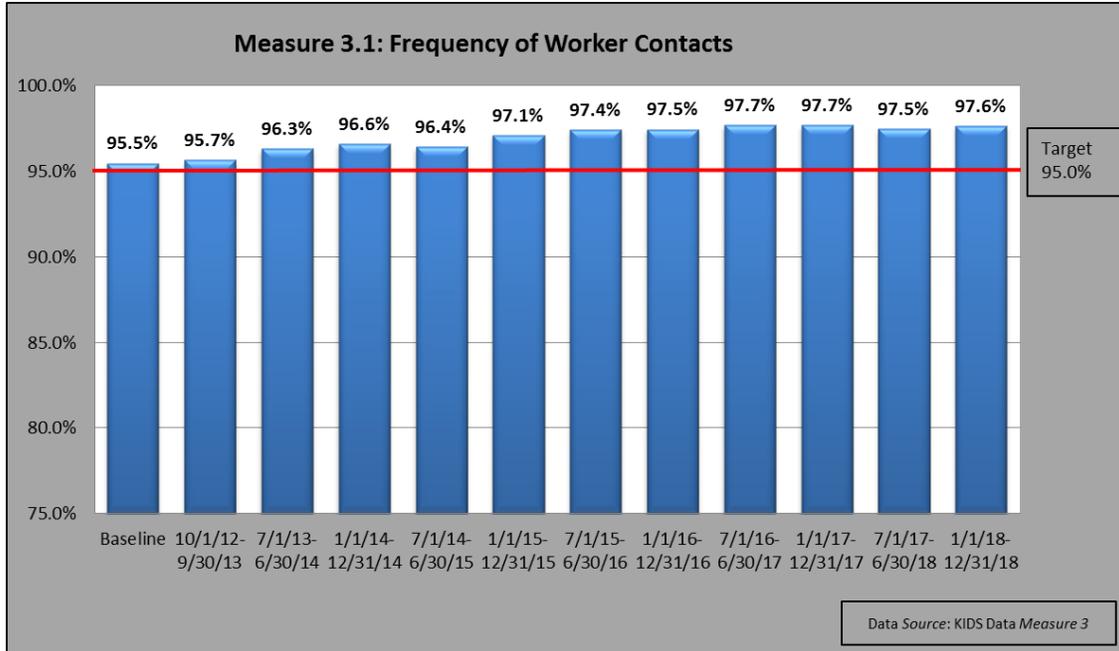
**Numerator:** The number of qualifying required monthly contacts made.

#### Trends

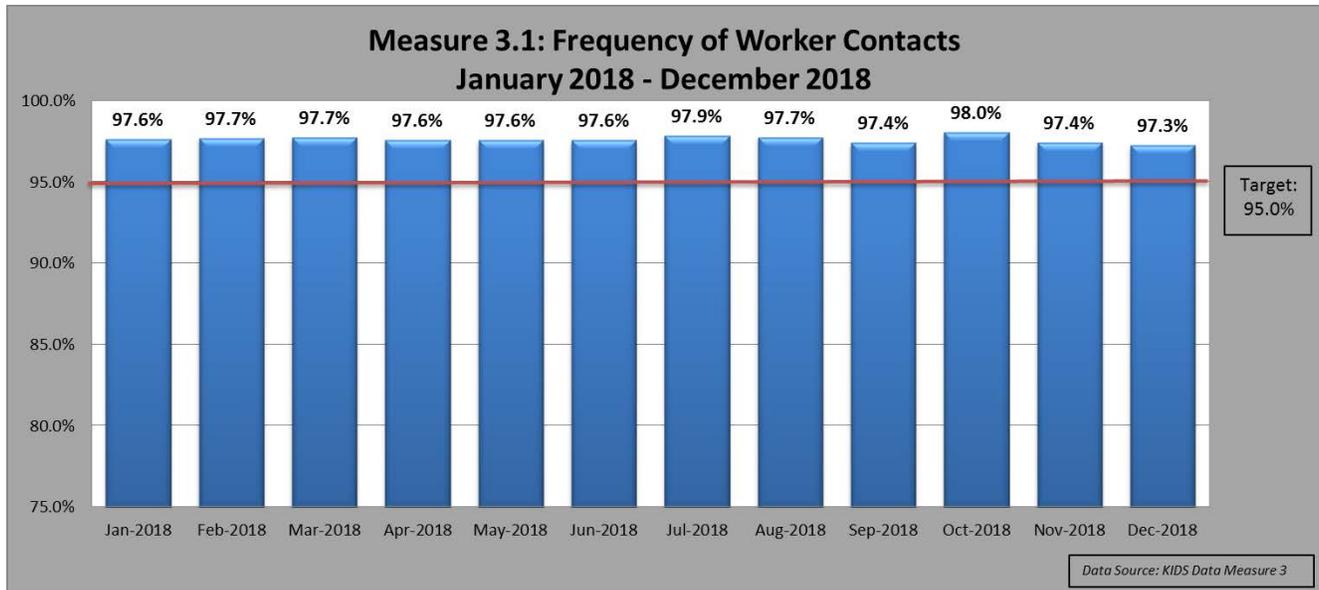
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month from 7/1/2011 – 6/30/2012	90,355	94,639	95.5%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month from 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 from 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 from 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 from 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 from 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 from 7/1/2015 – 6/30/2016	117,879	120,998	97.4%
1/1/2016 – 12/31/2016	All children due a visit who were in care at least a full calendar month from 1/1/2016 – 12/31/2016	111,659	114,567	97.5%
7/1/2016 – 6/30/2017	All children due a visit who were in care at least a full calendar month from 7/1/2016 – 6/30/2017	106,218	108,704	97.7%
1/1/2017 – 12/31/2017	All children due a visit who were in care at least a full calendar month from 1/1/2017 – 12/31/2017	102,032	104,427	97.7%
7/1/2017 – 6/30/2018	All children due a visit who were in care at least a full calendar month	98,321	100,853	97.5%

	from 7/1/2017 – 6/30/2018			
1/1/2018 – 12/31/2018	All children due a visit who were in care at least a full calendar month from 1/1/2018 – 12/31/2018	94,582	96,870	97.6%
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 of 1/1/2018 through 12/31/2018, 96,870 monthly contacts were required and 94,582 monthly contacts were completed which resulted in a rate of 97.6 percent. Performance in this area continues to be above the baseline and exceeds the target.

## 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 caseworker. In October 2016, for children in trial adoption cases, the monthly contact will be completed by the primary permanency planning worker if the child is being adopted in an identified placement. However if the child is in a non-identified placement, the monthly contact is 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 from 1/1/2018 through 12/31/2018.

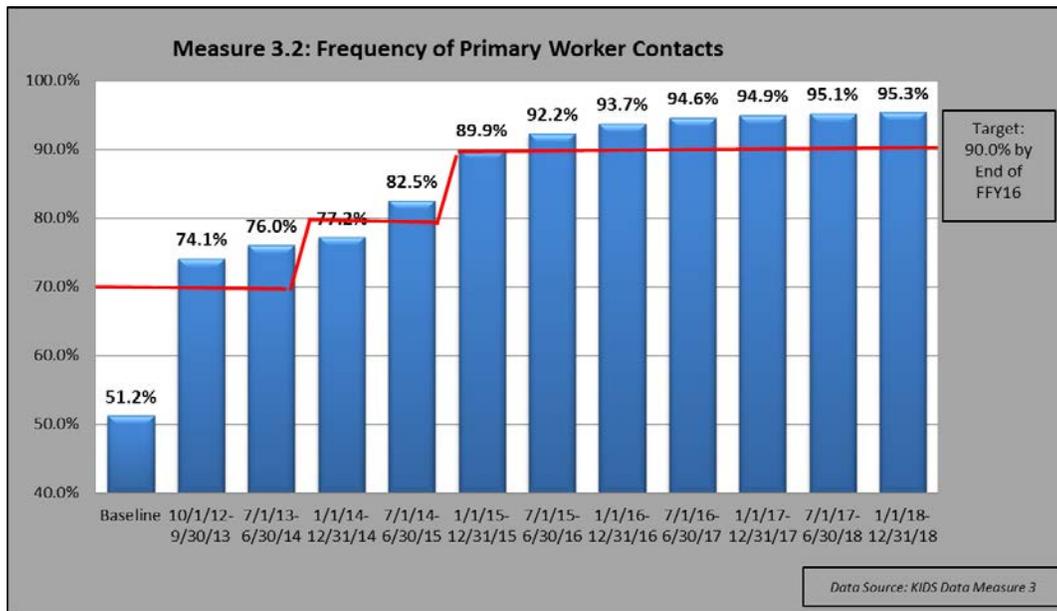
**Numerator:** The number of qualifying monthly visits made by a primary worker.

### Trends

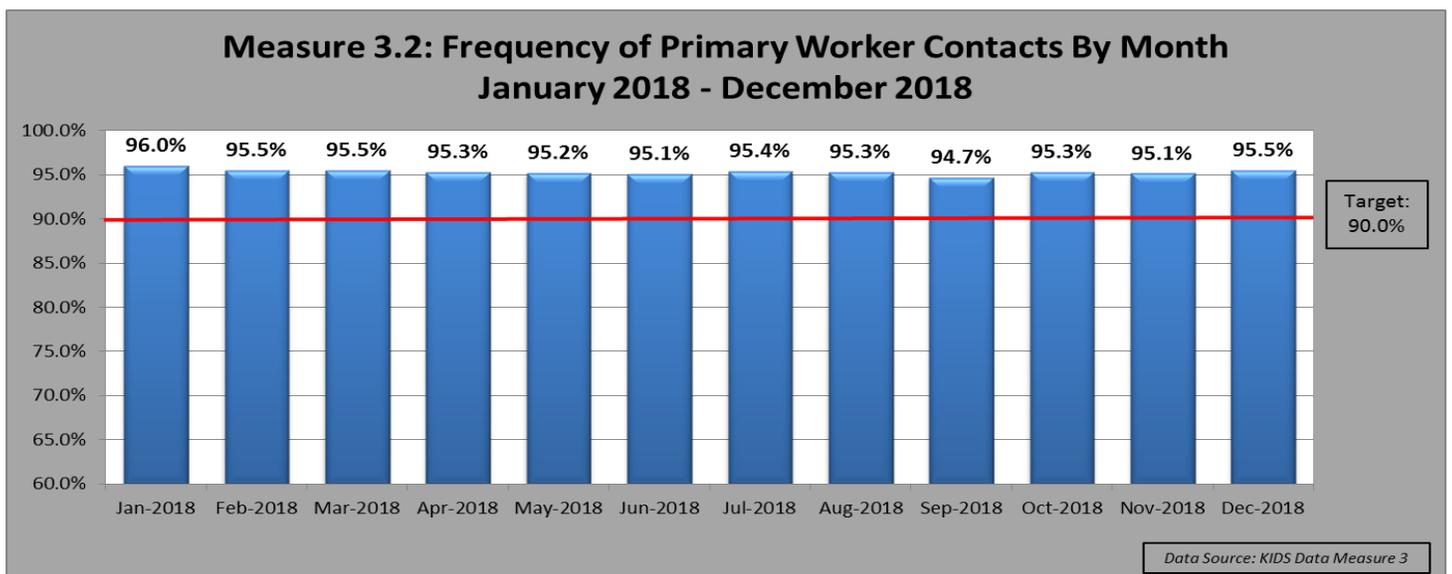
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in care at least a full calendar month from 7/1/2011 – 6/30/2012	48,497	94,639	51.2%
10/1/2012 – 9/30/2013	All children due a visit who were in care at least a full calendar month from 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 from 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 from 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 from 7/1/2014 – 6/30/2015	105,749	128,173	82.5%
1/1/2015 – 12/31/2015	All children due a visit who were in care at least a full calendar month from 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 from 7/1/2015 – 6/30/2016	107,763	116,834	92.2%
1/1/2016 – 12/31/2016	All children due a visit who were in care at least a full calendar month from 1/1/2016 – 12/31/2016	103,881	110,830	93.7%

7/1/2016 – 6/30/2017	All children due a visit who were in care at least a full calendar month from 7/1/2016 – 6/30/2017	99,699	105,424	94.6%
1/1/2017 – 12/31/2017	All children due a visit who were in care at least a full calendar month from 1/1/2017 – 12/31/2017	96,217	101,378	94.9%
7/1/2017 – 6/30/2018	All children due a visit who were in care at least a full calendar month from 7/1/2017 – 6/30/2018	93,124	97,873	95.1%
1/1/2018 – 12/31/2018	All children due a visit who were in care at least a full calendar month from 1/1/2018 – 12/31/2018	89,532	93,917	95.3%
Target				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 6/30/2016. Over the 12-month period of 1/1/2018 through 12/31/2018, 93,917 primary monthly contacts were required and 89,532 of those monthly contacts were made by the primary worker for a rate of 95.3 percent. This measure has shown continual improvement every reporting period. Performance in this area continues to be above the baseline exceeding the target.

**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 7/1/2018 through 12/31/2018.

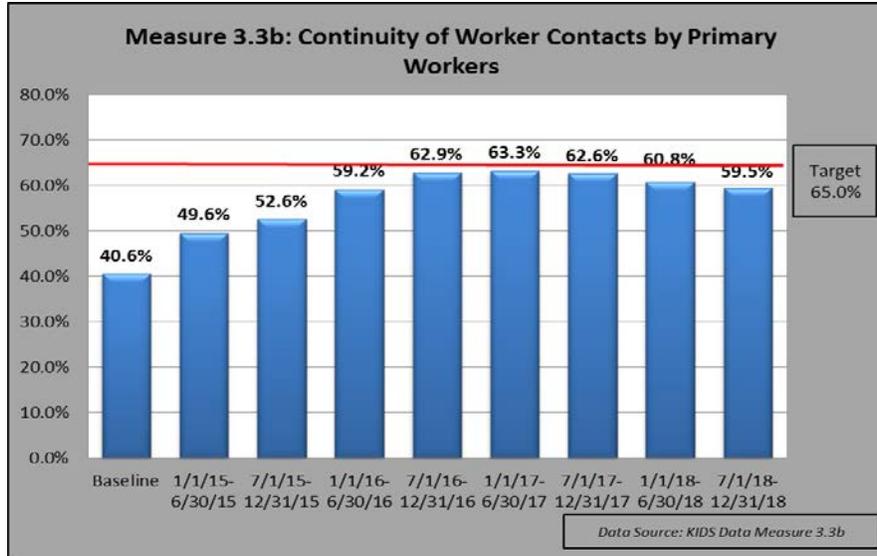
**Numerator:** Number of children who were seen for six consecutive months by the same primary caseworker for the last six months of the reporting period or for those children discharged from DHS legal custody during the reporting period, the last six months prior to discharge.

**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 from 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 from 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 from 1/1/2016 – 6/30/2016	5,717	9,650	59.2%
7/1/2016 – 12/31/2016	All children in care at least 6 full calendar months from 7/1/2016 – 12/31/2016	5,717	9,094	62.9%
1/1/2017 – 6/30/2017	All children in care at least 6 full calendar months from 1/1/2017 – 6/30/2017	5,519	8,718	63.3%
7/1/2017 – 12/31/2017	All children in care at least 6 full calendar months from 7/1/2017 – 12/31/2017	5,238	8,370	62.6%

1/1/2018 – 6/30/2018	All children in care at least 6 full calendar months from 1/1/2018 – 6/30/2018	4,951	8,140	60.8%
7/1/2018 – 12/31/2018	All children in care at least 6 full calendar months from 7/1/2018 – 12/31/2018	4,599	7,726	59.5%
Target				65.0%

Section 2, Table 3.3-1



Section 2, Graph 3.3-1

**Commentary**

From 7/1/2018 through 12/31/2018, 59.5 percent of the children in care were seen by the same primary worker for six consecutive months. The baseline was set at 40.6 percent. Though there was a slight decrease from the last reporting period by 1.3 percent, the measure is 18.9 percent above the baseline reporting.

Efforts to ensure the continuity of worker visits are still ongoing. Work to reduce caseloads and improve hiring and staff retention continues to be a vital part of supporting the performance in measures 3.1, 3.2, and 3.3. With the ongoing implementation of the Supervisory Framework, efforts will continue to enhance a supervisor’s ability to support and mentor his or her workers thus improving worker retention.

**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 18A and 18B

- 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**

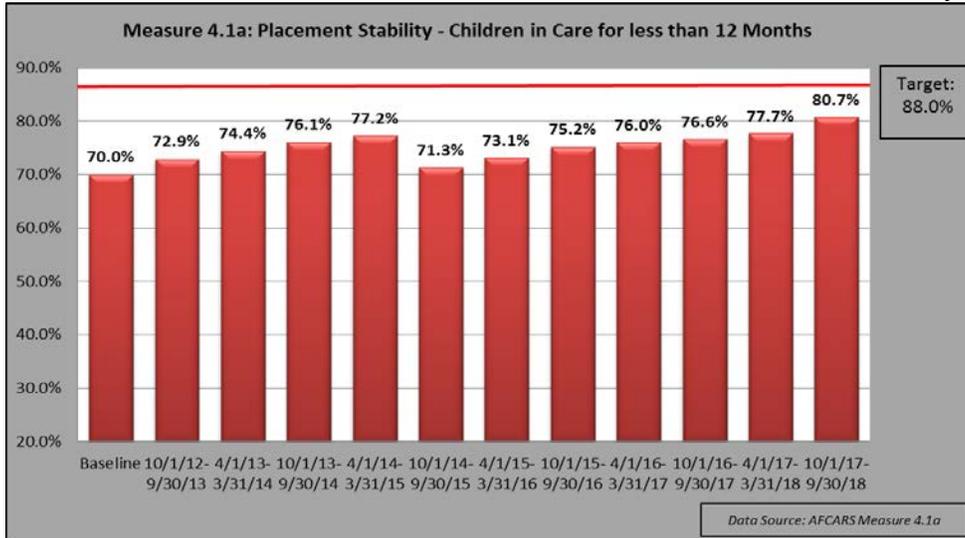
**Denominator:** All children served in foster care from 10/1/2017 through 9/30/2018 whose length of stay (LOS) as of 9/30/2018 was between eight days and 12 months.

**Numerator:** All children served in foster care from 10/1/2017 through 9/30/2018 whose length of stay as of 9/30/2018 was between eight days and 12 months and who had two or fewer placement settings as of 9/30/2018.

**Trends**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with LOS between 8 days and 12 months			70.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS between 8 days and 12 months	4,396	6,031	72.9%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS between 8 days and 12 months	4,564	6,136	74.4%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS between 8 days and 12 months	4,513	5,933	76.1%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS between 8 days and 12 months	4,297	5,564	77.2%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS between 8 days and 12 months	3,981	5,585	71.3%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS between 8 days and 12 months	4,048	5,537	73.1%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS between 8 days and 12 months	4,106	5,462	75.2%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS between 8 days and 12 months	4,271	5,617	76.0%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS between 8 days and 12 months	4,219	5,506	76.6%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS between 8 days and 12 months	4,039	5,196	77.7%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS between 8 days and 12 months	4,048	5,017	80.7%
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 18A and 18B

- 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 from 10/1/2017 through 9/30/2018 whose length of stay (LOS) as of 9/30/2018 was between 12 months and 24 months.

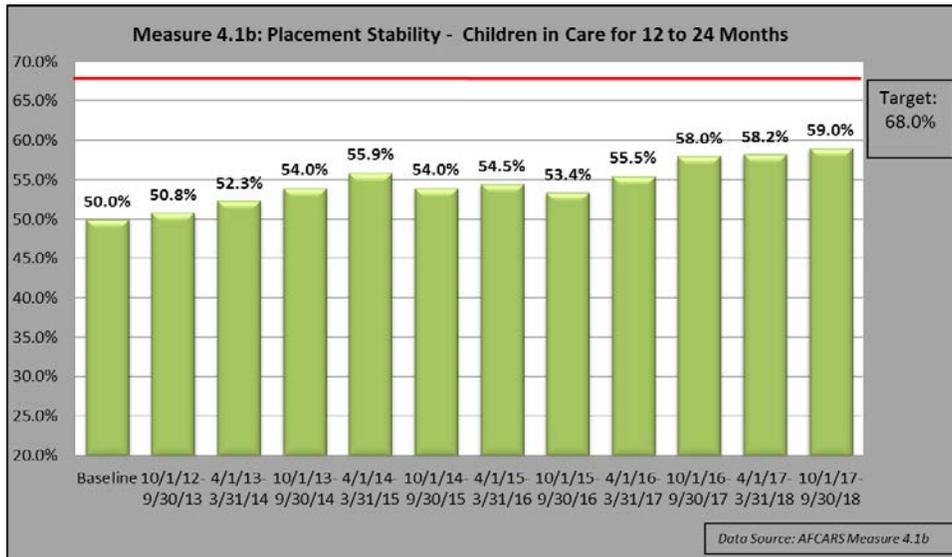
**Numerator:** All children served in foster care from 10/1/2017 through 9/30/2018 whose length of stay as of 9/30/2018 was between 12 months and 24 months and who had two or fewer placement settings as 9/30/2018.

#### Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with LOS between 12 and 24 months			50.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 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 from 4/1/2013 - 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 from 10/1/2013 - 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 from 4/1/2014 - 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 from 10/1/2014 - 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 from 4/1/2015 - 3/31/2016 with LOS between 12 and 24 months	2,710	4,977	54.5%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS between 12 and 24 months	2,636	4,935	53.4%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS between 12 and 24 months	2,620	4,717	55.5%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS between 12 and 24 months	2,719	4,684	58.0%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS between 12 and 24 months	2,766	4,750	58.2%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS between 12 and 24 months	2,767	4,686	59.0%
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 18A and 18B

- 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**

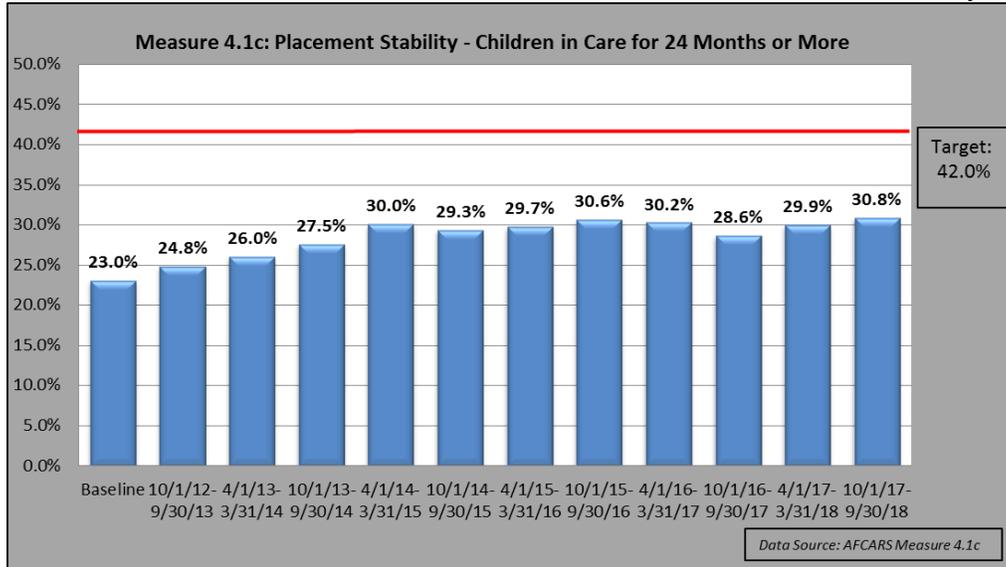
**Denominator:** All children served in foster care from 10/1/2017 through 9/30/2018 whose length of stay (LOS) as of 9/30/2018 was 24 months or longer.

**Numerator:** All children served in foster care from 10/1/2017 through 9/30/2018 whose length of stay as of 9/30/2018 was 24 months or longer **and** who had two or fewer placement settings as of 9/30/2018.

**Trends**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with LOS 24 months or longer			23.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS 24 months or longer	1,002	4,035	24.8%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS 24 months or longer	1,112	4,277	26.0%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS 24 months or longer	1,303	4,731	27.5%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS 24 months or longer	1,576	5,260	30.0%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS 24 months or longer	1,632	5,572	29.3%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS 24 months or longer	1,688	5,677	29.7%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS 24 months or longer	1,676	5,486	30.6%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS 24 months or longer	1,524	5,051	30.2%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS 24 months or longer	1,324	4,630	28.6%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS 24 months or longer	1,236	4,129	29.9%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS 24 months or longer	1,207	3,913	30.8%
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 from 10/1/2017 through 9/30/2018 whose current removal was prior to 9/30/2018 and remained in care at least 12 months.

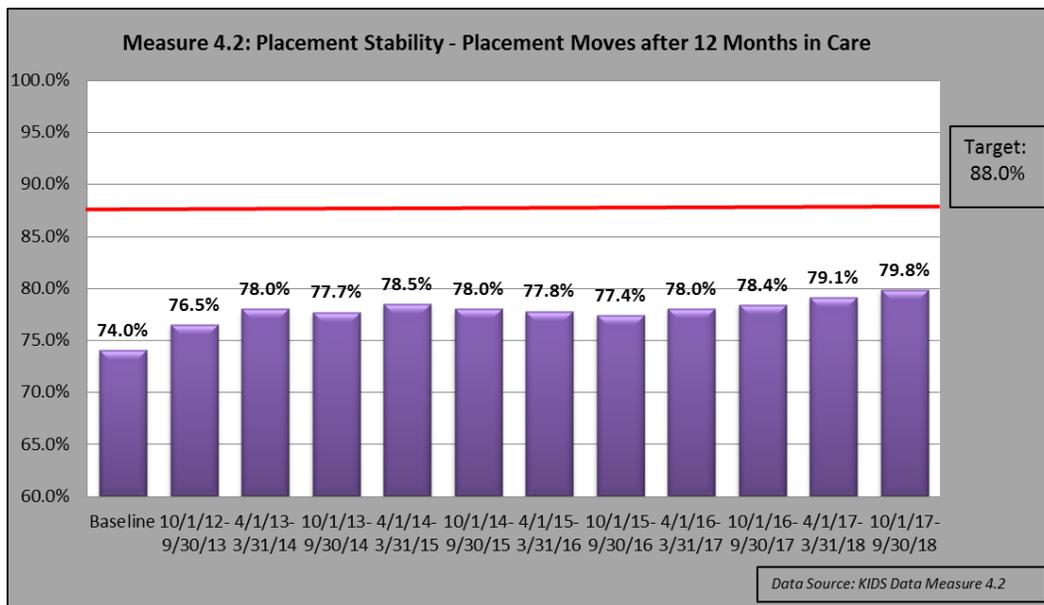
**Numerator:** All children served in foster care from 10/1/2017 through 9/30/2018 whose current removal was prior to 9/30/2018 and remained in care at least 12 months **and** had two or fewer placement settings.

### Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 - 9/30/2012 with length of stay (LOS) at least 12 months			74.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 - 9/30/2013 with LOS at least 12 months	6,404	8,374	76.5%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 - 3/31/2014 with LOS at least 12 months	7,026	9,002	78.0%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 - 9/30/2014 with LOS at least 12 months	7,590	9,763	77.7%

4/1/2014 – 3/31/2015	All children served from 4/1/2014 - 3/31/2015 with LOS at least 12 months	8,263	10,522	78.5%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 - 9/30/2015 with LOS at least 12 months	8,334	10,691	78.0%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 - 3/31/2016 with LOS at least 12 months	8,122	10,445	77.8%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 - 9/30/2016 with LOS at least 12 months	7,871	10,172	77.4%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 - 3/31/2017 with LOS at least 12 months	7,479	9,583	78.0%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 - 9/30/2017 with LOS at least 12 months	7,112	9,071	78.4%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS at least 12 months	6,888	8,711	79.1%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 - 9/30/2018 with LOS at least 12 months	6,659	8,349	79.8%
Target				88.0%

Section 2, Table 4.2-1



Section 2, Graph 4.2-1

<b>First Placement Kinship</b>			
<b>Month</b>	<b>Children Placed in Kinship as 1st Placement</b>	<b>Children Removed during Month and Entered in Countable Placement</b>	<b>% of Kinship as 1st Placement</b>
<b>Baseline: Jul - Dec 2016</b>	<b>878</b>	<b>2540</b>	<b>34.6%</b>
Jan-17	122	399	30.6%
Feb-17	190	443	42.9%
Mar-17	206	517	39.8%
Apr-17	162	432	37.5%
May-17	151	397	38.0%
Jun-17	170	410	41.5%
<b>Jan - Jun 2017</b>	<b>1001</b>	<b>2598</b>	<b>38.5%</b>
Jul-17	176	398	44.2%
Aug-17	240	489	49.1%
Sep-17	158	373	42.4%
Oct-17	149	357	41.7%
Nov-17	136	344	39.5%
Dec-17	150	303	49.5%
<b>Jul - Dec 2017</b>	<b>1009</b>	<b>2264</b>	<b>44.6%</b>
Jan-18	188	402	46.8%
Feb-18	146	350	41.7%
Mar-18	147	312	47.1%
Apr-18	183	353	51.8%
May-18	197	389	50.6%
Jun-18	188	332	56.6%
<b>Jan - Jun 2018</b>	<b>1049</b>	<b>2138</b>	<b>49.1%</b>
Jul-18	163	344	47.4%
Aug-18	213	431	49.4%
Sep-18	157	379	41.4%

*Data Source: Baseline-Y1844 run date 7/19/2017. Y1867: Jan-Sept 2017 run date 10/19/17, Oct 17- Oct 18 run date 20th of each month for previous month data.*

Section 2, Table 4.2-2

<b>Placement Stability</b>					
<b>Placement Stability Effort</b>	<b>18-Jul</b>	<b>18-Aug</b>	<b>18-Sep</b>	<b>18-Oct</b>	<b>18-Nov</b>
Resource Check-In Call	89.0%	85.2%	89.2%	87.6%	92.6%
Initial Meeting	77.0%	74.5%	77.8%	86.3%	86.0%
First Placement Kinship	47.4%	49.4%	41.4%	45.3%	39.5%
Quarterly Visit	96.8%	95.9%	97.2%	95.3%	95.2%

*Data Source: Y1867, run date 20th of each month for previous month's data. Y1840 monthly after 5th for QV*

Section 2, Table 4.2-3

## Commentary

Child Welfare Services (CWS) continues to make great strides in the effort to improve placement stability for children in out-of-home care (OOHC). CWS staff at all levels know and understand the importance of applying the placement stability practices to ensure stability for children in OOHC. CWS continues to gain knowledge through reviewing the data and monthly reporting by the Placement Stability Leads, which enables CWS to self-correct and advance placement stability. CWS continues to support child welfare (CW) staff by issuing memos, updating Instruction to Staff (ITS), forming enhancements and training. CWS' investment in the implementation and sustainability of the placement stability practices has resulted in improved placement stability for children in OOHC.

During this reporting period, CWS improved in all four measures for placement stability. CWS continued to see improvement in Measure 4.1a from 77.7 percent to 80.7 percent. This is a 10.7 percent overall positive growth from the baseline data, which makes six consecutive, positive trending reporting periods. This is the highest overall percentage seen in Measure 4.1a since Pinnacle Plan reporting began. An increase occurred in Measure 4.1b from 58.2 percent to 59.0 percent. This is the highest this measure has been and is a 9.0 percent overall positive growth since the baseline was established. Measure 4.1b has had four consecutive, positive trending reporting periods. Measure 4.1c increased by 0.9 percent, for an overall total of 30.8 percent, which is the second consecutive, positive trending in reporting. Measure 4.1c continues to be above the baseline by 7.8 percent. Measure 4.2 improved to 79.8 percent, which is a 5.8 percent overall increase from the baseline data, and the fourth consecutive, positive trending reporting periods. In all four measures, positive trending is indicated.

### Placement Stability Efforts

The Placement Stability Team has robust conversations about the practices set forth in the placement stability strategy. The team consistently acknowledges feedback from CW field staff and develops solutions to best support the CW workforce related to the placement stability strategy. The Team reviews data to identify areas of need and bright spots across the state.

In the last reporting period, the Placement Stability Team engaged in conversation surrounding the in-depth placement stability reviews. The team agreed to replace the in-depth reviews with the Child Behavioral Health Screener (CBHS). Beginning in July 2018, each Placement Stability Lead reviewed a minimum of two cases where a child moved because the resource family was unable to work with the child's behavior. Each Placement Stability Lead evaluated the completed screeners, screener outcomes, and the services the child was referred to in order to support the child and resource family. However, through feedback from the Placement Stability Team, CBHS was not providing the needed information to inform the placement stability strategy. Therefore, the team decided to begin reviewing the quality of initial Meetings (IMs) in September 2018. The placement stability team strongly believes in the IMs and believes when IMs are conducted well it results in placement stability. Each Placement Stability Lead reviews two IMs and reports their findings on the monthly trend report.

In addition to reviewing IMs, the Children and Family Service Review (CFSR) program supervisor will dissect placement stability information from the CFSR reviews every six months. The CFSR program supervisor will lead the data discussion and provide the needed information to assist the team in making enhancements to the placement stability strategy. Furthermore, the information shared by the CFSR program supervisor will be provided at each regional and Foster Care and Adoptions leadership meeting by the Placement Stability Lead to enhance practices related to placement stability.

In August 2018, the Placement Stability Team added the behavioral health consultant (BHC) supervisor Josh Farmer to the Team to assist with the activities identified in the Program Improvement Plan (PIP) related to the partnership between CWS and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). The activities include:

- Implement use of a regional BHC to serve as a liaison between the local CWS district offices and Systems of Care (SOC) sites to increase services to children and families involved with CWS.
- Develop and implement process for sharing SOC site provider lists with local CWS district offices.

- Partner CWS district offices with corresponding SOC sites to improve teaming efforts to provide services for children and families.
- Coordinate meetings between local CWS district offices and corresponding SOC sites on the needs of children and families involved with CWS and services provided by each site. Initially, one meeting per region is planned with follow-up coordinated by regional BHCs.
- Implement phased statewide rollout of mobile response for children and families that includes:
  - training for CWS and community mental health centers (CMHCs) staff;
  - CWS and ODMHSAS technical support;
  - ongoing outcome evaluation; and
  - coaching and mentoring, when needed.
- Monitor mobile response stabilization outcomes for children and the number of children and families linked to services provided by CMHCs.

CWS and the BHCs presented the partnership training to each regional and Foster Care and Adoptions Leadership team.

- 7/20/2018: Foster Care and Adoptions Leadership
- 7/27/2018: Region 3 Leadership
- 8/15/2018: Resource family partner (RFP) Leadership
- 8/17/2018: Region 4 Leadership
- 8/31/2018: Region 5 Leadership
- 9/21/2018: Region 1 Leadership
- 9/28/2018: Region 2 Leadership

The information and communication prepared for the district offices was provided to each leadership team and included the CWS/ODMHSAS partnership training PowerPoint, the SOC Communities Directory, ODMHSAS/CWS TANF Outpatient Programs Provider list, and a list of local Coalition Meetings.

As of September 2018, Mobile Response was officially rolled out statewide to CWS. In addition, Mobile Response information was provided to all resource parents in October 2018.

The Placement Stability Leads and the BHC supervisor agreed to serve as conduits to ensure quality mental health and substance abuse services are provided within their region, which ultimately support placement stability. At each monthly regional leadership meeting under the placement stability agenda item, mental health and substance abuse services will be discussed. The goal is to learn about the challenges and successes related to our children and adults receiving services. The information learned will be shared at the Placement Stability Team meetings, which then will be shared with ODMHSAS partners to assist in providing quality services to CWS consumers.

The Placement Stability Team has worked to identify ways to help CW staff understand how placement stability connects to safety, permanency, and well-being for children in OOHC. CWS is acutely aware when children are in a stable placement, they are more likely to be safe, have their well-being needs met, and move to permanency safely and timely. When children are in stable placements, CW staff are better able to engage parents in services and visitations, which leads to permanency. In addition, when children are stable in placements, resource parents are receiving the needed supports, which assists with retention and recruitment. CWS acknowledges the best recruiters for resource parents are resource parents themselves. Therefore, in October 2018, the State Placement Stability lead presented at CWS Leadership connecting how placement stability and the six strategies are interconnected to positively impact safety, permanency, and well-being for children in OOHC.

In October 2018, the Placement Stability Team met to discuss ways to partner and align with other core strategies to better support CWS in understanding how each core strategy is connected and impacts practice. As a result, the Placement Stability Team met in December 2018 with the Permanency Leads for 6.2 to develop a plan to incorporate the review of quality IMs into the Targeted Districts Enhanced Permanency Efforts strategy, specific to 6.2a. Each team is in

agreement to combine efforts and a plan is being developed to capture quality IMs and how quality IMs positively impact placement stability, maltreatment in care, and permanency.

In August 2018, the Placement Stability Team finalized and submitted the Child and Resource Family Support Plan to the Executive Team for approval. The Child and Resource Family Support Plan was processed and placed online in December 2018. In December 2018, CWS issued ***CWS Numbered Memo 18-14 Child and Resource Family Support Plan*** providing guidance surrounding the plan.

### **Training**

The State and Region 1 Placement Stability Lead conducted placement stability training for CW specialists in July 2018. CWS is working with the University of Oklahoma and CWS Training unit to develop an online placement training to support all CW specialists. The IM video is in development and will be a component of the online training. CWS was provided with a draft outline comprised of six modules with five learning outcomes.

Learning Outcomes:

- apply the kinship placement process for children in OOHC;
- support CW team to identify the best kinship placement for children;
- ongoing support to children and families;
- utilization of supporting documents and tools; and
- documentation requirements.

### **One Move Report**

CWS continues to utilize the One-Move report to inform and guide the placement stability strategy. Each lead provides a trend report each month that reflects the information collected by each region. For July through November 2018 961 children entered a second placement. Out of those children, 22.3 percent moved to a kinship placement. CWS continues to review data where children moved to kinship on their second placement. In the upcoming reporting period, the Placement Stability Team is going to take an in-depth look at the One-Move report to ensure the information being collected provides a true representation of the move. At this time, the information is only as good as what is provided by the CW specialist. CW specialists may need additional guidance surrounding the needed information for the report.

### **Kinship, Resource Parent Check-In Call, IM, and Resource Quarterly Visits**

CWS continues to excel in the number of children being placed initially in kinship. During this reporting period, CWS continued to exceed the national median of 32 percent of children being initially placed in a kinship placement and is frequently above the top 10 percent, which is 42 percent, as reported by Chapin Hall. In addition, CWS continued to thrive in the completion of Resource Parent Check-In Calls, IMs, and Resource Quarterly Visits. CWS efforts related to these practices have positively contributed to placement stability for children in OOHC.

### **Conclusion**

CWS continues to learn and self-correct placement stability practices. CWS is focused and continues to coach staff surrounding the importance of early family engagement and identification of services, resources, and supports. Moving forward, CWS will remain focused on the current practices, with an enhanced focus on quality IMs, ensuring IMs occur in subsequent placements, and online training. CWS has done a good job at implementing IMs when a child enters their first placement after removal. However, CWS needs to conduct IMs at each subsequent placement to ensure services, resources, and supports for children and resource families are provided to prevent further placement moves. Surrounding placement stability data has improved and CWS is confident with the enhanced focus, stability for children in OOHC will continue to improve.

## 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 7/1/2018 through 12/31/2018, how many nights were spent in the shelter?

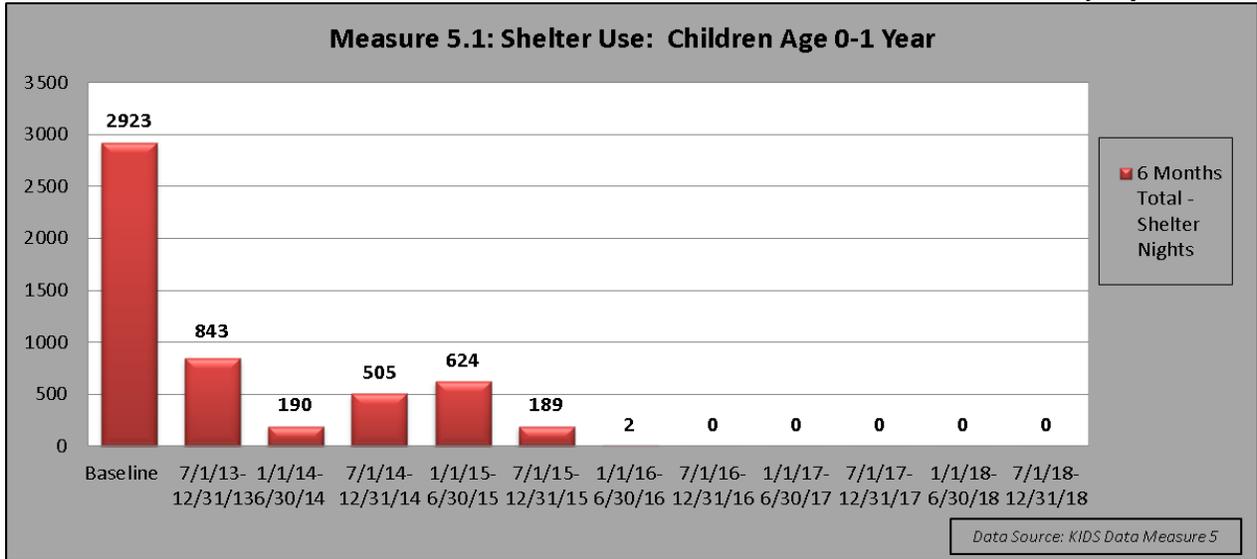
### Data Source and Definitions

Data shown is the total number of nights children ages 0-1 year old spent in the shelter during the time period from 7/1/2018 through 12/31/2018. The baseline for this measure was 2,923 nights with a target of 0 nights by 12/31/2012. 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.

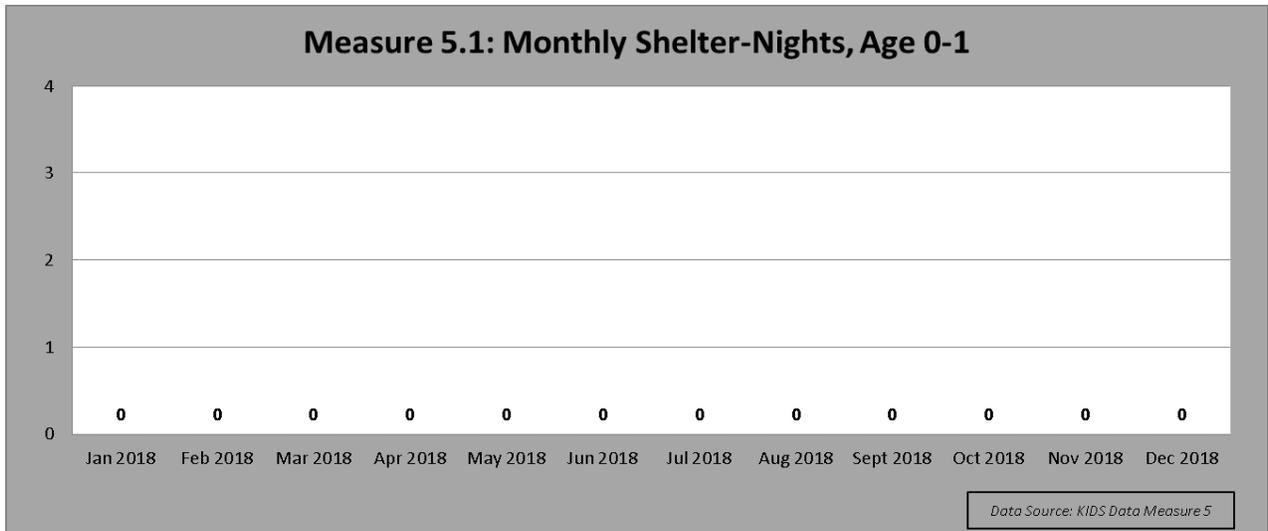
### Trends

Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 0-1 year with an overnight shelter stay from 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 from 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 from 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 from 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 from 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 from 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 from 1/1/2016 – 6/30/2016	2 Nights
7/1/2016 – 12/31/2016	All children age 0-1 year with an overnight shelter stay from 7/1/2016 – 12/31/2016	0 Nights
1/1/2017 – 6/30/2017	All children age 0-1 year with an overnight shelter stay from 1/1/2017 – 6/30/2017	0 Nights
7/1/2017 – 12/31/2017	All children age 0-1 year with an overnight shelter stay from 7/1/2017 – 12/31/2017	0 Nights
1/1/2018 – 6/30/2018	All children age 0-1 year with an overnight shelter stay from 1/1/2018 – 6/30/2018	0 Nights
7/1/2018 – 12/31/2018	All children age 0-1 year with an overnight shelter stay from 7/1/2018 – 12/31/2018	0 Nights
Target		0 Nights

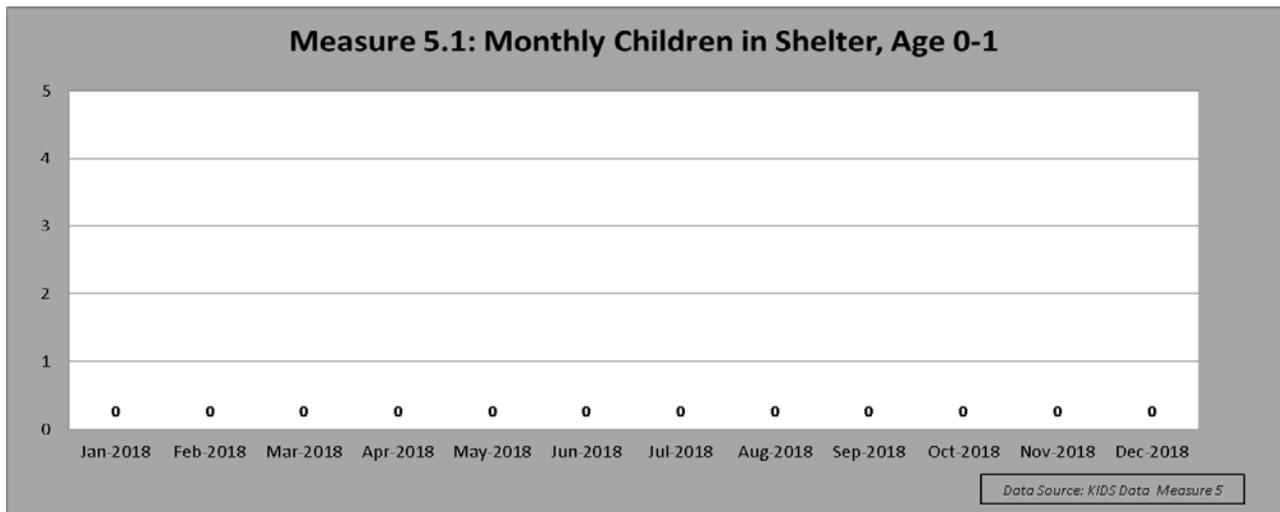
Section 2, Table 5.1-1



Section 2, Graph 5.1-1



Section 2, Graph 5.1-2



Section 2, Graph 5.1-3

**Commentary**

A total of 0 children ages 0-1 year old spent 0 nights in the shelter from 7/1/2018 through 12/31/2018. During this time period, 2,678 children ages 0-1 year were in care and 100 percent of those children did not have a shelter stay. A child under the age of 2 years old has not been placed overnight in the shelter since January 2016.

**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 7/1/2018 through 12/31/2018, how many nights were spent in the shelter?

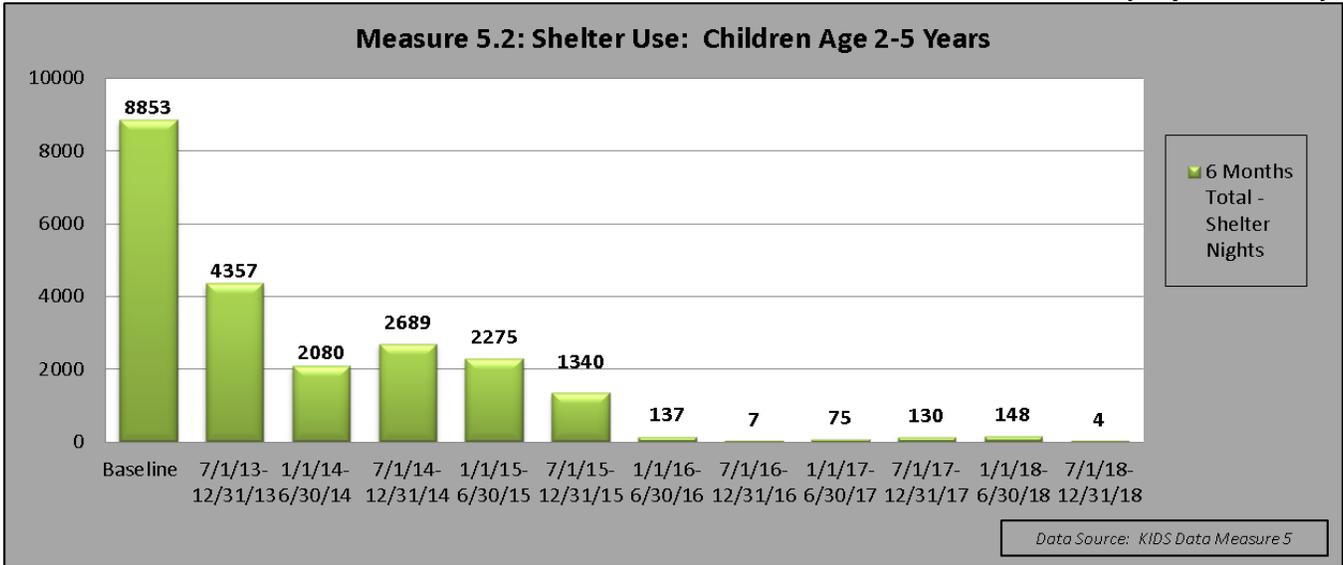
**Data Source and Definitions**

Data shown is the total number of nights children ages 2-5 years old spent in the shelter during the time period from 7/1/2018 through 12/31/2018. The baseline for this measure was 8,853 nights with a target of 0 nights by 6/30/2013. 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.

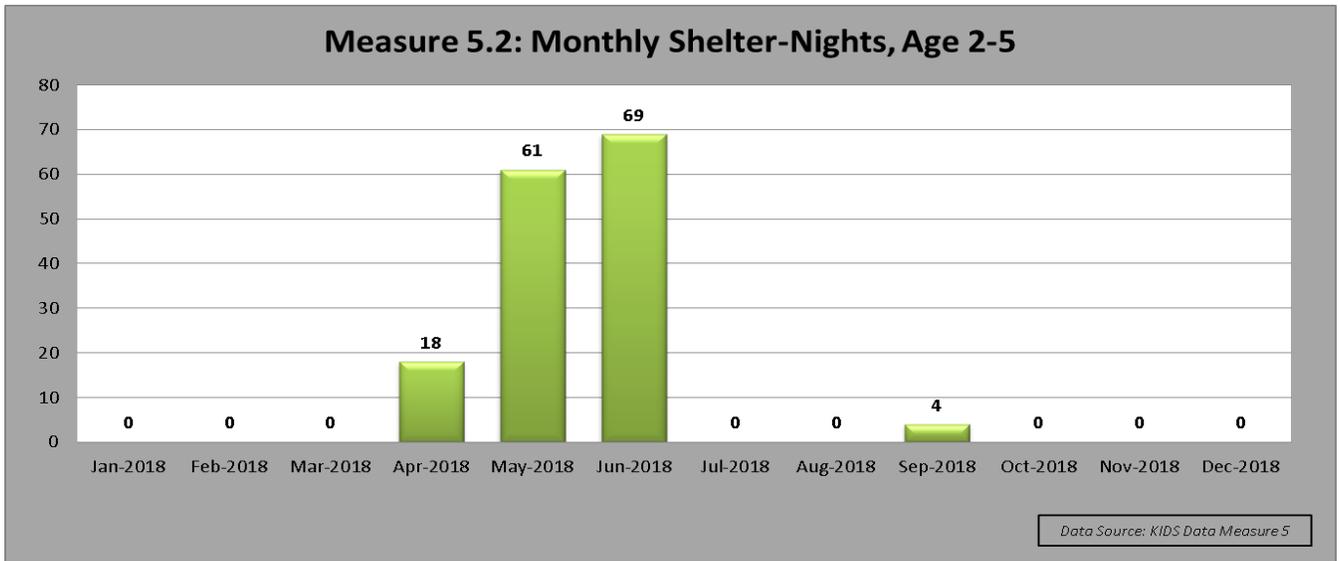
**Trends**

Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 2-5 years with an overnight shelter stay from 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 from 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 from 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 from 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 from 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 from 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 from 1/1/2016 – 6/30/2016	137 Nights
7/1/2016 – 12/31/2016	All children age 2-5 years with an overnight shelter stay from 7/1/2016 – 12/31/2016	7 Nights
1/1/2017 – 6/30/2017	All children age 2-5 years with an overnight shelter stay from 1/1/2017 – 6/30/2017	75 Nights
7/1/2017 – 12/31/2017	All children age 2-5 years with an overnight shelter stay from 7/1/2017 – 12/31/2017	130 Nights
1/1/2018 – 6/30/2018	All children age 2-5 years with an overnight shelter stay from 1/1/2018 – 6/30/2018	148 Nights
7/1/2018 – 12/31/2018	All children age 2-5 years with an overnight shelter stay from 7/1/2018 – 12/31/2018	4 Nights
Target		0 Nights

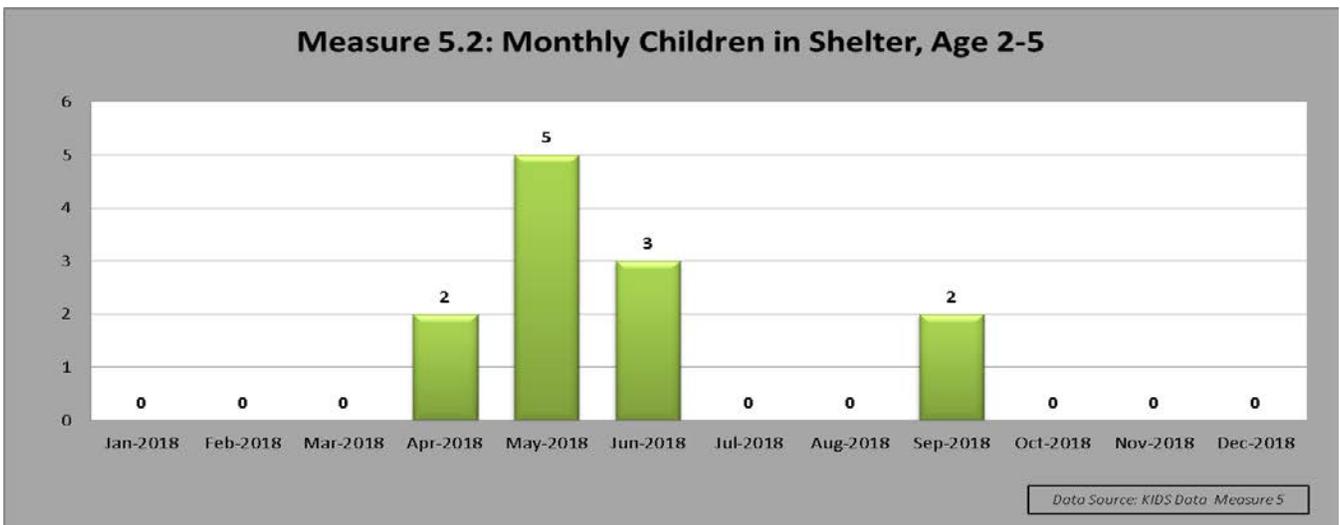
Section 2, Table 5.2-1



Section 2, Graph 5.2-1



Section 2, Graph 5.2-2



Section 2, Graph 5.2-3

**Commentary**

Two distinct children ages 2-5 years old spent a total of four nights in shelter care from 7/1/2018 through 12/31/2018. During this time, 4,234 children ages 2-5 years were in care; 99.9 percent of those children did not have a shelter stay.

**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 7/1/2018 through 12/31/2018, how many nights were spent in the shelter?

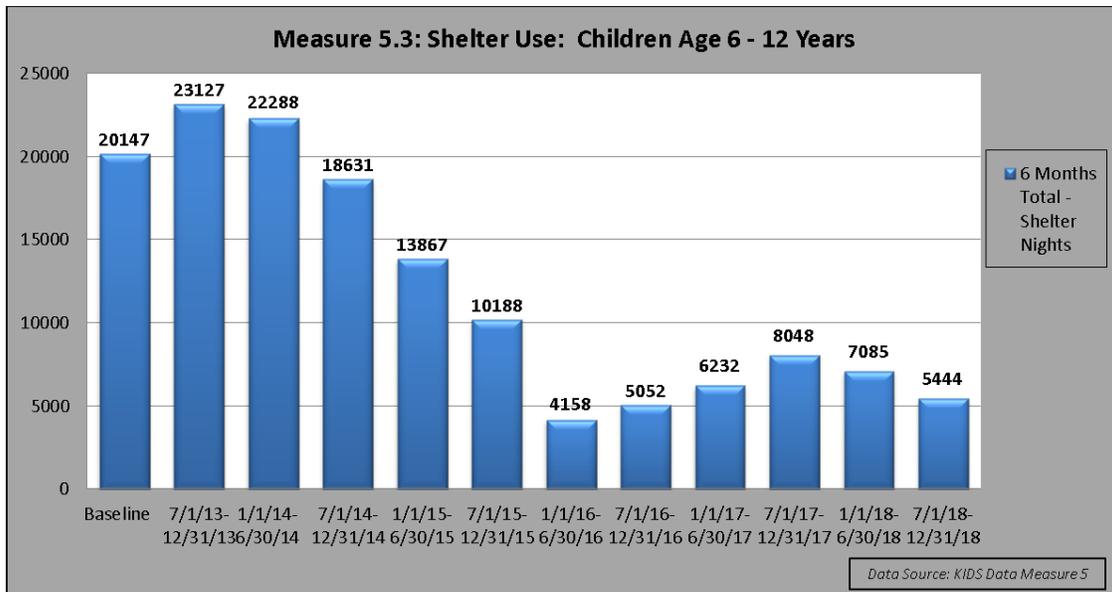
**Data Source and Definitions**

Data shown is the total number of nights children ages 6-12 years old spent in the shelter during the time period from 7/1/2018 through 12/31/2018. 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.

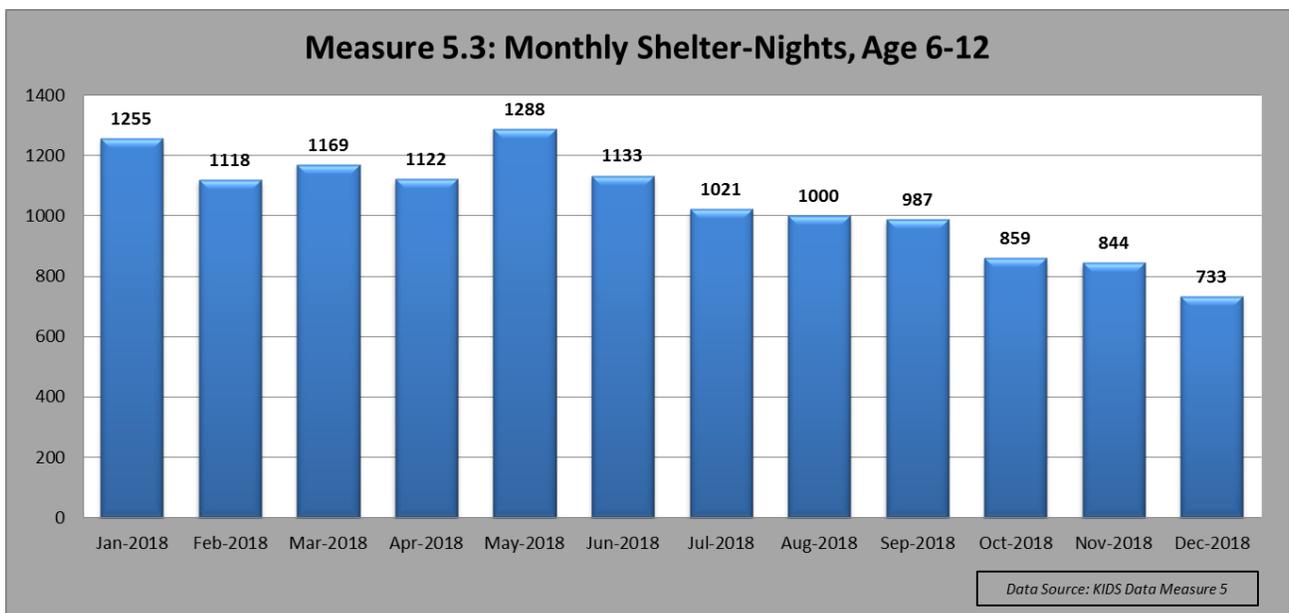
**Trends**

Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 6-12 years with an overnight shelter stay from 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 from 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 from 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 from 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 from 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 from 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 from 1/1/2016 – 6/30/2016	4,158 Nights
7/1/2016 – 12/31/2016	All children age 6-12 years with an overnight shelter stay from 7/1/2016 – 12/31/2016	5,052 Nights
1/1/2017 – 6/30/2017	All children age 6-12 years with an overnight shelter stay from 1/1/2017 – 6/30/2017	6,232 Nights
7/1/2017 – 12/31/2017	All children age 6-12 years with an overnight shelter stay from 7/1/2017 – 12/31/2017	8,048 Nights
1/1/2018 – 6/30/2018	All children age 6-12 years with an overnight shelter stay from 1/1/2018 – 6/30/2018	7,085 Nights
7/1/2018 – 12/31/2018	All children age 6-12 years with an overnight shelter stay from 7/1/2018 – 12/31/2018	5,444 Nights
Target		0 Nights

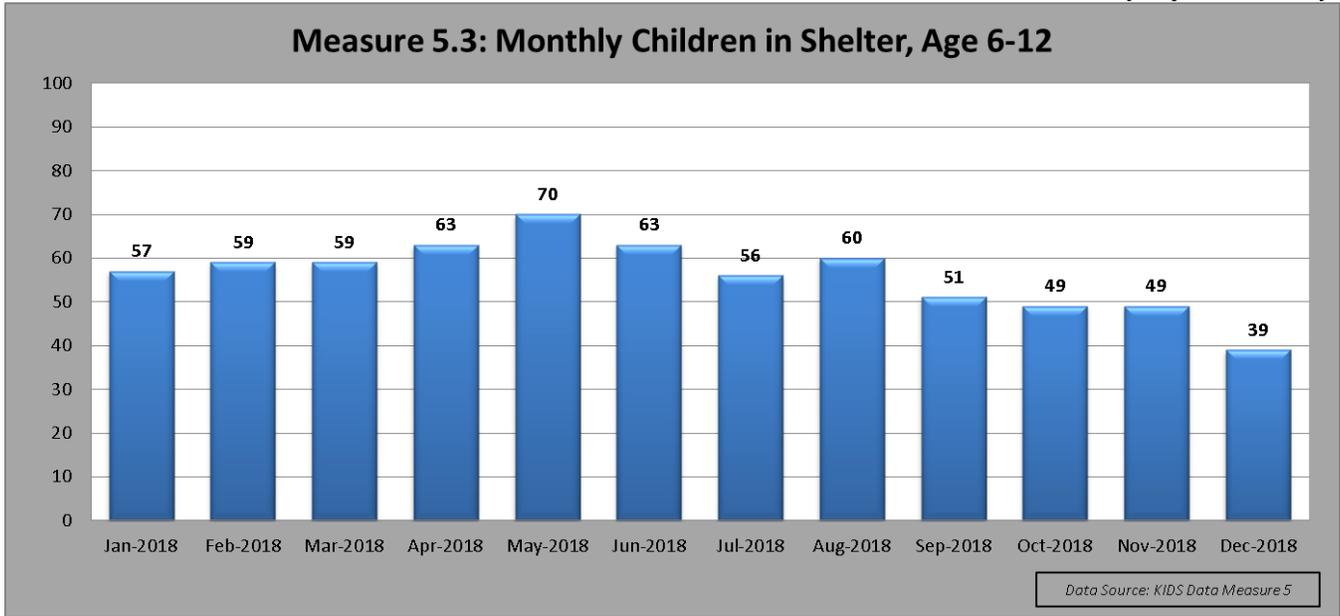
Section 2, Table 5.3-1



Section 2, Graph 5.3-1



Section 2, Graph 5.3-2



Section 2, Graph 5.3-3

**Commentary**

A total of 137 distinct children ages 6-12 years old spent a total of 5,444 nights in the shelter from 7/1/2018 through 12/31/2018. Section 2, Graph 5.3-3 identifies 304 children spending time in shelters from July through December 2018. In some cases, the child's shelter stay extended across multiple months, thus the child is included in the count for both months. During this time period, 4,399 children ages 6-12 years old were in care and 96.9 percent of those children did not have a shelter stay. This is the second consecutive reporting period of positive trending.

**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 7/1/2018 through 12/31/2018, how many nights were spent in the shelter?

**Data Source and Definitions**

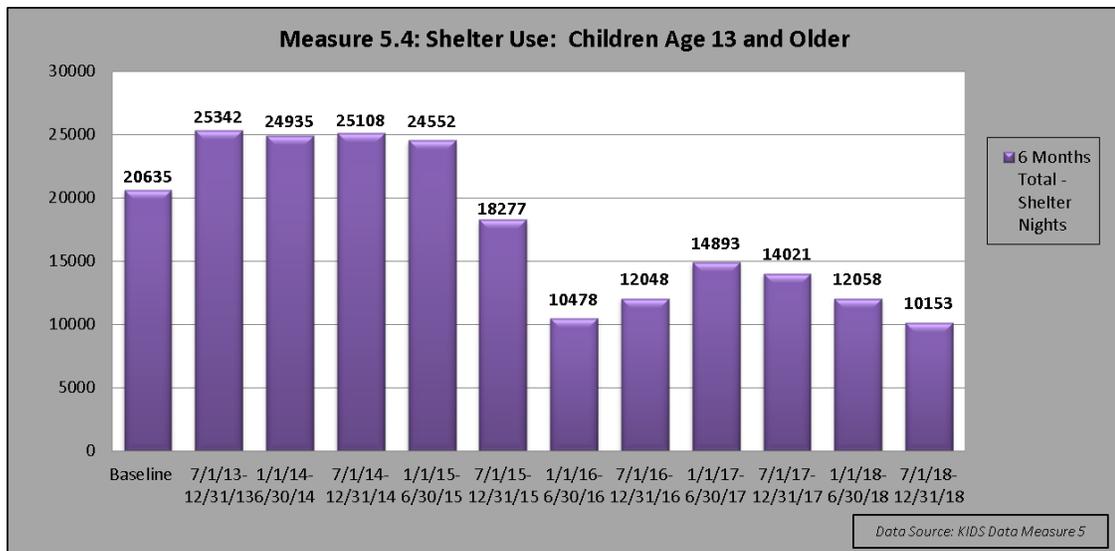
Data shown is the total number of nights children ages 13 years or older spent in the shelter during the time period from 7/1/2018 through 12/31/2018. The baseline for this measure is 20,635 nights with a target of 13,200. Of the children 13 years and older placed in a shelter during this period, the 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**

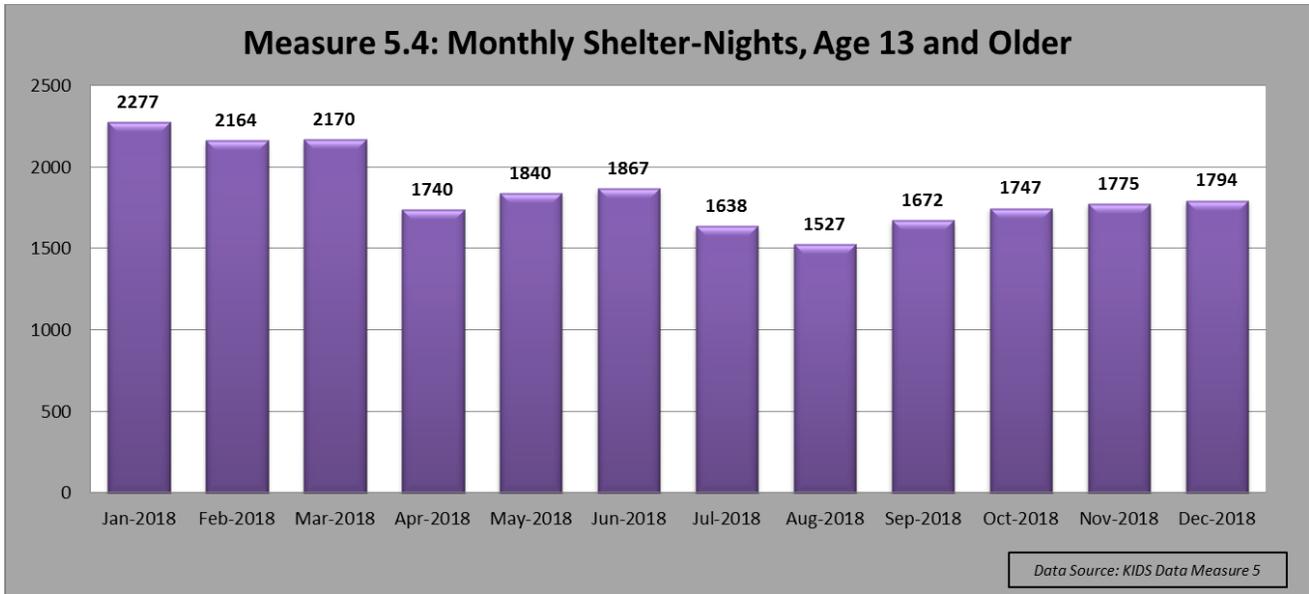
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 13 or older with an overnight shelter stay from 1/1/2012 – 6/30/2012	20,635 Nights
7/1/2013 – 12/31/2013	All children age 13 or older with an overnight shelter stay from 7/1/2013 – 12/31/2013	25,342 Nights
1/1/2014 – 6/30/2014	All children age 13 or older with an overnight shelter stay from 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 from 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 from 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 from 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 from 1/1/2016 – 6/30/2016	10,478 Nights
7/1/2016 – 12/31/2016	All children age 13 or older with an overnight shelter stay from 7/1/2016 – 12/31/2016	12,048 Nights
1/1/2017 – 6/30/2017	All children age 13 or older with an overnight shelter stay from 1/1/2017 – 6/30/2017	14,893 Nights
7/1/2017 – 12/31/2017	All children age 13 or older with an overnight shelter stay from 7/1/2017 – 12/31/2017	14,021 Nights
1/1/2018 – 6/30/2018	All children age 13 or older with an overnight shelter stay from 1/1/2018 – 6/30/2018	12,058 Nights
7/1/2018 – 12/31/2018	All children age 13 or older with an overnight shelter stay from 7/1/2018 – 12/31/2018	10,153 Nights
Target		8,850 Nights

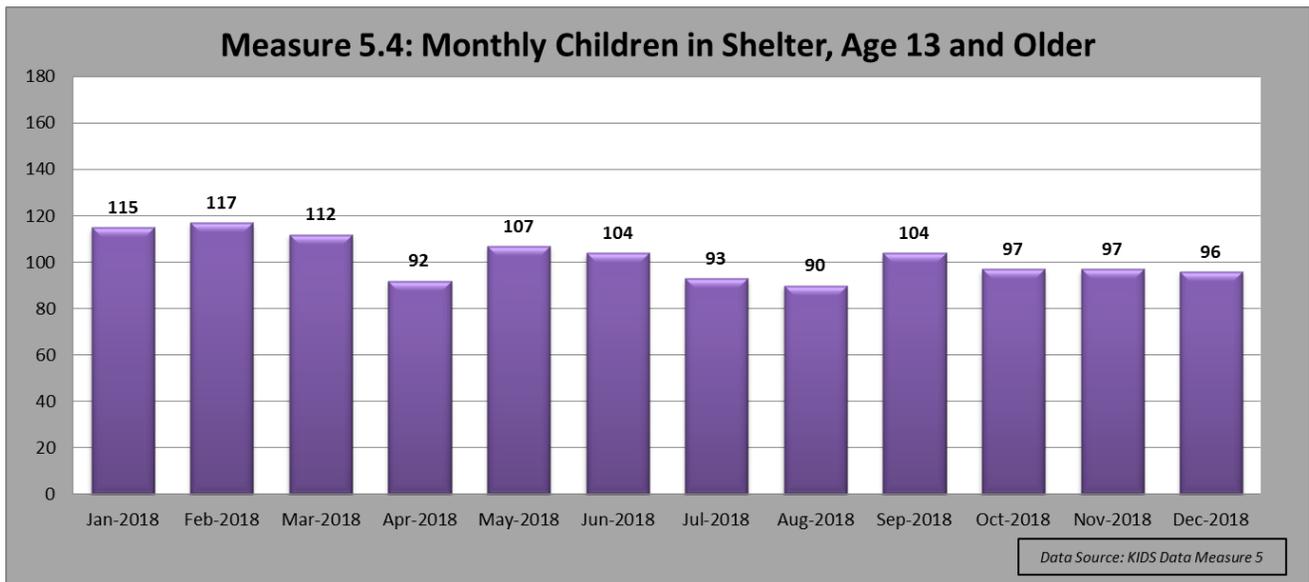
Section 2, Table 5.4-1



Section 2, Graph 5.4-1



Section 2, Graph 5.4-2

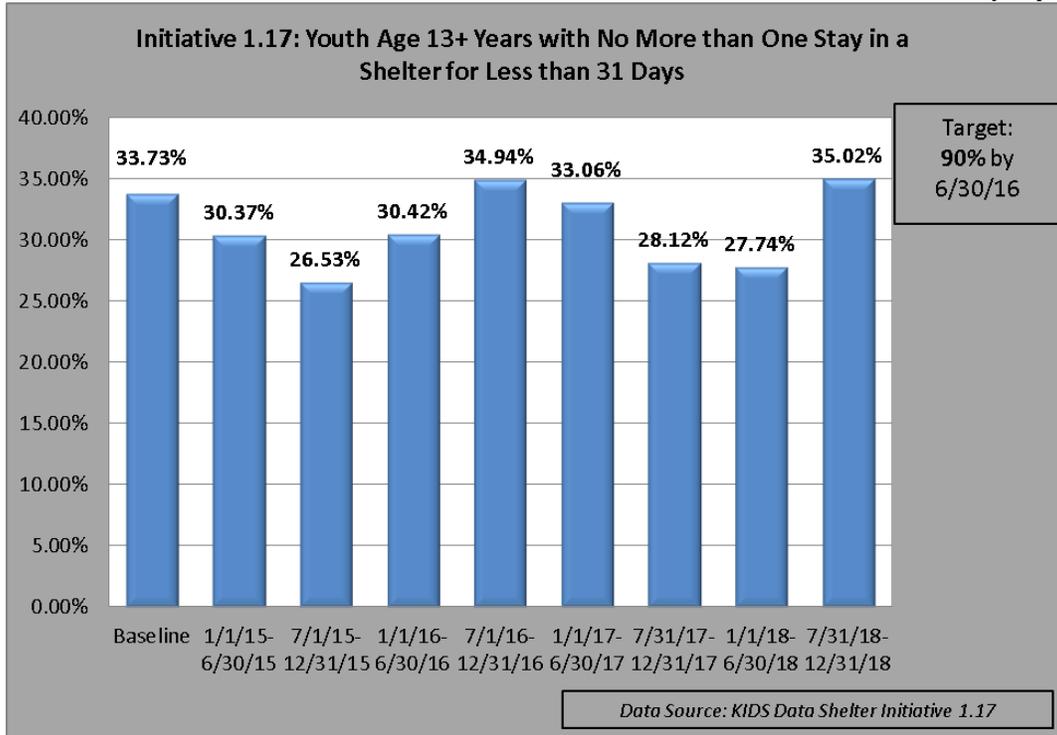


Section 2, Graph 5.4-3

**Commentary**

A total of 257 distinct children ages 13 years or older spent a total of 10,153 nights in shelter care from 7/1/2018 through 12/31/2018. Section 2, Graph 5.4-3 identifies 577 children spending time in shelters from July through December 2018. In some cases, the child's shelter stay extended across multiple months; thus, the child is included in the count for both months. During this time period, 1,967 children ages 13 years or older were in care and 86.9 percent of those children did not have a shelter stay. This is the third consecutive reporting period of positive trending.

**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.**



Section 2, Graph 5.4-4

**Commentary**

For the six-month period ending 12/31/2018, 35.02 percent of youth age 13 and older experienced no more than one stay in the shelter lasting less than 31 days. This was a significant increase from the prior reporting period by 7.28 percent. Of the 257 youth age 13 and older who had a shelter stay during the time frame, 90 youth had one shelter stay lasting less than 31 days. Of the remaining 257 youth age 13 and up who had a shelter stay: 49 youth, 19.07 percent, had one stay that lasted longer than 31 days; 22 youth, 8.56 percent, had two or more stays that lasted less than 31 days; and 96 youth, 37.35 percent, had two or more stays that lasted more than 31 days in the shelter. This is the highest percentage of youth meeting this performance measure since Pinnacle reporting began on this measure.

Child Welfare Services (CWS) is still actively engaged in the efforts defined in the Enhanced Shelter Reduction Plan as well as other activities directed toward ensuring all children have access to safe, needs-based placements. Although CWS has not fully met the metrics identified for this strategy there continue to be improvements. Shelter utilization for children ages 0-1 continues to be completely eliminated and use for children ages 2-5 dropped to the lowest number since the Pinnacle Plan began. For children 6-12 this marks the second consecutive reporting period with positive trending towards the metric. For youth 13 and older this marks the third consecutive reporting period with positive trending towards the metric. The number of children served and number of nights utilized for both age groups, 6-12 and 13 and older, are decreasing but obvious work needs to continue to develop the appropriate capacity and continuum to eliminate the need for shelter care more dramatically. For metric 1.17, this reporting period saw the highest percentage of children meeting this performance measure since Pinnacle reporting began on this measure. With the expansion of the CWS shelter team there has been a focus to ensure efforts are ongoing to assess safety and ensure diligent placement planning for children who must be in shelter care when it is the placement of last resort.

**Enhanced Shelter Reduction Plan**

The Enhanced Shelter Reduction Plan was initiated across the state in March 2018. This plan aligned practices across regions to ensure all children have regular, meaningful staffings with support of CWS Programs staff and the region’s leadership to identify the appropriate placements for children. This plan requires the utilization of the uniform shelter staffing protocol and guide for documentation. When the shelter team randomly reviews the shelter staffing forms or the forms are used for an elevated shelter staffing, the completed form lacks the depth of information needed. The

regional shelter staffing leads continue to address this deficiency with their leadership and are seeing improvement. The regional shelter leads continue to have a shelter staffing for all children every other week as a minimum standard' however, some regions are able to accommodate weekly staffing. All regional leads identified this as a positive and useful tool to support a reduction in the number of children in shelter care. The Enhanced Shelter Reduction Plan has had a positive impact and consideration will be given to make plan improvements increase its effectiveness to meet the metrics for children in shelter care.

Another piece of the Enhanced Shelter Reduction Plan is the elevated staffing. An elevated staffing continues to be seen as a useful tool when children have spent an extended time in shelter care. Children often have extended shelter stays because they have unique needs that are not easily matched with a typical family setting and/or treatment program. The goal of the elevated shelter staffing is that higher-level CWS staff are engaged to support the field staff to identify the most appropriate placement and the steps needed to make that placement occur. One goal the regional shelter staffing and the elevated shelter staffing share is that other parties, along with the child's assigned worker, are given tasks to expedite the work and make it more achievable. All regional leads identified this process as necessary in the work being done to eliminate shelter care.

The Enhanced Shelter Reduction Plan includes four continuous quality improvement (CQI) activities that were utilized the past nine months. Some of the activities were found to be very informative while others were more time consuming than useful. Work will continue on considering changes to this part of the plan moving forward. The shelter program staffing provided updates in regional leadership meetings each quarter. Due to scheduling conflicts, the regional shelter lead sometimes presented the shelter data and update without the Programs staff present. The quarterly meeting for the shelter program and regional shelter leads are identified as needed, but the depth of information covered during these meetings will change now that the regional leads have moved past implementation. The first 2019 regional lead quarterly meeting will have a training focus with Programs staff participating so the regional leads can increase their knowledge in identified areas. The quarterly peer review for the regional leads was not very helpful and was cumbersome for the leads to add this additional duty to their already full workload. Beginning in the second quarter of 2019, the shelter program team will ask the regional director's to complete what was the peer review for their regional shelter lead. The last piece of the CQI activities is the review of the shelter authorization forms. This activity was not impactful for reducing the number of shelter children since it is not done prior to a child entering shelter care. This may be reconsidered in 2019.

#### **Direct Care Authorization and Other Supports Provided to Children in Youth Service Shelters**

The contract in place with four Youth Service shelter providers continues to be available but the need for utilization has decreased. The goal for the direct care per diem was always to be a short-term support while the Department of Human Services (DHS) worked to put into place the child-specific service array for children who could not maintain safely with the typical shelter staffing ratios and services. During this reporting period, only one Youth Service agency, Logan County Youth Services, utilized the direct care contract for two children. The CWS team assigned to work with the DHS Developmental Disabilities Services (DDS) was expanded. CWS staff are instrumental in working quickly to offer support when a child with known or suspected intellectual disability is in shelter care. One-on-one training opportunities for shelter staff take place, when appropriate. The CWS team works quickly to identify the necessary action steps to move a child to a more needs-based placement.

During the last reporting period with the closure of Laura Dester Children's Center (LDCC), it was expected that the DHS Nursing program would need to be expanded to support the needs of children with more acute needs in Youth Service Agency shelter care. The DHS shelter program field representative (PFR) hosted a meeting with a Youth Service agency and discussed ways to collaborate with nursing care. After LDCC closed and the children were served in either shelter care or other programs, assigning nursing staff to specific shelters did not appear to be the best approach. The current DHS Nursing team is able to support Youth Service shelters when questions arise. Since the nurses are assigned regionally, the entire state is covered allowing children to be placed in the shelter that keeps them closest to their community or can best meet their specific needs due to other dynamics. The shelter program has two PFRs who

regularly attend the Oklahoma Association of Youth Services agencies (OAYS) meetings. During the OAYS meetings, the need for nursing staff was not identified as a support the shelters see as necessary. The shelter directors can contact either their assigned liaison or the two shelter PFRs to get in touch with a DHS Nurse at any time. DHS Nursing staff provide training to shelter staff when caring for children with special medical needs, but also consult on more routine questions.

### **Office of Juvenile Affairs (OJA)**

In the last semi-annual report, an update was provided on OJA entering into updated contracts with the Youth Service Agencies (YSA) for shelter care. The contracts were executed in October with 21 YSAs for shelter care. A tier system for rates based on a child's needs was included in the contracts; however, the tier system rates expected to be in effect 1/1/2019 are delayed. YSAs are currently being paid under previous rates. CWS would be available to OJA if support was requested related to this new process. The shelter liaisons could be used to gather additional information for a YSA shelter and/or OJA when determining the most appropriate rate level. CWS and OJA will continue to collaborate.

### **Training**

During the last reporting period shelter training was developed for CWS staff. The primary goals of the training are:

- To provide clear guidance on the purpose and expectations for the shelter authorization form and progressive shelter staffing document.
- Review the role of the child welfare (CW) worker and the shelter when a child is in shelter care.
- Detail definitions for other levels of care with Programs staff contact information.
- Answer questions related to shelter placements and gather ideas about how Programs staff could better support CWS field staff. The training was first completed in Region 1 in December 2018. Region 1 was identified for the first training due to the number of children in shelter care from that area of the state. The training was held in two county offices and over 70 staff participated. A schedule is in place to provide the training across the state between four and eight times in each region over the next year.

### **Summary**

The CWS shelter program team, in collaboration with the CWS and DHS executive teams, continues to focus on meeting the metrics for shelter care identified in the Pinnacle Plan. The continued positive trending is encouraging but securing safe, needs-based placements for all children will continue to be the priority. The new shelter authorization form is expected to direct CWS staff to identify a more appropriate placement prior to ever utilizing shelter care and, when necessary, the enhanced shelter reduction plan will provide technical assistance to CWS staff to minimize the length of time a child spends in shelter care. The full initiation of shelter training in the next year will support the goals of ensuring children are safe when they are in shelter care; have access to the services to best meet their needs; and are exit quickly to a more appropriate placement type. The CWS shelter team now has three liaisons to cover the 21 YSA shelters, thus allowing for more intentional visitation with shelter staff to better assess the safety of shelter practices, provide support in times of crisis, and engage with the child's assigned CW specialist when a child has a need in shelter care. The CWS shelter team will continue to assess the interventions and supports available to CWS staff and shelters so that best outcomes can be achieved for children.

## 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

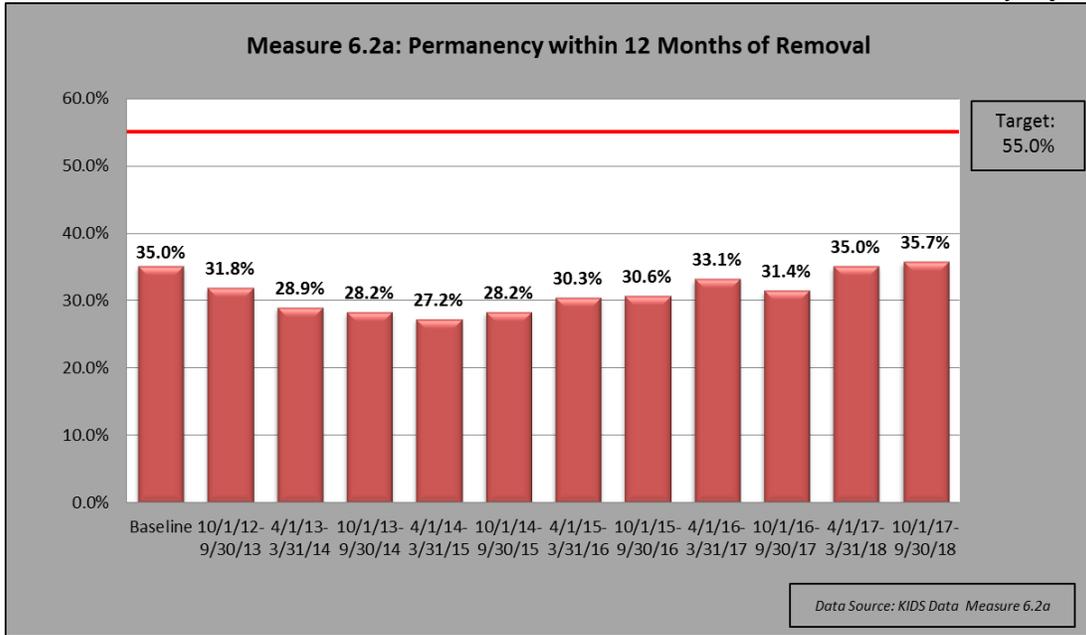
**Denominator:** All children who entered foster care from 4/1/2017 through 9/30/2018.

**Numerator:** The number of children who entered foster care from 4/1/2017 through 9/30/2018 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	2,692	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	2,749	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%
10/1/2015 – 9/30/2016	All admissions from 4/1/2015 – 9/30/2015	840	2,741	30.6%
4/1/2016 – 3/31/2017	All admissions from 10/1/2015 – 3/31/2016	774	2,340	33.1%
10/1/2016 – 9/30/2017	All admissions from 4/1/2016 – 9/30/2016	788	2,512	31.4%
4/1/2017 – 3/31/2018	All admissions from 10/1/2016 – 3/31/2017	832	2,375	35.0%
10/1/2017 – 9/30/2018	All admissions from 4/1/2017 – 9/30/2017	847	2,372	35.7%
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.

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

**Denominator:** All children who entered foster care from 4/1/2016 through 9/30/2016.

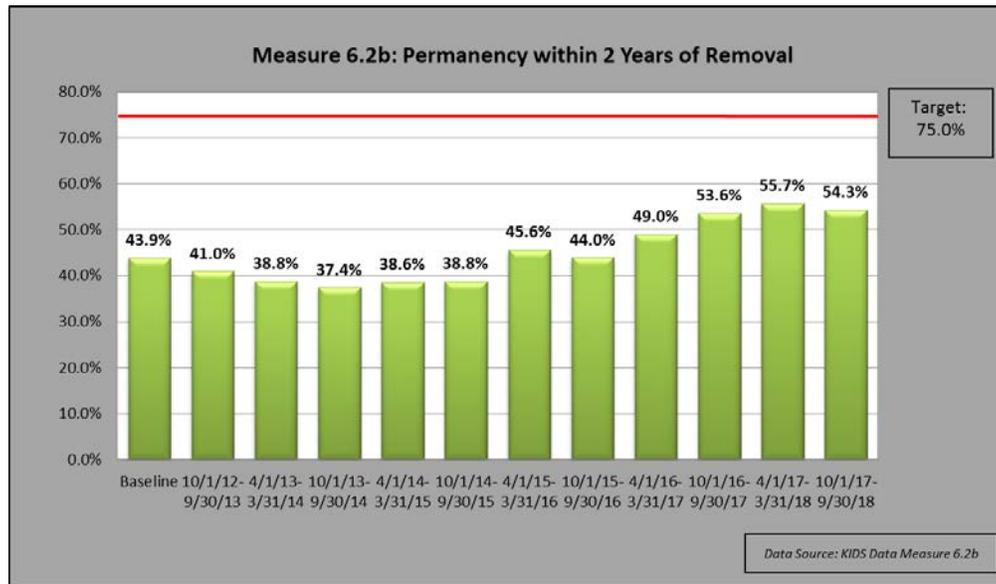
**Numerator:** The number of children, who entered foster care from 4/1/2016 through 9/30/2016, were removed at least 12 months, and exited to a permanent setting within 24 months of removal.

### 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%

10/1/2015 – 9/30/2016	All admissions from 4/1/2014 – 9/30/2014	821	1,865	44.0%
4/1/2016 – 3/31/2017	All admissions from 10/1/2014 – 3/31/2015	769	1,570	49.0%
10/1/2016 – 9/30/2017	All admissions from 4/1/2015 – 9/30/2015	961	1,793	53.6%
4/1/2017 – 3/31/2018	All admissions from 10/1/2015 – 3/31/2016	831	1,493	55.7%
10/1/2017 – 9/30/2018	All admissions from 4/1/2016 – 9/30/2016	891	1,640	54.3%
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

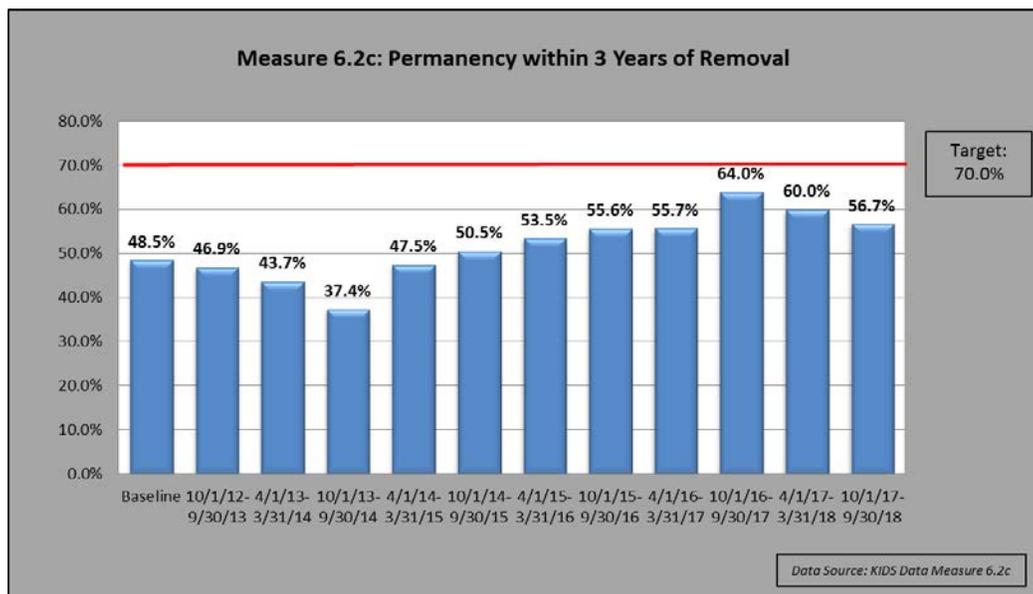
**Denominator:** All children who entered foster care from 4/1/2015 through 9/30/2015.

**Numerator:** The number of children, who entered foster care from 4/1/2015 through 9/30/2015, 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 – 9/30/2014	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 – 9/30/2015	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%
10/1/2015 – 9/30/2016	All admissions from 4/1/2013 – 9/30/2013	653	1,174	55.6%
4/1/2016 – 3/31/2017	All admissions from 10/1/2013 – 3/31/2014	558	1,002	55.7%
10/1/2016 – 9/30/2017	All admissions from 4/1/2014 – 9/30/2014	633	989	64.0%
4/1/2017 – 3/31/2018	All admissions from 10/1/2014 – 3/31/2015	445	742	60.0%
10/1/2017 – 9/30/2018	All admissions from 4/1/2015 – 9/30/2015	443	781	56.7%
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

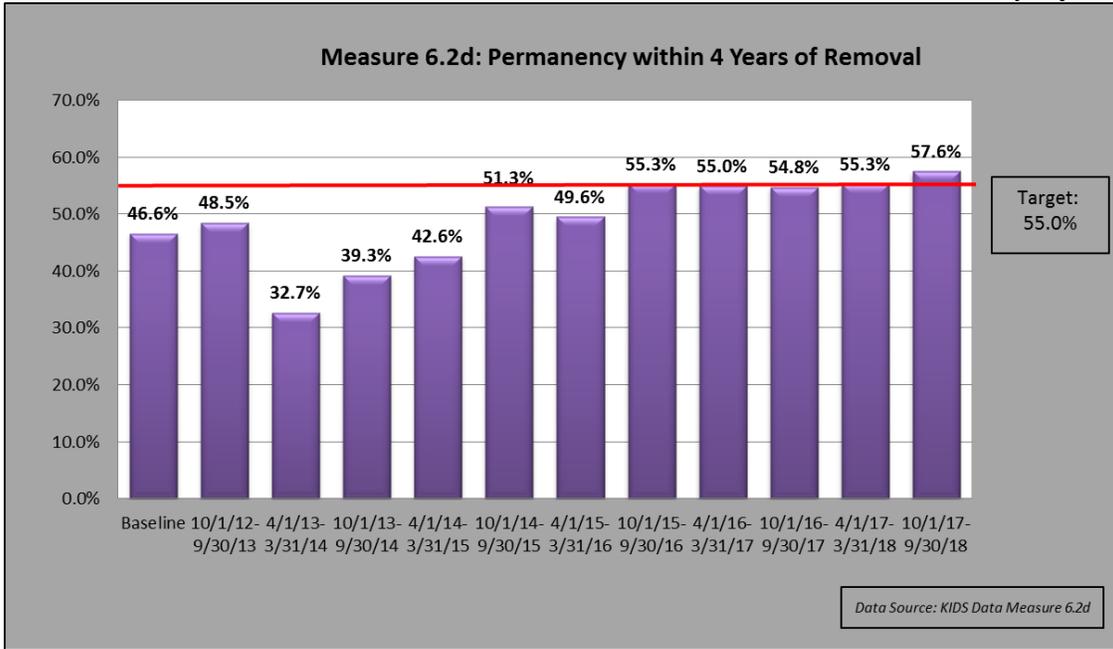
**Denominator:** All children who entered foster care from 4/1/2014 through 9/30/2014.

**Numerator:** The number of children, who entered foster care through 4/1/2014 through 9/30/2014, were removed at least 36 months, and exited to a permanent setting within 48 months of removal.

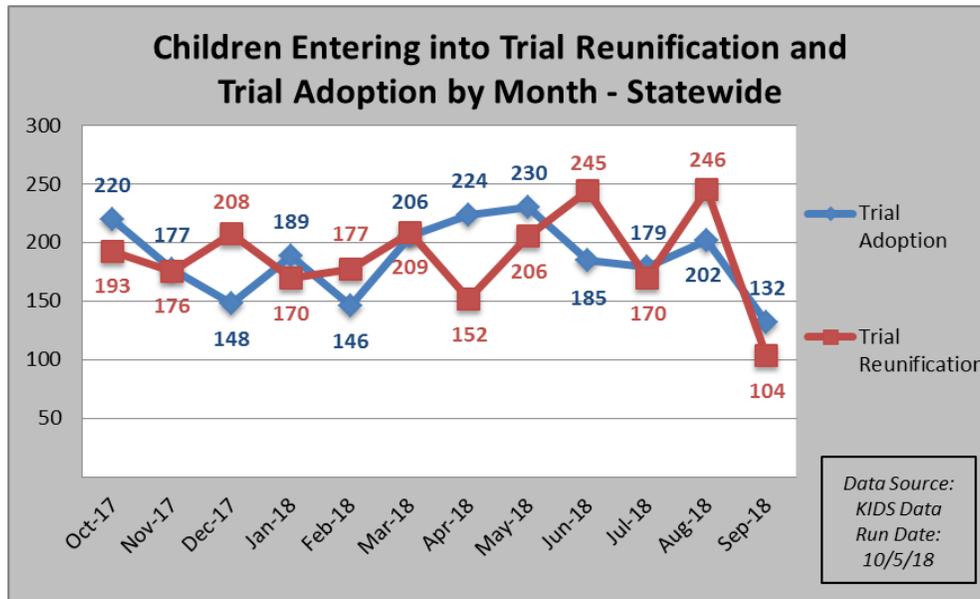
### Trends

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%
10/1/2015 – 9/30/2016	All admissions from 4/1/2012 – 9/30/2012	278	503	55.3%
4/1/2016 – 3/31/2017	All admissions from 10/1/2012 – 3/31/2013	252	458	55.0%
10/1/2016 – 9/30/2017	All admissions from 4/1/2013 – 9/30/2013	264	482	54.8%
4/1/2017 – 3/31/2018	All admissions from 10/1/2013 – 3/31/2014	228	412	55.3%
10/1/2017 – 9/30/2018	All admissions from 4/1/2014 – 9/30/2014	190	330	57.6%
Target				55.0%

Section 2, Table 6.2d-1



Section 2, Graph 6.2d-1



Section 2, Graph 6.2d-2

<b>Permanency Safety Consultations of Children in Care on 9/30/18 with Goal of Reunification</b>	
Children in Care 90+ Days with Goal of Reunification	3,253
Children with Permanency Safety Consultation	3,102
% with Permanency Safety Consultation	95.4%
<i>Data Source: KIDS Data Y1104; Run Date: 10/1/18</i>	
<i>*Data only includes children that have been in care at least 90 days</i>	

Section 2, Table 6.2d-2

<b>Permanency Safety Consultations (PSCs) for Children with a Case Plan Goal of Return to Own Home April 2018-September 2018</b>				
<b>Month of PSC</b>	<b># of PSC</b>	<b># of Children with PSC</b>	<b>PSC Recommendation Safe</b>	<b>PSC Recommendation Unsafe</b>
Apr-18	475	910	258	652
May-18	424	811	218	593
Jun-18	484	889	233	656
Jul-18	411	746	206	540
Aug-18	373	671	159	512
Sep-18	412	733	192	541
<b>Total</b>	<b>2,579</b>	<b>4,760</b>	<b>1,266</b>	<b>3,494</b>

Data Source: Y1838 -Permanency Safety Consultation; Run Dates: 5/21/18; 6/11/18; 8/10/18; 8/23/18; 9/12/18; 10/8/18

Section 2, Table 6.2d-3

	<b># of Family Team Meetings Held</b>	<b># of Children Included in FTM's</b>	<b>Total Children Served in Care</b>	<b>% of Children with FTM</b>
10/1/17-9/30/18	6,527	7,565	13,901	54.4%

Data Source: KIDS Data- FTM Types include, FTM, FTM- Ait. Perm Plan, FTM- Concurrent Planning, FTM- ISP Development, FTM- Safety Planning, FTM- 6 Month, FTM- Reasonable Efforts NR Court Finding, FTM- Placement Stability, and FTM- Progress to Permanency.

Section 2, Table 6.2d-3

Section 2, Graph 6.2d-2 is an unduplicated count of children who entered Trial Adoption or Trial Reunification for each month during the last 12 months ending September 2018. 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, Child Welfare Services (CWS) tracks performance in these two areas, as it is reflective of real time progress on moving children to permanency.

**Commentary**

During this review period an agreement was reached that now allows CWS to include children who entered trial reunification during the 12<sup>th</sup> month to the achieved permanency population timely, instead of entered into trial reunification by the 11<sup>th</sup> month. This logic also includes children that entered trial reunification before or during the 12<sup>th</sup> month but have not yet exited care.

During this review period, CWS saw improvements in two of the four measures. Measure 6.2a increased by 0.7 percent and is the highest the measure has been since Pinnacle Plan reporting began. 741 children achieved permanency, but with the new logic that allows children entering trial reunification before the year mark (12 months for 6.2a, 24 months for 6.2b, 36 months for 6.2c, and 48 months for 6.2d) to be counted as timely, an additional 106 children are now included for a total of 847 children, 35.7 percent achieving permanency within the first 12 months in care. Performance Measure 6.2b decreased by 1.4 percent from the last reporting period. Even with the decline, the performance remains 10.4 percent above the baseline. During the removal period of April – September, a higher population is typical for children removed. Though a decrease occurred in the percentage achieving permanency, 60 more children achieved permanency than during the last review period. Performance in Measure 6.2c also saw a decrease by 3.3 percent, but remains 8.2 percent above the original baseline. Measure 6.2d increased by 2.3 percent since the last reporting period, making this the highest percentage in a reporting period at 57.6 percent which is above the target for the second consecutive reporting period.

Of the 5,123 children included in all of the 6.2 measures, 2,371 of the children achieved timely permanency. An additional 584 children achieved permanency after the timeliness target dates. As of 12/10/18, 2,168 children remained

in care from the original population of 5,123 that have not achieved permanency. Of the 2,168 children, 173 children were placed in trial reunification and 178 children in trial adoption for a total of 351 children close to achieving permanency.

As of 9/30/2018, 3,102 children had a Permanency Safety Consultation (PSC) completed out of 3,253 children who were eligible with the goal of reunification. 92 children were excluded from the population that did not have a PSC as they are currently in trial reunification. For the next reporting period, of the 151 children without a PSC, 46 had a documented PSC in November 2018. During the review period of April to September 2018, a total of 2,579 PSCs were completed and those PSC's included 4,760 children. This only includes children with a case plan goal of return to own home.

### **Permanency Safety Consultations**

PSCs continue to be used to impact outcomes in measures 6.2 a, b, c, and d. The process still requires an initial PSC to be completed for children who were in out-of-home care for 90-calendar days with a case plan goal of reunification. Ongoing PSCs are then completed every 90-calendar days for each child in out-of-home care until the child achieves permanency through reunification or the case plan goal changes. Having specific target dates to complete a PSC helps ensure that cases have regular ongoing safety discussions throughout the critical first 12 months of removal and thereafter, which continues to expedite safe, timely permanency.

The PSC coordinator continues to visit each region's PSCs on a monthly basis. The purpose of the coordinator's visit remains as an additional support by participating in the PSCs for a day. Following the consultations, the PSC coordinator offers feedback regarding practice trends or barriers observed during the course of the consultations. The debriefing usually entails the PSC coordinator discussing ideas with the supervisors and district director about how the leadership team within their office can encourage staff to address the practice trends which might be preventing permanency. The coordinator also asks for feedback and suggestions to help improve the overall PSC process. Feedback from staff consistently reported that the workers and supervisors value the PSC process as it assists their team to have more thorough and in-depth safety discussions.

The Fidelity Review tool continues to be a key part of the coordinator's visit and debriefing process. The tool was created in collaboration with Quality Assurance (QA) staff and assists the reviewer in determining which aspects of the PSC process are strengths and which areas can be improved upon for maximum safety discussions. In addition to the coordinator, other identified reviewers are in each region. Those reviewers are composed of supervisors, field analysts, and peer district directors. Most recently, QA staff were onboarded for the fidelity review process and will begin attending PSCs in Region 5 and Region 2. A review is completed for each case and then logged and tracked. The PSC reviews are compiled and analyzed to see which areas of the PSC process or practice areas need more focus to maximize outcomes for children and families. When this team of additional reviewers was initially identified and trained, monthly check-in calls with the coordinator was a part of the process. However, after some discussion with the reviewers and leads it was decided that quarterly calls provide better quality conversations and are more efficient.

Additional support continues to be given to the district directors through the utilization of a PSCs report. The coordinator pulls and filters this report on a monthly basis to identify which children are due for a PSC that month as well as which children are overdue to have a PSC. This activity helps keep all districts current on their required PSCs. This report was also recently edited in collaboration with the KIDS team to identify children found "safe" at their most recent PSC 90+ days ago and still not in trial reunification. This information is also filtered out and compiled into a list the coordinator sends in the monthly email to the district directors. The coordinator began noting trends for the children who were found "safe" over 90 days ago and are still not reunified. The trend information will be used to further improve the PSC process and timely reunification.

Beginning in January 2019, the PSC coordinator will attend PSCs only in Region 1 as an additional support for the transformation zone PIP implementation. The PSC coordinator will continue to focus site visits on regions in conjunction with the PIP implementation schedule.

The PSC coordinator, Permanency for Teens coordinator, and regional permanency leads continue monthly phone calls and a quarterly face-to-face meeting to continue to support each other, staff, and the work towards the best permanency practice that impacts child safety.

### **Targeted Permanency Efforts**

In June 2018, the permanency leads and previous program administrator began a discussion on additional permanency efforts to impact permanency within 12 months. After pulling permanency data and presenting to the Executive Team, one district per region was selected for targeted efforts with the exception of Region 3, which selected two offices. The respective districts in each region are:

- Region 1 – District 4B – Canadian County
- Region 2 – District 5 – Comanche County
- Region 3 – District 7, 55B and 55H – Oklahoma County
- Region 4 – District 19 – Atoka, Bryan, Coal County
- Region 5 – District 72G – Tulsa County

A meeting was held with the permanency leads and PSC coordinator to create a plan for the targeted work which will roll out in the selected districts. Family engagement was the practice trend identified as a main area for improvement since it directly impacts permanency timeliness for children in out-of-home care. The focus of the work in the districts is worker/parent contact and parent/child visitation. Teams were designated for each region who will then meet with all of the permanency staff and district directors participating in this work. Plans will be created with each district to help increase their family engagement efforts. The first strategy was implemented in November 2018 and subsequent meetings will be held with staff by the regional teams for feedback and additional support as the districts move forward with implementing their second identified strategy to improve permanency within 12 months.

### **Permanency Support Calls**

Permanency backlog calls were implemented in January 2018 to increase oversight of permanency cases for children in out-of-home care 24+ months, with a case plan goal of reunification, and not in trial reunification. This additional effort began in January 2018 and is ongoing. The calls are facilitated by the PSC coordinator and include the specialist and supervisor assigned to the case. Most recently, QA staff was added to the calls as an additional support for the specialist and supervisor to help discuss ideas to achieve permanency or suggestions for additional resources for the family as needed. The primary goal of the calls is identification of barriers preventing the children from returning home and creating action steps with the specialist and supervisor to complete prior to the next month's call. The call is documented in the child's case and a summary of the conversation is logged on a spreadsheet and sent to district directors and regional directors for follow-up so that permanency practices and outcomes continue to improve.

### **Family Meetings**

Family meetings continue as a strategy to impact permanency and safety for children through the life of a case. Family meetings are held for each family a minimum of once every six months. Additional meeting triggers include changes in family composition, changes in case plan goals, and reunification planning. The Family Continuum is a theory still in the initial stages of planning and development with the involvement of all agency levels that will expand to include stakeholders and partnerships. The overall goal is for all Family Meetings to be conducted in a consistent manner in every region, such as the meeting's structure, participants, and intended purpose. During the current reporting period, 6,527 family meetings that included 7,565 children were conducted.

## **Supervisory Framework**

Training curriculum and tools for the Supervisory Framework were developed March 2018 through July 2018. The Framework provides clear purpose, roles, and expectations of child welfare (CW) supervisors. The Framework's implementation includes back-to-basic training on safety and permanency. The training is completed within four sessions including coaching, back-to-basics, safety-focused supervision, and Supervisory Framework. A CWS practice guidebook was developed and is utilized throughout the series trainings. The guidebook provides practice guides outlining guidance for completing quality safety assessments, quality monthly contacts, screen-out consultations, 10-day staffing, and other safety-related practice guides used by all CW programs. The guides are intended to support better engagement, assessment of needs and safety, and improved outcomes. Implementation of the Supervisory Framework will occur in transformation zones in three to six month increments. After training is completed, 90-calendar days of coaching and transfer of learning (TOL) activities are conducted to ensure training content and concepts are operationalized. The TOL sessions provide direct support to CW supervisors within the following areas: maltreatment in care, quality safety assessments, timely permanency, placement stability, Court Improvement Project (CIP), coaching, and the Supervisor Framework.

The first transformation zone series training occurred in Region 1 from August-November 2018. The TOL activities will occur from January-March 2019. Feedback was obtained from each individual who completed the series of trainings from August-November 2018. The feedback was assessed and utilized to update the training materials in the back-to-basics training that provide clearer content surrounding expectations of the ongoing assessment of child safety and quality worker visits. The safety-focused supervision training has a case study element in which a real case is dissected by supervisors, allowing supervisors to assess for areas of improvement and practice that may lead to maltreatment in care. Further direction in completing case reviews will occur in TOL sessions during the quality assessment phase. Updates to the Supervisory Framework included expectations surrounding documentation of the supervision strategies as well as timeframes for completing each strategy. The Supervisory Framework will be evaluated as staff complete the series trainings and begin practicing each strategy within supervision. Updates will occur before implementation in the next transformation zone. Any updates will be provided to the previous transformation zones regional Program Improvement Plan (PIP) team, who will then distribute the information to supervisors. Updates to competencies of each of the trainings are provided below.

### **Coaching**

- Engage in active listening, mutual problem-solving, feedback, seeking ideas from others, and building relationships to achieve learning and development goals.
- Engage CW staff in change processes through motivational interviewing.
- Identify and discuss engagement, motivation, and coaching skills as part of the essential capabilities of a CW supervisor.
- Demonstrate key skills of coaching, such as overcoming resistance, developing specific measurable, attainable, realistic, and timely (SMART) goals, enhancing reflection, and absorbing confrontation.

### **Safety-Focused Supervisory Training**

- Assess and provide feedback on safety.

### **Guardianship Exits**

Efforts outside of the supervisory strategies include development of a funded guardianship guide for use by judges, assistant district attorneys, and other judicial partners. Judicial partners in each region were trained on key principles related to achieving timely permanency and on expanding the use of guardianships as an exit type. The training detailed guardianship as a viable option for increasing timely permanency when a child is placed in a relative kinship home. These trainings were completed in September and October 2018, and held in Oklahoma City, Tulsa, Lawton, Enid, and McAlester. Additionally within the back-to-basics training of the Supervisory Framework, staff are trained on efforts to increase the use of guardianship to achieve timely permanency. Within CWS, conversations with Adoptions are ongoing about using quad staffing to discuss guardianship as an option for children placed in kinship homes but not legally-free.

Guardianships are also discussed during routine PSCs as well as monthly Permanency Backlog calls which staff children in care for 24+ months that have a case plan goal of return to own home and are not currently in trial reunification.

### **Youth Villages**

Youth Villages, as part of a public/private partnership, continues to provide Intercept services to children and families in Oklahoma City, Tulsa, and surrounding areas with the goal of increasing permanency rates for youth in DHS custody. Intercept is a reunification program that requires an identified family or permanent caregiver for the youth for program admittance. The Oklahoma City site can serve 55 families, the Tulsa site can serve 48 families, and both sites require that the identified permanent placement be in one of the following counties: Oklahoma, Canadian, Logan, Cleveland, Pottawatomie, Lincoln, Tulsa, Creek, Muskogee, or Okmulgee. Youth Villages recently conducted presentations regarding their available services in hopes of increasing CWS staff's knowledge of its service array to the following additional counties: Wagoner, Washington, Rogers, Mayes, Pawnee, and Osage.

### **Family Team, Resources, Evaluation, and Education (T.R.E.E)**

The Family T.R.E.E. Center formally launched in September 2016 and is still temporarily housed in a building donated by Chesapeake Energy while the former shelter building undergoes extensive renovations. Renovations are still expected to be complete in May 2019.

The Family T.R.E.E. is comprised of the Family Resiliency Team, OU Fostering Hope Clinic, OU Child Study Center, on-site Quality Family Visitation services provided through NorthCare Community Home-Based Services (CHBS), onsite Clinical Visitation Coordinator, supports to foster parents, and additional services as needed. In November 2018, Parent Partners launched at the Family T.R.E.E. to connect biological parents, who are open to additional support, to a mentor who has previously successfully navigated the CW system.

Since September 2016, a total of 138 cases have met criteria for Family T.R.E.E. service eligibility. All of the eligible cases are randomly assigned to either a control group or an intervention group, with the intervention group being Family T.R.E.E. From February 1 through October 2018, the Family T.R.E.E. permanency teams were at caseload capacity, as such, cases which were randomly assigned to Family T.R.E.E. were reassigned to regular rotation. The Family T.R.E.E. permanency teams began accepting new referrals 10/30/2018 and are expected to have capacity for the foreseeable future.

In late spring 2018, a second CWS Child Welfare Permanency team was transitioned to the T.R.E.E. In late December, all of the new team's non-Family T.R.E.E. cases were transferred to units outside of the Family T.R.E.E. This shift, along with anticipated case closures, will provide expanded opportunities to take new referrals in 2019. Family T.R.E.E. is expected to have capacity to serve 50 additional children by mid-January 2019. As of 1/2/2019, the Family T.R.E.E. Center is serving 15 families and 42 children, and of those, 15 children are currently in trial reunification.

The OU Center on Child Abuse and Neglect is evaluating the impact of the Family T.R.E.E. services. A random control trial is being conducted to evaluate the outcomes of families served by the Family T.R.E.E. when compared to the outcome of families receiving standard CW services.

Preliminary data is promising within the small sample size, as reunification and time to unsupervised visitation with parents is occurring sooner than the average length of time for families receiving standard CW service. Since receiving its first referral in September 2016, the Family T.R.E.E. has successfully supported permanency for 38 of 83 children. Of the 38 children who achieved permanency through the Family T.R.E.E.: 5 percent went to guardianship, 35 percent were adopted, and 60 percent were reunified with their biological families. Additionally, average time to case closure, including adoption and reunification, is 14.4 months. For Family T.R.E.E. children entering trial reunification (TR), the average time to TR is 8.8 months. Placement stability rates are also promising for children served through the Center, with current rates over 94 percent. Further outcome data will be available in early 2019, following full launch of the independent evaluation.

### **Court Improvement Project (CIP)**

Oklahoma's court improvement project continues in Adair, Pottawatomie, and Canadian counties. The Department of Human Services (DHS) lead for the CIP project sites is the district director for each site. Three QA staff have been assigned to each site to offer support, keep projects on task, and to assist with the discussion of data sets during the planning phase. The overall lead is Tim Scott, as this project was developed through the CIP program. CIP Regional Workshops occurred in the five regions in September and October 2018. CIP personnel, in conjunction with judicial and CWS representatives from the sites chosen, presented a brief overview of the Joint Project and a brief description of outcomes as a result of their efforts. During the Regional CIP Workshops all three Joint Project Districts reported the following: increased parent engagement; increased engagement from judges at the bench, praising parents for the progress they are making and encouraging them to complete treatment plans; reduced time to appointment of attorneys for parents; reduced time to adjudication and disposition hearings; and increased numbers of combined adjudication/disposition hearings. The cohort group outcomes will be reviewed in March 2019. The results will be reviewed and assessed for further CIP improvements statewide. Data on each child within the cohort group will continue to be gathered and reviewed for each child who did not achieve timely permanency. Below is the update provided by each jurisdiction:

**Small Jurisdiction:** Utilizing court data in Adair County, 11 were combined Adjudication/Disposition Hearings. Adair numbers may potentially be skewed due to the filing of numerous court supervision cases where children were not removed. Adair County also created gift bags for each parent that included calendars, resource contact information, agency brochures, pens, and other helpful items. Parents reported appreciation for the support offered through receiving the bags and are observed utilizing their calendars during hearings. Individual Service Plans (ISPs) are provided to attorneys at least two days prior to Disposition or combined hearings. Adair County also created a Reunification Checklist to make it easier for parents to understand what is expected of them.

**Medium Jurisdiction:** Pottawatomie County reported simplifying applications for a court-appointed attorney that allows appointments to be made at Show Cause/Emergency Custody hearings. CWS specialists have worked very hard to have ISPs ready for initial appearances at 35 to 40 days. This has allowed for combined Adjudication/Disposition hearings. The team has improved communication so the attorneys and court are receiving court reports on the Friday prior to hearings scheduled for the next Wednesday. One final item reported by the Judge was they chose four cases to hear on a monthly basis. This is labor intensive for everyone involved, but the Judge stated that this is one thing viewed as making the greatest impact.

**Large Jurisdiction:** Canadian County. The work reported from Canadian County includes:

- (1) Combining case transfer meetings from Child Protective Services (CPS) to Permanency Planning (PP) with initial meetings (biological family and resource family) to ensure timely case transfer and engagement of both families at the earliest possible stage. This allows PP staff to start interacting with the family as early as possible for assessment and development of the ISP.
- (2) CPS staff provide the family with the paupers affidavit and court documents at the child safety meeting (CSM) when court intervention is recommended, so the family can submit the paupers affidavit to the court prior to show cause to ensure court-appointed attorneys are available at show cause for appointment and representation.
- (3) Holding Adjudication hearings/dispositional hearings jointly no more than five weeks post show cause hearing. PP staff have the ISP prepared and ready for disposition at the time of adjudication. This gets the case in motion quickly and gets families engaged in services much quicker than previously.
- (4) A weekly court staffing docket, held once per week during the lunch hour, with all attorneys and judge present to hear matters of visitation and TR between hearings. This allows CWS to start unsupervised visitation and entry into TR when the case is ready to progress in real time rather than being delayed by hearing dates set out for months. Notice is provided by the court to attorneys and tribes when a case is added to the staffing docket so all parties are present. The Judge and his assistant are present so a court minute is prepared within a day or two of the matter being heard.

CWS is collaborating with Casey Family Programs and the CIP Director to develop and implement a Jurist-In-Residence (JIR) program in Oklahoma. A retiring Judge was selected to serve as the JIR. The Judge's retirement was effective 12/31/2018. The agreement between Casey Family Programs and the Administrative Office of the Courts is still pending as of 1/7/2019.

Additional court improvement efforts include enhanced training, guidance, support to local jurisdictions when engaging court partners, and the development of judicial performance dashboards. The judicial dashboard was developed and is currently in the testing phase. A team composed of district directors, supervisors, specialists, tribal representatives, and CIP representatives will convene in January or February to develop guidance and expectations of key practice components of specialist performance in court, verbalization of safety threats, behavior changes at the bench, and specialist self-confidence necessary for improving outcomes. Training will be developed as a result of this work and provided to all child welfare staff.

### 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 from 10/1/2016 through 9/30/2017

**Numerator:** All children who exited foster care from 10/1/2016 through 9/30/2017 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 from 10/1/2010 - 9/30/2011			10.3%
10/1/2012 – 9/30/2013	All exits from 10/1/2011 - 9/30/2012	234	2,334	10.0%
4/1/2013 – 3/31/2014	All exits from 4/1/2012 - 3/31/2013	223	2,375	9.4%
10/1/2013 – 9/30/2014	All exits from 10/1/2012 - 9/30/2013	225	2,638	8.5%
4/1/2014 – 3/31/2015	All exits from 4/1/2013 - 3/31/2014	230	2,682	8.6%
10/1/2014 – 9/30/2015	All exits from 10/1/2013 - 9/30/2014	223	2,756	8.1%
4/1/2015 – 3/31/2016	All exits from 4/1/2014 - 3/31/2015	218	2,869	7.6%
10/1/2015 – 9/30/2016	All exits from 10/1/2014 - 9/30/2015	238	2,822	8.4%
4/1/2016 – 3/31/2017	All exits from 4/1/2015 - 3/31/2016	207	2,828	7.3%
10/1/2016 – 9/30/2017	All exits from 10/1/2015 - 9/30/2016	187	3,004	6.2%

4/1/2017 – 3/31/2018	All exits from 4/1/2016 - 3/31/2017	185	2,879	6.4%
10/1/2017 – 9/30/2018	All exits from 10/1/2016 - 9/30/2017	165	2622	6.3%
Target				8.2%

Section 2, Table 6.3-1



Section 2, Graph 6.3-1

**Commentary**

The number of children reentering out-of-home care within a 12-month period is now at 6.3 percent, which remains below the set target of 8.2 percent. During this reporting period, Child Welfare Services (CWS) experienced a slight improvement by 0.1 percent. The measure remains 4.0 percent lower than the original baseline and exceeds the target by 1.9 percent.

Permanency Safety Consultations (PSCs) continue to be the main strategy implemented to maintain reduced re-entry rates. PSCs with a safe recommendation still include the completion and documentation of an assessment of child safety prior to reunification as an action step. Additional follow-up activities are developed and identified with the district director and PSC team to support safe family reunification, as needed. Services such as Comprehensive Home-Based Services, Intercept, and Systems of Care continue to be utilized to support families during trial reunification. Permanency Backlog calls also serve as an effort to ensure the appropriate services are being referred to meet the family’s needs prior to reunification occurring. This is an additional coaching strategy that instills the importance of making sure child welfare staff have appropriately and accurately assessed the family and are aware of what services should be put in place for successful reunification and thereafter following case closure. CWS will continue to monitor this measure and engage in ongoing activities to ensure children remain safely in their homes post-reunification.

**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**

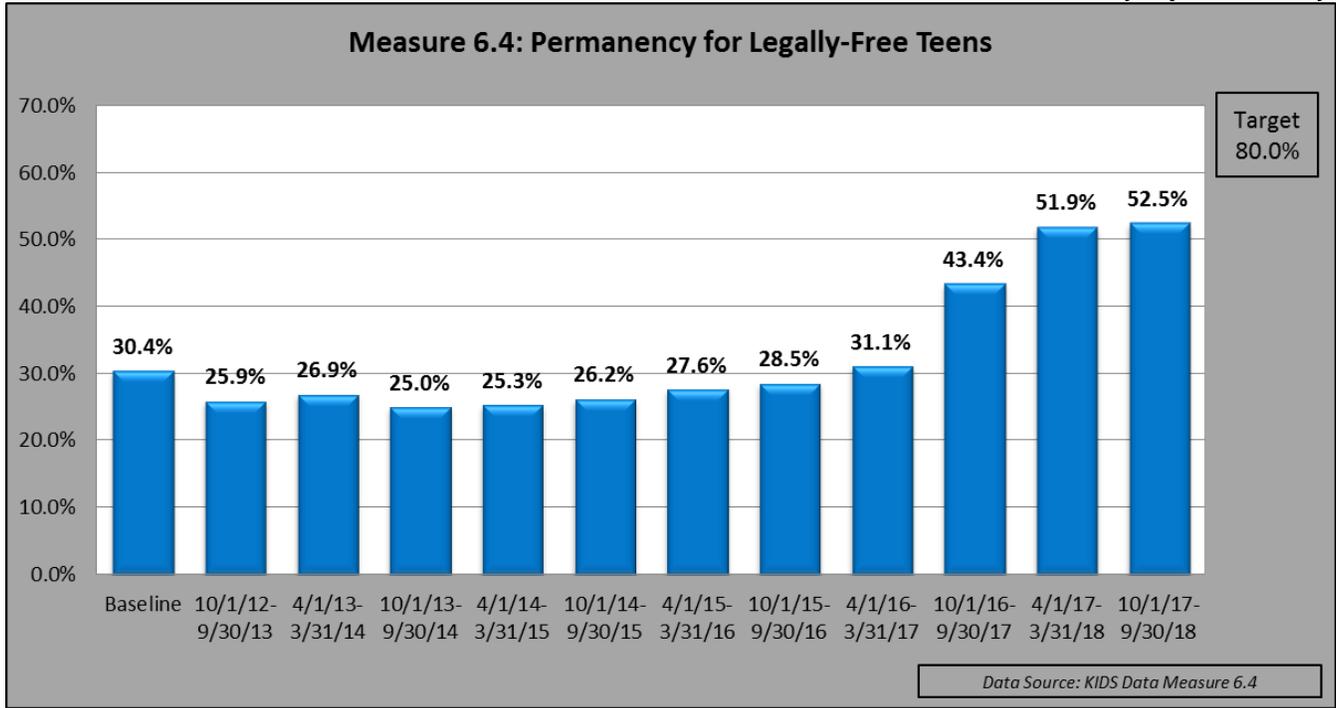
**Denominator:** All children in care who turned 16 from 10/1/2015 through 9/30/2016 and were legally free at the time they turned 16.

**Numerator:** The number of children, who turned 16 from 10/1/2015 through 9/30/2016, 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 from 10/1/2009 - 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 from 10/1/2010 - 9/30/2011 and were legally free at the time they turned 16.	44	170	25.9%
4/1/2013 – 3/31/2014	All children in care who turned 16 from 4/1/2011 - 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 from 10/1/2011 - 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 from 4/1/2012 - 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 from 10/1/2012 - 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 from 4/1/2013 - 3/31/2014 and were legally free at the time they turned 16.	29	105	27.6%
10/1/2015 – 9/30/2016	All children in care who turned 16 from 10/1/2013 - 9/30/2014 and were legally free at the time they turned 16.	35	123	28.5%
4/1/2016 – 3/31/2017	All children in care who turned 16 from 4/1/2014 - 3/31/2015 and were legally free at the time they turned 16.	41	132	31.1%
10/1/2016 – 9/30/2017	All children in care who turned 16 from 10/1/2014 - 9/30/2015 and were legally free at the time they turned 16.	59	136	43.4%
4/1/2017 – 3/31/2018	All children in care who turned 16 from 4/1/2015 - 3/31/2016 and were legally free at the time they turned 16.	84	162	51.9%
10/1/2017 – 9/30/2018	All children in care who turned 16 from 10/1/2015 - 9/30/2016 and were legally free at the time they turned 16.	73	139	52.5%
Target				80.0%

Section 2, Table 6.4-1



Section 2, Graph 6.4-1

Exit Reason	REGION 1		REGION 2		REGION 3		REGION 4		REGION 5		TOTAL	
ADOPTION	19		38		24		22		24		127	
REUNIFICATION	0	35.0%	1	47.1%	0	34.4%	0	56.5%	1	36.3%	2	40.6%
GUARDIANSHIP	2		2		8		4		8		24	
CHILD AGED OUT / OTHER	7	11.7%	12	17.2%	24	26.9%	3	10.9%	15	19.8%	61	18.6%
OTHER EXITS	0		3		1		2		3		9	
Still in Care	32	53.3%	31	35.6%	36	38.7%	15	32.6%	40	44.0%	154	40.8%
<b>TOTAL</b>	<b>60</b>		<b>87</b>		<b>93</b>		<b>46</b>		<b>91</b>		<b>377</b>	

Data Source: Totals include Measure 6.4 for reporting periods ending 9/30/18, 3/31/19, 9/30/19, 3/31/20, and 9/30/20. Run Date 10/5/18

Section 2, Table 6.4-2

**Commentary**

From 10/1/2015 through 9/30/2016, a total of 139 legally-free youth turned 16 years of age. Of these youth, 73 or 52.5 percent achieved permanency and 66 or 47.5 percent exited care prior to reaching permanency.

**Achieved Permanency:**

- 59 youth were adopted (42.4%); and
- 14 youth were placed in guardianship or custody to relative (10.1%);

**Exited Care Prior to Reaching Permanency:**

- 60 youth exited care via emancipation/aging out (43.2%); and
- 6 youth exited for other reasons (4.3%).

Although performance continues to remain below the target, positive trending has occurred over the last eight reporting periods. This reporting period showed an increase between reporting periods of 0.6 percent and since the baseline period, an overall improvement of 22.1 percent. The performance is the highest of all reporting periods at 52.5 percent. While the number of youth aging out of care was reduced, Region 3 has a higher percentage of youth aging out of care as compared to the other regions. In analyzing the specific demographics of the 24 youth that aged out in Region 3, one of the youth included in the data in Table 6.4-2 should not have been included as the youth aged out in October, which

was outside the reporting period. This makes the number of youth that aged out in Region 3 twenty-three. Of these 23 youth, the average length of stay in care was 81.57 months, which shows these youth had been in custody for a longer period of time, which most likely increased the barriers to achieving permanency for them. Additionally, seven of the 23 youth were AWOL when they aged out, making it more difficult to work towards permanency for them. While the data demonstrates a higher number of youth aging out in Region 3, it continues to show a reduction of youth entering and aging out of this cohort in all regions.

Efforts continued to support Core Strategy 6.4 to increase the number of legally-free youth 16 through 17 years of age exiting care to permanency before their 18th birthday and to decrease the number of youth in this population that are in out-of-home care. Implementing the statewide plan continued, with the use of the 6.4 Tracking Tool to document supportive efforts and activities occurring in each region. Permanency Expeditors (PEs) continue to work as secondary child welfare (CW) specialists with all youth ages 16-17 with the case plan goal (CPG) of Planned Alternative Permanent Placement (PAPP) to make concerted permanency efforts for youth assigned to them. Additionally when caseloads permit, the PEs were assigned to perform the same efforts with 16-17 year olds with the CPG of guardianship. The PE continues to visit every youth bi-monthly unless a youth is AWOL or missing from care and no contact or location information is known. The PEs are supervised by each Regional Permanency Lead and receive support from the Permanency for Teens Coordinator (PTC). The PEs continue to participate in monthly face-to-face trainings with the PTC, as well as Oklahoma Successful Adulthood (OKSA) program sponsored trainings and events. The PEs continue to participate in weekly support conference calls with the PTC that include discussion of successes and barriers they are experiencing within the context of their duties and also provides opportunities to receive support from the PTC and each other.

The PEs continue to facilitate monthly conference calls with assigned primary CW specialists for youth assigned to them. The conference calls give the PEs an opportunity to provide information and support related to permanency; hold each other accountable for the action steps; and allow for the PE to provide an objective perspective as staff navigate the youth's permanency options. PEs have noted the conference calls provide consistent messaging on the importance of searching for legal permanency for teens in custody. Feedback from primary CW specialists who participated on the calls reported the messaging and assistance during the calls changed their approach towards permanency for the teens on their caseload. The PEs continue to use the PE Tracking Tool and PE Monthly Report to track the work completed on each PE caseload, identify the number of youth added or removed to the cohort, and to spot barriers or needs identified by the PE. The PEs also continue to participate in case transfer calls with the CW specialist from the Adoption Transition Unit (ATU) when an ATU specialist was previously assigned to youth whose CPG was changed from adoption to PAPP. While these instances do not occur frequently, when they do, they provide an opportunity for the PE to ask questions of the ATU specialist regarding unique situations or efforts related to legal permanency efforts made for the teen.

The PEs continue to assist primary CW specialists with adhering to the policy change that went into effect in December 2017 when selecting the CPG of PAPP. This is done by staffing cases with primary workers who are considering changing the CPG to PAPP but have not done so, as well as by attending the family meeting (FM) that occurs before a CPG can be changed to PAPP. The FM includes the youth, all identified permanent connections, CW specialist, and the CW supervisor to discuss and agree upon the permanency plan that is in the youth's best interest. The PE provides the **Planned Alternative Permanent Placement Case Plan Goal Change Checklist** to assist with the goal changes. When the CPG change to PAPP is deemed appropriate, the PE also supports the youth's engagement in OKSA services. While the youth is in care, information related to OKSA after care program, Yes I Can!, is provided to set up communication between the young person and the Yes I Can! network for them to access benefits and resources after they leave care. The PE also assists with referrals to Youth Village's transitional program LifeSet if the transitioning youth will reside in the agency's service area.

In an effort to provide the information acquired thus far by the PEs to CW specialists surrounding the importance of teen permanency, the PTC and the PEs are working within the OKSA program resources to develop regional professional development trainings (PDTs) based on the permanency week PDT that took place in May 2018. The PDTs will discuss

the importance of continually searching for teen permanency, ways to achieve permanency from the start, how to engage teens in permanency conversations, and the misconceptions surrounding permanency for teens and benefits. The PDTs will be one-day trainings provided in each region in the spring of 2019. The number of PDTs in each region will vary from two to three depending on staffing levels and each region's specific needs. The PDTs will be open to CW specialists, supervisors, and district directors, along with foster parents and tribal specialists. Additionally, the current two-day OKSA level training is being revised to include modules based on the PDTs. This will ensure the information is embedded in the level training that is mandatory for all CW specialists. The PEs and PTC will attend regional leadership meetings in 2019 to promote permanency PDT development with a rollout in the spring.

On September 27–28, 2018, OKSA held the annual county coordinator conference that included county coordinators from across the state and supports the work being done in each region related to teens. This conference provides updated information for coordinators to take back to their regions and a supportive network to increase the coordinator's knowledge base on OKSA program. The event dedicated time to conduct focus groups to obtain information and feedback from the coordinators. The groups were instructed to think critically about the work currently in process to assist teens moving towards legal permanency and to provide creative ways this work can be improved. The information obtained from these focus groups will be added to information gathered from the future stakeholder meetings, including the one that occurred on 11/29/2018. This information will also be included in the Child and Family Services Plan (CFSP) that outlines the OKSA program's five-year plan for working with teens in care. This information will guide future changes to practice and policy as it relates to teens and permanency.

The OKSA program is designing a permanency postcard for teens in care, CW specialists, foster parents, and prospective guardians or adoptive parents, for distribution through the OKSA program. The postcard provides information on permanency for teens and is something tangible to review when considering permanency. This postcard will join other postcards provided by the OKSA program that relate to the 7 Key Elements that include health, housing, employment, education, essential documents, life skills, and permanent connections.

Additionally, a feedback loop is being developed to obtain feedback from teens currently assigned PEs, as well as teens who have exited care and were assigned a PE. The questions asked include:

- "Do you feel the permanency expediter you are currently working with or worked with in the past helped you move closer to permanency?"
- "What do you like most about working with a permanency expediter?"
- "Do or did you feel the permanency expediter you are working with/worked with listened to you?"
- "Is there anything else a permanency expediter should do to make their experience of working with teens better?"
- "Is there anything about working with a permanency expediter you do not like?"

The information collected from the responses will guide future implementation of the work conducted by the PEs.

The OKSA program is partnering with Child Welfare Services recruitment and retention to support the efforts to secure foster and adoptive homes that will be affirming and accepting of teens in care. OKSA will provide teens in foster care, as well as youth who exited care and participate in the OKSA Oklahoma Foster Youth Alumni group, to be on panels for recruitment and retention events. These youth will discuss their experiences with permanency and placements, as well as some of the unique needs of teens in care. Partnering with recruitment and retention could secure more foster homes willing to accept teens into their home and result in legal permanency for more teens in care.

## **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**

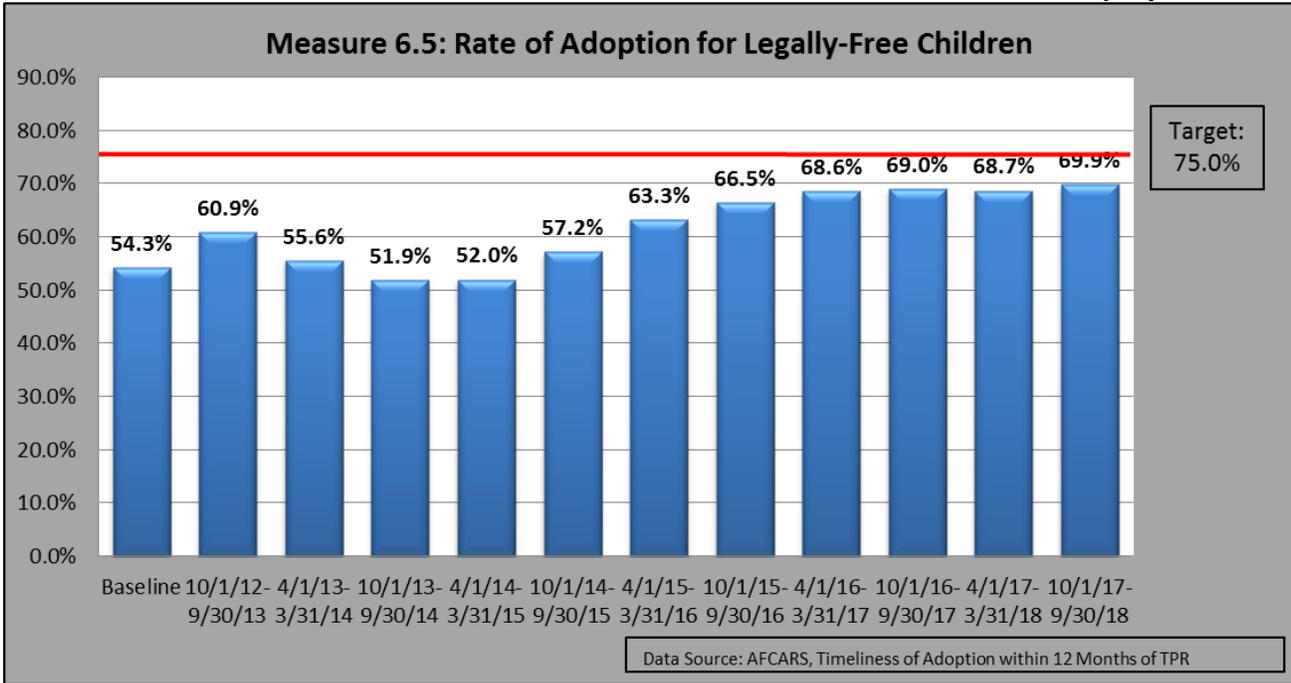
**Denominator:** All children who became legally free for adoption from 10/1/2016 through 9/30/2017.

**Numerator:** The number of children who became legally free for adoption from 10/1/2016 through 9/30/2017 **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 from 10/1/10 - 9/30/2011			54.3%
10/1/2012 – 9/30/2013	All children who became legally free from 10/1/11 - 9/30/2012	898	1,474	60.9%
4/1/2013 – 3/31/2014	All children who became legally free from 4/1/12 - 3/31/2013	857	1,540	55.6%
10/1/2013 – 9/30/2014	All children who became legally free from 10/1/12 - 9/30/2013	839	1,618	51.9%
4/1/2014 – 3/31/2015	All children who became legally free from 4/1/13 - 3/31/2014	935	1,797	52.0%
10/1/2014 – 9/30/2015	All children who became legally free from 10/1/13 - 9/30/2014	1,200	2,099	57.2%
4/1/2015 – 3/31/2016	All children who became legally free from 4/1/14 - 3/31/2015	1,459	2,304	63.3%
10/1/2015 – 9/30/2016	All children who became legally free from 10/1/14 - 9/30/2015	1,567	2,355	66.5%
4/1/2016 – 3/31/2017	All children who became legally free from 4/1/15 - 3/31/2016	1,754	2,558	68.6%
10/1/2016 – 9/30/2017	All children who became legally free from 10/1/15 - 9/30/2016	1,886	2,734	69.0%
4/1/2017 – 3/31/2018	All children who became legally free from 4/1/16 - 3/31/2017	1,770	2,577	68.7%
10/1/2017 – 9/30/2018	All children who became legally free from 10/1/16 - 9/30/2017	1,674	2,395	69.9%
Target				75.0%

Section 2, Table 6.5-1



Section 2, Graph 6.5-1

**Commentary**

During this review period, Child Welfare Services (CWS) experienced an increase in the number of children who were discharged from care to a finalized adoption within 12 months from the date they became legally free. This reporting period showed an increase between reporting periods of 1.2 percent and since setting the baseline an overall improvement of 15.6 percent. The current performance is the highest of all reporting periods at 69.9 percent.

Specialized Adoption supervisory units established in February 2017 continue as CWS tries to focus on timeliness of adoptions specifically in Regions 4 and 5. Foster Care and Adoptions (FC&A) leadership made some changes to increase capacity within Region 5, specifically Tulsa County. Through attrition, two positions from other areas of the state were reallocated to Region 5’s metro area specifically for Adoptions, and two additional positions were re-allocated from general Resource specialists to Adoption specialists. The FC&A field deputy director meets with Tulsa County leadership and the Department of Human Services (DHS) legal staff, once per quarter to develop an adoption backlog strategic plan. The deputy director also met with Tulsa County judges twice this calendar year to discuss strategies to decrease the adoption backlog. An adoption finalization day, specifically for Tulsa County, was held in December 2018.

The Regional Adoption Timeliness Accountability Teams (ATATs) continue to provide enhanced focus on legally-free children with an identified adoptive placement. ATATs met with Casey Family Programs in October 2018 for guidance on enhancing the current ATAT process. Regional ATATs participated with Casey Family Programs in a root cause analysis to assist with identifying causes associated with multiple barriers experienced in various regions. Two regions that were failed to hold regular, region-wide ATAT meetings began holding meetings regularly in October and November 2018. Enhancements to the regional ATAT meetings are: regional ATAT teams modified their meeting structure to ensure stakeholders are involved in the meetings; regional leads are tracking measurable action steps for barriers identified in their regions with their cases; and regional leads are ensuring the feedback loop is improving by tracking when action steps are completed, and determining if further action is needed to resolve a barrier. Enhancements will be made to the ongoing Quad 1 dashboard to better identify outliers associated with quad 1 children. Leadership is also evaluating the current definition of quad 1 children to determine if the definition of that particular cohort of children needs to be revised.

## 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 1/10/2014 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. "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.

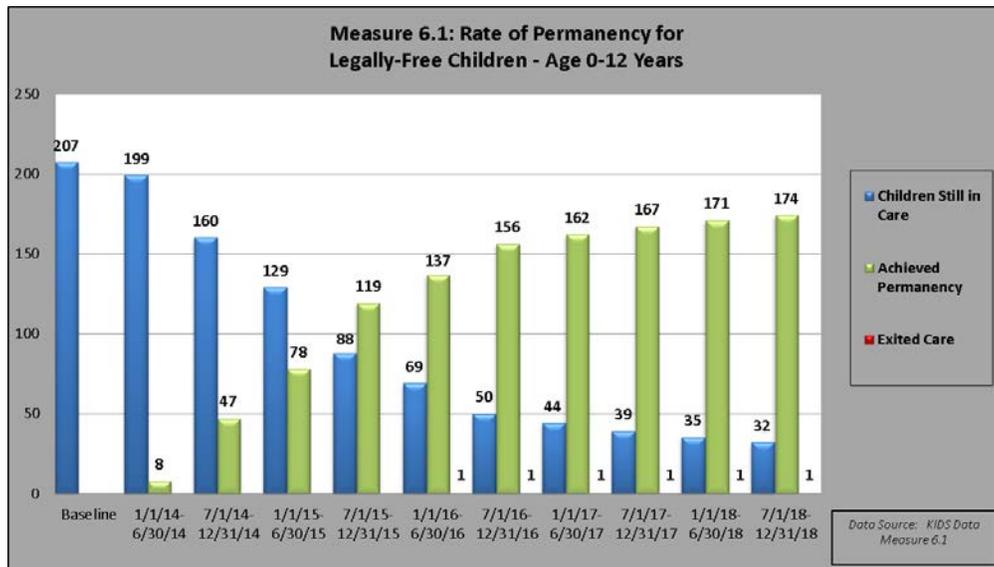
**Numerator:** The number of Quad 2 children with a case plan goal of adoption who achieved permanency.

### Trends

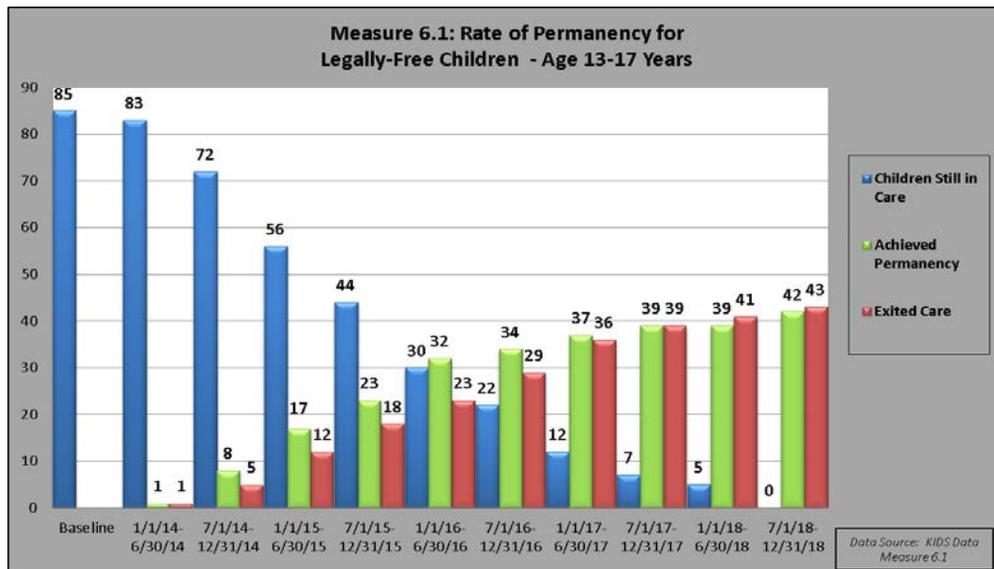
Reporting Period	Population	Numerator	Denominator	Result
Cohort Baseline 1/10/14				292 Children
1/10/2014 – 6/30/2014	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	8	207	3.9%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	1	85	1.2%
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%
7/01/2016 – 12/31/2016	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	156	207	75.4%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	34	85	40.0%
1/01/2017 – 6/30/2017	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	162	207	78.3%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	37	85	43.5%

7/01/2017 – 12/31/2017	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	167	207	80.7%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	39	85	45.9%
1/01/2018 – 6/30/2018	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	171	207	82.6%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	39	85	45.9%
7/01/2018 – 12/31/2018	All Quad 2 children age 0-12 as of 1/10/14 with a case plan goal of adoption	174	207	84.1%
	All Quad 2 children age 13 or older as of 1/10/14 with a case plan goal of adoption	42	85	49.4%
Target		90.0% (Age 0-12)	80.0% (Age 13+)	

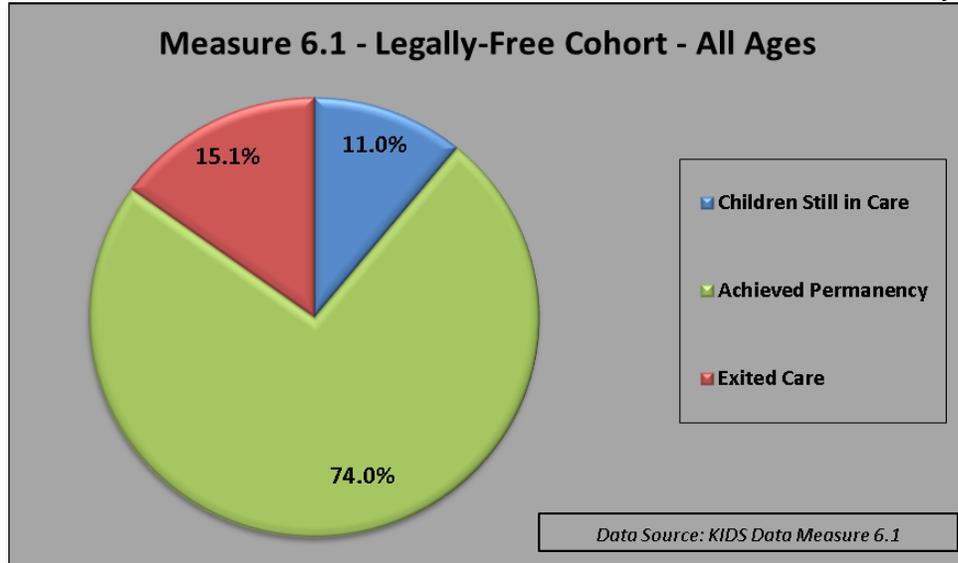
Section 2, Table 6.1-1



Section 2, Graph 6.1-1



Section 2, Graph 6.1-2



Section 2, Chart 6.1-1

**Commentary**

Of the 292 children in the original cohort from 1/10/2014, a total of 216 children or 74.0 percent achieved permanency, 44 children or 15.1 percent left care to non-permanent exits, and 32 children remain in care.

As of 12/31/2018, for the cohort of 207 children, age 0-12 who were legally free without an identified placement, 174 or 84.1 percent reached permanency. Of the remaining 32 children age 0-12 in care, they have the following case plan goals: 29 children with a case plan goal of adoption; one child with a case plan goal of guardianship; and two children with a case plan goal of planned alternative placement. Of the 67 children that were 6 years old or under as of 1/10/2014, 61 children achieved permanency as of 12/31/2018 which exceeds the overall target of 90.0 percent for those children 6 years and under. Of the 140 children age 7-12, a total of 113 children or 80.7 percent have achieved permanency.

For the cohort of 85 youth, age 13 or older who were legally free without an identified placement, 42 or 49.4 percent reached permanency. All 85 youth in the cohort have exited care through permanency or a non-permanent exit.

Adoptions Transition Unit (ATU) staff are assigned to each Quad 2 child to diligently assist children in achieving permanency. As of 12/31/2018, ATU was meeting workload standards at a rate of 98 percent, with only one worker over standard in the 'close' category. These lower caseloads are expected to allow ATU staff to engage and be more active with their assigned youth; participate in more trainings; and remain involved or connected to trial adoptive placements longer to assist with any ongoing or emerging needs, even when ATU is not carrying the lead on the case. Child Welfare Services (CWS) believes the lower caseloads will increase job satisfaction and employee retention. During this reporting period, three ATU specialists resigned and left the agency, and one ATU supervisor retired, for a total of 14 ATU staff who left their ATU positions since integration October 2016. ATU hired three specialist staff and gained one reallocated temporary position during this reporting period. As of this report, ATU has one vacant specialist position and one vacant supervisor position, with one person on a graduated workload.

ATU is working with the Foster Care and Adoptions (FC&A) leadership team along with the Communications team to streamline adoption event planning and preparation, and statewide staffing presentation and follow-up. Currently, three statewide adoption events are held each year that are designed for any waiting child, and one event per year that is focused on teens. CWS is expanding this to include two additional events per year, allowing for a general adoption event to be held in each region of the state. Feedback from families indicate the size of the events make it difficult to find and spend time with the children they are interested in. ATU will be adding one, if not both, additional events in



**Section 2, Table 6.1-1**

During this reporting period, ATU completed Adoption Efforts Staffings on 21 children. Of these, 12 were completed on baseline cohort children who were children 13 and older. One of the six lead ATU specialists became the main facilitator for this strategy effective May 2018 for ongoing sustainability. This strategy was implemented in August 2017 and as of this reporting period, the strategy seems to be effective in bringing together the decision-makers for a child's case and fostering team decision-making. Ongoing efforts with this strategy may require adding another of the lead ATU specialists to assist.

ATU workers were supported to participate in the most difficult cases by completing the NTI Adoption Competency Training through the Center on Adoption Support and Education, which all ATU workers completed. Additionally, ATU uses this as an onboarding training for new staff, in conjunction with CORE or for current agency staff who have not yet completed it. Elements of this training are discussed at each monthly team meeting across the state, as well as during quarterly full staff meetings. The training is foundational to the work of ATU, and educates and empowers staff to learn more about what is happening with their children, and advocate for their needs. Common barriers ATU has seen from participating on treatment teams at acute and residential facilities include youth working through trauma related to maltreatment, grief, and anger at past failed potential adoptions, loss of family of origin, and mental health diagnoses.

As of 11/1/2018, modifications were made to the protocol to transition Quad 2 children into trial adoption (TA). When a family is having pre-placement visits with a child designated as Quad 2, after being authorized for adoptive placement and having received full disclosure, a conference call/staffing is held prior to entering the child into TA status. The call's purpose is to determine which specialist will carry the case throughout the TA period until finalization. The case's assignment will be determined by which specialist has a more complete understanding of the complexities of adoption-related family issues, and the prioritization of information based on the family and child's needs with consideration given to the long-term needs of the child and family based on placement and disruption history, trauma history, articulated understanding of adoption, and past and current behaviors that demonstrate need. Consideration will also be given to which specialist can best meet the emerging family's complex needs, has knowledge and understanding of adoption-specific supportive resources, as well as an examination of the relationships between the specialists and the child and family involved.

Due to increasing numbers of children needing to be statewide staffed, ATU began in October 2018 conducting quarterly in-person statewide staffings and two monthly phone staffings, which allow for more time to share information about each child. An added benefit of the in-person staffings is that videos and other handouts are presented to staff in attendance. So far, this approach has been well received, with over half of the children staffed in-person presented with videos.

In the summer of 2018, ATU collaborated with Oklahoma Successful Adulthood to complete permanency focus groups with youth in two group homes and with the Oklahoma Foster Youth Alumni Board to revamp some of the tools specifically for use with older youth to assist them in thinking about and discussing permanency. The two focus groups resulted in a definite need to modify tools to better reach and engage with older youth in care; thus, a committee of ATU lead workers was formed to continue drafting and developing the modified tools.

ATU will continue to partner with Resource staff on discussions with both kinship and other resource parents of Quad 2 children and youth about barriers to providing permanency. These intentional and customized team conversations with relatives and kinship families are to barrier bust hesitations exhibited by families, as well as explore other family who may provide legal permanency. Continuing efforts by ATU and other partners to further identify people important in the youth's life will be incorporated into new programmatic processes currently in development to increase permanency possibilities for children and youth within the Quad 2 cohort.

In an effort to increase documentation quality and capabilities, ATU and KIDS management have formed a workgroup to develop a KIDS dashboard specific to Quad 2 children, and reconfigure KIDS screens to more accurately capture adoption efforts. This dashboard is anticipated to be available for staff by summer of 2019.

## 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

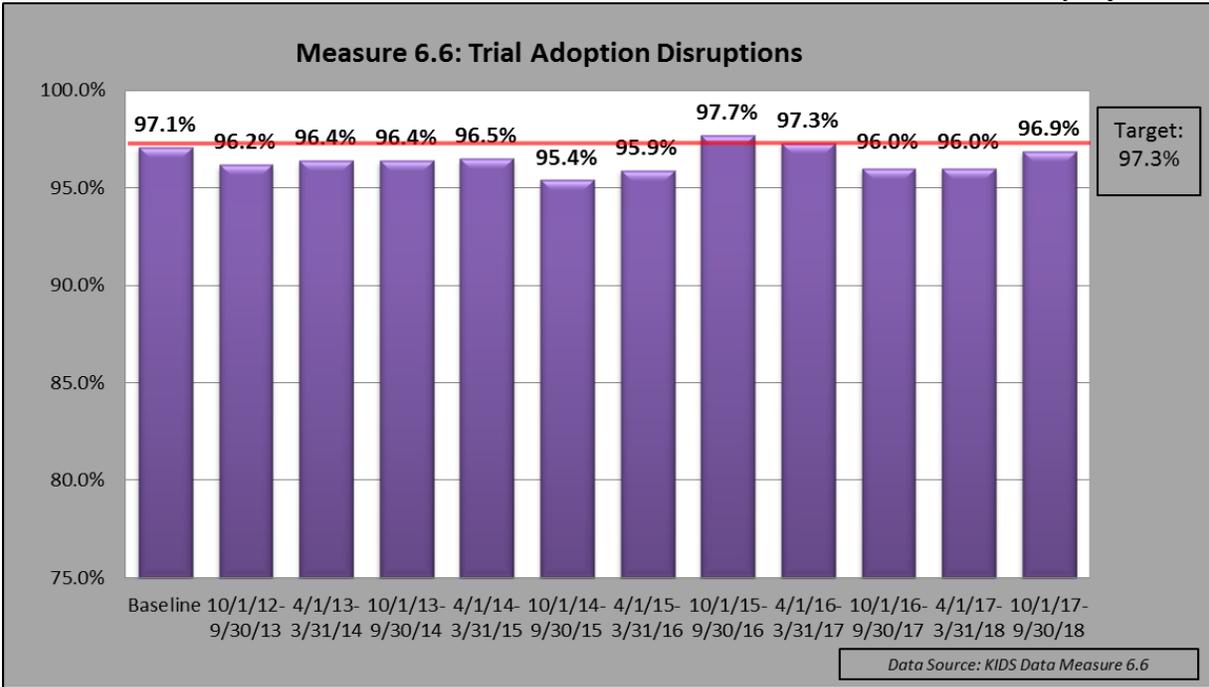
**Denominator:** Number of children that entered trial adoption from 10/1/2016 through 9/30/2017.

**Numerator:** Number of children that entered trial adoption from 10/1/2016 through 9/30/2017 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 from 10/1/2010 – 9/30/2011			97.1%
10/1/2012 – 9/30/2013	All children who entered TA from 10/1/2011 – 9/30/2012	1,433	1,489	96.2%
4/1/2013 – 3/31/2014	All children who entered TA from 4/1/2012 – 3/31/2013	1,366	1,417	96.4%
10/1/2013 – 9/30/2014	All children who entered TA from 10/1/2012 – 9/30/2013	1,195	1,239	96.4%
4/1/2014 – 3/31/2015	All children who entered TA from 4/1/2013 – 3/31/2014	1,252	1,297	96.5%
10/1/2014 – 9/30/2015	All children who entered TA from 10/1/2013 – 9/30/2014	1,477	1,549	95.4%
4/1/2015 – 3/31/2016	All children who entered TA from 4/1/2014 – 3/31/2015	1,938	2,020	95.9%
10/1/2015 – 9/30/2016	All children who entered TA from 10/1/2014 – 9/30/2015	2,138	2,189	97.7%
4/1/2016 – 3/31/2017	All children who entered TA from 4/1/2015 – 3/31/2016	2,337	2,403	97.3%
10/1/2016 – 9/30/2017	All children who entered TA from 10/1/2015 – 9/30/2016	2,413	2,513	96.0%
4/1/2017 – 3/31/2018	All children who entered TA from 4/1/2016 – 3/31/2017	2,511	2,615	96.0%
10/1/2017 – 9/30/2018	All children who entered TA from 10/1/2016 – 9/30/2017	2,437	2,516	96.9%
Target				97.3%

Section 2, Table 6.6-1



Section 2, Graph 6.6-1

**Commentary**

Child Welfare Services (CWS) saw an improvement of 0.9 percent for this reporting period. For the current reporting period, 2,516 children entered into TA, with 2,437 or 96.9 percent not disrupting while in TA placement.

The following table shows the breakdown of Quad 1 and Quad 2 children with a disruption during this reporting period.

Trial Adoption Disruptions						
	# of Disrupted Cases	Total Cases	% Disrupted	# of Kids Disrupted	Total Kids	% Disrupted
Quad 1	19	1480	1.3%	35	2336	1.5%
Quad 2	39	126	31.0%	44	180	24.4%
<b>Total</b>	<b>58</b>	<b>1606</b>	<b>3.6%</b>	<b>79</b>	<b>2516</b>	<b>3.1%</b>

Data Source: Pinnacle Measure 6.6; Run Date: 11/10/2018

Section 2, Table 6.6-2

There were 35 of the 2,336 children in Quad 1 status that experienced a disruption in trial adoption and 44 of the 180 children in Quad 2 status experienced a disruption. Although CWS expects the rate of disruption to be much higher with Quad 2 children as many of these children are older with increased special needs, and placed with families where there was no previous relationship, CWS continues to look for ways to better support these placements.

To streamline processes, the behavioral health consultants (BHCs) referral form and the Post-Adoption field service worker (FSW) referral form were merged into one form creating the **Mental Health Consultant-Field Service Worker Combined Referral Form**. CWS continues to provide additional supports to adoptive families through participation of the BHCs at the time of disclosure for all Quad 2 children and Quad 1 children as requested. The BHCs participated either in-person or by phone in 67 adoption disclosures throughout the state during the months of April through September 2018. They continue to evaluate the child’s special needs and past trauma, as well as the household dynamics of the prospective adoptive family, to help identify and access resources and supports for the newly established family. The BHCs are able to assist the family have a greater understanding of the child’s diagnosis and

possible triggers related to past trauma. Foster Care and Adoptions (FC&A) does not have a current tracking mechanism but is in communication with KIDS to determine a way to track BHC attendance. At this time, CWS is unable to determine whether BHCs' participation has impacted whether or not a child experiences a disruption but is currently following up with the KIDS data team to determine a way to track this information.

CWS continues to work with AdoptUSKids to enhance staff skill level in writing profiles for Quad 2 children. This should assist in the matching process as well as give families a more accurate description of waiting children. As stated above, in October 2018, CWS began having quarterly in-person statewide staffings for adoptive placement along with two staffings a month during the other months of the quarter. This allows for additional time to share more information about each child, including showing videos of more than half of the children who were filmed.

A review was completed of 64 adoptions that disrupted in the first nine months of State Fiscal Year 2018. A retired Department of Human Services (DHS) employee with a Master of Social Work and extensive experience in child welfare and research who is working part time, along with a University of Oklahoma (OU) School of Social Work employee who is currently a graduate researcher are leading this work. At this time, only anecdotal information has been obtained and no systemic issues were identified to further define insufficient services; however, in reviewing the work that was completed the OU employee is in the process of getting the needed agreements between DHS and OU to expand the work to two years of data. Expanding the sample size will allow for a more comprehensive and valid statistical analysis to better understand the phenomenon of adoption disruption within Oklahoma.

According to DHS' OU partner, there is not much research-based information available regarding adoption disruptions, with what is available being from 10 years or more in the past. Much of the information has not been validated. CWS wants to take a leadership role in looking for answers.

Following the necessary agreements between OU and DHS, the form will be expanded to include more research-informed variables to give a more grounded understanding of the data. CWS anticipates this work will produce the information needed to better understand and guide the training necessary to support these families.

Based on early information obtained through this review, CWS made some modifications in regard to assignment of staff when transitioning Quad 2 children into trial adoption. As of 11/1/2018, following authorization, disclosure and during the time a family is having pre-placement visits with a child who is designated as Quad 2, a conference call/staffing will be held prior to the child's placement in trial adoption. The child's Permanency Planning specialist and supervisor, Adoption Transition Unit (ATU) specialist and supervisor, and the Resource specialist and supervisor assigned to the family will be on the call. The purpose of this call/staffing is to determine which specialist will carry the case for the six-month trial adoption period, or until the family finalizes the adoption. Several things will be considered including the relationships with the child and family, which specialist can best meet the emerging family's complex needs and has the knowledge and understanding of adoption specific supportive resources, along with consideration given to the long-term needs of the child and family based on previous placements, disruptions, and trauma history.

At this time, a specific training for the specialist taking the lead during trial adoptions is not planned. Current programs trainings provide the skills to know how to respond to the needs of families and children during trial adoption. A multi-disciplinary approach takes place within the programs to provide assistance to those acting as the lead specialist to ensure children and family's needs are met. ***CWS Numbered Memo 18-10 Preparation for and Transition into Trial Adoption Status – Quad 2 Children Guidance*** was provided statewide to all CWS staff in October 2018. The ***Quad 2 Transition to Trial Adoption*** flow chart further details the process and was provided to all CWS staff in October 2018.

FC&A leadership provided training on 10/29/2018 to more than 100 Resource staff assigned to working with adoptive families and ATU staff regarding the disclosure process, pre-placement visits, and the purpose and development of the adoption post-placement service plan (APPSP). This training was to build staff knowledge and skill level regarding the placement process and meeting the needs of the newly established family.

The training included the referral for a Post-Adoptions Services field worker and a behavioral health consultant to be involved in the disclosure process. Information regarding the process of determining which worker will take the lead in supporting the family during the trial adoption period of Quad 2 children was also covered during this training.

To better understand struggles from families in regard to adoption placements, Post-Adoptions Services began sending out surveys to adoptive families during their annual review beginning in September 2017. The information was compiled manually and only anecdotal information was derived from the surveys. The staff began working with the Office of Performance, Outcomes, and Accountabilities to get the surveys into an electronic format that would then be available for families to complete online as well as provide CWS a way to compile the data to identify needs and to look for trends in practice. The electronic version went live in January 2019 following an update to the annual review form to include the survey link. Post-adoptive families receive the survey link with their annual review form, which gives them an opportunity to share their experiences with CWS.

Follow-up plans include re-examining the questions and gathering information from stakeholders, including members of the Foster Care and Adoption Association of Oklahoma and the Foster Care Ombudsman to better inform practice, as well as working with CWS' internal data team to develop the needed tools to analyze the data further. CWS hopes to have some preliminary information for the next semi-annual report based on the feedback received from post-adoptive families.

## 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 9/30/2016.

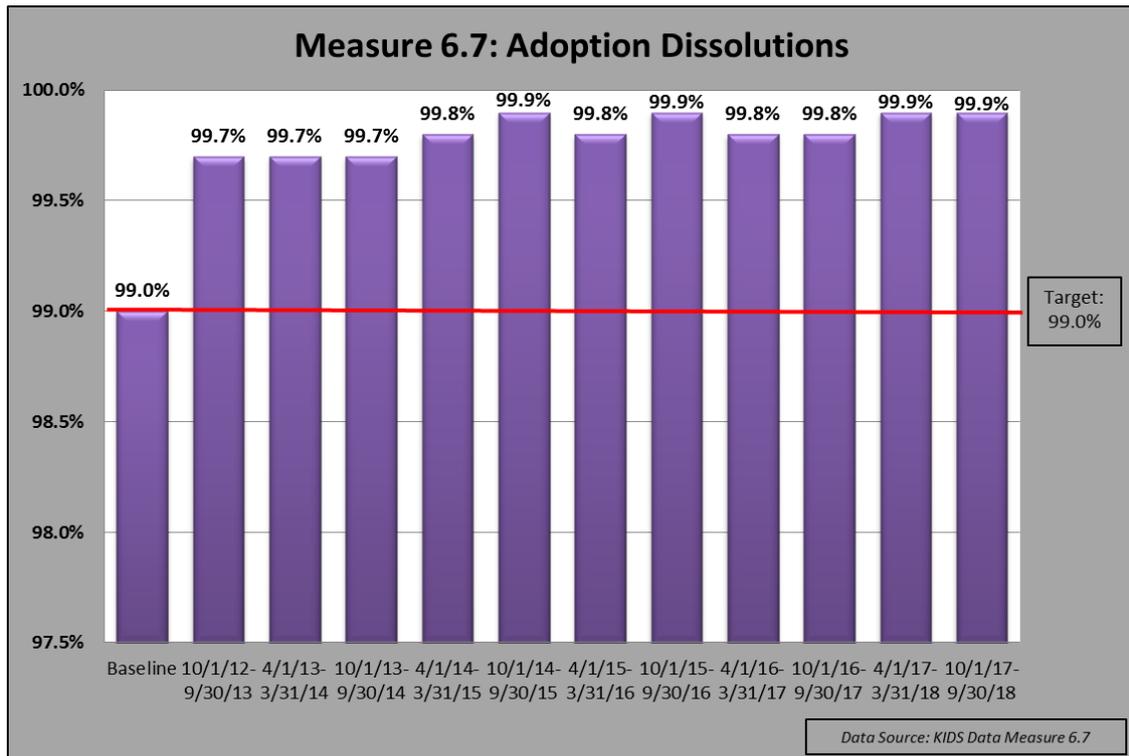
**Numerator:** All children who had a legalized adoption during the 24 months ending 9/30/2016 that did not dissolve in less than 24 months.

### Trends

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

10/1/2015 – 9/30/2016	All children with a legalized adoption from 10/1/2012 - 9/30/2014	2,737	2,741	99.9%
4/1/2016 – 3/31/2017	All children with a legalized adoption from 4/1/2013 - 3/31/2015	3,086	3,093	99.8%
10/1/2016 – 9/30/2017	All children with a legalized adoption from 10/1/2013 - 9/30/2015	3,647	3,655	99.8%
4/1/2017 – 3/31/2018	All children with a legalized adoption from 4/1/2014 - 3/31/2016	4,312	4,317	99.9%
10/1/2017 – 9/30/2018	All children with a legalized adoption from 10/1/2014 - 9/30/2016	4,721	4,727	99.9%
Target				99.0%

Section 2, Table 6.7-1



Section 2, Graph 6.7-1

**Commentary**

Child Welfare Services (CWS) continued to exceed the goal of a 99.0 percent success rate for adoption stability with less than 0.1 percent in dissolutions. There were 4,727 children with a legalized adoption during the 24 months ending 9/30/2016 and 4,721 or 99.9 percent of those adoptions did not dissolve within 24 months. During this reporting period, an additional 410 children had finalized adoptions compared to last reporting period. Six children disrupted from six separate adoption finalization cases. The average amount of time before dissolution was 13 months.

The Post-Adoption field services worker (FSW) continues to participate in the disclosure with families adopting Quad 2 children or high-risk Quad 1 children upon request of the Resource specialist. The goal is to build a supportive relationship with the family, so if they have needs following the adoption, they will be familiar with their Post-Adoption worker and can reach out for assistance.

## SECTION 3. Capacity Indicators

### 2.1: New Family Foster Care Homes

#### Operational Question

How many new foster homes, including Foster Family Homes and Supported Foster Homes were opened during State Fiscal Year (SFY) 19?

#### Data Source and Definitions

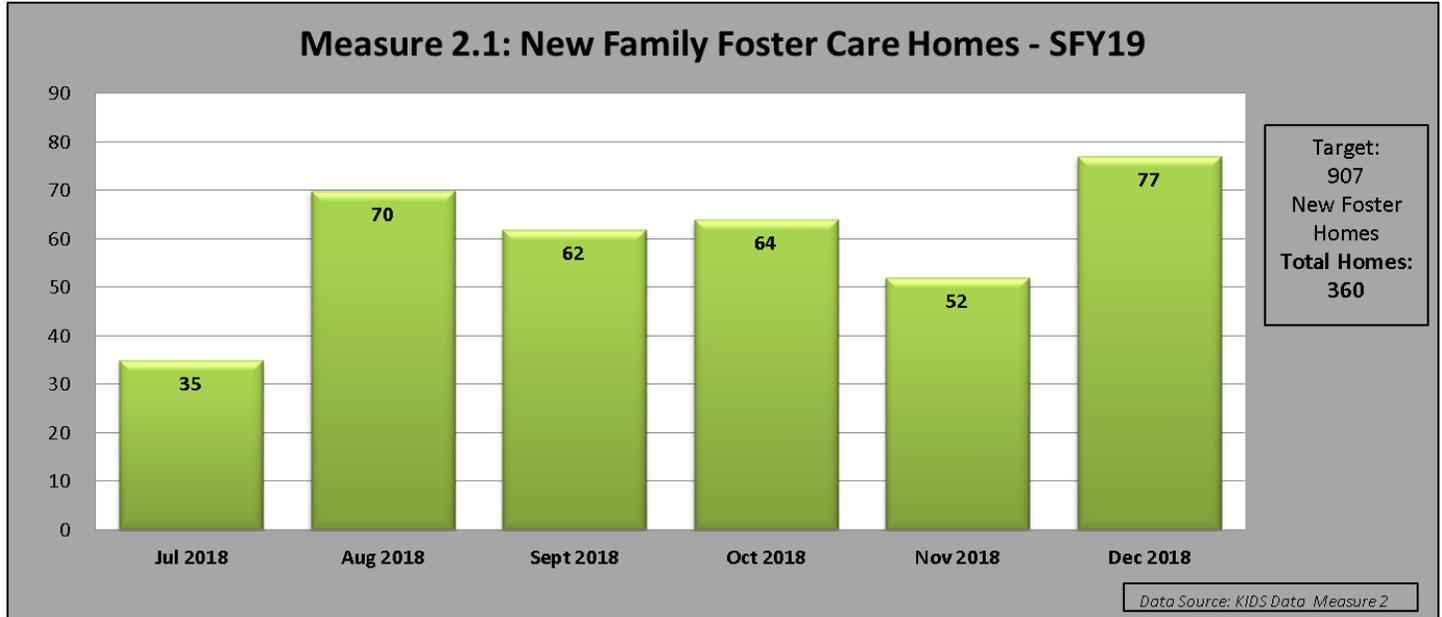
Total count of new foster homes includes all Foster Family Homes and Supported Foster Homes by the month that the family assessment was approved using the agreed upon criteria. As of 7/1/2014, this measure does not include Kinship, Contracted Foster Care (CFC) Homes, Emergency Foster Care (EFC), Shelter Host Homes (SHH), Adoptive, or Tribal Foster Homes.

#### Trends

Reporting Period	Population	Result	
SFY 19 Baseline		1,979 Foster Homes open as of 7/1/2018	
7/1/2013 – 12/31/2013	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the first half of SFY 14	346 Homes	763 Total Homes opened in SFY 14
1/1/2014 – 6/30/2014	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the second half of SFY 14	417 Homes	
7/1/2014 – 12/31/2014	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 15	409 Homes	780 Total Homes opened in SFY 15
1/1/2015 – 6/30/2015	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 15	371 Homes	
7/1/2015 – 12/31/2015	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 16	387 Homes	1,080 Total Homes opened in SFY 16
1/1/2016 – 6/30/2016	All Foster Family Homes and Supported Foster Homes opened during the Second half of SFY 16	693 Homes	
7/1/2016 – 12/31/2016	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 17	431 Homes	884 Total Homes opened in SFY 17
1/1/2017 – 6/30/2017	All Foster Family Homes and Supported Foster Homes opened during the Second half of SFY 17	453 Homes	
7/1/2017 – 12/31/2017	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 18	365 Homes	728 Total Homes opened in SFY 18
1/1/2018 – 6/30/2018	All Foster Family Homes and Supported Foster Homes opened during the Second half of SFY 18	363 Homes	

7/1/2018 – 12/31/2018	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 18	360 Homes	360 Total Homes opened in SFY 19 (Year-to-Date)
Target		907 New Foster Homes opened by 6/30/2019	

Section 3, Table 2.1-1



Section 3, Graph 2.1-1

**Commentary**

As of 12/31/2018, Child Welfare Services (CWS) opened 360 CWS Foster Family Homes and Supported Foster Homes that were counted as new according to the Pinnacle Plan criteria. The target for new homes by the end of SFY 19 is 907 homes. CWS achieved 39.7 percent of the SFY 19 target for new homes. 1,979 homes were open as of 7/1/2018. During SFY 19, 427 homes were opened and 460 homes were closed, leaving 1,946 homes open as of 12/31/2018 for a net loss of 33 homes. 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 or homes open to provide respite-only care. Homes that move out of state are included through the end of the current SFY but will be excluded for the starting baseline for the next SFY. Efforts will continue to achieve the target goal for new homes; however, statistics from December 2013 to December 2018 show CWS reduced the number of children in out-of-home care by 2,650 and added 353 new homes during this same time period.

**Recruitment & Retention**

In August 2018, the Foster Care and Adoptions (FC&A) Recruitment field administrator assumed leadership of all 10 Recruitment units throughout the state. In September 2018, recruitment plan training was held for all Recruitment staff and plans were developed based on KIDS data regarding the demographics of children in custody, current foster parents, as well as children placed outside of their home county and sibling separations. In addition, each unit incorporated retention activities as part of their recruitment plans. Each unit throughout the state was given a specific recruitment goal for their unit and region. Recruitment plans were updated 12/1/2018 with additional information and changes.

As of December 2018, CWS Recruitment Units opened 201 new foster homes, meeting 49 percent of the DHS recruitment goal of 410 homes. The FC&A Leadership continually evaluates the number of new homes recruited as well as the recruitment events and activities occurring throughout the state. Oklahoma County is consistently below their

goal in development of new foster homes; however, according to data (Source: Y1768R), they continue to have the highest number of adopt-only applicants throughout the state. For December 2018, Oklahoma County held 25 percent of the adopt-only applicants in the state, approving 29 percent of those adoptive homes. CWS recruitment staff's efforts are not only reflected in the number of homes they are able to approve, but also the number of homes that are assessed and cannot be approved. From July 2018 - December 2018, 47 foster family applicants were denied due to safety reasons, issues, or concerns.

Recruitment plans for SFY 19 are in progress for all 14 resource family partner (RFP) agencies with an overall projected recruitment of 497 homes. At the end of December, the RFPs had a total of 159 new homes, thus meeting 32 percent of their recruitment goal. Updates for recruitment plans are provided to CWS quarterly with the first updates provided in October. Recruitment conference calls were set up with each RFP to identify and discuss strategies for foster home recruitment. The RFPs cited a number of issues that they believe impacts their success, including staff turnover; the number of entities recruiting for foster families; the time it takes for initial approval, including waiting for out-of-state and military background checks; the time involved in developing a recruitment plan takes away time staff could actually be recruiting; and for a few RFPs delays from CWS in returning necessary documentation to proceed with the foster home assessment. CWS continually reviews practices to streamline the approval process and assess the requirements and practice involved, and followed-up with the agencies experiencing delays in getting documentation from CWS RFP staff, to resolve those issues.

Follow-up contact continued with supported foster parent applicants who were in the approval process for over 90-calendar days. From April 2018 through September 2018, 27 families were surveyed. Sixteen families reported that it was their personal choice to move slowly through the approval process. Of the remaining 11 surveys, one survey was a duplicate; one family had an issue scheduling training; one family reported the amount of paperwork is lengthy; one family needed to fix items in their home; one family needed a reference; and six families had issues with their RFP agency. Three of the six were with one RFP and the other three were with another RFP. The issues or concerns were provided to the RFP, so they could work with the family to identify a solution.

Recruitment Units continue to partner with Oklahoma Fosters on several events throughout the state. In September 2018, CWS Recruitment along with RFP Recruitment staff, TFC Recruitment, Developmental Disabilities Services (DDS) Recruitment, and Oklahoma Fosters partnered to provide information at the Tulsa State Fair and Oklahoma State Fair. These two events resulted in 80 inquiries, after over 3,500 fliers were handed out and 500 welcome booklets were given to interested families. To further collaborations, Region 4's CWS recruiters met with RFP Recruitment staff in December 2018 to discuss ways to combine efforts and how to work together to produce the better results and increase foster home placements throughout the state. This group plans to continue meeting to develop a stronger partnership to more effectively recruit and retain foster families.

Recruitment Units are intentionally focusing efforts on foster home retention in addition to recruitment of new homes. In September 2018, Tulsa County Recruitment staff assisted the Child Protection Coalition in hosting their annual foster parent conference. Region 4 Recruitment Units were involved in working with the Leflore Baptist Association to host a foster parent retreat that offered foster parents an opportunity to receive training hours while children were provided with fun camp activities during the day. Oklahoma County hosted a recruitment and retention fair for foster parents in September 2018, featuring local resources and supports for foster families, as well as information for new families. The fair also provided a presentation about Post-Adoption Services with Post-Adoption staff available to answer questions and provide support to those families who are planning to or have adopted through the Department of Human Services (DHS).

In October 2018, FC&A Leadership explored how the number of adopt-only resources, families who only want to adopt and not foster, recruited could impact CWS efforts to recruit additional foster care resources. As of 11/16/2018, 301 adopt-only resources were documented as available for any child; 263 documented as adoption/non-related; 19

documented as adoption/foster parent; and 10 documented as relative/kinship. Of these resources, 144 were approved for one year or longer.

Between 10/01/2016 through 09/30/2018, 519 adopt-only resources closed without entering trial adoption. The average number of days from family assessment approval to closure was 413. Of these resources, 160 experienced at least one authorization. Of the adopt-only resources opened between 10/01/2016 through 09/30/2018, 29 percent experienced trial adoption while 71 percent closed without a trial adoption. FC&A Leadership will continue to develop questions from this data and how recruitment efforts are impacted. Preliminary questions raised are:

- Is CWS recruiting the right adopt-only homes to meet the needs waiting children?
- How can CWS further enhance its adoption matching process between children and adopt-only families?
- How can CWS bolster its service and support array to increase the number of adopt-only families who experience a trial adoption and adoption finalization?

While CWS efforts to recruit new foster homes are measured in good faith efforts, CWS recruitment efforts also include adopt-only resources to positively impact permanency outcomes for children.

FC&A Leadership research to enhance the matching process included Family-Match, which was implemented by Florida Child Welfare Services in the summer of 2018. Family-Match is a web-application which allows adoption families to create online profiles for potential matching with children waiting for adoption. The child's assigned specialist completes a questionnaire of certain characteristics with the child, when developmentally able, and enters into Family-Match. Family characteristics include personalities, marital adjustment, expectations, and more. For kids, previous foster experience, behaviors, and resiliency factors are considered. Family-Match advertises the compatibility markers allow discovering and matching compatible families and kids, which increases placement stability and achieves better permanency outcomes. On 11/7/2018, the Child Welfare Services Executive Team attended a presentation of Family-Match by its developers. At this time, DHS Leadership decided to postpone pursuing a partnership with Family-Match because DHS would like to determine if OK Benefits has the capability to replicate the technological features of Family-Match to further enhance the matching process.

CWS is also looking for models of fostering to adopt, as the majority of adoptions through CWS are by kinship and foster families. FC&A integration was a step in this direction; however, CWS is exploring whether there are ways to enhance the current model and develop more families willing to provide foster care on their journey to adopt.

Special Needs Recruitment

The Specialized Recruitment Unit formerly titled "Integrated Family Services" transferred under the Oklahoma Fosters umbrella in October 2018. The Unit is dedicated to finding foster families for children in care that have higher level of care needs and specifically recruiting for Specialized Foster Care (SFC). The Unit's initial goal is set for 22 SFC homes within calendar year 2019. Currently, 18 children are placed in DDS placements and there are 34 DDS homes. Thirty-four children are identified for DDS and not in DDS homes, but some have not been approved for DDS at this time. Of the 34, seven have potential placements.

The Unit was restructured following its move to OK Fosters. The Unit has two staff with three open positions and should be fully staffed by March 2019. This group will interact in different ways with the public and families to find these children homes. Overall efforts will include: marketing and rebranding of specialized recruitment materials; town hall meetings; collaborative meetings; listening tours; recruitment events; and presentations to educate potential foster families. A few examples of the efforts initiated between October and December 2018 include:

- finalized marketing materials for specialized recruitment;
- public service announcements developed earlier in the year running statewide;
- participation at the Oklahoma Statewide Autism Conference;
- dissemination of a foster care flier within the utility bill in Norman and Blanchard. This effort reached 38,500 Norman residents and more than 3,000 Blanchard residents;

- delivered 100 seasonal flyers to The Patrick Lynch Public Library;
- addressed Poteau’s Holiday Market and engaged with 60 attendees;
- distributed flyers to Arvest Bank for dissemination in their lobby; and
- a team member played Santa for children with disabilities at an event in Sallisaw. Recruiters then discussed Specialized Foster Care and the need for families.

### Targeted Recruitment Unit

In October 2018, Oklahoma Fosters created the Targeted Recruitment Unit. This Unit is focused on children placed at the J.D. McCarty Center (JDMC) and other congregate care settings, specifically those that might be medically fragile or who might qualify for assistance from DDS. This Unit distributes weekly reports concerning custody children in regard to JDMC. The report tracks and serves not only those children currently placed at JDMC, but also children: who exited care; are on the waiting list for admission; are scheduled to be screened for eligibility; and were determined to not meet criteria for admission. The report is updated weekly and sent to CWS and DDS leadership. An Oklahoma Fosters team member attends and advocates for children in DHS custody at the Admission Review Committee meeting for J.D. McCarty Center, the psychological and behavioral review meeting, and patient staffing.

The team lead coordinates monthly staffing of all custody children placed at J.D. McCarty, serving as a liaison between various entities including, but not limited to, CWS, DDS, J.D. McCarty, and placement providers. This allows Oklahoma Fosters to assist in the facilitation of initial visits, subsequent meetings, and trainings with potential placement providers. Moving forward, the Targeted Recruitment Unit will engage in strengthening communications with facilities and CWS staff, work to find appropriate families for children in DHS custody, increasing the timeliness of placements for children with special medical needs, and ensuring those placements are made with the best possible family.

### **OK Fosters**

#### Foster Family Elite Cards and Business Partners

OK Fosters continued to partner with businesses around the state to provide benefits exclusive to Oklahoma foster parents. The Foster Parent Exclusive Benefits Program allows business partners to offer services, discounts, or other benefits which can make it easier for families to provide food, fun, and educational activities for the children in their care. During this reporting period, 38 new business partners were added with benefits that include: discounted tickets to theme parks, percentage off clothing and accessories, discounted gym membership fees, photography, construction, and more. As of 12/31/2018, 4,531 cards were issued to current foster families.

#### Welcome Packets

Over the past several months, Oklahoma Fosters developed a foster parent welcome packet that will be mailed to new traditional, kinship, therapeutic, and specialized foster homes as a source of additional supports, information, and discounts. This packet was developed through input from OK Fosters, the RFPs' executive directors, and the Foster Care Association of Oklahoma board and includes: a welcome letter, a foster parent exclusive benefit card, the YMCA benefit flier, Foster Care Supports Breakdown, Foster Parent’s Bill of Rights, Foster Child’s Bill of Rights, What Does That Stand For? (Acronym List), Frequently Asked Questions, Informal Sharing Guides, Emergency Contact Guide, and Life Book Movement. In addition, seasonal information such as fall festivals, upcoming conferences, Mathis Brothers discounts, as well as other helpful information and resources will be added, when appropriate.

### **Communication and Supports**

To ensure families have the support needed during a crisis, a number for the statewide mobile crisis stabilization was sent out to all CWS staff and to families in October 2018. The information was provided as a resource reminder to resource families during the November monthly contact and was placed on the OKFosters website. CWS learned the number of calls was tracked through the program. A meeting is scheduled in February to further explore what information can be collected from the calls as well as an understanding of the outcomes related to the use of the mobile crisis stabilization service.

Tulsa Advocates for the Protection of Children (TAPC), a community partner in Region 5, is working to secure funding to begin a mentoring program for foster parents. FC&A Leadership was involved in this process with the TAPC executive director. If funding is secured, TAPC will employ a programs director for the mentoring program and utilize the foster parent mentoring program through the University of Kentucky. The mentoring program is tentatively scheduled to begin in Tulsa County and contiguous counties and as funding allows expand statewide.

In 2018, CWS explored ways technology could improve the placement process for traditional foster care, which could improve retention. CWS is finalizing the legal contract to implement the Actovos Placement Mobile Application. Actovos was designed to decrease the time and energy spent locating the right foster family for a child in custody with more precision in identifying the ideal family who best meets the child's needs. The goal is for the mobile and web applications to allow CWS staff and RFP agencies to quickly identify and contact potential foster parents using its built-in geo-location.

Workers will search the address of a child who entered the system, and then be able to identify families in the same community, school district, or county that may be willing to take the child, as well as search a variety of home/family metrics. The worker will then be able to send a text message, robo-call, or both to all of the selected families that meet the specified criteria. Families will receive the message, stating the child's gender and age, and then have the option to reply 'yes' or 'no.' Individuals who reply 'yes' will be contacted by a worker. Once a family is selected, other families who expressed interest in the child will be notified through a robo-call or text that the child found a safe home. This message will also express appreciation for their willingness to help and assist CWS with follow-up.

A workgroup of RFP, Placement Line, and CWS field staff was assembled to develop a practice protocol for Actovos implementation. Actovos does not replace the telling of the child's story or critical thinking but will save time and resources. As of January 2019, DHS Leadership, including Legal Division, Oklahoma Fosters, KIDS, and the Information Security Administrator, are reviewing the contract and other legal documents. The tentative plan is to pilot Actovos in Region 1 before statewide implementation in 2019.

CWS is also working with the OKBenefits team to build a portal for individuals/families interested in applying to become a foster or adoptive family. The plan for the portal includes the ability to submit their application, forms, and documents online. This convenience for the applicants will also minimize redundancy and the opportunity for misplaced paperwork. The OKBenefits programming rollout will begin as early as summer 2019 and continue for the next several years. DHS anticipates the portal will be one of the earlier efforts in this new information technology system.

CWS continues to collaborate with the faith community through the CarePortal. From 7/1/2018 to 12/31/2018, 783 children benefited from requests that were met by churches. The estimated dollar value of these requests was \$62,078. No new counties were added during this time period; however, there are plans to launch Sequoyah, Lincoln, and Pottawatomie Counties in the near future.

In partnership with the CarePortal, additional work is underway to develop a volunteer program. In May 2018, Tulsa County partnered with the CarePortal and The Church at Battle Creek to recruit volunteers. The vision is for volunteering to be a gateway for persons to become interested in applying to foster after gaining experience through interacting with children and families. Tulsa County Leadership learned CWS did not have a strong infrastructure in place to process the number of volunteers who applied, approximately 80-100 applicants, in a single event. As such, Tulsa County Leadership reassigned CWS personnel to partner with CarePortal to revitalize the volunteer program. On 1/30/2019, CWS and CarePortal are hosting a *Welcome Meeting* for approved and prospective volunteers. The CarePortal will provide dinner and informal child care. The *Welcome Meeting* will be facilitated by CWS, include an overview of giving opportunities, a tour of the office to familiarize the volunteers with the area, and a check of their file to ensure all requirements were completed and documented.

Tulsa County partnered with the 111 Project, the CarePortal, and The Church at Battle Creek to recruit emergency foster homes. CWS entered this effort with hopes that some of the families who began as emergency foster homes, would become traditional foster homes. Two of the families who started the process to do emergency foster care, converted to traditional foster care while in or shortly after the approval process. Through this recruitment effort, six families were interested in emergency foster care for Tulsa County. In Tulsa County, emergency foster homes are used as a placement option when all other efforts are exhausted. The Shelter Authorization form is completed by the child's assigned specialist and permission is given by the regional deputy director for use of the emergency foster home. Placement in these homes is for no more than five days unless it is the family's decision to keep the child beyond that time frame. Although few, these placements were helpful to avoid a shelter placement as well as keep staff and children from traveling late at night.

FC&A Leadership reviewed the "Treat Them Like Gold-Best Practice Guide to Partnering with Resource Families" from North Carolina and noted many similarities between it and Oklahoma's recent "Support is Everyone's Job" campaign. The information contained in both programs was determined to be something that needs to be visible to staff at all times and is kept at the forefront of practice. CWS is updating the "Support is Everyone's Job" materials to be available for distribution to the field.

The University of Oklahoma National Resource Center for Youth Services (NRCYS) supports and coordinates 11 CWS Family Support Network Groups in four regions. Network Support Groups were established and are active in the following counties; Sequoyah, Pottawatomie, Payne, Hughes/Seminole, Cherokee, Logan, Johnston/Murray/Carter/Love, Stephens/Jefferson, and three in Tulsa County. Network Support Groups and the families attending benefit from a strong partnership between local CWS staff and assigned NRCYS staff. The average monthly attendance for the 11 active groups is 106 adult participants. Development plans were finalized and Oklahoma County's Support Network Group will have its first meeting in the first quarter of 2019. Development activities, currently underway, will result in a total of 18 active Network Groups by 7/1/2019. Additional support groups are present in local communities statewide and are often attended by FC&A staff to support the families.

Tulsa County's Recruitment Units, along with NRCYS, are in the planning stages of beginning a Foster Parent Support group to target foster families who are new and open a year or less. The first meeting of this group is set for 2/11/2019. During this support group, families will be given information on navigating the child welfare system and guest speakers will be brought in to provide training in specific areas. Tulsa County Recruitment staff will be in attendance at each meeting.

Potential resource families continue to utilize online training to complete pre-service training requirements. From July through December, 773 participants enrolled in online training. 631 individuals completed the training, 112 withdrew, and 141 individuals are still in the completion process. The number of completions, withdrawals, and pending completions exceeds the number of enrollees due to carryover from earlier reporting periods. Feedback continues to be positive and families report that the training is interactive and useful.

The National Adoption Competency Mental Health Training Initiative (NTI) statewide implementation team (SIT) met in person for the last time in November 2018. The completion rate for the training of DHS staff in Oklahoma was 81 percent for workers and 75 percent for supervisors. Staff may have completed after the pilot end date of December 31, 2017, and additional staff have since enrolled and completed the training; however, this was not tracked as part of the pilot evaluation. Virtual meetings are being scheduled to go over the rollout of the training for mental health providers and an evaluation of the training. The pilot for mental health professionals in Oklahoma included 240 enrollees with 92 completions, or 38 percent, during the pilot. If the number of people who enrolled in the training but never started any of the modules is removed (n=88), then the completion rate increases to 61 percent. The completion rate across all sites was 69 percent. The NTI staff are looking at the barriers for participation and completion from the mental health community. Initial feedback indicates the loss of billable time as a barrier, even though the training is online at no cost. At the present time, CWS is still assessing how the training will be used going forward; however, all staff in FC&A

program area who have not completed the training, will do so. Because of the many priorities with staff responsibilities, the decision was made to allow a 12-month period for staff to complete the training.

During the October 2018 statewide leadership meeting, FC&A Leadership announced a new retention challenge that would involve all Child Welfare (CW) staff. On 1/2/2019, Oklahoma Fosters and CWS Leadership "tipped off" the Oklahoma Thunder (basketball) themed *Support is Everyone's Game-Foster Family Recruitment & Retention Challenge* through excellence in customer service. The six-month challenge, January – June 2019, is to encourage collaborative teamwork and a fun level of competition. *Support is Everyone's Game* is meant to reinforce the outstanding work happening within Oklahoma as well as provide exciting and new incentives for workers going above and beyond to provide foster parent support. The challenge has three elements, allowing CWS staff to develop personal, office, and regional "plays."

Oklahoma Fosters distributed a *Support is Everyone's Game* email to resource parents to encourage them to submit nominations for outstanding customer service. Oklahoma Fosters is also leading the social media efforts for the game with elements of it tied to DHS' Support is Everyone's Job Campaign. The Game allows CWS Leadership to message excellent customer service that foster parents have outstanding interactions with child welfare staff at all levels, both inside and outside the agency. From the administrative assistant who answers the phone all the way to the directors that oversee staff, each interaction is an opportunity to have a positive impact on the families in our care. When foster parents have these experiences, the result is families are happier, healthier, and more engaged.

Oklahoma was selected as a pilot site for the National Training and Development Curriculum for Foster and Adoptive Parents. Spaulding for Children, in partnership with Dr. Bruce Perry and the ChildTrauma Academy; The Center for Adoption Support and Education; the North American Council on Adoptable Children; National Council For Adoption; and University of Washington were awarded a five-year cooperative agreement from the Administration on Children, Youth & Families, Children's Bureau. This grant will be used to develop and then evaluate a state-of-the-art training program to prepare foster and adoptive parents to effectively parent children exposed to trauma and to provide these families with ongoing skill development needed to understand and promote healthy child development. The grant is currently in year two, which includes curriculum development with a plan to pilot the training in 2020.

**Closures**

The exit interviews with foster families that requested to have their home closed are conducted by the Foster Care and Adoption Support Center (FCASC). Foster parents who choose to close their resource due to medical reasons or moving out of the state or country were not contacted. FCASC staff were able to complete interviews with 93 of 156 foster parents whose homes closed between the months of July and November 2018. Exit interviews for resource parents who closed in December 2018 will be included in the next reporting period.

*Information Obtained from the Calls*

- 76 percent decided to no longer foster based on a family decision that was independent from their experience with CWS.
- 83 percent stated they would consider fostering in the future.
- 90 percent would recommend fostering/adopting with DHS or an RFP.

**Most Challenging Aspect of Being a Foster Parent**

- 42 percent reported that family expectations were the most challenging aspect of being a foster parent. This includes attachment with the foster children, working with biological parents, adjusting to fostering, and placement preferences not being met.
- 25 percent indicated working with the system was the most challenging part of being a foster parent. This includes general system issues, working with case workers, lack of information at placement, and paperwork.
- 14 percent stated the custody child's needs were the most challenging part of being a foster parent.
- 13 percent identified a lack of support as the most challenging part of being a foster parent.

Ways to Enhance their Experience as a Foster Parent

- 37 percent stated improved communication would enhance their experience as a foster parent.
- 24 percent stated more support would enhance their experience as a foster parent. This included access to resources, respite care, foster parent education, and CWS staff availability.
- 23 percent did not have any recommendations for CWS and/or resource family partner agencies to enhance the experience of foster parents.
- 17 percent recommended system changes to enhance their experience as a foster parent. This included staff training, staff retention, revising requirements, and court process improvement.

In October 2018, FC&A Leadership presented qualitative and quantitative data from foster parent exit surveys completed January - June 2018 to the statewide CWS Leadership Team. The data was filtered by region; each regional team was tasked to develop practice improvements and enhancements to improve foster parent customer service based on their individualized regional data. Exit survey data will continue to be provided to the CWS Leadership Team.

As an additional effort to retain quality foster families, CWS initiated a call by a supervisor or field manager to any foster home in good standing who requested closure of their resource home. This call was to identify if barriers to their continued foster care participation could be resolved and also to thank them for their service as foster parents. FC&A leadership provided guidance as to how to document these calls and a WebFOCUS report was developed to track the calls in July 2018. The report has some data limitations because in some instances the staff know the family closed due to not having additional room to provide care or other personal family reasons led to closing their resource that had nothing to do with their experience as foster parents. Because for a variety of reasons CWS would not want to contact the family to encourage continuation of fostering, leadership is discussing how to determine the most efficient way to capture a call's effectiveness. Since the WebFOCUS report began running in August 2018, 16 resources with a retention contact remained open.

**2.3: New Therapeutic Foster Care Homes**

**Operational Question**

How many new Therapeutic Foster Care (TFC) homes were opened in State Fiscal Year (SFY 19)?

**Data Source and Definitions**

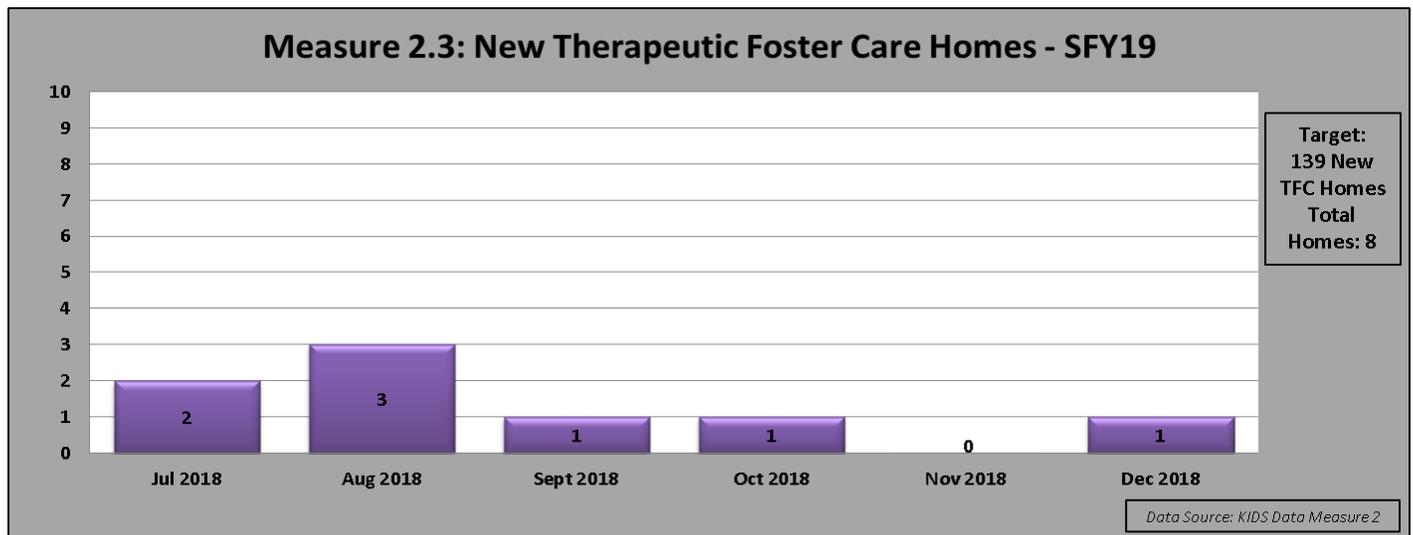
Total count of new TFC homes includes all new TFC homes by month that were opened using the agreed upon criteria.

**Trends**

Reporting Period	Population	Result	
SFY 19 Baseline		171 TFC homes open as of 7/1/2018	
7/1/2013 – 12/31/2013	All new TFC homes opened in the first half of SFY 14	55 TFC Homes	107 Total TFC Homes opened in SFY 14
1/1/2014 – 6/30/2014	All new TFC homes opened in the second half of SFY 14	52 TFC Homes	
7/1/2014 – 12/31/2014	All new TFC homes opened in the first half of SFY 15	66 TFC Homes	137 Total TFC Homes opened in SFY 15
1/1/2015 – 6/30/2015	All new TFC homes opened in the second half of SFY 15	71 TFC Homes	
7/1/2015 – 12/31/2015	All new TFC homes opened in the first half of SFY 16	43 TFC Homes	105 Total TFC Homes opened in SFY 16
1/1/2016 – 6/30/2016	All new TFC homes opened in the second half of SFY 16	62 TFC Homes	

7/1/2016 – 12/31/2016	All new TFC homes opened in the first half of SFY 17	36 TFC Homes	59 Total TFC Homes opened in SFY 17
1/1/2017 – 6/30/2017	All new TFC homes opened in the second half of SFY 17	23 TFC Homes	
7/1/2017 – 12/31/2017	All new TFC homes opened in the first half of SFY 18	17 TFC Homes	36 Total TFC Homes opened in SFY 18
1/1/2018 – 6/30/2018	All new TFC homes opened in the second half of SFY 18	19 TFC Homes	
7/1/2018 – 12/31/2018	All new TFC homes opened in the first half of SFY 19	8 TFC Homes	8 Total TFC Homes opened in SFY 19 (Year-to-Date)
Target		139 New TFC homes opened by 6/30/2019	

Section 3, Table 2.3-1



Section 3, Graph 2.3-1

**Commentary**

As of 7/1/2018, 171 TFC homes were open statewide. During SFY 19, 15 TFC homes opened and 68 TFC homes closed, leaving 118 homes open as of 12/31/2018, for a net loss of 53 homes. Of the 15 TFC homes that opened during SFY 19, eight of these TFC homes met the criteria to be counted as new homes according to the Pinnacle Plan.

Child Welfare Services (CWS) continues to make strides at developing a high quality therapeutic program for children with higher-level needs. During this reporting period, several strategies were executed, such as hiring additional TFC Program staff to focus on daily operations and recruitment activities, the implementation of the Pressley Ridge Pre-Service Foster Parent training model, and the development of a consistent Treatment Team Meeting Guide to be used by all TFC providers. Additionally, new recruitment materials were designed for the TFC Program. Lastly, the TFC Program, in collaboration with TFC providers, developed, proposed, and negotiated a new enhanced TFC program to better serve children with a variety of medical, behavioral, and intellectual needs. CWS is not only striving to improve the existing TFC program, but also reimagining the program's future to better children across Oklahoma.

**Recruitment Efforts**

The TFC Program consistently struggled with increasing the number of available TFC homes within the existing program design. Many factors have to be considered when understanding this dynamic, but first and foremost, is that CWS was never responsible for the recruitment and retention of TFC homes. After many years of the TFC providers unsuccessful recruitment efforts, CWS chose to hire two staff members to specifically focus on recruitment efforts for the Program.

Although an alternative design to the existing model, the new staff's efforts changed the landscape of recruiting new families to the TFC Program. Since coming on board in July 2018, numerous community activities throughout the state were conducted that brought increased awareness to the TFC Program. New TFC marketing materials that better reflect the Program's purpose and mission were designed and published. These materials are for public distribution by the TFC Program recruiters and the TFC agency recruiters. The TFC Program recruiters worked closely with the Department of Human Services (DHS) Office of Communications and Oklahoma Foster's to develop updated language and messaging for social media and other web-based platforms about the TFC Program. The TFC Program recruiters also worked alongside the private TFC providers to update their use of social media avenues and other recruitment messaging. During this reporting period, the TFC Program recruiters were interviewed by several local newspapers and magazines to raise awareness of the need for more therapeutic foster families in Oklahoma. Over the past six months, more than 80 community contacts were made by the TFC Program recruiters, which resulted in more than 30 potential foster family leads. All leads procured by the TFC Program recruiters were handed off to the private TFC providers to pursue and gauge interest and potential certification as a new TFC home. These leads came in at various times; therefore, the results of those interested families should come to fruition in the upcoming months, if full certification was pursued. CWS continues to work on innovative ways to attract new families and sustain existing TFC families to serve and care for children with very challenging needs.

### **Approved TFC Conversion Metric**

Since the Pinnacle Plan's inception, CWS operated the TFC Program with only one identified metric on which to base program success. The parameters set forth within the original metrics were very specific and did not allow for families who transitioned over from other levels of care to be counted as "new" TFC resources. Although the private TFC providers were taking on these families, assessing them, certifying, and training them, the family was never able to be included in this specific metric, since previously they were open as a different provider type. Through ongoing conversations with the Co-Neutrals, a newly agreed upon metric took effective 7/1/2018. CWS can now count conversion homes both as they come into and out of the TFC Program, just as it is done in traditional and supported foster care. This metric modification provides incentive for the dual resource family partner (RFP)/TFC agencies to encourage their experienced and skilled foster parents to transition over to the TFC Program in order to care for children with higher-level needs. This metric change also allows for the CWS recruiters to seek existing traditional level foster care homes that display strong resource family characteristics, which could be beneficial within the TFC Program. CWS is looking forward to engaging existing foster families with experience and developed skill sets to consider transitioning over to the TFC Program.

### **Quality Services within the TFC Program**

In addition to various efforts to recruit new families into the TFC Program, other issues had to be addressed including the quality services provided to children placed in the TFC level of care. Another area of interest is developing an understanding of how children are served while placed on the TFC waiting list. Lastly, exploring the process to implement a new foster parent training model that would better support the needs of children who cannot be served in a lower level of care. During this reporting period, the TFC Program carried out various strategies to improve overall practice and increase program quality in these specific areas.

### *Lack of Consistency with the Treatment Team Meetings*

Historically, children in the TFC Program were inconsistently served by each of the TFC provider agencies. Each TFC provider had their own way of assessing each child's specific needs with an agency identified method to establish a treatment plan, which was then executed by the child's assigned therapist. A key element of the ongoing assessment of treatment progress includes holding high quality treatment team meetings at least once every 90-calendar days. Unfortunately, the TFC Program did not find consistency amongst the six TFC providers when it comes to conducting the treatment team meetings. Inconsistencies included when and where the treatment team meetings are held, who participates in the meetings, how existing activities and objectives are discussed, and how new goals are determined. In order to effectively address the lack of consistency in how treatment team meetings are conducted, CWS developed the Treatment Team Meeting Guide to establish a framework to guide the conversation around clinical and non-clinical

areas that should be addressed at every treatment team meeting. Effective October 2018, all TFC providers began using the new Treatment Team Meeting Guide. Other guidance was established that included all treatment team meetings are held face-to-face in a confidential location, outside of the TFC resource parents’ home. Individuals also required to attend the meeting in-person include the child, the TFC resource parent, the assigned therapist, the child’s assigned child welfare (CW) specialist, and the tribal CW worker, if applicable. If parental rights are intact, the child’s biological parents should also be invited to attend.

In addition to the development and implementation of the new Treatment Team Meeting Guide, an e-mail notification template was created. All TFC provider agencies now use this template to notify meeting participants of the upcoming treatment team meeting through e-mail at least two weeks in advance; thus, giving the assigned CW specialist and other necessary parties ample notice of their required participation. Previously, attendance was low by CWS staff; however, in working with CWS leadership about the importance of these mandatory meetings, attendance improved. CWS staff are aware that these are time-sensitive reviews controlled by specific timeframes established by the Oklahoma Health Care Authority (OHCA), so very little flexibility exists for rescheduling a designated treatment team meeting.

With the increase in attendance of CWS staff, their participation in the treatment team meeting allows for the assigned specialist to become a better informed about the therapeutic services provided to their child(ren), while increasing the TFC provider’s information as to the goals and objectives established within the CW case. The Treatment Team Meeting Guide outlines clinical and non-clinical areas to address with prompts in each category to expand discussions that are beneficial to the child’s overall permanency and well-being goals. The Guide was established to ensure all team meeting participants were discussing the same criteria for each child at every meeting. It also was developed to focus on conducting a well-rounded conversation that engages the foster child, foster parents, and staff while ensuring the child’s behavioral health needs are met. The intent is to increase the meeting’s quality with a focused discussion that impacts treatment outcomes. All participants are allowed to voice their opinions about effectiveness of treatment modalities, child/family successes, areas of concern, and determine if additional supports are needed. Initial steps to measure the quality of services are to evaluate treatment team meetings through the collection of the Treatment Team Meeting Guide. As the TFC providers conduct each child’s treatment team meeting, they submit the completed Treatment Team Meeting Guide to the TFC Program staff for review and placement into KIDS. With this new treatment team structure, CWS hopes to see a reduction in the amount of time a child spends in this higher level of care and is able to transition better into a lower level of care that supports his or her long-term permanency goal. The stability of children that exit TFC into a lower level of care is tracked by Foster Care. Although this process went into effect halfway through this reporting period, it is believed that with increased communication and team planning all parties should see improved quality of services provided to each of the children served in the TFC program.

*TFC Waiting List*

TFC Program staff continue to monitor and maintain the TFC waiting list on a daily basis to ensure that children needing this level of care are efficiently placed with a TFC provider agency, so that treatment services can begin. This occurs following completion of the Application for Therapeutic Family Care and either an approval or denial for TFC services. CWS works diligently to maintain an application process that gathers more detailed information about each child; thus, giving the OHCA a wide range of information in which to determine TFC Program eligibility. CWS tracks the number of applications completed, number of approved applications, and numbers of denied applications for a significant period of time, because continued concerns exist about the number of children who are found ineligible for entry into the TFC Program. The breakdown of information collected during this reporting period is included in the chart below.

<b>TFC Applications</b>	<b>July 2018</b>	<b>August 2018</b>	<b>September 2018</b>	<b>October 2018</b>	<b>November 2018</b>	<b>December 2018</b>
Approvals	36	35	21	30	24	21
Denials	32	44	27	41	37	31
<b>Total</b>	<b>68</b>	<b>79</b>	<b>48</b>	<b>71</b>	<b>61</b>	<b>52</b>

Section 3, Table 2.3-2

In the fall of 2017, the TFC Program team started sending email notifications to the CW specialist, CW supervisor, and the district director indicating when a child was not approved for TFC level of care. The regionally assigned behavioral health consultant (BHC) is also included on the email to ensure that coordination of outpatient services are either initiated if not already in place or maintained/expanded when already secured. TFC Programs is not aware of any concerns from the BHCs about providing prompt attention or service coordination. In many instances, the child who was denied TFC level of care is already participating in outpatient services in his or her existing placement. If a child is receiving outpatient services and becomes approved and placed within the TFC Program, then that child enters into a new therapeutic relationship with an assigned therapist through the TFC agency in which he or she is placed and old community-based treatment ceases. On occasion, children who are eligible and approved for TFC services are placed on the waiting list, but ultimately it results in the child entering and being placed in a higher level of care. This typically involves a child who may have been on the group home waiting list for a long period of time, but also concurrently approved for TFC level of care. The decision to place a child into congregate care or other higher-level placements is solely based on the child's needs and is determined by the child's assigned CW specialist. A common practice is for a child to be placed on both the TFC and group home waiting lists simultaneously. CWS continues to focus on reducing the numbers of children on the TFC waiting list, while also being vigilant about how long they remain on the waiting list.

#### *New TFC Program Staff*

In July 2018, the TFC Program hired two additional CW specialists to assist with daily operations and required activities within the TFC Program. For a long period of time, the TFC Program was significantly understaffed, while requirements and expectations continued to rise. With the additional staff, the TFC Program was able to assign each new employee with three TFC provider agencies to serve as their designated liaison. In this role, the new TFC Program staff is responsible for addressing maltreatment in care (MIC) concerns through conducting and documenting screen-out consultation calls, participating in 10-day staffing calls on investigations of TFC homes, and the coordination and ongoing monitoring of any written plans of compliance (WPCs) developed by the TFC provider agencies. The TFC Program staff also manage the input of Treatment Team Meeting Guides and the TFC home studies/reassessments into KIDS. They also manage all day-to-day operations regarding CW history checks, fingerprint compliance, the creation of new resources in KIDS, and updating resource information as needed. Incorporating additional staff into the TFC Program has allowed the other staff to more easily engage in programmatic activities, such as contract monitoring, resource family audits, policy development, training for CWS staff and TFC agencies, as well as more availability to engage in other continuous quality improvement activities within the Program to address MIC, such as ChildStat meetings. As the TFC Program continues to change, the duties and responsibilities of the staff will evolve to better meet program expectations. A more robust TFC Program team, ensures all areas of the program receive the time and attention necessary to guarantee high quality services are at the forefront of the TFC Program.

#### *Pressley Ridge Pre-Service Training*

Over the last two years, CWS searched for a better trauma-informed pre-service training model for the TFC program. This search was done to ensure new TFC resource parents could develop the necessary skills to meet the needs of children with very challenging behavior and also re-educate existing TFC resource families on new and updated techniques on managing difficult behavior without the use of physical restraints. In July 2018, the Pressley Ridge Pre-Service training model was selected and introduced to the TFC Program in Oklahoma. Fifteen individuals were trained in the model, which included two TFC training staff from each TFC agency and three internal CWS staff. Upon completion of the training, each agency had its own certified staff to provide the training to their resource families. The Pressley Ridge Pre-Service training model is delivered through 36 hours of training through 12 different modules. Beginning August 2018, all new families entering the TFC Program were required to complete the Pressley Ridge training prior to becoming a certified TFC home. Existing TFC resource families began efforts to become compliant with the new training model which must be completed within a one year timeframe. Each TFC agency determined how they would incorporate the new training model into their organizations based on the number of new and existing families they currently had within their program.

CWS received positive feedback on the training model, so much so that other child-serving divisions/organizations inquired as to how to implement this training model into their program design. At the end of this reporting period, a total of 65 TFC resource families have completed the Pressley Ridge Pre-Service training and another 86 resource families are currently participating in the training. The resource families will all complete at different times depending on their agency's training schedule. TFC Programs expects that the TFC provider agencies will utilize the Pressley Ridge training platform as one way to assess the existing and needed skill level of its TFC resource parents. To date, the TFC providers report positive feedback from resource parents about the training's quality and the new skills they developed through participation in this training model. They also noted their anticipated excitement and confidence in implementing their newly developed skills. The TFC Program team is working to develop an evaluation mechanism to determine skills obtained/learned from the new training model.

### **Development of the Intensive Treatment Family Care (ITFC) Program**

At the beginning of this reporting period, CWS, in partnership with the six TFC Provider agencies, began development of a new intensive treatment program that would serve school-aged children with varying medical, behavioral, and intellectual/developmental needs in an evidence-informed way. After several months of frequent and intensive collaboration meetings to design the new model, a proposal was presented to both Child Welfare and DHS Leadership and was given the approval to continue with the next steps. The TFC provider agencies and CWS have continued to discuss what components will be embedded into the final program design and what costs will need to be included in the payment rate for successful implementation. Once a mutual agreement on a service rate is determined, CWS will work with OHCA to establish any necessary policy and rate changes along with the Centers for Medicare and Medicaid Services (CMS) to secure Medicaid funding and establish an official rate for the program. CWS initiated a series of conversations with OHCA, as they are the current healthcare delivery system for the TFC Program. Since November 2018, CWS and the TFC provider agencies have engaged in several detailed discussions regarding anticipated contracts, financial resources, and potential implementation timelines. Several conversations with program specific staff at the OHCA have occurred, thus laying the foundation for all policy, rule, and procedural changes that must occur to implement this new program design. It is anticipated that during the next reporting period, CWS will be able to report additional details and a more aggressive timeline of implementation of the developed program. While CWS believes that the new program design has the ability to fill some identified system gaps, work must continue in developing a full continuum of care.

In the coming months, the TFC Program will continue to focus on diligent efforts to improve the quality of services children receive in the existing TFC Program, while working out the details for the implementation of the newly developed, more intensive treatment program. CWS will modify recruitment specific efforts that begin to incorporate aspects of the new program design. In addition to focusing on recruitment efforts, the TFC Program recruiters will also spend time training and mentoring the TFC provider agency recruiters, in order to better prepare them with skills and abilities to successfully recruit families for the TFC Program. The TFC Program team is heavily involved in thinking through the continuum of care and introduced several ideas about the implementation of a universal screening process to better assess children's needs both initially and on an ongoing basis. During the next reporting period, the TFC Program will continue to explore ways to improve quality, increase recruitment and retention activities, and be actively engaged in the ongoing development and implementation of a new program design.

## **7.1 Worker Caseloads**

### **Operational Question**

What percentage of all child welfare (CW) 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 CW workers. The entire workload of workers with a qualifying case assignment of Child Protective Services (CPS), Permanency Planning (PP), Family-Centered Services (FCS), Adoption, and Foster Care 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 CW specialists is broken into multiple categories. This measure looks specifically at all CW workers (total), PP, FCS, CPS, Adoption, Foster Care, and Comprehensive workers. As of 12/31/2016, the Oklahoma Department of Human Services (DHS) began using the Y1768C as the data source for the Workloads reporting measure, which is a point in time number of workers who are meeting workload standards on the last day of the reporting period. All previous reporting periods were updated to reflect this data.

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

**Denominator:** The number of all CW workers in Adoptions, Foster Care, FCS, CPS, and PP that were caseload carrying eligible on the last day of the reporting period with at least one assignment on their workload.

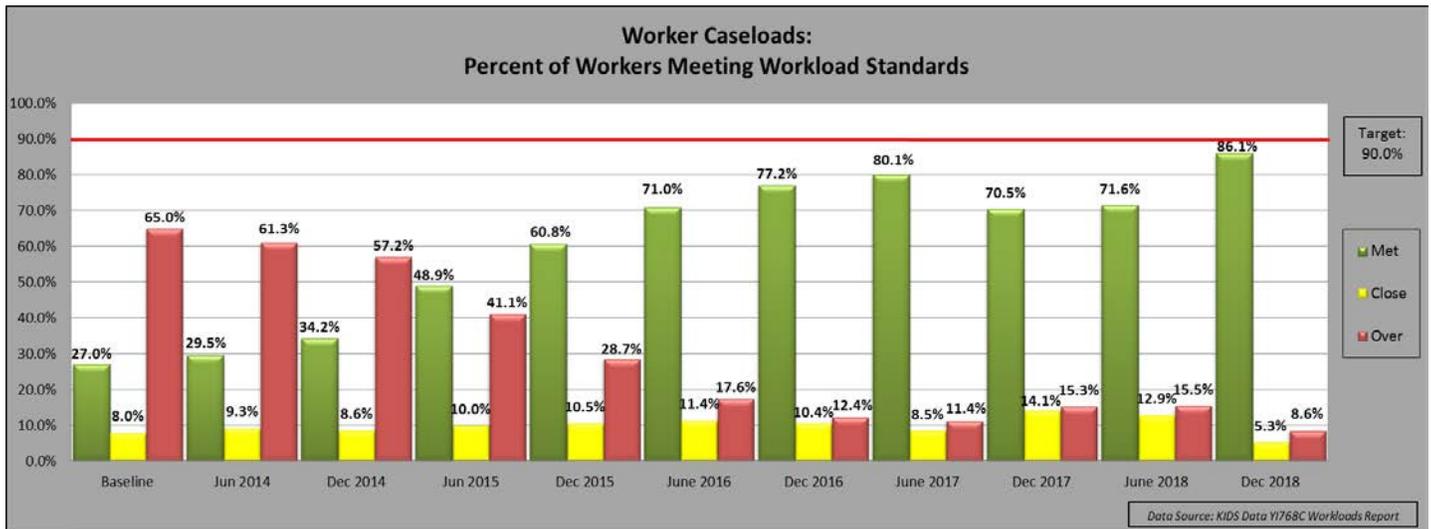
**Numerator:** Number of worker days where workers met the standard carrying a caseload of 100 percent or less of their calculated workload capacity.

**Trends**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 1/1/2013 – 6/30/2013	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP			27.0%
1/1/2014 – 6/30/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	359 Workers	1219 Workers	29.5%
7/1/2014 – 12/31/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	419 Workers	1227 Workers	34.2%
1/1/2015 – 6/30/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	658 Workers	1345 Workers	48.9%
7/1/2015 – 12/31/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	912 Workers	1501 Workers	60.8%
1/1/2016 – 6/30/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1176 Workers	1656 Workers	71.0%
7/1/2016 – 12/31/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1274 Workers	1651 Workers	77.2%
1/1/2017 – 3/31/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1212 Workers	1644 Workers	73.7%
4/1/2017 – 6/30/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1299 Workers	1621 Workers	80.1%
7/1/2017 – 9/30/2017	All caseload carrying workers with a worker type of Adoptions, Foster	1037 Workers	1562 Workers	66.4%

	Care, FCS, CPS, and PP			
10/1/2017 – 12/31/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1097 Workers	1555 Workers	70.5%
1/1/2018 – 3/31/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1113 Workers	1546 Workers	72.0%
4/1/2018 – 6/30/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1106 Workers	1545 Workers	71.6%
7/1/2018 – 9/30/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	934 Workers	1490 Workers	62.7%
10/1/2018 – 12/31/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1250 Workers	1451 Workers	86.1%
Target				90.0%

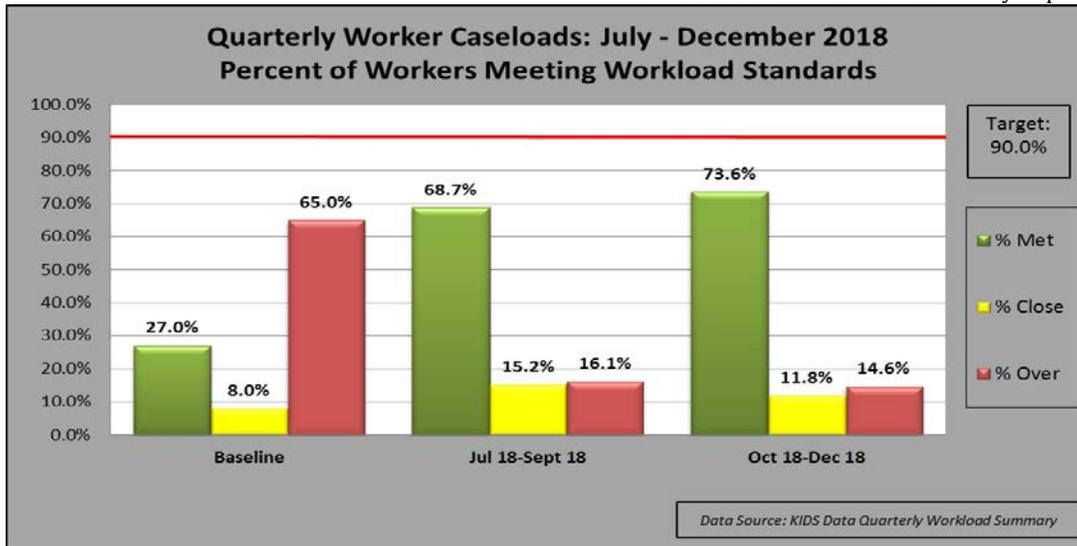
Section 3, Table 7.1-1



Section 3, Graph 7.1-1

**Commentary**

A one-day snapshot of the workload data is represented in Section 3, Graph 7.1-1. As of 12/31/2018, using the point-in-time Y1768C Workload data report, the percentage of CW workers meeting the standard is 86.1 percent, with 5.3 percent close, and 8.6 percent over standard. Of the 1,451 workers, 1,250 workers were meeting workload standards, 77 workers were close, and 124 workers were over the standard.



Section 3, Graph 7.1-2

Worker Type	Worker Days	% Met	% Close	% Over
ADOPTION SPECIALIST	4790	88.7%	8.2%	3.2%
RESOURCE FAMILY SPECIALIST	18112	79.4%	14.1%	6.5%
COMPREHENSIVE	9126	77.2%	13.2%	9.6%
PERMANENCY PLANNING	53211	71.3%	13.2%	15.6%
PREVENTIVE/VOLUNTARY	6445	79.2%	11.9%	8.9%
INVESTIGATION	37029	66.0%	10.0%	24.1%
RECRUITMENT	3950	99.6%	.4%	.0%
ADOPTION TRANSITION SPECIALIST (ATU)	3845	87.2%	12.1%	.8%
<b>TOTAL</b>	<b>136508</b>	<b>73.6%</b>	<b>11.8%</b>	<b>14.6%</b>

Data Source: KIDS Data Quarterly Workload Summary Ending 12/31/18

Section 3, Table 7.1-2

### Commentary

In addition to the point-in-time reporting of workloads, a snapshot of each worker's workload is captured for every day during the quarter. The total days during the quarter that each worker is meeting, close, and over workload standards is then reported in the Quarterly Workload Standards Report. This number differs from the point-in-time report taken from the YI768C, as this quarterly report reflects all days during the quarter. This report counts the number of days workers were meeting, close, or over workload standards; whereas, the YI768C report is reporting on the number of workers. For the quarter of 9/1/2018 through 12/31/2018, a total of 136,508 days worked during the period. Of those days, workers met workload standards 73.6 percent of the worker days, workers were close to workload standards 11.8 percent of the worker days, and workers were over workload standards 14.6 percent of the worker days.

Child Welfare Services (CWS) finished this period with the highest percent of staff meeting workload standards at 86.1 percent and no workers over 200 percent of a workload. Many factors influenced CWS' ability to make such drastic improvements during this reporting period including the inevitable decrease in cases that occurs the fourth quarter of every year along with rigorous and intentional planning of caseload assignments. Weekly calls were established in October to address workload standard compliance and hiring/retention, which are the two main areas of focus to impact the number of staff meeting workload standards. The calls focus in on districts that struggle with performance in either workload management or hiring. During the calls, the district directors have the opportunity to interact and

engage with Human Resources (HR), KIDS leadership on data issues, and division leadership in order to learn from those experts and to receive guidance on how to increase performance in areas of concern. The calls are fluid, allowing for the most effective resolutions to barriers preventing maximum compliance with the workload standards. Notes from the calls are distributed to all interested people each week and have made an impact on the ability of the agency to reach its goals.

Sustaining the progress achieved will present challenges moving forward as caseloads fluctuate and will require more hiring to create a net gain in the total number of employees. A number of strategies were started in this reporting period including rehiring former employees as temps. Of the 504 former employees contacted, only six are now hired with seven additional pending. CWS also increased the social media advertising of positions and is using targeting methods along with utilizing Indeed.com to give more visibility to open job announcements. CWS also ramped up its hiring events with seven hiring events and five on-campus university and college events scheduled for January and February.

Retention of current employees will ease the hiring need while trying to establish a stable workforce with more experience. With retention as a central goal of the Department of Human Services (DHS), the HR department began engaging with supervisors that have the highest turnover rates. The discussions included: educating the supervisors on why retention is important; how to use hiring to find employees that will stay; identifying DHS trainings that help impact the supervisor's retention efforts; and agency-wide services and benefits for employees to help with retention.

DHS is also a participant in the Quality Improvement Center on Workforce Development (QIC-WD) grant issued by the Children's Bureau to develop, implement, and evaluate a workforce. The initiative is aimed at reducing turnover in CWS and giving much needed evidence-based guidance to the field. Currently, DHS is in the development stage and is scheduled to implement in August 2019. This endeavor's efforts will not have any immediate impacts but will position DHS for long-term success in dealing with turnover.

## 7.1 Supervisor Caseloads

### Operational Question

What percentage of child welfare (CW) 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 his or her 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 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.

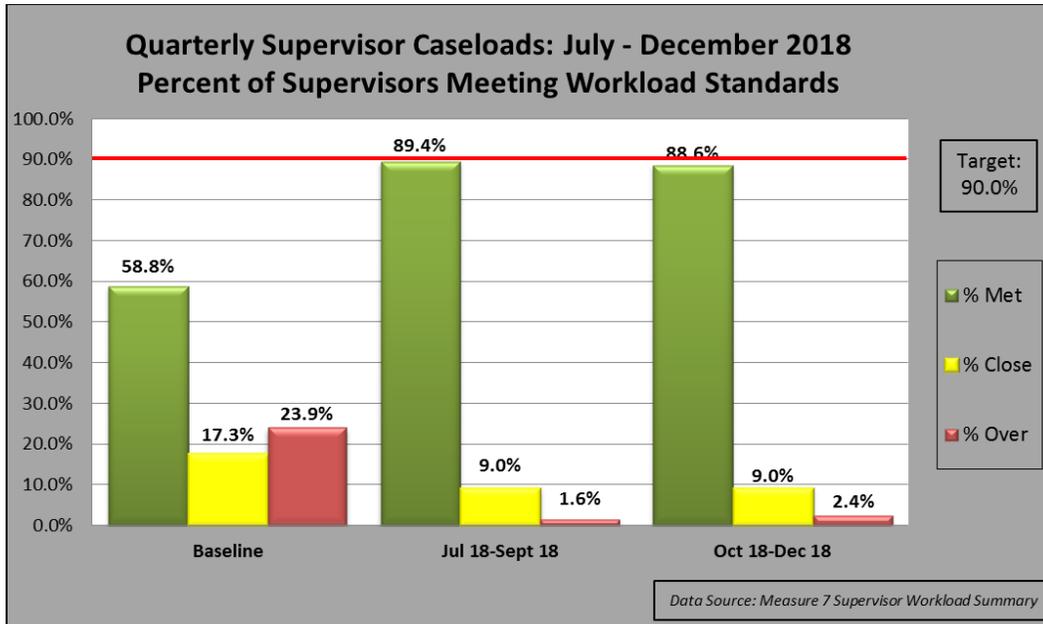
### Description of Denominator and Numerator for this reporting period

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

**Numerator:** All current supervisors with a combined workload of 100 percent or less.

**Trends**

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2014 – 6/30/2014	All supervisors with a unit currently supervising caseload carrying workers			58.8%
7/1/2014 – 12/31/2014	All supervisors with a unit currently supervising caseload carrying workers	217 – Met	306 Units	70.9%
1/1/2015 – 6/30/2015	All supervisors with a unit currently supervising caseload carrying workers	259 – Met	345 Units	75.1%
7/1/2015 – 12/31/2015	All supervisors with a unit currently supervising caseload carrying workers	297 – Met	372 Units	79.8%
1/1/2016 – 6/30/2016	All supervisors with a unit currently supervising caseload carrying workers	308 – Met	379 Units	81.3%
7/1/2016 – 12/31/2016	All supervisors with a unit currently supervising caseload carrying workers	330 – Met	387 Units	85.3%
1/1/2017 – 3/30/2017	All supervisors with a unit currently supervising caseload carrying workers	317 – Met	376 Units	84.3%
4/1/2017 – 6/30/2017	All supervisors with a unit currently supervising caseload carrying workers	313 – Met	375 Units	83.5%
7/1/2017 – 9/30/2017	All supervisors with a unit currently supervising caseload carrying workers	301 – Met	368 Units	81.8%
10/1/2017 – 12/31/2017	All supervisors with a unit currently supervising caseload carrying workers	319 – Met	377 Units	84.6%
1/1/2018 – 3/31/2018	All supervisors with a unit currently supervising caseload carrying workers	318 – Met	375 Units	84.8%
4/1/2018 – 6/30/2018	All supervisors with a unit currently supervising caseload carrying workers	312 – Met	373 Units	83.6%
7/1/2018 – 9/30/2018	All supervisors with a unit currently supervising caseload carrying workers	339 – Met	379 Units	89.4%
10/1/2018 – 12/31/2018	All supervisors with a unit currently supervising caseload carrying workers	334 – Met	377 Units	88.6%
Target				90.0%



Section 3, Graph 7.1-3

**Commentary**

For the current quarter, 377 supervisor units in total were counted, which is comprised of 1,618 child welfare (CW) specialists I, II, and III's. This calculates to a statewide worker to supervisor ratio of 4.29. As of 12/31/2018, 334 supervisors met the workload standard, 34 supervisors were close to meeting the standard, and nine supervisors were over the standard. As part of this measure, the work assigned to supervisor's workloads must also be calculated into the workload standard. 87 supervisors had at least one assignment on his or her caseload and 20 of those supervisors had more than two assignments<sup>i</sup>. Supervisors had a total of 167 assignments and 98 of those assignments were for investigations, or 58.7 percent. Since the last reporting on 6/30/2018, the percentage of supervisors meeting workload standards increased by 5.0 percent.

<sup>i</sup> Due to the recent backlog reduction plan, the number of supervisors carrying at least one assignment increased. These supervisors are assisting with backlog outside the scope of their normal supervisory duties and are being compensated for the extra duties completed outside normal work hours